

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

Department of Health Care Services  
April 30, 2013



# WELCOME AND INTRODUCTIONS

## Stakeholder Advisory Committee Meeting



# PURPOSE OF THE MEETING

- **Feedback from Stakeholder Advisory Committee**
- **Discussion of Domains, Indicators & Outcomes**
- **Summary of DHCS Activities to Date**
- **Discuss Next Steps**
- **Public Comment**

# WORK PLAN OVERVIEW

- **The plan consists of five milestones**
  1. Convene a Stakeholder Advisory Committee in accordance with Welfare & Institutions Code §14707.5
  2. Form a Work Group to develop recommendations for the Performance and Outcomes System
  3. Develop a proposed plan
  4. Plan to the Legislature October 1
  5. Implementation plan to the Legislature January 10

# DHCS Survey to Stakeholders

- DHCS sent the following five (5) questions to stakeholders and posted them on the DHCS website.
  1. Do you perceive a problem in the quality of Medi-Cal specialty mental health services provided to children and youth (hereafter called “children’s”)? If so, how would you describe the problem?
  2. How would you define quality for children’s specialty mental health services?
  3. How would you define desired outcomes for a children’s specialty mental health system?
  4. What would you want to see from a performance and outcomes measurement system for children’s specialty mental health services?
  5. Do you have an example of a good performance and outcomes system for children’s specialty mental health services that you can share with us?

# DHCS Survey to Stakeholders (cont.)

- **The responses fell into the following categories:**
  - All perceived a problem in the quality of Medi-Cal specialty mental health services provided to children and youth.
    - Lack of quality services, particularly out-of-office/in-home services
    - Under-utilization of evidence-based practices
    - Lack of assessing quality of services due to lack of appropriate data
  - Need for a standardized data collection system.
  - Outcome measures based on evidence-based tools and treatment approaches.
  - Need for collection of statewide performance and outcomes data for children/youth.

## DHCS Survey to Stakeholders (cont.)

- Outcomes need to be tied to the child's/youth's diagnoses and treatment (i.e., reduction of symptoms)
- Data system needs to entail easy input and output and should allow for feedback
- Integrate this performance & outcomes system plan development project to other statewide data collection efforts

# Mental Health Plan Survey

- The survey was conducted in collaboration with California Mental Health Directors Association (CMHDA).
- The questions included:
  - Does your county have a performance outcomes measurement system for children's mental health services?
  - Does your county use a specific tool to measure a child's need for mental health services?
  - If your county uses a specific tool, please state.

# Mental Health Plan Survey (cont.)

- 51 of 56 Counties Responded
- The systems being used include:
  - 18% Child and Adolescent Level of Care Utilization System (CALOCUS)
  - 39% Child and Adolescent Needs and Strengths (CANS)
  - 43% Other
    - Including, but not limited to: Child and Adolescent Functional Assessment Scale (CAFAS), Child Behavior Checklist (CBCL) & Ohio Scales

# National Association of Medicaid Directors State Survey

- DHCS conducted a national survey
- The intent was to learn what other states are doing in the area of performance and outcomes systems for children and youth.
- 19 states responded to the survey.
  - 17 of 19 respondents have a performance and outcomes system for children.
- Most states require the data to be collected annually.
- The survey served as a starting point for the Department to further look into other states.

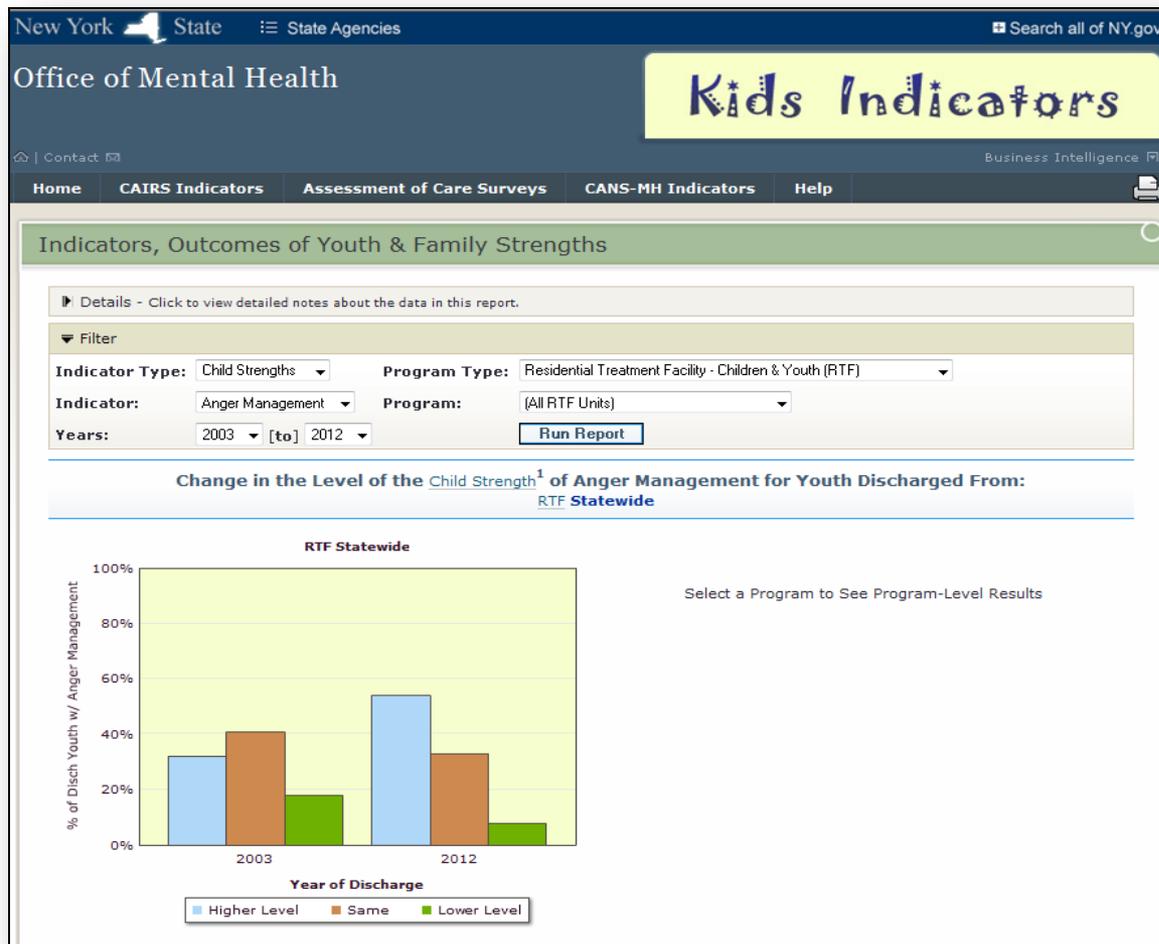
# New York's Office of Mental Health "Kids Indicators" Dashboard

- **The State of New York uses the following four tools to analyze data for children, teens and families.**
  - **Children and Adult Integrated Reporting System ([CAIRS](#))**
  - **Child and Adolescent Needs and Strengths – Mental Health ([CANS](#))**
  - **The OMH Youth Assessment of CARE ([YACS](#)) and**
  - **Family Assessment of Care ([FACS](#))**
    - **YACS and FACS are both surveys**

# New York's Office of Mental Health "Kids Indicators" Dashboard

- **YACS and FACS Surveys**
  - The surveys are conducted annually.
  - Distributed by the mental health service providers between the months of March and April to youth and the families of the youth in their care.
  - Surveys are completed anonymously.
  - All of the surveys are then sent to the NY OMH for processing and the results are uploaded to the Portal.

# New York's Office of Mental Health "Kids Indicators" Dashboard



# New York's Office of Mental Health "Kid's Indicators" Dashboard

Disch. Year	Total Youth Dsch. <sup>3</sup>	Change in Level of Indicator RTF Statewide			Unk.	
		Total Youth with Ind. <sup>2</sup>	Higher	Same		Lower
2003	194	106	32%	41%	18%	88
2004	323	254	40%	42%	11%	69
2005	332	289	46%	35%	15%	43
2006	314	291	42%	40%	10%	23
2007	312	294	44%	34%	13%	18
2008	367	344	42%	38%	13%	23
2009	343	314	50%	32%	9%	29
2010	355	336	52%	35%	7%	19
2011	390	365	53%	31%	9%	25
2012	423	397	54%	33%	8%	26

1. Individual level change in child strengths on discharge from this program as compared to admission ratings and grouped as higher level (more like the child), same and lower level (less like the child).

2. Total youth discharged in specific year who had some level (like the child to very much like the child) of the select Child Strength on admission or discharge (denominator). Information for youth who had strength level '0=Not at all like the child' at both admission and discharge are not shown and are not included in the display of more, same and less.

3. Only discharges for children admitted on or after 1/1/2002 are included in these reports, N/A means no data, Unk=Unknown values on indicator levels at admission and/or discharge. Records with unknown values are excluded from total youth discharge population for calculation of the indicators.

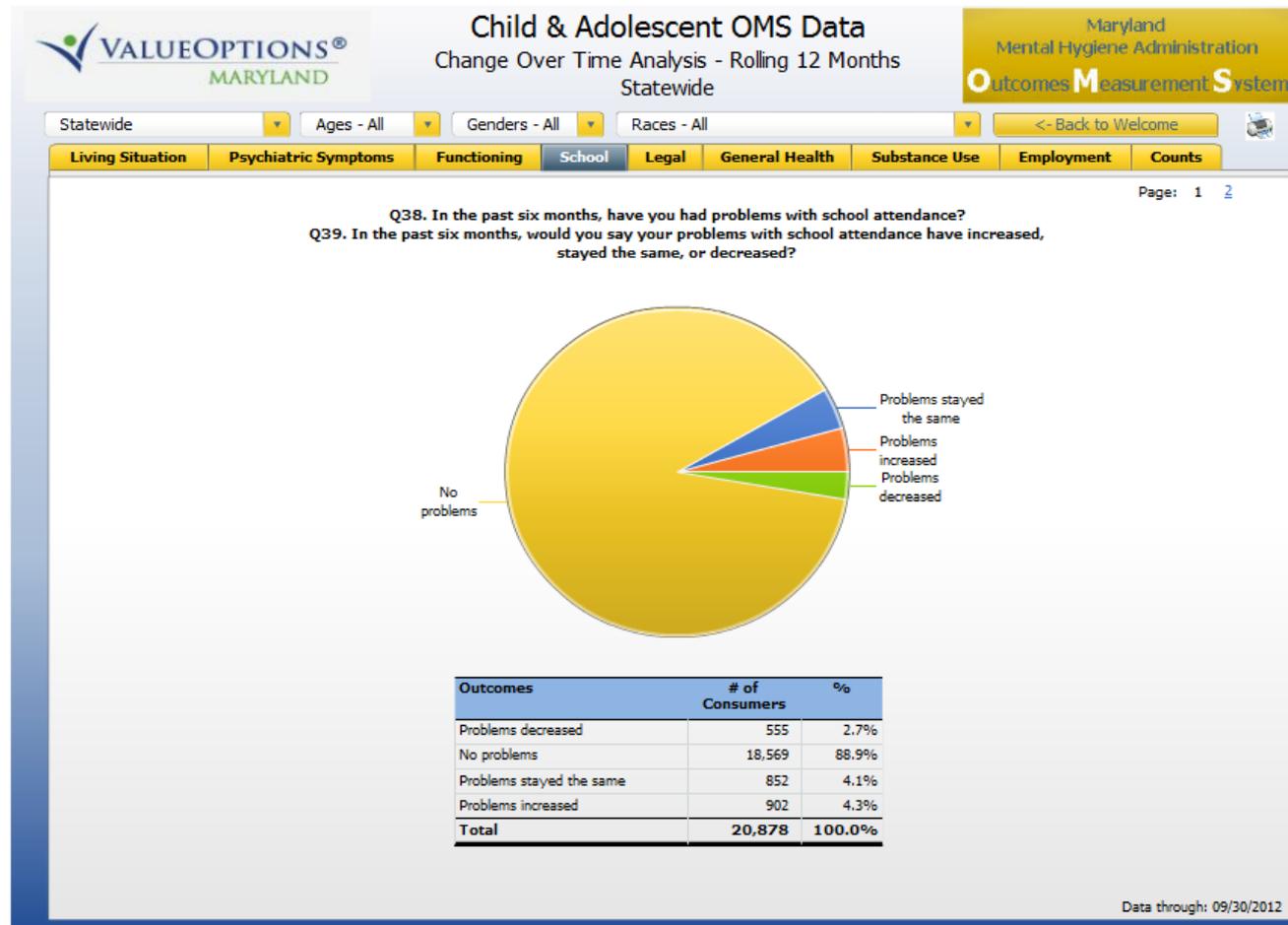
## Maryland Mental Hygiene Administration - Outcomes Measurement System (OMS)

- **System is designed to track how individuals receiving outpatient mental health services are doing in the following life domain categories:**
  - **Housing**
  - **School/Employment**
  - **Psychiatric symptoms**
  - **Functioning**
  - **Substance abuse**
  - **Legal system involvement**
  - **General health**

## Maryland Mental Hygiene Administration - Outcomes Measurement System (OMS)

- **The measures are captured through interviews between the clinician and consumer, using an online questionnaire conducted every six months for either the child or the caregiver while receiving treatment.**
- **The results are recorded in the OMS database.**

# Maryland Mental Hygiene Administration - Outcomes Measurement System (OMS)



# DHCS ACTIVITIES

## PROJECT MANAGER

- California Health Care Foundation (CHCF) Sponsorship
- Scheduled to begin work at DHCS in May
- Roles and Responsibilities

## DHCS ACTIVITIES (cont.)

### SUBJECT MATTER EXPERT MEETINGS

- Why the work group was established?
- Group consists of representatives from:
  - County Mental Health
  - Providers
  - Performance and Outcomes Experts
  - Advocacy Groups
  - State Departments
- Meetings began in January 2013

## DHCS ACTIVITIES (cont.)

### Objectives of WIC §14707.5

- 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

# DHCS ACTIVITIES (cont.)

## PERFORMANCE AND OUTCOMES SYSTEM DRAFT MATRIX

Matrix is designed to:

- Include framework of elements to be considered
- Facilitate discussion on which elements to include

Next steps will be to decide:

- How to collect the elements?
- What is to be reported at the client, program and system levels?

# SUBJECT MATTER EXPERT PANEL DISCUSSION ON DOMAINS AND INDICATORS

**PRESENTED BY:**  
**NATE ISRAEL, PhD**  
**PENNY KNAPP, MD**  
**ABRAM ROSENBLATT, PhD**

# Acknowledgements

- **Legislative bodies for providing the impetus for this work**
- **State for convening this group, and compiling examples of useful POM systems**
- **Subject Matter Expert group members for collective expertise and hard work in representing needs and interests of children and youth**

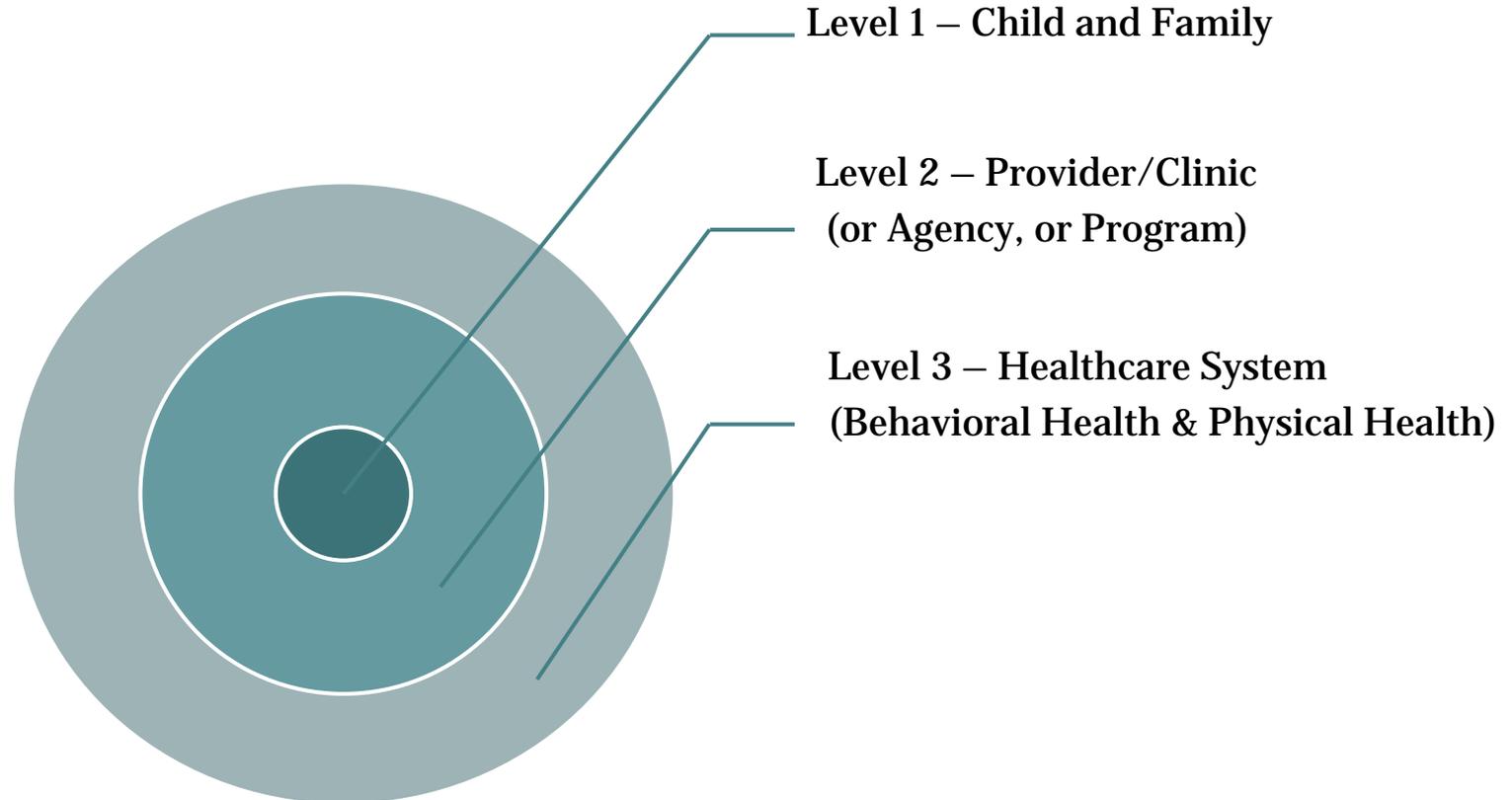
# Frame

- **Designed to parallel the client experience of care, in sequence and content**
- Desire is to understand how to track the effectiveness of care processes at critical junctures in the service process
- These actions may be initiated at one point in the service process and then span a longer period

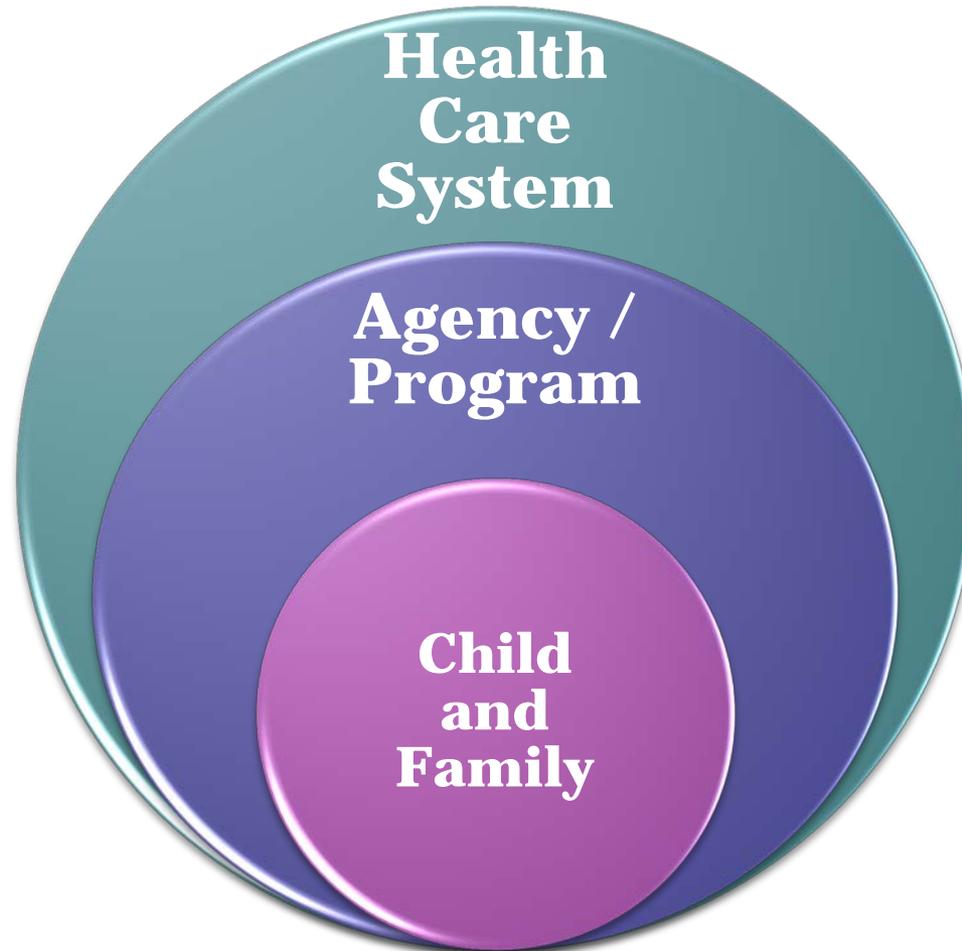
## Frame (cont.)

- The framework presented here represents the best thinking of the Subject Matter Expert group
- Within the framework are a series of examples of potential performance outcome indicators
- The state will ultimately decide on what specific indicators and measurement tools to use: this is **not** the purview of this group, or the focus of this meeting

# At what level could outcomes be measured?



# Outcomes: Levels



# Outcomes: Levels

- Two approaches under consideration, both could be applied.
- One approach: measure the **same outcomes, aggregated at each level of the system** (outcomes approach)
- Second approach: measure **processes and outcomes**, each perceived to be appropriate to the mechanisms **operative at that level of the system** (mixed approach)

# What performance outcome areas could be measured?

## Level 1

### The Child

- A. Child's clinical status, i.e. both symptoms and diagnosis
- B. Functional status
- C. Child's Context: family/caregiver, school, neighborhood

## Level 2

### Provider/Clinic

- Capacity, quality of care, level of care, cultural competence, cultural climate

## Level 3

### System

- Funding, TA/Support, IT infrastructure, data analysis & exchange, cost, continuity, coordination and integration

# Outcome Domains

- **May be measured directly or indirectly**
- **May be measured through existing data collection efforts or may require additional data collection**
- **May currently be available for sub-groups of, or the entirety of, the children and youth receiving Medi-Cal specialty mental health services**

# When to Measure Outcomes?

- **The measurement processes described here may reflect either measures of these processes at a point in time, at multiple points in time, or in sum (at the end of treatment, for instance).**

# Framework for the EPSDT POS

## The Matrix displays

- Outcome categories in each of 5 domains
- Rationale for each category
- Examples of indicators or measures
- The level at which the outcome is measured
- The federal and state authority requiring the measure

# Framework Elements Under Development

## **Measurement option or existing data**

- Significant amounts of data are collected already
- Current data sources are not used optimally: may not be fully analyzed; may not be shared or reported, may not be collected routinely or reliably.

This data includes:

- Administrative data
- Various measures used in MHPs or by contractors

## **Measurement tools (standardized)**

# Outcome DOMAINS

*These are grouped into 5 areas:*

- **ACCESS**
- **ENGAGEMENT**
- **SERVICE APPROPRIATENESS TO NEED**
- **EFFECTIVENESS –to optimize child's developmental progress**
- **LINKAGES**

# ACCESS

## **Who has access to Medi-Cal specialty mental health services?**

- ✓ Medi-Cal beneficiaries
- ✓ Who have a mental illness

Access is critical for a person as they first enter the system, but may also be critical as they step down to another level of care.

Measurement questions: Prevalence, Unmet Need, Penetration

# Prevalence, Unmet Need, Penetrance

- **PREVALENCE** – the proportion of children and youth in a population with a mental illness
- **UNMET NEED** - the proportion of children and youth with a mental illness who are not receiving services.
- **PENETRANCE** – the proportion of children and youth served by the system who are eligible for services

*\*Note – some children are served by a system other than the mental health system (e.g. health care, school) or may not be served at all*

# ACCESS includes

- **Children served and not served**
- **Timeliness**
- **Service Denials**

# ENGAGEMENT includes

- Children receive services
- Services are maintained appropriately
- Collaborative assessment of environmental factors

Engagement may be critical initially to prevent dropout. It is also critical to goal attainment later in treatment.

# SERVICE APPROPRIATENESS TO NEED

includes

- **Appropriateness of care**
- **Treatment consistent with treatment plan**
- **Child's clinical status**
- **Functional status**
- **Psychotropic medication**
- **Modality of care (e.g. individual, group, family therapy)**
- **Ongoing engagement, empowerment**

# EFFECTIVENESS includes

- Fidelity to treatment model or practice standard
- Child symptomatology
- Child level of functioning
- Increased natural supports and social integration
- Increased competencies and strengths
- Family mental health/substance abuse and relationship status (context for maintaining gains)

# EFFECTIVENESS includes (cont.)

- Collaborative re-assessment of environmental factors, specifically if the child:
  - A. functions in community
  - B. is at home – versus out-of-home placement
  - C. in School – attending, learning
  - D. is out of trouble (juvenile justice involvement)
  - E. for Transition Age Youth (TAY) is moving toward employment
  - F. is safe

# LINKAGES includes

- **Care coordination or integration**
  - A. with other partner agencies as needed
  - B. track youngsters as they step down from higher to lower levels of care
- **Health status**
- **Family /Caregiver health status**

# Overarching Issues

## **PREVENTION**

- EPSDT services are a mandate and intended to be preventative. In California, EPSDT applies to specialty mental health services.

## **QUALITY**

- Quality cuts across categories like Appropriateness of care, Fidelity to care models, use of Evidence Based Practices (EBP).

## **COST**

- Pay now or pay later.

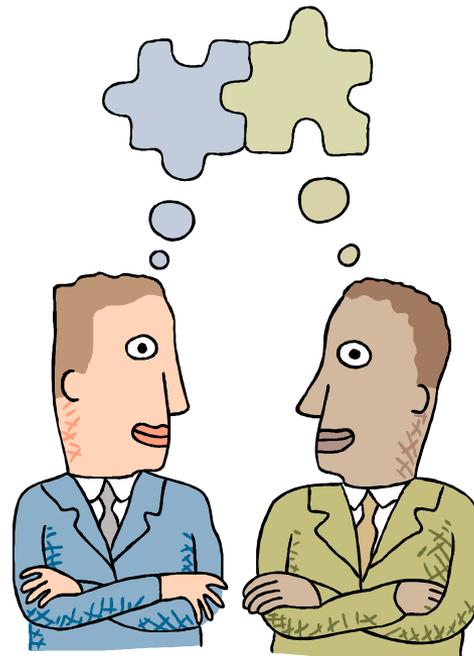
## “Prevention” versus “Treatment”

- **Distinction between primary (universal) secondary (selective) and tertiary (indicated) prevention.**
- **Note that treatment of a condition such as ADHD may be indicated prevention, but may also be selective prevention of more severe sequelae of untreated ADHD such as substance abuse, accidents, school failure.**
- **The Prevention stream relates to level of care, duration of intervention, effectiveness.**

# Summary

- Subject matter expert group has identified key domains for identifying the effectiveness and efficiency of the system in helping children and youth meet their developmental goals.
- Specific measurement considerations include availability and usefulness of data to make meaningful decisions to improve the equity, effectiveness and efficiency of care at the child, program, and system levels.
- State will be moving forward with identifying essential indicators and measurement strategies.

# DISCUSSION



# NEXT STEPS

- **Continued Development of the Performance and Outcomes System Plan and Implementation Plan**
- **Stakeholder Advisory Committee Communications**
- **Posting Documents on the DHCS website**
  - <http://www.dhcs.ca.gov/individuals/Pages/PerformanceandOutcomesSystemforMedi-CalSpecialtyMentalHealthServices-StakeholderAdvisoryCommittee.aspx>

# PUBLIC COMMENT

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

# Thank you for your participation...

We appreciate your feedback!

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