Performance Outcomes System Reports
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

Population-based county grouped data is presented in this report. County groups are organized into the following four groups based on county population: small-rural, small, medium, and large counties. The counties in each group are listed on page 3 of this report and also available in the Measures Catalog. 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 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 Fiscal Years (FY) 11/12, 12/13, 13/14, and 14/15.

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. Starting with this report, 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; 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.

Performance Outcomes System Reports
Report run on August 3, 2016

Data Sources -

• Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 10/11 through FY 13/14.

• Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 10/11 through FY 13/14.

• Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 11/12 through FY 14/15.

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, me dium, 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

*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 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). As of now, this report only classifies youth and their service usage for FY 12/13 and FY13/14. 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 relies solely on claims data from Short Doyle/Medi-Cal II. In the futurethis 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."

Performance Outcomes System Reports
Report run on August 3, 2016

***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.

County Groupings

Counties are grouped by population, as follows:

Category:

Small Rural: Population is less than 50,000
Small: Population is 50,000-199,999
Medium: Population is 200,000-749,000
Large: Population is 750,000-3,999,999
Very Large: 4,000,000 or greater

Counties in each Category:

Small Rural: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Siskiyou, Trinity
Small: El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter, Tehama, Tuolumne, Yuba
Medium: Butte, Marin, Merced, Monterey, Placer, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Yolo Large: Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura
Very Large: Los Angeles

Population information is provided for each county (on pages 13 and 14) of the Measures Catalog.
http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

Demographics Report: Unique Count of Current Foster Care Youth Receiving SMHS by Fiscal Year
Small Population Counties as of August 3, 2016

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Youth Foster Care in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	1,633		4,540	
FY 12-13	1,646	0.8%	4,777	5.2%
FY 13-14	1,883	14.4%	5,116	7.1%
FY 14-15	2,093	11.2%	5,515	7.8%
Compound Annual Growth Rate SFY**		8.6%		6.7%

*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 Current Foster Care Youth Receiving SMHS by Fiscal Year
Small Population Counties as of August 3, 2016

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 11-12	84	5.1%	370	22.7%	1,034	63.3%	145	8.9%
FY 12-13	90	5.5%	385	23.4%	1,032	62.7%	139	8.4%
FY 13-14	103	5.5%	466	24.7%	1,130	60.0%	184	9.8%
FY 14-15	117	5.6%	609	29.1%	1,161	55.5%	206	9.8%

Demographics Report: Unique Count of Current Foster Care Youth Receiving SMHS by Fiscal Year
Small Population Counties 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	262	16.0%	574	35.2%	746	45.7%	51	3.1%
FY 12-13	262	15.9%	603	36.6%	682	41.4%	99	6.0%
FY 13-14	306	16.3%	716	38.0%	719	38.2%	142	7.5%
FY 14-15	386	18.4%	812	38.8%	736	35.2%	159	7.6%

Demographics Report: Unique Count of Current Foster Care Youth Receiving SMHS by Fiscal Year
Small Population Counties as of August 3, 2016

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	785	48.1%	848	51.9%
FY 12-13	800	48.6%	846	51.4%
FY 13-14	915	48.6%	968	51.4%
FY 14-15	1,035	49.5%	1,058	50.5%

Penetration Rates* Report: Current Foster Care Youth With At Least One SMHS Visit**
Small Population Counties as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate
All	1,633	4,540	36.0%	1,646	4,777	34.5%	1,883	5,116	36.8%	2,093	5,515	38.0%
Children 0-5	262	1,852	14.1%	262	1,896	13.8%	306	2,008	15.2%	386	2,179	17.7%
Children 6-11	574	1,172	49.0%	603	1,271	47.4%	716	1,385	51.7%	812	1,480	54.9%
Children 12-17	746	1,328	56.2%	682	1,324	51.5%	719	1,300	55.3%	736	1,333	55.2%
Youth 18-20	51	188	27.1%	99	286	34.6%	142	423	33.6%	159	523	30.4%
Black	84	233	36.1%	90	244	36.9%	103	256	40.2%	117	258	45.3%
Hispanic	370	1,247	29.7%	385	1,407	27.4%	466	1,551	30.0%	609	1,696	35.9%
White	1,034	2,519	41.0%	1,032	2,504	41.2%	1,130	2,599	43.5%	1,161	2,762	42.0%
Other	145	541	26.8%	139	622	22.3%	184	710	25.9%	206	799	25.8%
Female	785	2,162	36.3%	800	2,276	35.1%	915	2,459	37.2%	1,035	2,684	38.6%
Male	848	2,378	35.7%	846	2,501	33.8%	968	2,657	36.4%	1,058	2,831	37.4%

*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 Medi-Cal Managed Care system.

**Foster Care 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: Current Foster Care Youth With Five or More SMHS Visits**
Small Population Counties as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate
All	**1,284**	**4,540**	**28.3%**	**1,263**	**4,777**	**26.4%**	**1,409**	**5,116**	**27.5%**	**1,519**	**5,515**	**27.5%**
Children 0-5	173	1,852	9.3%	166	1,896	8.8%	190	2,008	9.5%	196	2,179	9.0%
Children 6-11	444	1,172	37.9%	474	1,271	37.3%	544	1,385	39.3%	603	1,480	40.7%
Children 12-17	623	1,328	46.9%	544	1,324	41.1%	571	1,300	43.9%	593	1,333	44.5%
Youth 18-20	44	188	23.4%	79	286	27.6%	104	423	24.6%	127	523	24.3%
Black	69	233	29.6%	71	244	29.1%	81	256	31.6%	87	258	33.7%
Hispanic	281	1,247	22.5%	276	1,407	19.6%	328	1,551	21.1%	381	1,696	22.5%
White	831	2,519	33.0%	813	2,504	32.5%	872	2,599	33.6%	882	2,762	31.9%
Other	103	541	19.0%	103	622	16.6%	128	710	18.0%	169	799	21.2%
Female	602	2,162	27.8%	593	2,276	26.1%	674	2,459	27.4%	750	2,684	27.9%
Male	682	2,378	28.7%	670	2,501	26.8%	735	2,657	27.7%	769	2,831	27.2%

*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.

**Foster Care 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 Foster Care Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**
Small County Populations 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	$ 6,414.99	0	0	718	1,801	6,908	369	210	18	625	616	0	0	12	0	0	28
FY 12-13	$ 6,778.86	0	0	667	2,005	5,949	379	238	16	640	634	7	6	0	0	0	19
FY 13-14	$ 6,250.29	908	932	516	1,575	5,528	351	270	20	677	413	1	0	4	0	90	26
FY 14-15	$ 6,115.15	1,934	831	436	1,503	5,342	281	320	13	599	657	4	0	13	5	0	31
MEAN	$ 6,389.82	1,421	881	585	1,721	5,932	345	260	17	635	580	4	6	10	5	90	26

Fiscal Year	SDMC Total Clients	IHBS Clients	ICC Clients	Case Management/ Brokerage Clients	Mental Health Services Clients	Therapeutic Behavioral Services Clients	Medication Support Services Clients	Crisis Intervention Clients	Crisis Stabilization Clients	Full Day Treatment Intensive Clients	Full Day Rehabilitation Clients	Hospital Inpatient Clients	Hospital Inpatient Admin Clients	Fee for Service Inpatient Clients	Crisis Residential Treatment Services Clients	Adult Residential Treatment Services Clients	Psychiatric Health Facility Clients
FY 11-12	1,671	0	0	939	1,529	50	458	144	23	44	^	0	0	^	0	0	^
FY 12-13	1,682	0	0	955	1,536	67	487	128	30	27	13	^	^	0	0	0	^
FY 13-14	1,967	85	185	1,035	1,767	105	477	168	24	24	^	^	0	^	0	^	^
FY 14-15	2,089	208	348	1,098	1,904	82	510	168	20	12	^	^	0	^	^	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.

Snapshot Report: Unique Count of Current Foster Care Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Small Population Counties 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	463	28.0%	133	8.1%	166	10.0%	343	20.8%	471	28.5%	76	4.6%	392	100%
FY 13-14	546	29.0%	132	7.0%	204	10.8%	356	18.9%	578	30.7%	65	3.5%	527	100%
FY 14-15	465	22.2%	154	7.4%	217	10.4%	423	20.2%	736	35.2%	95	4.5%	498	100%

TABLES AND CHARTS NOT PRODUCED FOR THIS INDICATOR DUE TO SMALL CELL SIZE

* *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.