Performance Outcomes System Reports Report run on 8/3/2016

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 countyspecific 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

Three reports will be provided: statewide aggregate data; population-based county groups; and county-specific data. These statewide aggregate reports provide 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 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-intime 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.

Data Sources -

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

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

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

*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). 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."

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year Statewide as of August 3, 2016

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	228,815		4,775,304	
FY 12-13	246,752	7.8%	5,476,043	14.7%
FY 13-14	263,909	7.0%	6,037,115	10.2%
FY 14-15	266,915	1.1%	6,352,757	5.2%
Compound Annual Growth Rate SFY**		5.3%		10.0%

*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 Receiving SMHS by Fiscal Year Statewide as of August 3, 2016

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 11-12	1,492	0.7%	6,037	2.6%	32,017	14.0%	111,224	48.6%	62,745	27.4%	3,164	1.4%	12,136	5.3%
FY 12-13	1,472	0.6%	6,688	2.7%	32,082	13.0%	123,163	49.9%	64,142	26.0%	4,298	1.7%	14,907	6.0%
FY 13-14	1,478	0.6%	7,699	2.9%	31,631	12.0%	134,109	50.8%	65,847	25.0%	5,458	2.1%	17,687	6.7%
FY 14-15	1,440	0.5%	8,795	3.3%	30,374	11.4%	135,952	50.9%	66,224	24.8%	6,015	2.3%	18,115	6.8%

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year Statewide 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	31,836	13.9%	78,479	34.3%	95,376	41.7%	23,124	10.1%
FY 12-13	31,604	12.8%	84,686	34.3%	102,337	41.5%	28,125	11.4%
FY 13-14	32,513	12.3%	90,328	34.2%	110,738	42.0%	30,330	11.5%
FY 14-15	33,050	12.4%	90,003	33.7%	111,313	41.7%	32,549	12.2%

Demographics Report: Unique Count of Children and Youth by Fiscal Year Statewide as of August 3, 2016

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	97,835	42.8%	130,980	57.2%
FY 12-13	106,516	43.2%	140,236	56.8%
FY 13-14	116,012	44.0%	147,897	56.0%
FY 14-15	119,396	44.7%	147,519	55.3%

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit** Statewide as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Children and	Certified		Children and	Certified		Children and	Certified		Children and	Certified	
	Youth with 1	Eligible	Penetration	Youth with 1	Eligible	Penetration	Youth with 1 or	Eligible	Penetration	Youth with 1 or	Eligible	Penetration
	or more SMHS	Children and	Rate	or more	Children and	Rate	more SMHS	Children and	Rate	more SMHS	Children and	Rate
	Visits	Youth		SMHS Visits	Youth		Visits	Youth		Visits	Youth	
All	228,815	4,775,304	4.8%	246,752	5,476,043	4.5%	263,909	6,037,115	4.4%	266,915	6,352,757	4.2%
Children 0-5	31,836	1,768,421	1.8%	31,604	1,845,768	1.7%	32,513	1,889,031	1.7%	33,050	1,899,764	1.7%
Children 6-11	78,479	1,287,544	6.1%	84,686	1,582,876	5.4%	90,328	1,759,965	5.1%	90,003	1,838,788	4.9%
Children 12-17	95,376	1,134,157	8.4%	102,337	1,388,448	7.4%	110,738	1,556,844	7.1%	111,313	1,622,677	6.9%
Youth 18-20	23,124	585,182	4.0%	28,125	658,951	4.3%	30,330	831,275	3.6%	32,549	991,528	3.3%
Alaskan Native or American Indian	1,492	20,046	7.4%	1,472	20,670	7.1%	1,478	21,976	6.7%	1,440	22,848	6.3%
Asian or Pacific Islander	6,037	343,039	1.8%	6,688	434,825	1.5%	7,699	518,060	1.5%	8,795	560,523	1.6%
Black	32,017	420,454	7.6%	32,082	436,927	7.3%	31,631	451,612	7.0%	30,374	463,333	6.6%
Hispanic	111,224	2,807,069	4.0%	123,163	3,217,490	3.8%	134,109	3,450,311	3.9%	135,952	3,573,360	3.8%
White	62,745	737,572	8.5%	64,142	820,886	7.8%	65,847	939,222	7.0%	66,224	1,001,776	6.6%
Other	3,164	121,838	2.6%	4,298	167,395	2.6%	5,458	213,647	2.6%	6,015	237,756	2.5%
Unknown	12,136	325,286	3.7%	14,907	377,850	3.9%	17,687	442,287	4.0%	18,115	493,161	3.7%
Female	97,835	2,366,827	4.1%	106,516	2,711,146	3.9%	116,012	2,981,430	3.9%	119,396	3,133,356	3.8%
Male	130,980	2,408,477	5.4%	140,236	2,764,897	5.1%	147,897	3,055,685	4.8%	147,519	3,219,401	4.6%

*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** Statewide as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	175,884	4,775,304	3.7%	189,431	5,476,043	3.5%	202,785	6,037,115	3.4%	203,992	6,352,757	3.2%
Children 0-5	21,729	1,768,421	1.2%	21,417	1,845,768	1.2%	21,687	1,889,031	1.1%	22,063	1,899,764	1.2%
Children 6-11	62,629	1,287,544	4.9%	67,345	1,582,876	4.3%	72,104	1,759,965	4.1%	71,497	1,838,788	3.9%
Children 12-17	75,906	1,134,157	6.7%	81,153	1,388,448	5.8%	87,781	1,556,844	5.6%	88,340	1,622,677	5.4%
Youth 18-20	15,620	585,182	2.7%	19,703	658,951	3.0%	21,213	831,275	2.6%	22,092	991,528	2.2%
Alaskan Native or American Indian	1,127	20,046	5.6%	1,110	20,670	5.4%	1,087	21,976	4.9%	1,067	22,848	4.7%
Asian or Pacific Islander	4,590	343,039	1.3%	5,153	434,825	1.2%	5,872	518,060	1.1%	6,758	560,523	1.2%
Black	24,850	420,454	5.9%	24,864	436,927	5.7%	24,397	451,612	5.4%	23,354	463,333	5.0%
Hispanic	84,368	2,807,069	3.0%	93,953	3,217,490	2.9%	102,482	3,450,311	3.0%	103,287	3,573,360	2.9%
White	48,943	737,572	6.6%	48,943	820,886	6.0%	50,832	939,222	5.4%	50,912	1,001,776	5.1%
Other	2,438	121,838	2.0%	3,266	167,395	2.0%	4,222	213,647	2.0%	4,570	237,756	1.9%
Unknown	9,568	325,286	2.9%	11,769	377,850	3.1%	13,893	442,287	3.1%	14,044	493,161	2.8%
Female	74,330	2,366,827	3.1%	81,016	2,711,146	3.0%	88,211	2,981,430	3.0%	90,189	3,133,356	2.9%
Male	101,554	2,408,477	4.2%	108,602	2,764,897	3.9%	114,574	3,055,685	3.7%	113,803	3,219,401	3.5%

*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** Statewide as of August 3, 2016

Fiscal Yea	ir i	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)	T	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	\$	5,902.68	0	0	432	1,856	5,483	317	306	14	526	415	7	12	9	13	70	14
FY 12-13	\$	6,347.31	825	215	394	1,795	5,227	307	294	15	502	443	7	13	9	19	91	15
FY 13-14	\$	6,368.06	1,970	1,434	367	1,725	5,116	306	305	16	516	457	8	14	8	18	101	15
FY 14-15	\$	6,417.44	2,418	1,655	368	1,698	4,906	314	299	16	528	520	7	15	8	20	95	13
MEAN	\$	6,258.87	1,738	1,101	390	1,768	5,183	311	301	15	518	459	7	14	8	18	89	14

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	228,799	-	-	94,666	213,710	7,327	73,153	16,821	6,843	2,439	1,835	1,938	129	9,475	239	100	620
FY 12-13	246,748	110	179	96,628	231,416	7,983	77,965	17,704	8,530	1,900	2,006	2,085	161	10,530	283	125	781
FY 13-14	263,906	5,310	6,707	101,551	246,991	8,079	81,640	19,417	10,019	1,557	1,771	2,182	141	12,346	376	126	837
FY 14-15	266,912	7,822	10,162	99,584	248,699	8,136	80,309	20,545	11,912	675	1,405	2,351	186	13,112	454	100	953

*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 Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Statewide 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) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 12-13	65,825	26.7%	21,242	8.6%	22,066	8.9%	47,977	19.4%	81,065	32.9%	8,577	3.5%	246,752	100%
FY 13-14	65,197	24.7%	21,454	8.1%	23,620	9.0%	54,840	20.8%	89,579	33.9%	9,219	3.5%	263,909	100%
FY 14-15	65,315	24.5%	21,246	8.0%	22,862	8.6%	56,409	21.1%	91,329	34.2%	9,754	3.7%	266,915	100%

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge Statewide as of August 3, 2016

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Sten Down within	Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30 Days from	Innatient	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with 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	8,699	59.2%	2,560	17.4%	2,321	15.8%	1,102	7.5%	0	365	30.4	3
FY 12-13	9,694	63.1%	2,427	15.8%	2,097	13.6%	1,146	7.5%	0	365	26.1	2
FY 13-14	10,764	62.1%	2,844	16.4%	2,224	12.8%	1,512	8.7%	0	365	23.7	2
FY 14-15	10,655	58.0%	3,096	16.9%	2,353	12.8%	2,268	12.3%	0	365	21.9	3

* **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.