

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
Santa Clara 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	1,284		3,000	
FY 12-13	1,383	7.7%	3,326	10.9%
FY 13-14	1,412	2.1%	3,355	0.9%
FY 14-15	1,679	18.9%	3,468	3.4%
Compound Annual Growth Rate SFY**		9.4%		5.0%

**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
Santa Clara County as of August 3, 2016**

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 11-12	144	11.2%	758	59.0%	275	21.4%	107	8.3%
FY 12-13	154	11.1%	843	61.0%	267	19.3%	119	8.6%
FY 13-14	147	10.4%	867	61.4%	257	18.2%	141	10.0%
FY 14-15	161	9.6%	1,030	61.3%	279	16.6%	209	12.4%

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
Santa Clara 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	273	21.3%	367	28.6%	576	44.9%	68	5.3%
FY 12-13	311	22.5%	439	31.7%	541	39.1%	92	6.7%
FY 13-14	338	23.9%	432	30.6%	523	37.0%	119	8.4%
FY 14-15	423	25.2%	546	32.5%	590	35.1%	120	7.1%

**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
Santa Clara County as of August 3, 2016**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	620	48.3%	664	51.7%
FY 12-13	664	48.0%	719	52.0%
FY 13-14	685	48.5%	727	51.5%
FY 14-15	829	49.4%	850	50.6%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
Santa Clara 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	1,284	3,000	42.8%	1,383	3,326	41.6%	1,412	3,355	42.1%	1,679	3,468	48.4%
Children 0-5	273	1,037	26.3%	311	1,140	27.3%	338	1,179	28.7%	423	1,159	36.5%
Children 6-11	367	832	44.1%	439	979	44.8%	432	943	45.8%	546	988	55.3%
Children 12-17	576	930	61.9%	541	958	56.5%	523	908	57.6%	590	940	62.8%
Youth 18-20	68	201	33.8%	92	249	36.9%	119	325	36.6%	120	381	31.5%
Black	144	257	56.0%	154	251	61.4%	147	261	56.3%	161	312	51.6%
Hispanic	758	1,697	44.7%	843	1,992	42.3%	867	2,046	42.4%	1,030	2,086	49.4%
White	275	538	51.1%	267	555	48.1%	257	509	50.5%	279	508	54.9%
Other	107	508	21.1%	119	528	22.5%	141	539	26.2%	209	562	37.2%
Female	620	1,464	42.3%	664	1,600	41.5%	685	1,635	41.9%	829	1,712	48.4%
Male	664	1,536	43.2%	719	1,726	41.7%	727	1,720	42.3%	850	1,756	48.4%

*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
Santa Clara 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	1,096	3,000	36.5%	1,174	3,326	35.3%	1,204	3,355	35.9%	1,470	3,468	42.4%
Children 0-5	215	1,037	20.7%	245	1,140	21.5%	264	1,179	22.4%	320	1,159	27.6%
Children 6-11	313	832	37.6%	382	979	39.0%	371	943	39.3%	501	988	50.7%
Children 12-17	507	930	54.5%	468	958	48.9%	461	908	50.8%	538	940	57.2%
Youth 18-20	61	201	30.3%	79	249	31.7%	108	325	33.2%	111	381	29.1%
Black	126	257	49.0%	129	251	51.4%	124	261	47.5%	147	312	47.1%
Hispanic	650	1,697	38.3%	714	1,992	35.8%	740	2,046	36.2%	907	2,086	43.5%
White	234	538	43.5%	235	555	42.3%	225	509	44.2%	237	508	46.7%
Other	86	508	16.9%	96	528	18.2%	115	539	21.3%	179	562	31.9%
Female	526	1,464	35.9%	564	1,600	35.3%	599	1,635	36.6%	735	1,712	42.9%
Male	570	1,536	37.1%	610	1,726	35.3%	605	1,720	35.2%	735	1,756	41.9%

*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 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
Santa Clara 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	\$ 17,248.65	0	0	1,595	4,789	3,926	538	263	29	342	390	13	0	0	0	0	0
FY 12-13	\$ 29,800.26	0	0	1,236	3,611	3,908	480	346	30	247	1,287	16	29	12	36	115	10
FY 13-14	\$ 23,007.61	2,223	810	1,155	3,589	3,062	390	236	36	223	464	8	8	13	31	120	0
FY 14-15	\$ 16,034.39	2,080	1,271	1,042	3,327	2,802	355	291	26	545	518	5	3	5	10	1	7
MEAN	\$ 21,522.73	2,151	1,040	1,257	3,829	3,425	441	284	30	339	665	11	13	10	26	79	9

*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
Santa Clara 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	396	28.7%	110	8.0%	120	8.7%	259	18.8%	418	30.3%	75	5.4%	1,378	100%
FY 13-14	407	28.9%	114	8.1%	147	10.4%	296	21.0%	386	27.4%	59	4.2%	1,409	100%
FY 14-15	497	29.5%	135	8.0%	148	8.8%	299	17.8%	524	31.2%	79	4.7%	1,682	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
Santa Clara 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	^	^	^	^	^	^	9	9	9.0	9
FY 12-13	^	^	^	^	^	^	0	34	14.4	6
FY 13-14	^	^	^	^	^	^	0	4	0.8	0
FY 14-15	^	^	^	^	^	^	83	83	83.0	83

* **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.