### 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.

#### 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). 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.

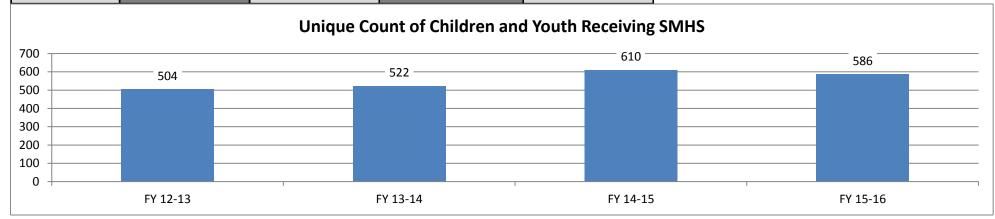
\*Data Source Methodology: Demographic & Penetration and Snapshot - based on MEDS data; Utilization - based on Claims Submission data; Time to step-down - based on Inpatient Hospital data.

\*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.

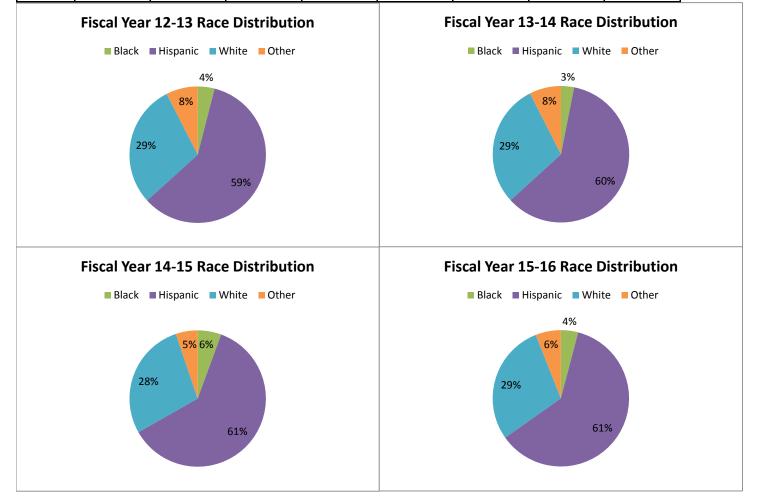
SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Foster Care Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 12-13	504		1,375	
FY 13-14	522	3.6%	1,570	14.2%
FY 14-15	610	16.9%	1,667	6.2%
FY 15-16	586	-3.9%	1,569	-5.9%
Compound Annual Growth Rate SFY**		5.2%		4.5%



\*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	20	4.0%	299	59.3%	147	29.2%	38	7.5%
FY 13-14	16	3.1%	314	60.2%	153	29.3%	39	7.5%
FY 14-15	34	5.6%	373	61.1%	171	28.0%	32	5.2%
FY 15-16	24	4.1%	358	61.1%	169	28.8%	35	6.0%



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.

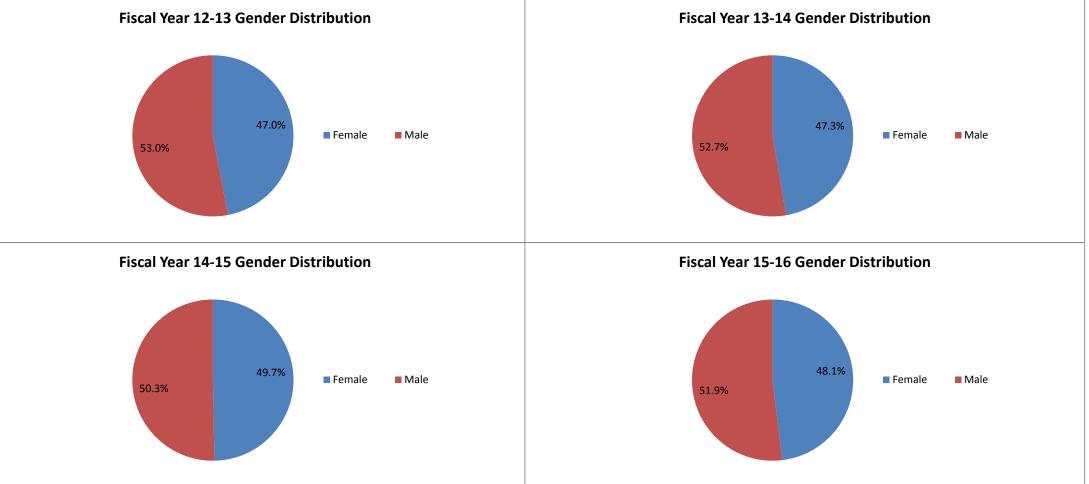
Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Youth 12-17 Count	Youth 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 12-13	^	۸	73	14.5%	211	41.9%	182	36.1%	٨	۸
FY 13-14	^	۸	73	14.0%	209	40.0%	199	38.1%	٨	۸
FY 14-15	^	۸	77	12.6%	264	43.3%	234	38.4%	٨	۸
FY 15-16	۸	۸	74	12.6%	246	42.0%	223	38.1%	٨	۸



## CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

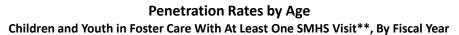
Fiscal Year 14-15 Age Group Distri	bution	Fiscal Year 15-16 Age		oution
^ ^ 13%	Children 0-2	^ ^ 13%		Children 0-2
	Children 3-5			Children 3-5
*FY 13-14 claims are estimated $t\partial^{3} \mathcal{B}^{\mathcal{C}}$ 95% complete as of January 1, 2015.	Children 6-11	38%		Children 6-11
43%	Youth 12-17	4.	2%	Youth 12-17
	Youth 18-20			Youth 18-20

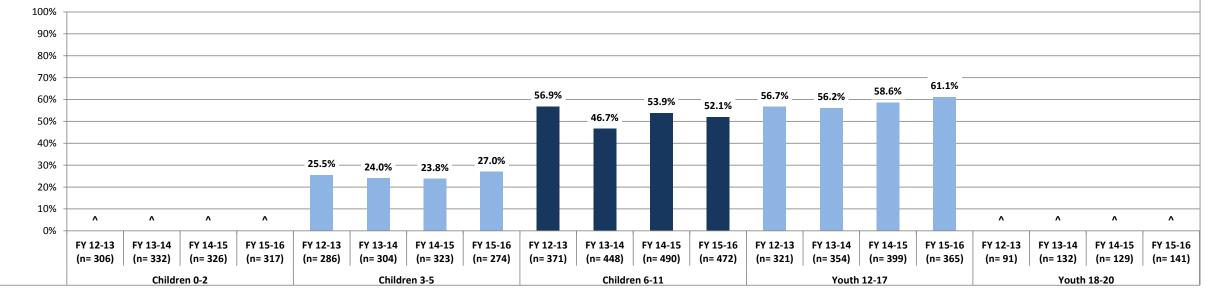
Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	237	47.0%	267	53.0%
FY 13-14	247	47.3%	275	52.7%
FY 14-15	303	49.7%	307	50.3%
FY 15-16	282	48.1%	304	51.9%



#### Penetration Rates\* Report: Children and Youth in Foster Care with At Least One SMHS Visit\*\* Tulare 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	504	1,375	36.7%	522	1,570	33.2%	610	1,667	36.6%	586	1,569	37.3%
Children 0-2	۸	306	٨	۸	332	۸	^	326	۸	^	317	^
Children 3-5	73	286	25.5%	73	304	24.0%	77	323	23.8%	74	274	27.0%
Children 6-11	211	371	56.9%	209	448	46.7%	264	490	53.9%	246	472	52.1%
Youth 12-17	182	321	56.7%	199	354	56.2%	234	399	58.6%	223	365	61.1%
Youth 18-20	۸	91	۸	^	132	۸	^	129	۸	^	141	^
Black	20	58	34.5%	16	69	23.2%	34	73	46.6%	24	66	36.4%
Hispanic	299	847	35.3%	314	977	32.1%	373	1,042	35.8%	358	979	36.6%
White	147	376	39.1%	153	403	38.0%	171	436	39.2%	169	410	41.2%
Other	38	94	40.4%	39	121	32.2%	32	116	27.6%	35	114	30.7%
Female	237	647	36.6%	247	760	32.5%	303	777	39.0%	282	727	38.8%
Male	267	728	36.7%	275	810	34.0%	307	890	34.5%	304	842	36.1%

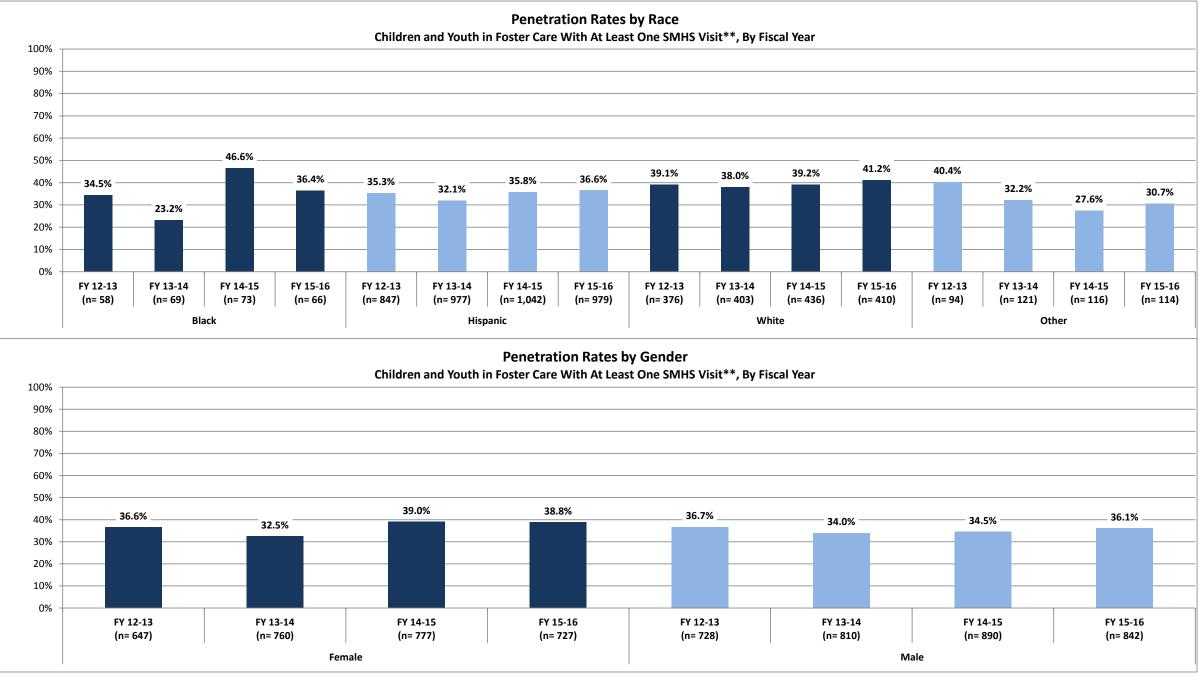




\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care sy. \*\*Children and Youth in Foster Care that have received at least one SMHS in the Fiscal Year.

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

Tulare County as of August 9, 2017

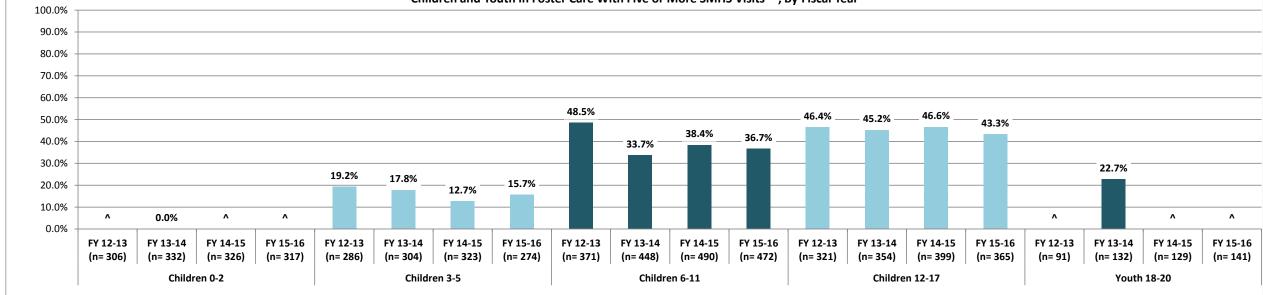


\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care sy. \*\*Children and Youth in Foster Care that have received at least one SMHS in the Fiscal Year.

#### \* Report: Children and Youth in Foster Care with Five or More SMHS Visits\*\* Tulare County as of August 9, 2017

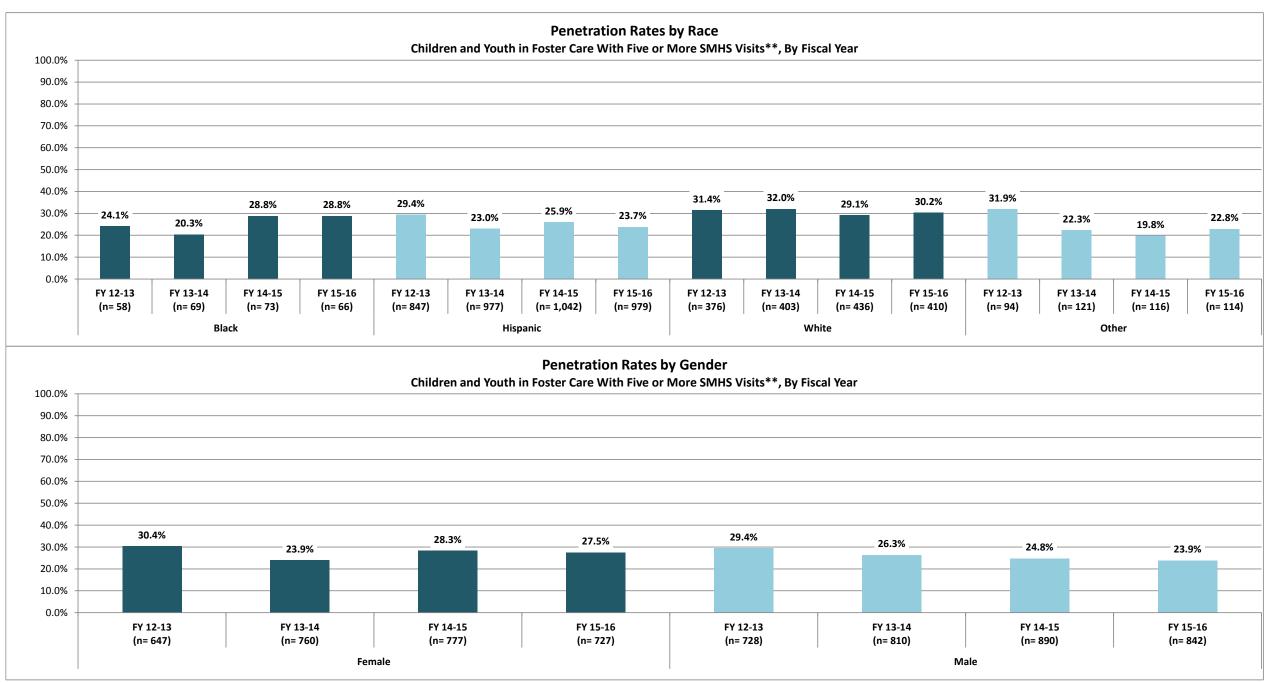
		FY 12-13			FY 13-14			FY 14-15		FY 15-16			
	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration 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	411	1,375	29.9%	395	1,570	25.2%	441	1,667	26.5%	401	1,569	25.6%	
Children 0-2	۸	306	٨	0	332	0.0%	^	326	٨	۸	317	٨	
Children 3-5	55	286	19.2%	54	304	17.8%	41	323	12.7%	43	274	15.7%	
Children 6-11	180	371	48.5%	151	448	33.7%	188	490	38.4%	173	472	36.7%	
Children 12-17	149	321	46.4%	160	354	45.2%	186	399	46.6%	158	365	43.3%	
Youth 18-20	^	91	٨	30	132	22.7%	^	129	۸	۸	141	۸	
Black	14	58	24.1%	14	69	20.3%	21	73	28.8%	19	66	28.8%	
Hispanic	249	847	29.4%	225	977	23.0%	270	1,042	25.9%	232	979	23.7%	
White	118	376	31.4%	129	403	32.0%	127	436	29.1%	124	410	30.2%	
Other	30	94	31.9%	27	121	22.3%	23	116	19.8%	26	114	22.8%	
Female	197	647	30.4%	182	760	23.9%	220	777	28.3%	200	727	27.5%	
Male	214	728	29.4%	213	810	26.3%	221	890	24.8%	201	842	23.9%	

#### Penetration Rates by Age Children and Youth in Foster Care With Five or More SMHS Visits\*\*, By Fiscal Year



\*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 in Foster Care that have received at least five SMHS in the Fiscal Year.

#### \* Report: Children and Youth in Foster Care with Five or More SMHS Visits\*\* Tulare County as of August 9, 2017



\*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 in Foster Care that have received at least five SMHS in the Fiscal Year.

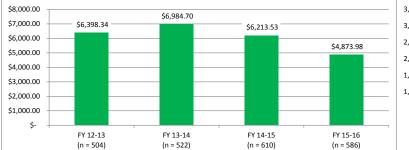
#### Utilization Report\*: Approved Specialty Mental Health Services for Children/Youth in Foster Care Mean Expenditures and Mean Service Quantity per Beneficiary by Fiscal Year

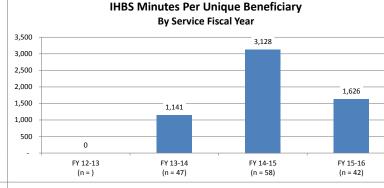
Tulare County as of August 9, 2017

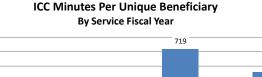
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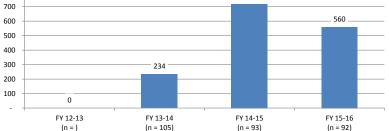
Fiscal Year	OMC Total	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full 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	\$ 6,398.34	0	0	461	1,584	3,981	597	166	6	246	0	0	0	7	0	0	313
FY 13-14	\$ 6,984.70	1,141	234	464	1,459	4,001	537	261	18	450	0	1	0	9	0	0	358
FY 14-15	\$ 6,213.53	3,128	719	422	1,499	4,342	510	259	29	858	0	0	0	8	4	0	75
FY 15-16	\$ 4,873.98	1,626	560	388	1,342	4,200	441	244	36	258	0	0	0	14	0	0	8
MEAN	\$ 6,117.64	1,965	504	434	1,471	4,131	521	232	22	453	0	1	0	9	4	0	188

Total Approved Per Unique Beneficiary By Service Fiscal Year

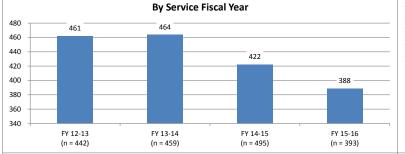




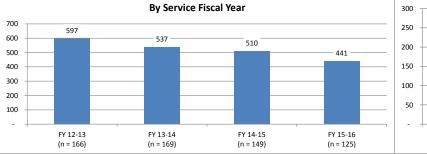




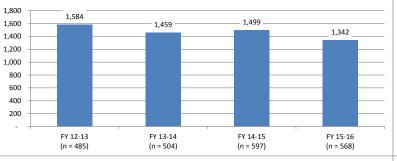
Case Management/Brokerage Minutes Per Unique Beneficiary

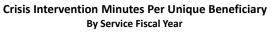


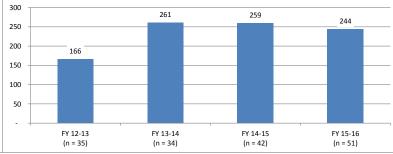
Medication Support Services Minutes Per Unique Beneficiary



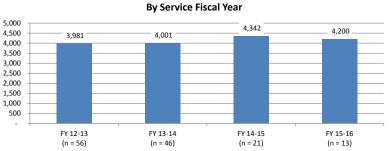
Mental Health Services Minutes Per Unique Beneficiary By Service Fiscal Year



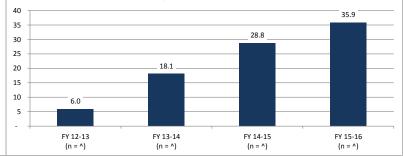




Therapeutic Behavioral Services Minutes Per Unique Beneficiary



#### Crisis Stabilization Hours Per Unique Beneficiary By Service Fiscal Year



\*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.

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



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

Tulare 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	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	138	27.4%	49	9.7%	67	13.3%	130	25.8%	93	18.5%	27	5.4%	504	100%
FY 13-14	140	26.8%	56	10.7%	63	12.1%	107	20.5%	126	24.1%	30	5.7%	522	100%
FY 14-15	159	26.1%	49	8.0%	52	8.5%	125	20.5%	184	30.2%	41	6.7%	610	100%
FY 15-16	131	22.4%	43	7.3%	43	7.3%	140	23.9%	195	33.3%	34	5.8%	586	100%

## Fiscal Year 12-13 Arrivals, Service Continuance, & **Exits Distribution**



# 5% 27% 19% 10% 26% 13%



27%

11%

12%

6%

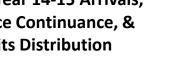
24%

21%

## Fiscal Year 14-15 Arrivals, Service Continuance, & **Exits Distribution**

7%

21%

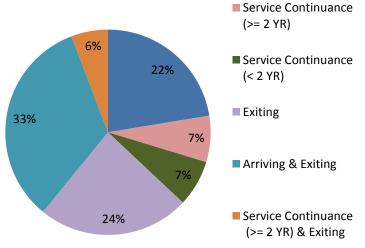


26%

9%

8%

# Fiscal Year 15-16 Arrivals, Service Continuance, & **Exits Distribution**



Arrivals

30%

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

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 12-13	11	73.3%	^	۸	۸	۸	0	116	21.1	0
FY 13-14	14	77.8%	^	۸	۸	۸	0	259	26.8	0
FY 14-15	19	90.5%	^	۸	۸	۸	0	73	6.2	0
FY 15-16	^	۸	^	۸	۸	۸	0	0	0.0	0
	Median Time Ste	e Between In ep Down Ser	-	harge and		Mean Tim		npatient Dis ervice in Day	charge and S ys	Step
1					30		26.8			
0.8					25	21.1				
0.6					20	21.1				
					15					
0.4					10			6.2	,	
0.2	_	_	_		5			0.2	-	
0	0	0	0	0	0					0.0
	FY 12-13		ARTS NO of Discharges	s by Time Be	tween Inpat		ge and Step			FY 15-16
100%				^		â			^	
80%	^			^		^			Â	
60%										
40%	73.3%	6		77.8%		90.5	5%		۸	
20%										
0%	FY 11-2 ( ^ Unique Benef 15 Total Inpatient	iciaries with	·	FY 12-13 Inique Beneficiaries w tal Inpatient Discharg		FY 13 ( 14 Unique Ber 21 Total Inpatie	neficiaries with	·	FY 14-15 Unique Beneficiaries v Total Inpatient Dischar	

\* 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.