

**PERFORMANCE AND OUTCOMES  
SYSTEM  
FOR MEDICAL SPECIALTY MENTAL  
HEALTH SERVICES  
FOR CHILDREN AND YOUTH**

**STAKEHOLDER ADVISORY COMMITTEE  
Meeting**

**October 4, 2012**



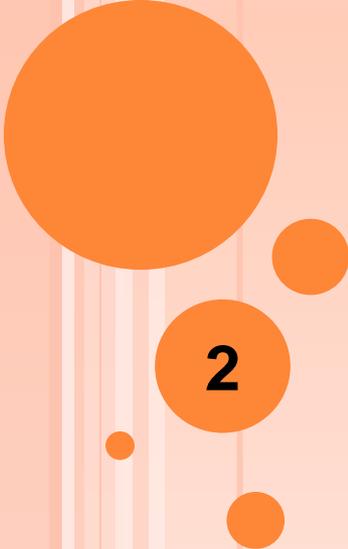
Department of Health Care Services (DHCS)

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# **WELCOME**

**Vanessa M. Baird, Deputy Director**

**Mental Health and Substance Use Disorder  
Services**



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# AGENDA

- Overview of the Law
- Roles and Responsibilities for this Project
- Performance and Outcomes System
- Next Steps
- Public Comment
- Adjourn

# OVERVIEW OF THE LAW

## WELFARE & INSTITUTIONS CODE (WIC) 14707.5

### Purpose

- To develop a performance and outcomes system for Medi-Cal Specialty Mental Health Services for children and youth that will:
  - Improve outcomes at the individual and system levels; and
  - Inform fiscal decision making related to the purchase of services

# OVERVIEW OF THE LAW (CONTINUED)

## Objectives

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

# OVERVIEW OF THE LAW (CONTINUED)

- The process for developing the plan should be collaborative:
  - California Health and Human Service Agency
  - Mental Health Oversight and Accountability Commission
  - Stakeholder Advisory Committee

# OVERVIEW OF THE LAW (CONTINUED)

**The Stakeholder Advisory Committee is comprised of representatives of:**

- Child and Youth Clients
- Family Members
- Providers
- Counties
- Legislature

# OVERVIEW OF THE LAW (CONTINUED)

**The plan for a performance and outcomes system for mental health services shall consider:**

- Evidence-based models such as the Child and Adolescent Needs and Strengths (CANS)
- Federal requirements, including the review by the External Quality Review Organization (EQRO)
- Timelines for implementation at the provider, county, and state levels

# OVERVIEW OF THE LAW (CONTINUED)

## Timeline and Deliverables:

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

# QUESTIONS?

# ROLES AND RESPONSIBILITIES FOR THIS PROJECT

## DHCS: Develop the Plan

- Coordinate the planning process and develop a project work plan with milestones and timelines
- Convene a Stakeholder Advisory Committee to inform development of a performance and outcomes system plan
- Provide background information, context and draft materials to inform the planning process
- Secure technical assistance where necessary
- Draft the performance and outcomes system plan
- Draft the proposal to implement the plan

# ROLES AND RESPONSIBILITIES FOR THIS PROJECT (CONTINUED)

## **Stakeholder Advisory Committee: Advise DHCS**

- Provide information and recommendations for the performance and outcomes system plan
- Participate in interim discussions or workgroups based on subject matter expertise and interest
- Recommend appropriate mental health performance and outcome indicators
- Review and/or provide feedback on documents and work products
- Act as resource and/or technical expert

# ROLES AND RESPONSIBILITIES FOR THIS PROJECT (CONTINUED)

## DHCS Activities To Date

### ○ Information Gathering

- **Surveys:** gathering information about existing performance and outcomes data collection efforts
  - National Medicaid Directors
  - California counties
- **Consultation**
  - Mental Health Services Oversight and Accountability Commission (MHSOAC)
  - APS Healthcare Midwest

**QUESTIONS?**

# STATE RESPONSIBILITY AND THE ROLE OF THE EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO)

- Section 1915(b) Freedom of Choice Waiver for Specialty Mental Health Services
- Federal Medicaid laws and regulations require states that operate a managed care program to provide for an external, independent review of their managed care organizations
- States may contract with an independent entity called an External Quality Review Organization (EQRO) to conduct the review

# STATE RESPONSIBILITY AND THE ROLE OF THE EQRO (CONTINUED)

- DHCS contracts with APS Healthcare Midwest to serve as the EQRO and conduct external quality reviews of the 56 Mental Health Plans (MHPs).
- The EQRO analyzes and evaluates the information on access, quality, and timeliness of Medi-Cal Specialty Mental Health Services that a MHP or their contractors provide to Medi-Cal beneficiaries

# **IV. PERFORMANCE AND OUTCOMES SYSTEM**

## **The Requirements and Activities of the EQRO in California**

## **Possible Components of a Performance Outcomes System**

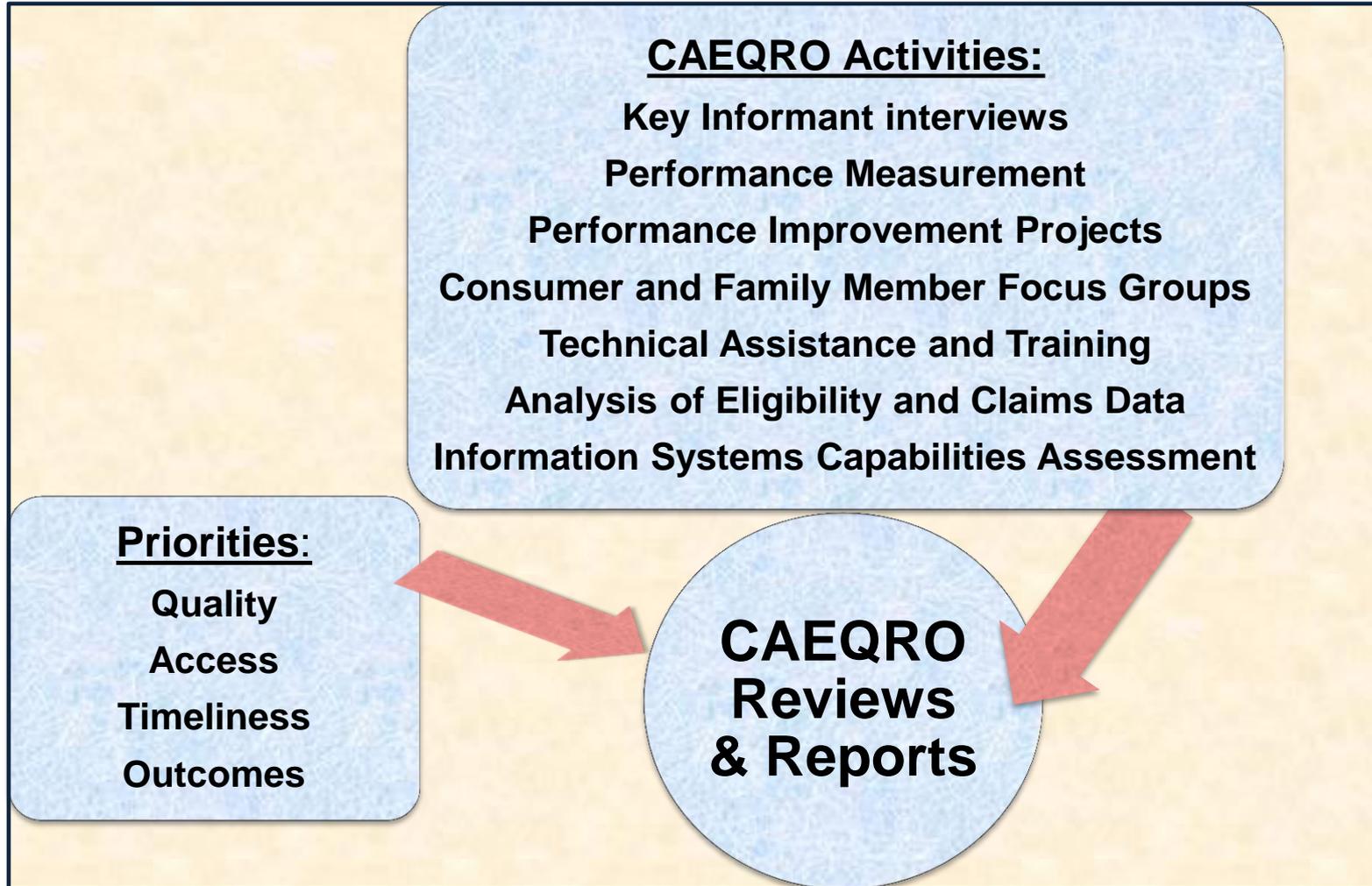
### **Presenters – APS Healthcare, CAEQRO**

**Michael Reiter, Pharm.D  
Executive Director**

**Saumitra SenGupta, Ph.D.  
Director of Information Systems**

**Sandra Sinz, LCSW, CPHQ  
Operations Director**

# CAEQRO REVIEW AND REPORT METHODOLOGY: UNDERLYING CONCEPTS, PRIORITIES AND ACTIVITIES



# CAEQRO MENTAL HEALTH EXPERIENCE

- In existence since July 2004
- Review all 56 MHPs each year
- Includes site visits, document review, focus groups, data analysis and reporting, Information System review, and review of Performance Improvement Projects (PIPs)
- Produce MHP reports each year
- Produce a Statewide Annual Report
- Reports and data are available at [www.caegro.com](http://www.caegro.com)

# CMS PRIORITIES FOR EQRO

- Quality
- Access
- Timeliness
- Outcomes

# KEY COMPONENT REVIEW PROTOCOL ACTIVITIES

## Quality

- Commitment to quality
- Use of data in quality management
- Inclusion of key stakeholders in various processes and program
- Information technology issues, including claims integrity

## Access

- Evidence of cultural competence principles
- Managing the workforce and system capacity to meet the needs of the MHP's diverse communities

# KEY COMPONENT REVIEW PROTOCOL ACTIVITIES

## Timeliness

- Setting goals for timely service access
- Monitoring toward meeting those goals
- Initiating improvement activities when goals are not being met

## Outcomes

- Monitoring and improvement of consumer outcomes
- Performance Improvement Projects
- Consumer satisfaction

# CAEQRO VALIDATES AND PROVIDES TECHNICAL ASSISTANCE FOR PERFORMANCE IMPROVEMENT PROJECTS

- Consumer-outcome oriented data used as baseline
- Reviewed by involved stakeholders to understand the causes and barriers, and identify areas for improvement
- Interventions identified to address the causes
- Indicators to measure improvement – measure frequently
- Adjust interventions as needed for improvement
- Spread and sustain change

# CAEQRO DATA ANALYSIS

## Data Sources

- Eligibility Files
- Medi-Cal Approved Claims
- Provider Files

## Basic Performance Indicators

- Penetration Rate – an indicator of access to services
- Approved Claims per Beneficiary – an indicator of amount and type of services received by consumers

## Other Uses

- Demographic Disparities
- High-Cost Beneficiaries
- Service Distribution
- Inpatient Follow-up
- Retention or Service Intensity

# PERFORMANCE AND OUTCOMES

# DEFINITIONS

- Indicator: a performance measure used to monitor the outcomes of a process
  - Performance measure: outputs by which to assess the quality of the organization and its work units
  - Outcome Measure: the end results of services in terms of the consumer's expectations, needs, and quality of life
- Source: Quality and Performance in Healthcare: A Tool for Programmed Learning, Shaw et.al., (2003).

# DEFINITIONS (CONTINUED)

- Performance Measurement System - An interrelated set of process measures and outcome measures that facilitates internal measurement data on performance over time and external comparisons of an organization's performance
  - Source: Using Performance Measurement to Improve Outcomes in Behavioral Health Care, Joint Commission (1998).

# PERFORMANCE MEASURES VS. OUTCOMES

- The distinguishing characteristics of performance and outcome measures are different
- The two are often used interchangeably; however, the purposes of performance measurement and outcome measurement are quite different
- There may be some overlaps and in some instances one particular indicator can be used for both performance and outcomes measurement purposes

# PERFORMANCE MEASURES VS. OUTCOMES

- Logic models became common in the 1990s
- It is a way to articulate and depict program theory
- **Typical components:**



# PERFORMANCE MEASURES VS. OUTCOMES

## Performance Measures

- Performance measures mostly address the process and output domains
- Performance measures are typically used at the Treatment or Program Level

## Outcome Measures

- Outcome domains and measures are more typically exemplified by outcomes instruments or tools
- Outcome measures are typically used at the Individual Consumer Level

# PERFORMANCE MEASURES

- Examples of Performance Measures in process/implementation:
  - Access to Mental Health Services
  - Timely Access to Mental Health Services
  - Treatment Retention
  - Treatment Completion

# PERFORMANCE MEASURES (CONTINUED)

- Examples of Performance Measures in output (typically counts, percentages, ratios)
  - Count of Medi-Cal children served by MHP
  - Penetration Rate, Cost per Beneficiary (measures used extensively by CAEQRO)
  - Outpatient or medication follow-up time or percentage after inpatient discharge

# PERFORMANCE AND OUTCOMES

- In some instances, a measure can be used for both purposes
  - Disparities measures, such as ratio of Hispanic and Overall penetration rates
  - Comparison of this ratio at the MHP level with that Statewide is a Performance Measure
  - If an MHP has undertaken a strategic initiative to reduce this disparity, the same ratio can be used as an Outcome

# OUTCOME MEASURES

- Various types of Outcome measures used in the Mental Health setting
  - Diagnostic purposes
  - Tracking symptoms severity levels
  - Level of care assessments
  - Functioning levels
  - Solely for outcomes purposes

# CURRENTLY USED CHILDREN'S MEASURES

- **Level of Care or Level of Functioning Measures**
  - **CANS** (Child and Adolescent Needs and Strengths)
  - **CALOCUS** (Child and Adolescent Level of Care Utilization System)
  - **CAFAS** (Child and Adolescent Functional Assessment Scale) \*
  - **40 Developmental Assets**
  - **CBCS** (Child Behavior Checklist) \*
  - **YSS** (Youth Services Survey) \*
- Each of the above has been used in one or more counties

\* Has been used as part of the SAMHSA Block Grant outcomes in CA

# ALTERNATIVES TO USING A SINGLE STATEWIDE INSTRUMENT

It is possible that common domains or constructs across these leading measures can be identified for a core set of domains or indicators that all MHPs can report on regardless of which particular measure each MHP may be using

# PERFORMANCE MEASURES VS. OUTCOMES

## ○ Emerging Issues

- Provider administered vs. consumer reported  
(There can be large variations in scoring depending on the responder/scorer)
- Need for multipurpose tools that have utility in practice settings in addition to being an evaluation or reporting tool  
(CANS is an example of such a tool)

# PAST AND PRESENT EFFORTS

## ○ Federal Initiatives

- Government Performance and Results Modernization Act (GPRAMA)
- Title 42 CFR 438 Subpart D – QA and PI
- Children’s Health Insurance Program Reauthorization Act (CHIPRA) – Core set of 24 children’s health care quality measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Consumer Survey
- Pediatric Quality Measures Program (PQMP)

# PAST AND PRESENT EFFORTS (CONTINUED)

## ○ Other National Efforts

- ACMHA (Santa Fe Summit) Performance Indicators – grouped into 4 domains – *Access, Appropriateness, Quality and Outcomes*
  - Virginia's performance outcomes system utilized this approach
- Institute of Medicine (IOM) – National Quality Forum
- Cochrane Collaboration – Evidence-based healthcare (100 countries)

# QUESTIONS?

## V. NEXT STEPS

- **Next Meeting:** Early December 2012

# **PUBLIC COMMENT**

## VII. ADJOURN

**Thank You For Your Participation!**

Please send comments or questions to the Children's Mental Health Performance and Outcomes System mailbox at [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)

DHCS Contact: John Lessley at [John.Lessley@dhcs.ca.gov](mailto:John.Lessley@dhcs.ca.gov)