### **Performance Outcomes System**

Report run on August 3, 2017

#### 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 county-specific 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 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.

## **Performance Outcomes System**

Report run on August 3, 2017

#### 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

#### Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, medium, whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

#### **Report Interpretation**

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

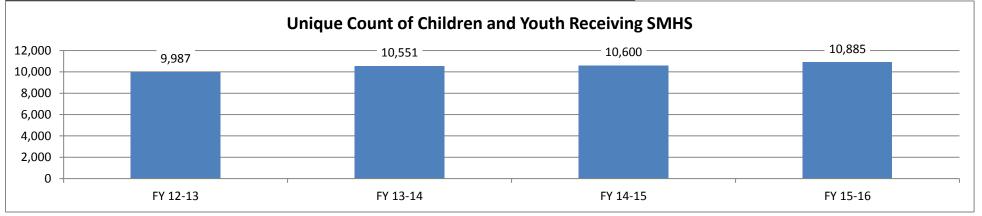
\*The *penetration rates* reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or useful. The POS methodology for calculating 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 report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the county of 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.

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 Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	9,987		218,403	
FY 13-14	10,551	5.6%	235,982	8.0%
FY 14-15	10,600	0.5%	246,399	4.4%
FY 15-16	10,885	2.7%	256,228	4.0%
Compound Annual Growth Rate SFY**		2.9%		5.5%

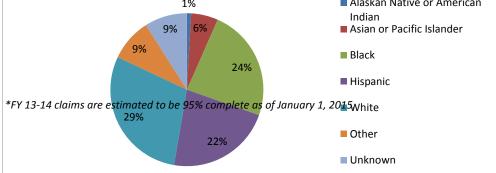


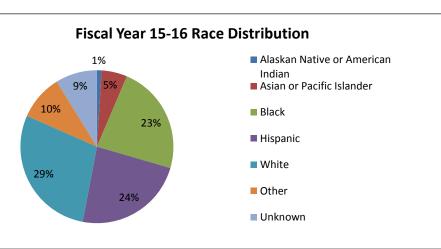
<sup>\*</sup>SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

<sup>\*\*</sup>SFY = State Fiscal Year which is July 1 through June 30.

Sacramento County as of August 3, 2017

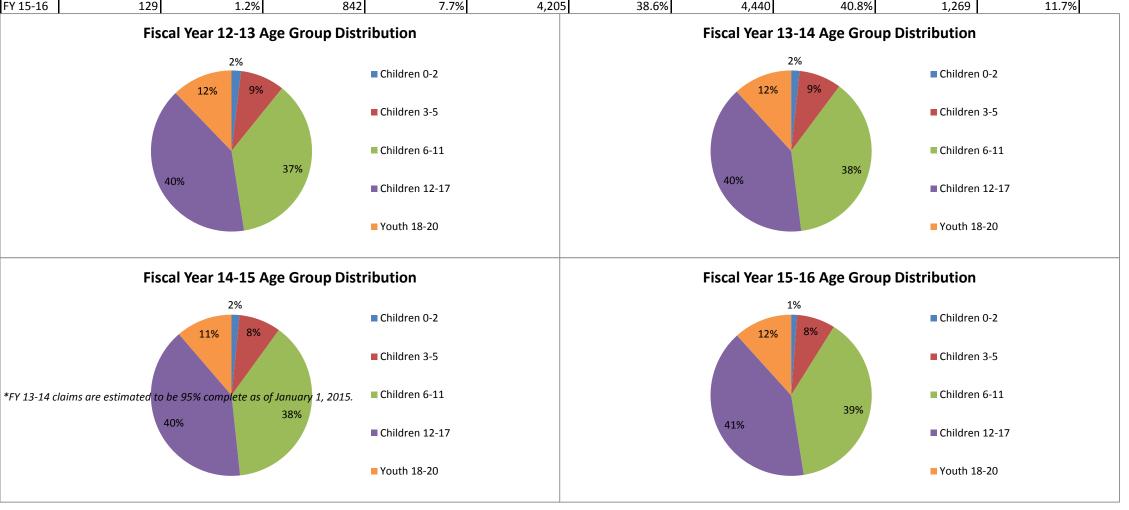
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	83	0.8%	597	6.0%	2,544	25.5%	2,133	21.4%	2,935	29.4%	790	7.9%	905	9.1%
FY 13-14	93	0.9%	627	5.9%	2,592	24.6%	2,321	22.0%	3,066	29.1%	917	8.7%	935	8.9%
FY 14-15	98	0.9%	605	5.7%	2,526	23.8%	2,359	22.3%	3,101	29.3%	955	9.0%	956	9.0%
FY 15-16	110	1.0%	587	5.4%	2,518	23.1%	2,557	23.5%	3,111	28.6%	1,049	9.6%	953	8.8%
		Fiscal \	Year 12-13 F	Race Distrib	ution			Fiscal Year 13-14 Race Distribution						
Fiscal Year 12-13 Race Distribution  1%  Alaskan Native or American Indian  Asian or Pacific Islander  Black  Hispanic  White  Other  Unknown									9%	25%		<ul> <li>Alaskan Nat Indian</li> <li>Asian or Pac</li> <li>Black</li> <li>Hispanic</li> <li>White</li> <li>Other</li> <li>Unknown</li> </ul>	ive or American	
Fiscal Year 14-15 Race Distribution									Fis	scal Year 15	-16 Race Di	stribution		
1% Alaskan Native or American Indian  Asian or Pacific Islander									1%		■ Alaskan Nat Indian ■ Asian or Pac	ive or American		



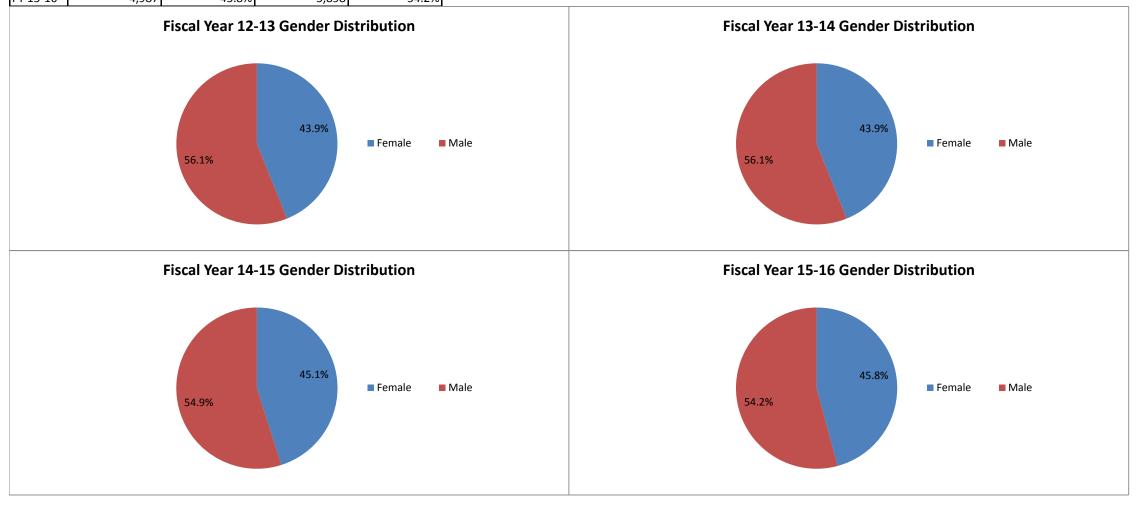


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

	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 %
F	Y 12-13	188	1.9%	893	8.9%	3,667	36.7%	4,021	40.3%	1,218	12.2%
I	Y 13-14	175	1.7%	897	8.5%	3,988	37.8%	4,246	40.2%	1,245	11.8%
F	Y 14-15	165	1.6%	886	8.4%	4,064	38.3%	4,285	40.4%	1,200	11.3%
Ī	Y 15-16	129	1.2%	842	7.7%	4,205	38.6%	4,440	40.8%	1,269	11.7%

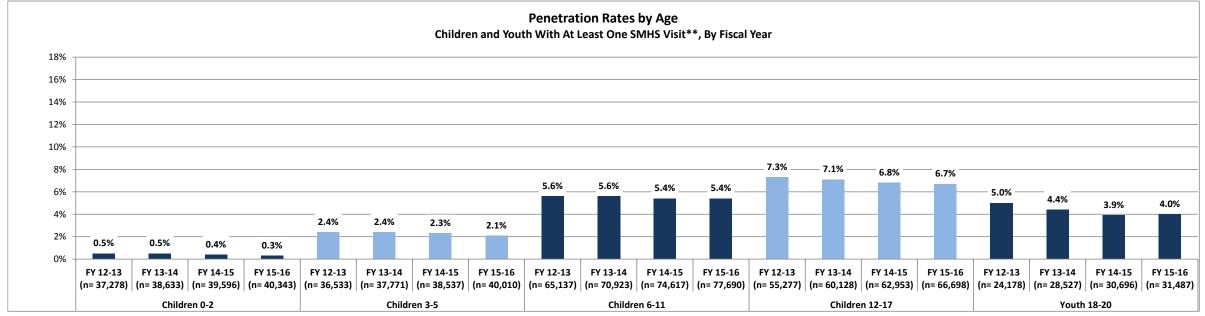


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	4,389	43.9%	5,598	56.1%
FY 13-14	4,628	43.9%	5,923	56.1%
FY 14-15	4,780	45.1%	5,820	54.9%
FY 15-16	4.987	45.8%	5.898	54.2%



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

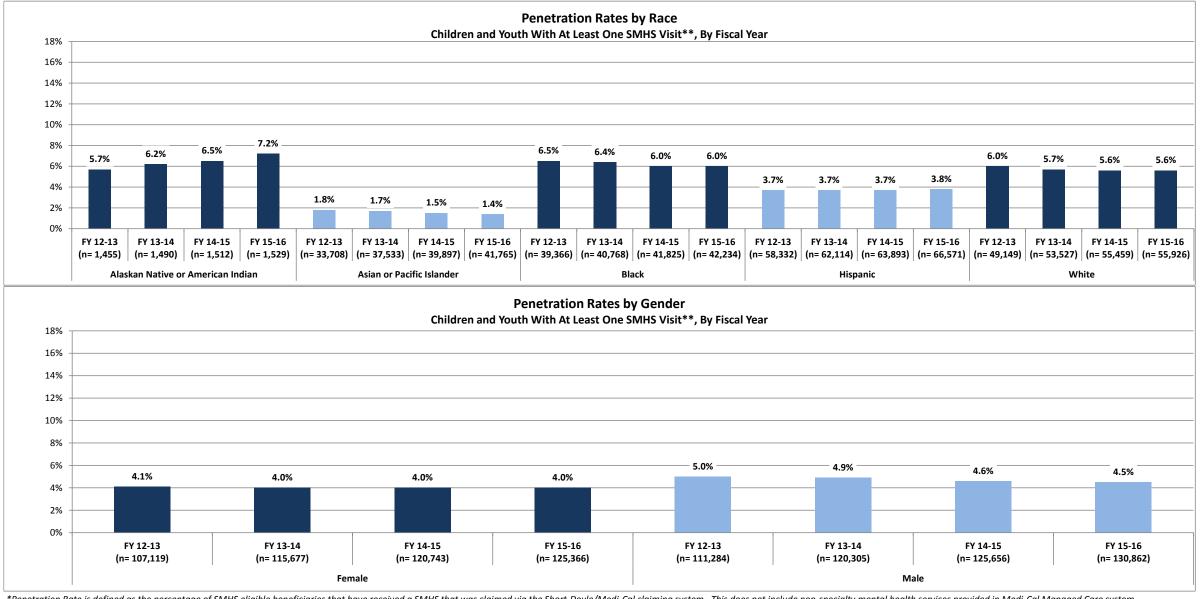
		FY 12-13			FY 13-14			FY 14-15		FY 15-16			
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	
All	9,987	218,403	4.6%	10,551	235,982	4.5%	10,600	246,399	4.3%	10,885	256,228	4.2%	
Children 0-2	188	37,278	0.5%	175	38,633	0.5%	165	39,596	0.4%	129	40,343	0.3%	
Children 3-5	893	36,533	2.4%	897	37,771	2.4%	886	38,537	2.3%	842	40,010	2.1%	
Children 6-11	3,667	65,137	5.6%	3,988	70,923	5.6%	4,064	74,617	5.4%	4,205	77,690	5.4%	
Children 12-17	4,021	55,277	7.3%	4,246	60,128	7.1%	4,285	62,953	6.8%	4,440	66,698	6.7%	
Youth 18-20	1,218	24,178	5.0%	1,245	28,527	4.4%	1,200	30,696	3.9%	1,269	31,487	4.0%	
Alaskan Native or American Indian	83	1,455	5.7%	93	1,490	6.2%	98	1,512	6.5%	110	1,529	7.2%	
Asian or Pacific Islander	597	33,708	1.8%	627	37,533	1.7%	605	39,897	1.5%	587	41,765	1.4%	
Black	2,544	39,366	6.5%	2,592	40,768	6.4%	2,526	41,825	6.0%	2,518	42,234	6.0%	
Hispanic	2,133	58,332	3.7%	2,321	62,114	3.7%	2,359	63,893	3.7%	2,557	66,571	3.8%	
White	2,935	49,149	6.0%	3,066	53,527	5.7%	3,101	55,459	5.6%	3,111	55,926	5.6%	
Other	790	25,810	3.1%	917	28,948	3.2%	955	31,452	3.0%	1,049	34,706	3.0%	
Unknown	905	10,583	8.6%	935	11,602	8.1%	956	12,361	7.7%	953	13,497	7.1%	
Female	4,389	107,119	4.1%	4,628	115,677	4.0%	4,780	120,743	4.0%	4,987	125,366	4.0%	
Male	5,598	111,284	5.0%	5,923	120,305	4.9%	5,820	125,656	4.6%	5,898	130,862	4.5%	



<sup>\*</sup>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.

<sup>\*\*</sup>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\*\*

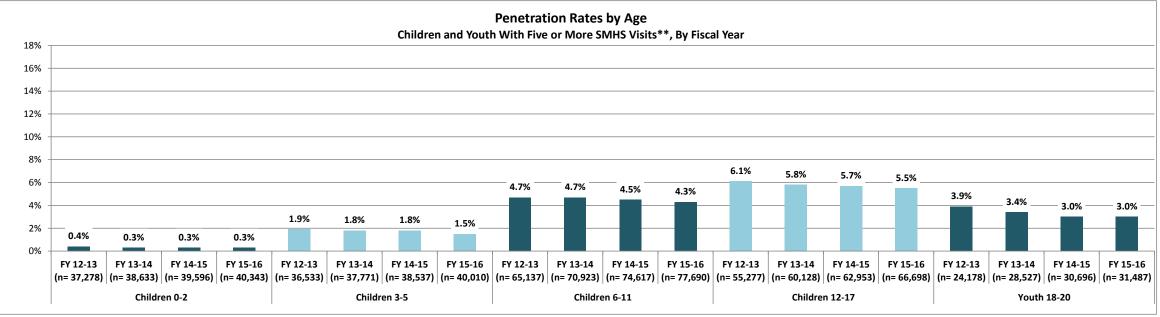


<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

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

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

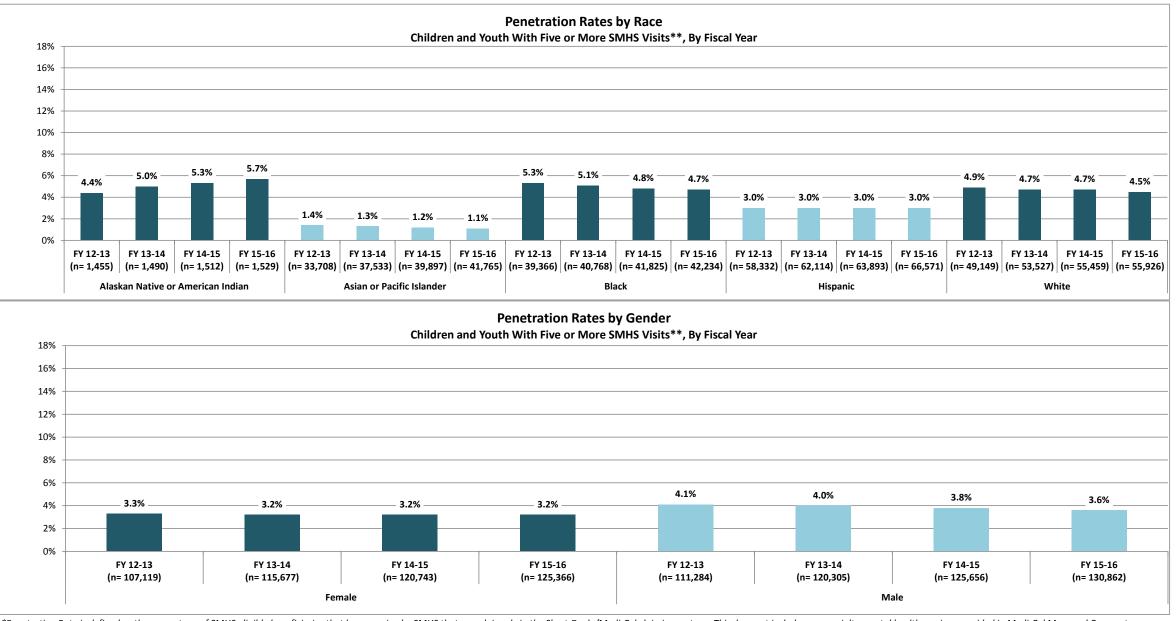
		FY 12-13			FY 13-14			FY 14-15		FY 15-16			
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	
All	8,144	218,403	3.7%	8,611	235,982	3.6%	8,649	246,399	3.5%	8,710	256,228	3.4%	
Children 0-2	132	37,278	0.4%	125	38,633	0.3%	123	39,596	0.3%	101	40,343	0.3%	
Children 3-5	687	36,533	1.9%	686	37,771	1.8%	694	38,537	1.8%	613	40,010	1.5%	
Children 6-11	3,030	65,137	4.7%	3,314	70,923	4.7%	3,324	74,617	4.5%	3,378	77,690	4.3%	
Children 12-17	3,353	55,277	6.1%	3,503	60,128	5.8%	3,589	62,953	5.7%	3,664	66,698	5.5%	
Youth 18-20	942	24,178	3.9%	983	28,527	3.4%	919	30,696	3.0%	954	31,487	3.0%	
Alaskan Native or American Indian	64	1,455	4.4%	75	1,490	5.0%	80	1,512	5.3%	87	1,529	5.7%	
Asian or Pacific Islander	461	33,708	1.4%	481	37,533	1.3%	465	39,897	1.2%	469	41,765	1.1%	
Black	2,078	39,366	5.3%	2,095	40,768	5.1%	2,011	41,825	4.8%	1,976	42,234	4.7%	
Hispanic	1,721	58,332	3.0%	1,876	62,114	3.0%	1,910	63,893	3.0%	2,018	66,571	3.0%	
White	2,404	49,149	4.9%	2,523	53,527	4.7%	2,587	55,459	4.7%	2,538	55,926	4.5%	
Other	652	25,810	2.5%	750	28,948	2.6%	780	31,452	2.5%	847	34,706	2.4%	
Unknown	764	10,583	7.2%	811	11,602	7.0%	816	12,361	6.6%	775	13,497	5.7%	
Female	3,526	107,119	3.3%	3,758	115,677	3.2%	3,904	120,743	3.2%	4,008	125,366	3.2%	
Male	4,618	111,284	4.1%	4,853	120,305	4.0%	4,745	125,656	3.8%	4,702	130,862	3.6%	



<sup>\*</sup>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.

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

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



<sup>\*</sup>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.

<sup>\*\*</sup>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 August 3, 2017

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Treatment		Psychiatric Health Facility (Days)
FY 12-13	\$ 5,547.77	166	515	486	1,770	3,148	334	138	13	584	564	0	0	9	19	5	11
FY 13-14	\$ 5,423.23	1,195	574	481	1,709	2,612	335	166	13	592	562	3	3	9	20	0	10
FY 14-15	\$ 5,491.68	1,698	1,176	487	1,716	3,086	351	161	13	413	621	3	0	9	28	0	13
FY 15-16	\$ 4,562.95	1,209	1,107	480	1,597	2,882	334	153	17	500	439	5	1	12	41	0	12
MEAN	\$ 5,256.41	1,067	843	484	1,698	2,932	338	155	14	522	546	4	2	9	27	5	11



<sup>\*</sup>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.

<sup>^</sup> 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

Sacramento County as of August 3, 2017



FY 13-14

(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.

0.0

FY 15-16

(n = )

FY 12-13

(n = 76)

0.0

FY 14-15

(n = )

FY 12-13

(n = ^)

FY 14-15

(n = 54)

FY 15-16

(n = 34)

FY 13-14

(n = 65)

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

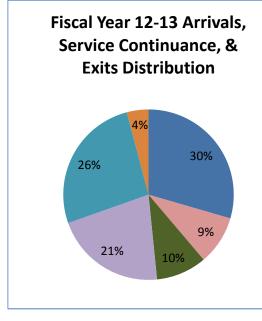
<sup>^</sup> Data has been suppressed to protect patient privacy.

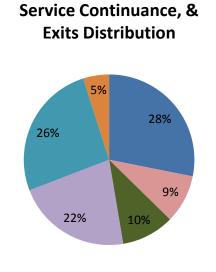
# Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Sacramento County as of August 3, 2017

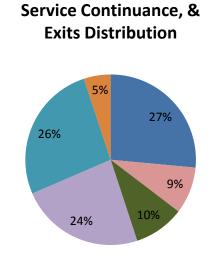
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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 <b>Arrivals</b> and <b>Exiting</b> 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	Continuance	Service Continuance (<2 YR) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 12-13	2,951	29.5%	928	9.3%	955	9.6%	2,119	21.2%	2,628	26.3%	406	4.1%	9,987	100%
FY 13-14	2,969	28.1%	974	9.2%	1,056	10.0%	2,298	21.8%	2,732	25.9%	522	4.9%	10,551	100%
FY 14-15	2,809	26.5%	941	8.9%	1,015	9.6%	2,500	23.6%	2,799	26.4%	536	5.1%	10,600	100%
FY 15-16	2,865	26.3%	938	8.6%	903	8.3%	2,348	21.6%	3,251	29.9%	580	5.3%	10,885	100%

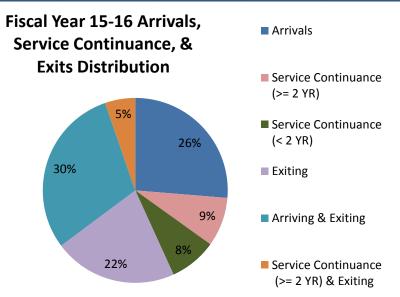




Fiscal Year 13-14 Arrivals,

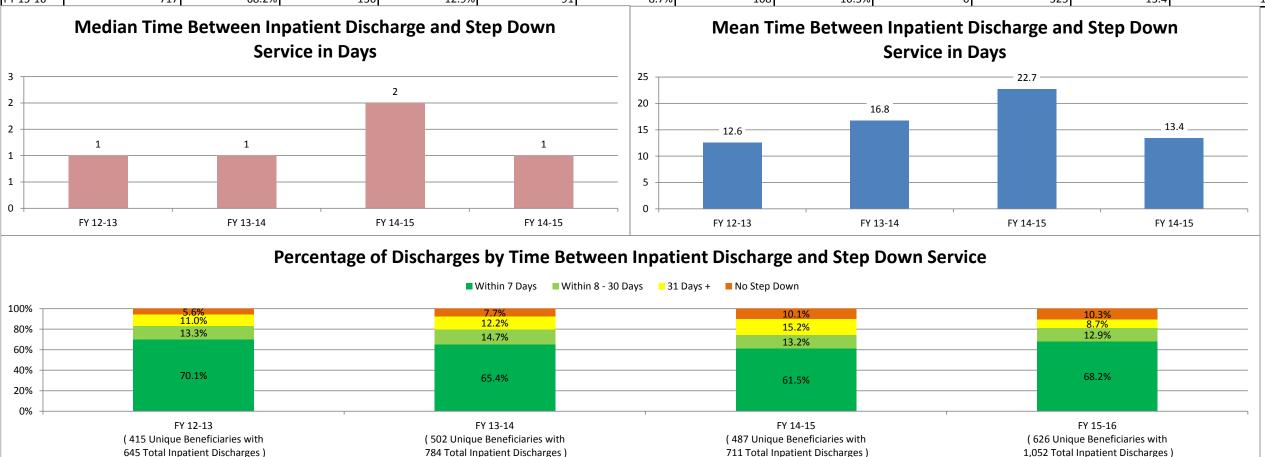


Fiscal Year 14-15 Arrivals,



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

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	Innationt	Discharges with		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 12-13	452	70.1%	86	13.3%	71	11.0%	36	5.6%	0	356	12.6	1
FY 13-14	513	65.4%	115	14.7%	96	12.2%	60	7.7%	0	340	16.8	1
FY 14-15	437	61.5%	94	13.2%	108	15.2%	72	10.1%	0	358	22.7	2
FY 15-16	717	68.2%	136	12.9%	91	8.7%	108	10.3%	0	325	13.4	1
	8.6 - J' <b>T'</b>		5:								10. 5	



<sup>\*</sup> **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.