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.

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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 "-".

*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	845		1,773	
FY 13-14	1,120	32.5%	2,024	14.2%
FY 14-15	1,095	-2.2%	2,056	1.6%
FY 15-16	1,127	2.9%	2,124	3.3%
Compound Annual Growth Rate SFY**		10.1%		6.2%

^{*}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	190	22.5%	307	36.3%	254	30.1%	94	11.1%
FY 13-14	264	23.6%	397	35.4%	340	30.4%	119	10.6%
FY 14-15	267	24.4%	400	36.5%	308	28.1%	120	11.0%
FY 15-16	282	25.0%	398	35.3%	296	26.3%	151	13.4%

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	149	17.6%	102	12.1%	209	24.7%	321	38.0%	64	7.6%
FY 13-14	197	17.6%	162	14.5%	301	26.9%	368	32.9%	92	8.2%
FY 14-15	195	17.8%	143	13.1%	293	26.8%	392	35.8%	72	6.6%
FY 15-16	133	11.8%	170	15.1%	336	29.8%	400	35.5%	88	7.8%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	399	47.2%	446	52.8%
FY 13-14	531	47.4%	589	52.6%
FY 14-15	522	47.7%	573	52.3%
FY 15-16	545	48.4%	582	51.6%

Penetration Rates* Report: Children and Youth in Foster Care with At Least One SMHS Visit** San Joaquin 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	845	1,773	47.7%	1,120	2,024	55.3%	1,095	2,056	53.3%	1,127	2,124	53.1%
Children 0-2	149	385	38.7%	197	439	44.9%	195	413	47.2%	133	397	33.5%
Children 3-5	102	249	41.0%	162	284	57.0%	143	307	46.6%	170	300	56.7%
Children 6-11	209	386	54.1%	301	467	64.5%	293	471	62.2%	336	513	65.5%
Youth 12-17	321	554	57.9%	368	562	65.5%	392	594	66.0%	400	641	62.4%
Youth 18-20	64	199	32.2%	92	272	33.8%	72	271	26.6%	88	273	32.2%
Black	190	400	47.5%	264	445	59.3%	267	473	56.4%	282	474	59.5%
Hispanic	307	656	46.8%	397	752	52.8%	400	749	53.4%	398	783	50.8%
White	254	491	51.7%	340	588	57.8%	308	585	52.6%	296	559	53.0%
Other	94	226	41.6%	119	239	49.8%	120	249	48.2%	151	308	49.0%
Female	399	816	48.9%	531	949	56.0%	522	964	54.1%	545	1,030	52.9%
Male	446	957	46.6%	589	1,075	54.8%	573	1,092	52.5%	582	1,094	53.2%

^{*}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 system.

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

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Penetration Rates* Report: Children and Youth in Foster Care with Five or More SMHS Visits** San Joaquin 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	545	1,773	30.7%	736	2,024	36.4%	881	2,056	42.9%	841	2,124	39.6%
Children 0-2	38	385	9.9%	52	439	11.8%	148	413	35.8%	79	397	19.9%
Children 3-5	67	249	26.9%	96	284	33.8%	120	307	39.1%	134	300	44.7%
Children 6-11	168	386	43.5%	244	467	52.2%	251	471	53.3%	269	513	52.4%
Children 12-17	226	554	40.8%	287	562	51.1%	313	594	52.7%	304	641	47.4%
Youth 18-20	46	199	23.1%	57	272	21.0%	49	271	18.1%	55	273	20.1%
Black	122	400	30.5%	175	445	39.3%	220	473	46.5%	219	474	46.2%
Hispanic	183	656	27.9%	262	752	34.8%	321	749	42.9%	285	783	36.4%
White	170	491	34.6%	229	588	38.9%	247	585	42.2%	237	559	42.4%
Other	70	226	31.0%	70	239	29.3%	93	249	37.3%	100	308	32.5%
Female	265	816	32.5%	352	949	37.1%	429	964	44.5%	412	1,030	40.0%
Male	280	957	29.3%	384	1,075	35.7%	452	1,092	41.4%	429	1,094	39.2%

^{*}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.

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

Fiscal Year	SDMC Tota 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)		Psychiatric Health Facility (Days)
FY 12-13	\$ 4,663	10 0	0	221	1,004	3,364	299	168	27	691	126	4	7	12	48	120	0
FY 13-14	\$ 4,230	74 1,010	649	216	972	2,834	310	229	25	520	84	4	0	10	12	30	9
FY 14-15	\$ 5,296	73 1,646	1,142	252	1,244	1,907	330	245	24	539	519	0	0	8	15	0	5
FY 15-16	\$ 5,058	1,445	858	227	1,211	1,964	303	288	29	1,224	906	0	0	9	28	0	9
MEAN	\$ 4,812	1,367	883	229	1,108	2,517	310	233	26	743	409	4	7	10	26	75	8

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.

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

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

Snapshot Report: Unique Count of Children and Youth in Foster Care Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year San Joaquin 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	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 12-13	184	21.8%	45	5.3%	54	6.4%	170	20.1%	379	44.9%	13	1.5%	845	100%
FY 13-14	333	29.7%	44	3.9%	57	5.1%	156	13.9%	501	44.7%	29	2.6%	1,120	100%
FY 14-15	319	29.1%	56	5.1%	83	7.6%	262	23.9%	357	32.6%	18	1.6%	1,095	100%
FY 15-16	266	23.6%	56	5.0%	64	5.7%	320	28.4%	379	33.6%	42	3.7%	1,127	100%

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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge		between 8 and 30	Discharges with Step Down between 8 and 30	•			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	18	94.7%	۸	۸	۸	۸	0	100	6.1	0
FY 13-14	20	95.2%	۸	۸	۸	۸	0	33	2.0	0
FY 14-15	27	93.1%	۸	۸	۸	۸	0	272	12.6	0
FY 15-16	26	83.9%	۸	۸	۸	۸	0	232	12.6	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.