

Draft 4-26-2013

Matrix: Framework for Medi-Cal Specialty Mental Health Services Performance & Outcomes System Plan for Children and Youth

OUTCOME CATEGORIES		RATIONALE	Examples of indicators/measures All by age, gender, ethnicity, language, area, etc	LEVEL			Authority		Measurement Option/Existing Data/Feasibility
				1 Child Fam	2 Pro- gram	3 Sys- tem	STATE	FED	
ACCESS	Children served and not served (Penetration rate) A & B	System should be adequate to need. Untreated individuals have higher health etc. costs	Relative to estimated prevalence, % of Medi-Cal beneficiaries who receive treatment - (Penetration rate)	x	x	x	x	x	To Be Determined
	Timeliness	Delayed care increases MH & partner services costs	Wait time for evaluation, treatment (Provider access)	x	x	x	x	x	
	Service denials	Any eligible child	Service modifications, reductions or terminations, are lessened	x	x	x	x	x	
ENGAGEMENT	Children and Caregivers participate in services	System able to serve beneficiaries: related to both dropout and treatment success	Children and Caregivers perceive services as necessary, collaborative and useful	x	x	x	x	x	To Be Determined
	Services are maintained	Child should receive both right & enough service	Percent of clients served in a year with >1 mental health contact	x	x	x	x	x	

Draft 4-26-2013

OUTCOME	RATIONALE	Examples of	LEVEL			Authority		Measurement
Collaborative assessment of environmental factors	Understanding stressors/support experienced by family	Evaluate family functioning, relationships, community support etc	x					

OUTCOME CATEGORIES	RATIONALE	Examples of indicators/measures <small>All by age, gender, ethnicity, language, area, etc</small>	LEVEL			Authority		Measurement Option/Existing Data/Feasibility	
			1 Child Fam	2 Program	3 System	STATE	FED		
Service appropriateness to need *(Should include cultural appropriateness of service/language)	Quality of Care Standards	Adhere to practice standards and practice parameters	% of MH clients whose TX matches their DX, Symptoms or Needs	x	x	x	x	x	To Be Determined
	Treatment consistent with treatment plan	Both under-use and over-use of treatment have been linked to negative child outcomes	Quantity, duration, and frequency of service are appropriate to the client's need. Continuity of care	x	x				
	Child's clinical status	Diagnosis of record should be substantiated	A Diagnosis (include substance use/abuse) B Symptomatology (severity)	x	x		x?		
	Functional status	Diagnosis alone does not predict how severe the problem is	A Individual client B Family: assess family strengths and challenges	x	x		x?		
	Psychotropic medication	Avoid over- and under- or wrong medication &	The medication is appropriate for the child's DX	x	x	x	x	x	

Draft 4-26-2013

OUTCOME	RATIONALE	Examples of	LEVEL			Authority		Measurement
	wrong med. for diagnosis							
Modality of care (e.g. individual, family, group therapy)	Appropriate modality and Level of Care (LOC) for diagnosis & type, and severity of need	Treatment modality and level of care (LOC) (e.g. out-patient, community-based, residential etc)	x	x		??		
Ongoing engagement, empowerment	Optimize exchange of information as treatment progresses	Families give <u>and</u> receive adequate information	x				x	

OUTCOME CATEGORIES	RATIONALE	Examples of indicators/measures <small>All by age, gender, ethnicity, language, area, etc</small>	LEVEL			Authority		Measurement Option/Existing Data/Feasibility
			1 Child Fam	2 Pro- gram	3 Sys- tem	STATE	FED	
EFFECTIVENESS – To normalize child’s developmental progress	Fidelity to treatment model of practice standard	CA mental health providers should practice up to established standards of profession	x			x	x	To Be Determined
	Child symptomatology	Intervention should help to reduce symptoms	x			x	x	
	Child level of functioning	Intervention should increase child’s level of function or independent functioning	x			x	x	

Draft 4-26-2013

OUTCOME		RATIONALE	Examples of	LEVEL			Authority		Measurement
	Increased natural supports and social integration	Return to positive developmental trajectory	Shared data from partner agencies, and clinical re-assessment	x	x		x		
	Family mental health/substance abuse and relationship status	Child cannot be treated as an isolated individual: treatment must address child's context	<ul style="list-style-type: none"> If a family member has a mental disorder they are receiving treatment Family relationships improve Family is better able to meet the child's emotional and behavioral needs 	x	x		x?		

OUTCOME CATEGORIES	RATIONALE	Examples of indicators/measures <small>All by age, gender, ethnicity, language, area, etc</small>	LEVEL			Authority		Measurement Option/Existing Data/Feasibility	
			1 Child Fam	2 Program	3 System	STATE	FED		
EFFECTIVENESS – continued	Collaborative re-assessment of environmental factors. This includes A - F	Understanding how family handles and increases use of supports	A-Children and youth function in community settings with optimal independence from formal service systems.	x	x		x		To Be Determined
		Children at home	<u>B- Housing/Placement:</u> Avoid preventable out-of home placement	x	x		x		
		Children in school and succeeding	<u>C- School:</u> (a) optimize functioning in school, (b) % who receive special education services (IEP or 504)	x	x		x		

Draft 4-26-2013

OUTCOME		RATIONALE	Examples of	LEVEL			Authority		Measurement
		Children out of trouble	<u>D- Juvenile Justice involvement</u> : reduce or prevent	x	x		x		
		Transition Age Youth (TAY) youth able to move toward independence	<u>E- Employment/</u> Employment attachment (TAY)	x	x				
		Children safe	<u>F- Safety</u> : Child Protective Services (CPS) involvement, freedom from exploitation, satisfaction with personal safety	x	x	x	x		

OUTCOME CATEGORIES		RATIONALE	Examples of indicators/measures <small>All by age, gender, ethnicity, language, area, etc</small>	LEVEL			Authority		Measurement
				1 Child Fam	2 Pro- gram	3 Sys- tem	STATE	FED	Option/Existing Data/Feasibility
LINKAGES	Care coordination or integration A and B	MH providers work synergistically to provide for full range of child's needs	A- Treatment plan indicates coordination with other partner agencies as needed (e.g. schools, primary care provider, CDSS, Juvenile Justice)	x	x		x		To Be Determined
		Failure to provide support at this stage associated with failed placement etc.	B- Track youngsters as they step down from higher to lower levels of care	x	x	x	?	?	

Draft 4-26-2013

OUTCOME		RATIONALE	Examples of	LEVEL			Authority		Measurement
	Health status	Mental health services recipients should have equal access (relative to the general population) to effective general health care.	Percent of Medi-Cal children and youth who receive mental health services during the year that also received physical health care services through Medi-Cal	x	x	x		x	
	Family/ Caregiver health status	Parental illness affects capacity for parenting	Client record to include information about family health status	x	x			?	