

**PERFORMANCE AND OUTCOMES  
SYSTEM  
FOR  
MEDI-CAL SPECIALTY MENTAL  
HEALTH SERVICES FOR CHILDREN  
AND YOUTH**

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**Stakeholder Advisory Committee**

**Department of Health Care Services  
July 23, 2013**

# **WELCOME AND INTRODUCTIONS**

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**Stakeholder Advisory Committee**





# Agenda

- Welcome and Introductions
- Purpose of the Meeting
- Review of Performance and Outcomes System Plan
  - Overview
  - Update on the Performance and Outcomes Matrix
  - Implementation Strategy
- Summary of Activities:
  - Workgroup and Task Force
- Next Steps
- Public Comment



# Meeting Purpose

- DHCS and Subject Matter Experts provide overview of the System Plan to the Stakeholder Advisory Committee
- Stakeholder Advisory Committee members understand process and timing to provide feedback on System Plan
- DHCS and Subject Matter Experts provide an update of project progress



# OVERVIEW OF LEGISLATION

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**Performance and Outcomes System for Medi-Cal Specialty Mental Health Services for Children and Youth**



# Overview of Legislation

## Welfare & Institutions Code (WIC) 14707.5

### Background

- Part of Trailer Bill Language
- Enacted July 1, 2012

### Purpose

- To develop a performance and outcomes system for Medical Specialty Mental Health Services for children and youth
- To improve outcomes at the individual and system levels and inform fiscal decision making related to the purchase of services



# Overview of Legislation *(continued)*

## Objectives

- Achieve high quality and accessible mental health services for children and youth
- Establish information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Obtain reliable data that are collected and analyzed in a timely fashion



# Overview of Legislation *(continued)*

## **Timeline and Deliverables:**

- No later than October 1, 2013 DHCS is to provide the performance and outcomes system plan, including milestones and timelines, to all fiscal committees and appropriate policy committees of the Legislature
- No later than January 10, 2014 DHCS is to propose how to implement the performance and outcomes system plan





# **OVERVIEW OF SYSTEM PLAN**

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**Performance and Outcomes System for Medi-Cal  
Specialty Mental Health Services for Children and  
Youth**



# System Plan Overview

1. Concepts and Acronyms
2. Executive Summary
3. Purpose and Legislative Requirement
4. Objective
5. Background
6. Approach and Activities
7. Findings and Results
8. Next Steps/Implementation Strategy
9. Program and Fiscal Impact



# System Plan Overview *(continued)*

## **Objective**

Provide the Legislature with:

- System Plan, as mandated
- Update on project progress

## **Approach and Activities**

DHCS has:

- Formed a Stakeholder Advisory Committee
- Convened a work group and a task force of subject matter experts
- Drafted a framework for performance and outcome information
- Conducted research and performed three surveys



# System Plan Overview *(continued)*

## Stakeholder Process and Input

| <i>Title</i>                    | <i>Purpose</i>  | <i># of Meetings</i> |
|---------------------------------|---|----------------------|
| Stakeholder Advisory Committee  | Review and provide feedback on materials and concepts. Meetings have been called on an as-needed basis.   | 3                    |
| Subject Matter Expert Workgroup | Advise DHCS on work products. Drafted and presented the Performance and Outcomes Matrix to the Stakeholder Advisory Committee in April 2013.              | 10                   |
| Measures Task Force             | Assist in determining what specific client and program level information is collected and analyzed by counties and providers. Determine gaps in the data. | 4                    |
| IT Data Workgroup               | Review existing systems and data to support developing reports  | 0                    |



# System Plan Overview *(continued)*

## Surveys and Research

### Surveys

Three surveys were conducted:

- Stakeholder Survey
- Mental Health Plan Survey
- National Association of Medicaid Directors Survey

### Research

- Federal & State Statutes & Regulations
- Past performance and outcomes systems (POS) such as the California Children's System of Care
- POS used by other states
- Materials of national organizations such as CMS, SAMSHA, HRSA
- Literature reviews of (a) POS systems and (b) POS tools



# System Plan Overview *(continued)*

## Performance and Outcomes Matrix

The Matrix provides:

- Structured overview of performance and outcomes desired
- Identifies most important outcomes for children and youth receiving mental health services

Includes:

- Description of creation of the Matrix
- Values underlying the Matrix
- Definitions of terms used



# System Plan Overview *(continued)*

## Implementation Strategy

Describes flexible phased strategy for implementing the performance and outcomes System Plan

### Phases

- Phase 1: Possible in the near-term
- Phase 2 and 3: More comprehensive and complex, more time and resources required

### Next Steps

- Phase One – Timeline and Milestones
- Phases Two and Three – Develop and select options



# System Plan Overview *(continued)*

## Program and Fiscal Impact

- There will be resource, time and IT infrastructure costs for the State and most likely for counties
- Understanding fiscal impacts are part of exploring implementation strategies and identifying options in the next months





# System Plan Overview *(continued)*

## Appendices

Appendix A: Legislation

Appendix B: Project Work Plan

Appendix C: List of Committee Members

- Stakeholder Advisory Committee
- Subject Matter Expert Work Group Members
- Measurements Taskforce

Appendix D: List of Meetings Held

Appendix E: Survey and Research Summary

Appendix F: Performance and Outcomes Matrix



# Comments Form

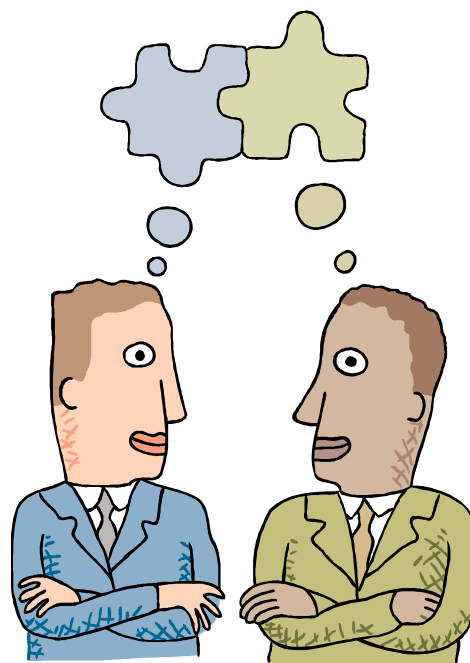
## Performance and Outcomes System Plan Comments Form

Please use this document to capture your comments by page and section.

Email your comments to [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov) by August 9, 2013.

| Page Number                   | Section                             | Reviewer Name     | Suggested Changes/Comments                                      |
|-------------------------------|-------------------------------------|-------------------|---|
| [Enter Page # of System Plan] | [Enter Section Name of System Plan] | [Enter your name] | [Enter comments: be specific, provide the wording you suggest ] |
|                               |                                     |                   |   |
|                               |                                     |                   |   |
|                               |                                     |                   |   |
|                               |                                     |                   |   |

# QUESTIONS





# PERFORMANCE & OUTCOMES MATRIX

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**Performance and Outcomes System for Medi-Cal  
Specialty Mental Health Services for Children and  
Youth**



# Performance and Outcomes Matrix

## **Goal of the Matrix:**

Define and organize the information desired to better help California's children and youth reach their potential as functioning, contributing members of their peer group, family, culture, and society.

## **Purpose:**

Provide a common framework for understanding and improving the client experience at every point in the child/youth's contact with the mental health service system.



# Performance and Outcomes Matrix

## What is the P&O Matrix?

A framework that organizes MH experiences of children and youth at critical decision points in care

- Identifies broad outcome areas by which to track progress
- Builds on formal and informal knowledge of indicators that reflect:
  - Values of systems of care
  - Decision-making needs of multi-level stakeholders
  - Primacy of improving client outcomes
- Reflects the explicit need to better empower children and youth to lead successful lives in the community



# Values Inherent in the Matrix

## **P&O Matrix respects California's diversity of experience and characteristics:**

- Indicators can be analyzed by relevant cultural / linguistic or demographic characteristics
- Emphasizes outcomes of care and client experience leading to outcomes
- Assumes that clients have both Needs to be addressed and Strengths which exist and can be developed



# Matrix – Sample Domains

| Domain  | Outcomes   | Examples of indicators/measures<br>All by age, gender, ethnicity, language, area, etc                    |
|---|--|--|
| <b>Access</b><br>(provision of services in a timely manner)                             | Children served and not served (Penetration rate)<br>A & B | Relative to estimated prevalence, % of Medi-Cal beneficiaries who receive treatment - (Penetration rate) |
|   | Timeliness   | Wait time for evaluation, treatment (Provider access)  |
|   | Service denials  | Service modifications, reductions or terminations, are lessened  |
| <b>Engagement</b><br>(child and caregivers' participation and empowerment in treatment) | Children and Caregivers participate in services            | Children and Caregivers perceive services as necessary, collaborative and useful                         |
|   | Services are maintained                                    | Percent of clients served in a year with >1 mental health contact  |
|   | Collaborative assessment of environmental factors          | Evaluate family functioning, relationships, community support etc  |





# Matrix Domain Definitions

The P&O Matrix is organized around a series of decision points (domains) encountered across an episode of care.

**Access** - refers to provision of services in a timely manner, appropriate to the client's individual needs.

**Engagement** - is defined as child and caregivers' participation and empowerment in treatment sufficient to meet the child's goals.

**Service Appropriateness to Need** - involves the matching of services to the individual child's needs and strengths, according to system-of-care values and scientifically-derived standards of care.

**Service Effectiveness** - refers to the impact of treatment on a child's mental health symptoms and functioning at home, in school, and in the community.

**Linkages** - are defined as the provision of coordinated care during and after an episode of care.



# Matrix – Next Steps

Identify what is feasible and set priorities

Move from the conceptual to the possible:

1. Identify potential indicators of the outcomes identified
2. Identify sources for indicators

| Outcome                 | Indicator - Example   | Data Options (ease of access) |
|-------------------------|---|-------------------------------|
| Services are maintained | Percent of clients served in a year with > 1 mental health contact (by age, gender, ethnicity, county, etc..) | Claims data (easy)            |



# Matrix – Next Steps *(continued)*

Moving from the conceptual to the possible:

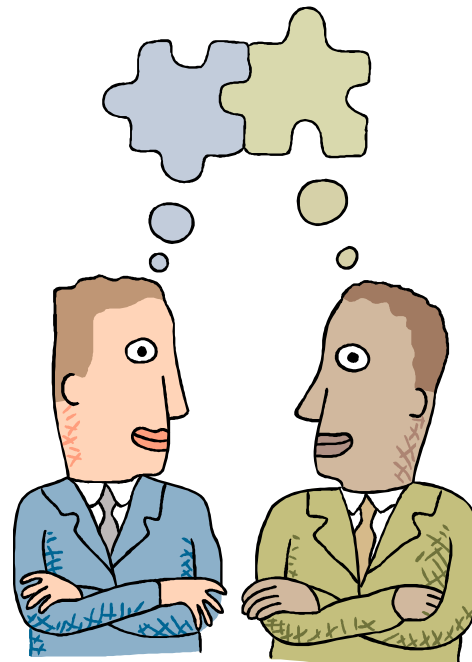
3. Assess accessibility of data for the indicator, for example:

| Outcome    | Indicator - Example  | Data Options (accessibility)   |
|------------|--|--|
| Timeliness | Wait time for evaluation, treatment (provider access) <ul style="list-style-type: none"> <li>• Wait time from service request to assessment</li> <li>• Time from assessment to first intervention</li> </ul> | <ol style="list-style-type: none"> <li>1. MHP EHR Scheduler (difficult)</li> <li>2. Time from request for service [service log] to assessment [claim] (medium)</li> <li>3. Time from first billed visit (ie assessment) to next billed visit (easy)</li> </ol> |

4. Based on accessibility of data, identify data for indicators and data gaps

5. Develop reports/spreadsheets from data to provide outcomes

# QUESTIONS





# IMPLEMENTATION STRATEGY

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**Performance and Outcomes System for Medi-Cal  
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# IMPLEMENTATION STRATEGY

**Flexible, phased Implementation Strategy with two primary goals:**

- 1. As soon as possible (Phase One)**
  - Provide periodic reports for counties, state & providers to help improve outcomes and inform fiscal decision making
  - Begin to develop baseline for trends
  
- 2. Assess opportunities (Phases Two & Three)**
  - Provide additional performance & outcomes information
  - Collect existing data from county and other state systems
  - Explore opportunities to identify and collect new data and develop a new system

**Work toward both goals in parallel.**



# IMPLEMENTATION STRATEGY *(continued)*

## Phase 1: Existing Information Available to DHCS\*

- Assess reliability and accessibility of existing county claims data
- Transmit information on trends ASAP and with the least cost

## Phase 2: Modify Existing DHCS and County Systems\*

- Assess county systems and other state systems for data not currently submitted to DHCS
- Modify existing county & state systems and interfaces

And /  
Or

## Phase 3: Create a new POS system / Increase integration\*

- DHCS and counties explore opportunities for system integration or a new system

*\* Costs are unknown at this time, but will increase with each phase.*



# Focus on Phase One

- DHCS data warehouse
  - Existing system, already used for reporting
  - Data available includes:
    - Medi-Cal Specialty Mental Health data (Short Doyle billing data)
    - Fee for service Medi-Cal (FFSMC) and Medi-Cal managed care plan (MCP) non-specialty mental health data
    - Medi-Cal primary screening data
    - FFSMC and MCP physical health care service data
    - Pharmacy – mental and non-mental health
  - Additional Data
    - CSI, EQRO, DCR: Usability of data and reporting possibilities must be determined
- Provide reports with statewide, county and provider level data





## Focus on Phase One *(continued)*

| Challenges to ANY System        | Phase One Approach   |
|---------------------------------|--|
| Access to data                  | Data currently submitted electronically to DHCS<br>Least impact to counties and providers                                  |
| Quality/<br>Consistency of Data | Medi-Cal claiming data for physical and mental health care<br>Other systems present greater consistency challenges         |
| Cost                            | Legislative objective: “Minimize costs by building on existing resources to fullest extent possible”                       |
| Technology and Trained Users    | DHCS data warehouse is a relational database and trained DHCS staff are in place<br>Other systems present different issues |



# Phase One Tasks

## Form an IT/Data Workgroup

### 1. Analyze DHCS systems and data collected from counties

- Work with SMEs to analyze data to provide draft performance & outcomes measures

### 2. Define requirements for Phase 1 and Phases 2 & 3

- Establish priorities with SMEs
- Define reports requirements based on data available

### 3. Create reports and data files to share with stakeholders

- Review report mockups with SMEs

### 4. Survey counties and other departments about current systems used

- Gather information on technology in place (for Phases 2 and 3)

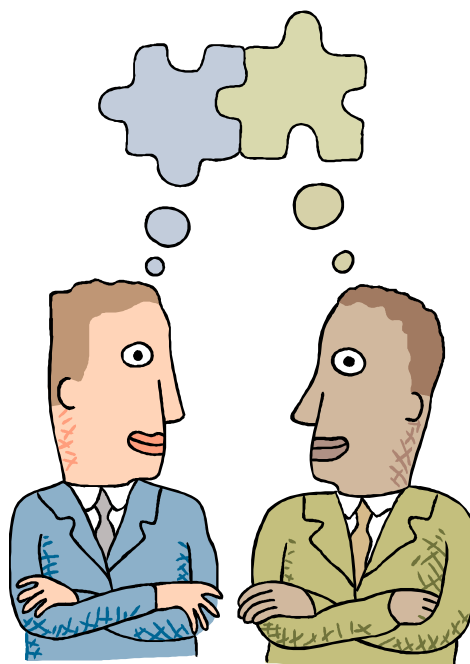


# Phase One - Expectations

## What will Phase One mean to me?

1. Reports and electronic data transmitted on a consistent basis
  - Statewide information on trends to include physical, mental and pharmacological data
  - Some outcomes from Matrix will be collected; there will be gaps
  - Reports anticipated: quarterly and annually
2. Reports & data will be provided to all counties
  - Quality and timeliness of data depends on data submitted
  - Training & technical assistance will be provided on the reports
3. With better access to data, better decisions can be made
4. Impacts to counties are expected to be limited
  - No system changes

# QUESTIONS





# SUMMARY OF ACTIVITIES

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**Performance and Outcomes System for Medi-Cal  
Specialty Mental Health Services for Children and  
Youth**



# SME Workgroup

- Also members of Stakeholder Advisory Committee
- Meets about twice a month
- Represents the perspectives of counties, providers, academia, advocates, EQRO, state
- Advisors to DHCS on work products
  - Provided expertise and created the P&O Matrix and provided extensive input to System Plan



# Measurements Task Force

- Members of SME Workgroup or SAC
- Meets about twice a month
- Identifies data currently collected by counties that can be used to inform the creation of P&O measures
  - Represents the perspectives of counties, providers, EQRO and state
  - Review similarities & differences in client outcomes data currently collected by counties



# IT/Data Workgroup

- Initially – DHCS/EQRO staff, to be extended to include stakeholders from counties and providers
- To meet weekly starting late July 2013
- Conducts an inventory on current DHCS systems, data collection, report development and IT infrastructure support
- Provides recommendations regarding information flow from counties to the state and vice versa in order to supply Medi-Cal SMHS Performance and Outcomes information





# NEXT STEPS

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**Performance and Outcomes System for Medi-Cal  
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# NEXT STEPS

## Timeline

- August 9 – Return the Comments Forms
- August 30 – Complete revisions of System Plan with Advisory Committee comments & final DHCS reviews
- September – Administrative review
- October 1 – Submit the System Plan for legislative review

## Ongoing Tasks

- Establish priorities and accessibility for data
- Develop System Implementation Plan
- Design and develop reports
- Continue Stakeholder Advisory Committee Communications



# PUBLIC COMMENT

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**Performance and Outcomes System for Medi-Cal  
Specialty Mental Health Services for Children and  
Youth**



# THANK YOU FOR YOUR PARTICIPATION...

We look forward to receiving your System Plan feedback on the Comments Form, by August 9, 2013.

Send comments/feedback/suggestions to [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)