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 pointin-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 stepdown 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

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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, 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 penetrationrates 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	2,359		62,561	
FY 13-14	2,284	-3.2%	68,499	9.5%
FY 14-15	2,232	-2.3%	71,953	5.0%
FY 15-16	2,231	0.0%	76,515	6.3%
Compound Annual Growth Rate SFY**		-1.8%		6.9%

*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	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	٨	۸	45	1.9%	89	3.8%	566	24.0%	1,436	60.9%	٨	۸	97	4.1%
FY 13-14	۸	۸	37	1.6%	72	3.2%	488	21.4%	1,478	64.7%	۸	۸	100	4.4%
FY 14-15	٨	۸	33	1.5%	71	3.2%	438	19.6%	1,473	66.0%	٨	۸	76	3.4%
FY 15-16	۸	۸	35	1.6%	64	2.9%	409	18.3%	1,473	66.0%	۸	۸	67	3.0%

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. ^ Data has been suppressed to protect patient privacy.

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 %
FY 12-13	111	4.7%	412	17.5%	781	33.1%	839	35.6%	216	9.2%
FY 13-14	42	1.8%	376	16.5%	746	32.7%	861	37.7%	259	11.3%
FY 14-15	37	1.7%	376	16.8%	721	32.3%	846	37.9%	252	11.3%
FY 15-16	74	3.3%	343	15.4%	680	30.5%	863	38.7%	271	12.1%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	1,077	45.7%	1,282	54.3%
FY 13-14	1,071	46.9%	1,213	53.1%
FY 14-15	1,125	50.4%	1,107	49.6%
FY 15-16	1,090	48.9%	1,141	51.1%

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** Santa Barbara County as of August 3, 2017

		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	2,359	62,561	3.8%	2,284	68,499	3.3%	2,232	71,953	3.1%	2,231	76,515	2.9%
Children 0-2	111	12,074	0.9%	42	12,406	0.3%	37	12,741	0.3%	74	12,796	0.6%
Children 3-5	412	11,734	3.5%	376	11,880	3.2%	376	11,795	3.2%	343	11,975	2.9%
Children 6-11	781	19,409	4.0%	746	21,535	3.5%	721	22,990	3.1%	680	24,175	2.8%
Children 12-17	839	14,325	5.9%	861	16,144	5.3%	846	17,220	4.9%	863	19,530	4.4%
Youth 18-20	216	5,019	4.3%	259	6,534	4.0%	252	7,207	3.5%	271	8,039	3.4%
Alaskan Native or American Indian	^	142	۸	^	148	٨	^	149	۸	^	152	۸
Asian or Pacific Islander	45	1,282	3.5%	37	1,549	2.4%	33	1,632	2.0%	35	1,654	2.1%
Black	89	920	9.7%	72	910	7.9%	71	916	7.8%	64	886	7.2%
Hispanic	566	13,162	4.3%	488	13,918	3.5%	438	13,747	3.2%	409	14,031	2.9%
White	1,436	42,740	3.4%	1,478	47,073	3.1%	1,473	50,159	2.9%	1,473	53,875	2.7%
Other	^	1,726	۸	^	2,007	٨	^	2,176	۸	^	2,506	۸
Unknown	97	2,589	3.7%	100	2,894	3.5%	76	3,174	2.4%	67	3,411	2.0%
Female	1,077	30,840	3.5%	1,071	33,693	3.2%	1,125	35,484	3.2%	1,090	37,602	2.9%
Male	1,282	31,721	4.0%	1,213	34,806	3.5%	1,107	36,469	3.0%	1,141	38,913	2.9%

*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 Five or More SMHS Visits** Santa Barbara County as of August 3, 2017

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Children and Youth with 5 or	Certified Eligible	Penetration	Children and Youth with 5 or	Certified Eligible	Penetration	Children and Youth with 5 or	Certified Eligible	Penetration	Children and Youth with 5 or	Certified Eligible	Penetration
	more SMHS	Children and	Rate									
	Visits	Youth		Visits	Youth		Visits	Youth		Visits	Youth	
All	1,720	62,561	2.7%	1,724	68,499	2.5%	1,649	71,953	2.3%	1,580	76,515	2.1%
Children 0-2	25	12,074	0.2%	16	12,406	0.1%	16	12,741	0.1%	15	12,796	0.1%
Children 3-5	299	11,734	2.5%	316	11,880	2.7%	309	11,795	2.6%	267	11,975	2.2%
Children 6-11	607	19,409	3.1%	593	21,535	2.8%	536	22,990	2.3%	522	24,175	2.2%
Children 12-17	639	14,325	4.5%	623	16,144	3.9%	625	17,220	3.6%	616	19,530	3.2%
Youth 18-20	150	5,019	3.0%	176	6,534	2.7%	163	7,207	2.3%	160	8,039	2.0%
Alaskan Native or American Indian	^	142	٨	^	148	۸	^	149	^	٨	152	^
Asian or Pacific Islander	31	1,282	2.4%	28	1,549	1.8%	29	1,632	1.8%	22	1,654	1.3%
Black	62	920	6.7%	54	910	5.9%	51	916	5.6%	45	886	5.1%
Hispanic	418	13,162	3.2%	375	13,918	2.7%	324	13,747	2.4%	274	14,031	2.0%
White	1,050	42,740	2.5%	1,112	47,073	2.4%	1,084	50,159	2.2%	1,054	53,875	2.0%
Other	۸	1,726	۸	^	2,007	^	^	2,176	^	۸	2,506	۸
Unknown	71	2,589	2.7%	74	2,894	2.6%	67	3,174	2.1%	55	3,411	1.6%
Female	779	30,840	2.5%	787	33,693	2.3%	814	35,484	2.3%	757	37,602	2.0%
Male	941	31,721	3.0%	937	34,806	2.7%	835	36,469	2.3%	823	38,913	2.1%

*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 Santa Barbara 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	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	\$ 5,085.77	0	0	266	1,706	7,134	514	239	6	450	1,398	24	33	7	16	0	0
FY 13-14	\$ 5,372.01	1,201	339	314	1,697	6,722	537	249	5	588	1,392	9	0	8	16	0	1
FY 14-15	\$ 5,939.88	1,155	1,002	340	1,586	5,390	483	295	16	0	78	16	14	8	7	0	1
FY 15-16	\$ 6,281.49	2,071	1,371	307	1,593	5,035	473	265	24	192	654	8	52	11	14	0	1
MEAN	\$ 5,669.79	1,476	904	307	1,645	6,070	502	262	13	410	881	14	33	8	13	0	1

*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 Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Santa Barbara 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 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	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and	Total Count	Total %
FY 12-13	563	23.9%	139	5.9%	139	5.9%	467	19.8%	999	42.3%	52	2.2%	2,359	100%
FY 13-14	517	22.6%	119	5.2%	164	7.2%	481	21.1%	929	40.7%	74	3.2%	2,284	100%
FY 14-15	549	24.6%	136	6.1%	158	7.1%	451	20.2%	874	39.2%	64	2.9%	2,232	100%
FY 15-16	493	22.1%	152	6.8%	162	7.3%	450	20.2%	892	40.0%	82	3.7%	2,231	100%

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge* Santa Barbara County as of August 3, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge		Step Down	Inpatient Discharges with	Step Down > 30	Inpatient Discharges with a	Discharges with	•	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 12-13	46	66.7%	11	15.9%	۸	٨	٨	^	0	179	14.2	3
FY 13-14	43	58.1%	13	17.6%	۸	۸	٨	^	0	245	22.2	4
FY 14-15	91	69.5%	14	10.7%	15	11.5%	11	8.4%	0	266	16.3	3
FY 15-16	109	81.3%	13	9.7%	^	٨	٨	^	0	361	8.6	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.