

Performance Outcomes System Children with an Open Child Welfare Case County Report

Report run on August 3, 2016

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: Open Child Welfare 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 11/12 through FY 14/15.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 11/12 through FY 14/15.
- Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 11/12 through FY 14/15.

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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). As of now, this report only classifies youth and their service usage for the two most recent fiscal years. 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.

***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.

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
San Francisco County as of August 3, 2016**

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Child Welfare Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	1,043		2,292	
FY 12-13	1,065	2.1%	2,261	-1.4%
FY 13-14	1,054	-1.0%	2,234	-1.2%
FY 14-15	1,195	13.4%	2,122	-5.0%
Compound Annual Growth Rate SFY**		4.6%		-2.5%

**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 with an Open Child Welfare Case Receiving SMHS by Fiscal Year
San Francisco County as of August 3, 2016**

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 11-12	389	37.3%	201	19.3%	83	8.0%	370	35.5%
FY 12-13	352	33.1%	205	19.2%	80	7.5%	428	40.2%
FY 13-14	332	31.5%	196	18.6%	98	9.3%	428	40.6%
FY 14-15	380	31.8%	212	17.7%	105	8.8%	498	41.7%

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.

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
San Francisco County as of August 3, 2016**

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 11-12	116	11.1%	341	32.7%	519	49.8%	67	6.4%
FY 12-13	159	14.9%	341	32.0%	480	45.1%	85	8.0%
FY 13-14	189	17.9%	299	28.4%	459	43.5%	107	10.2%
FY 14-15	281	23.5%	345	28.9%	419	35.1%	150	12.6%

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

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
San Francisco County as of August 3, 2016**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	504	48.3%	539	51.7%
FY 12-13	498	46.8%	567	53.2%
FY 13-14	502	47.6%	552	52.4%
FY 14-15	563	47.1%	632	52.9%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
San Francisco County as of August 3, 2016**

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate
All	1,043	2,292	45.5%	1,065	2,261	47.1%	1,054	2,234	47.2%	1,195	2,122	56.3%
Children 0-5	116	641	18.1%	159	645	24.7%	189	638	29.6%	281	625	45.0%
Children 6-11	341	554	61.6%	341	565	60.4%	299	527	56.7%	345	474	72.8%
Children 12-17	519	812	63.9%	480	724	66.3%	459	676	67.9%	419	582	72.0%
Youth 18-20	67	285	23.5%	85	327	26.0%	107	393	27.2%	150	441	34.0%
Black	389	901	43.2%	352	823	42.8%	332	779	42.6%	380	728	52.2%
Hispanic	201	404	49.8%	205	403	50.9%	196	380	51.6%	212	344	61.6%
White	83	183	45.4%	80	186	43.0%	98	193	50.8%	105	179	58.7%
Other	370	804	46.0%	428	849	50.4%	428	882	48.5%	498	871	57.2%
Female	504	1,094	46.1%	498	1,063	46.8%	502	1,042	48.2%	563	993	56.7%
Male	539	1,198	45.0%	567	1,198	47.3%	552	1,192	46.3%	632	1,129	56.0%

*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 the Medi-Cal Managed Care sy.

**Children and Youth with an Open Child Welfare Case that have received at least one SMHS in the Fiscal Year.

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits
San Francisco County as of August 3, 2016**

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate
All	904	2,292	39.4%	902	2,261	39.9%	860	2,234	38.5%	928	2,122	43.7%
Children 0-5	96	641	15.0%	118	645	18.3%	131	638	20.5%	171	625	27.4%
Children 6-11	302	554	54.5%	284	565	50.3%	243	527	46.1%	279	474	58.9%
Children 12-17	450	812	55.4%	430	724	59.4%	396	676	58.6%	354	582	60.8%
Youth 18-20	56	285	19.6%	70	327	21.4%	90	393	22.9%	124	441	28.1%
Black	342	901	38.0%	288	823	35.0%	264	779	33.9%	278	728	38.2%
Hispanic	173	404	42.8%	161	403	40.0%	150	380	39.5%	157	344	45.6%
White	70	183	38.3%	73	186	39.2%	76	193	39.4%	78	179	43.6%
Other	319	804	39.7%	380	849	44.8%	370	882	42.0%	415	871	47.6%
Female	443	1,094	40.5%	423	1,063	39.8%	409	1,042	39.3%	416	993	41.9%
Male	461	1,198	38.5%	479	1,198	40.0%	451	1,192	37.8%	512	1,129	45.3%

*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 with an Open Child Welfare Case that have received at least five SMHS in the Fiscal Year.

**Utilization Report*: Approved Specialty Mental Health Services for Children and Youth with an Open Child Welfare Case
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
San Francisco County as of August 3, 2016**

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)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	\$ 12,916.18	0	0	1,713	3,961	4,826	439	371	17	608	443	1	0	5	0	0	0
FY 12-13	\$ 17,543.75	862	336	619	4,166	6,009	402	457	30	497	519	2	17	6	23	39	0
FY 13-14	\$ 19,196.45	4,887	2,318	544	2,721	4,814	398	506	9	514	590	0	0	6	5	81	0
FY 14-15	\$ 20,652.98	5,171	1,999	439	2,361	5,983	380	485	25	0	533	6	6	6	17	90	0
MEAN	\$ 17,577.34	3,640	1,551	829	3,302	5,408	405	455	20	540	521	3	12	6	15	70	0

*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.

^ Data has been suppressed to protect patient privacy.

**Snapshot Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
San Francisco County as of August 3, 2016**

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	248	23.4%	140	13.2%	121	11.4%	207	19.5%	278	26.2%	67	6.3%	1,061	100%
FY 13-14	278	26.4%	139	13.2%	105	10.0%	183	17.4%	280	26.6%	67	6.4%	1,052	100%
FY 14-15	243	20.3%	126	10.5%	81	6.8%	240	20.1%	436	36.4%	71	5.9%	1,197	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
San Francisco County as of August 3, 2016

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 between 8 and 30 days of Discharge	Percentage of Inpatient Discharges with Step Down between 8 and 30 days of Discharge	Count of Beneficiaries with a Step Down > 30 Days from Discharge or No Step Down*	Percentage of Beneficiaries with a Step Down > 30 Days from Discharge or 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 11-12	31	86.1%	^	^	^	^	0	365	30.1	0
FY 12-13	45	84.9%	^	^	^	^	0	365	12.6	0
FY 13-14	61	89.7%	^	^	^	^	0	365	8.4	0
FY 14-15	57	83.8%	^	^	^	^	0	329	8.5	0

* **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.