Performance Outcomes System Initial Reports

Report run on July 29, 2015

Background

This is the first round of county-specific reporting produced for the Performance Outcomes System which reflects a refresh of the data on the indicators that were reported in February 2015 at the statewide aggregate level. 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 Medical 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, develop the Performance Measurement Paradigm, and 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.

Purpose and Overview

Moving forward, three reports will be created during each new reporting period. The reports that will be produced are the following: statewide aggregate data; population-based county groups; and county-specific data. These are the first county-specific reports providing updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

Where possible, the reports provide trend information by displaying information for Fiscal Years (FY) 10/11, 11/12, 12/13, and 13/14.

The first reports focus on the demographic characteristics of the children and youth under 21 who are receiving Specialty Mental Health Services (SMHS), based on approved claims for Medi-Cal eligible beneficiaries. The reports include data on the demographics of this population by age, gender, race/ethnicity. Two types of penetration information is provided for children/youth served and not served. Both penetration rate tables are also broken out by demographic characteristics.

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

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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

Background 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

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 penetration rates 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 Specialty Mental Health Services (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/Documents/1115 Waiver Behavioral Health-Services-Needs-Assessment-3.1.pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

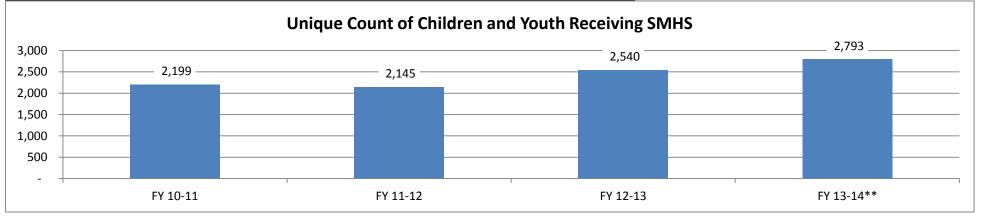
*The psychiatric emergency services/hospital data reported on in the time to step-down services report relies solely on claims data from Short Doyle/Medi-Cal II. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems.

*DHCS is in process of updating the data source for the two following types of Service Usage: Hospital Inpatient and Hospital Inpatient Admin.. This is being done to ensure the findings are complete. June 2016 is slated for an update of the POS reports and will include fee-for service data where it is appropriate.

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

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 10-11	2,199		62,572	
FY 11-12	2,145	-2.5%	63,714	1.8%
FY 12-13	2,540	18.4%	81,908	28.6%
FY 13-14**	2,793	10.0%	89,896	9.8%
Compound Annual Growth Rate SFY**		8.3%		12.8%

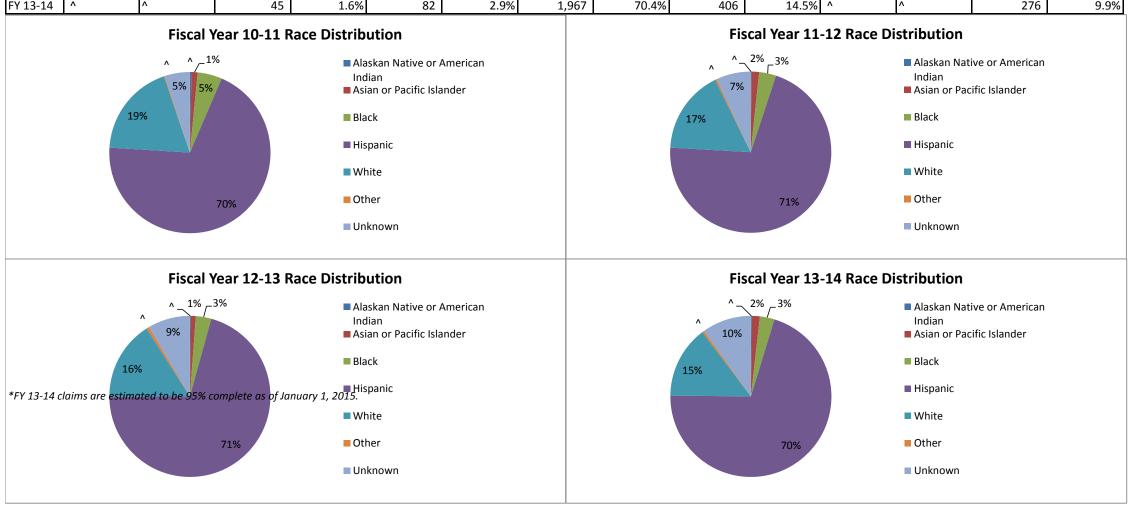


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

^{**}SFY = State Fiscal Year which is July 1 through June 30.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

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 10-11	۸	٨	27	1.2%	108	4.9%	1,529	69.5%	413	18.8%	۸	۸	111	5.0%
FY 11-12	۸	۸	33	1.5%	73	3.4%	1,519	70.8%	361	16.8%	۸	۸	149	6.9%
FY 12-13	۸	٨	26	1.0%	79	3.1%	1,794	70.6%	407	16.0%	۸	۸	215	8.5%
FY 13-14	٨	٨	45	1.6%	82	2.9%	1,967	70.4%	406	14.5%	۸	٨	276	9.9%



[^] Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

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 10-11	423	19.2%	654	29.7%	834	37.9%	288	13.1%
FY 11-12	501	23.4%	603	28.1%	755	35.2%	286	13.3%
FY 12-13	610	24.0%	730	28.7%	867	34.1%	333	13.1%
FY 13-14	588	21.1%	804	28.8%	1,014	36.3%	387	13.9%



[^] Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth by Fiscal Year

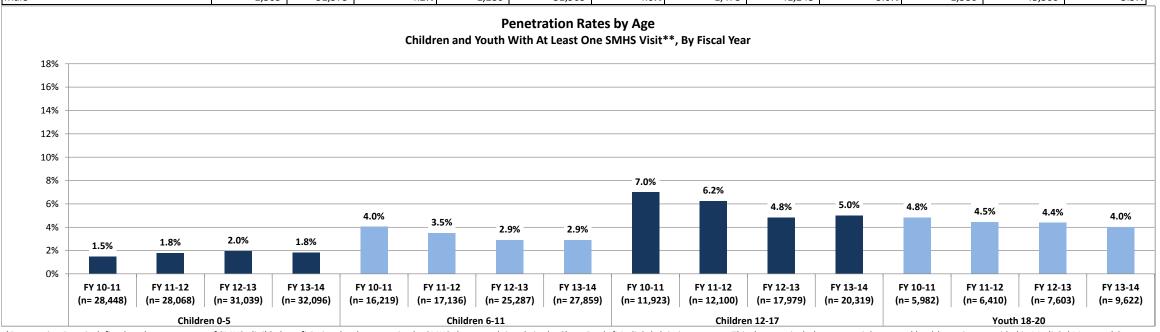
Fiscal Year	Female Count	Female %	Male Count	Male %
FY 10-11	894	40.7%	1,305	59.3%
FY 11-12	865	40.3%	1,280	59.7%
FY 12-13	1,067	42.0%	1,473	58.0%
FY 13-14	1.207	43.2%	1.586	56.8%



[^] Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**

		FY 10-11			FY 11-12			FY 12-13		FY 13-14			
	Children and Youth with 1	Certified Eligible	Penetration	Children and Youth with 1	Certified Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	
	or more SMHS		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	2,199	62,572	3.5%	2,145	63,714	3.4%	2,540	81,908	3.1%	2,793	89,896	3.1%	
Children 0-5	423	28,448	1.5%	501	28,068	1.8%	610	31,039	2.0%	588	32,096	1.8%	
Children 6-11	654	16,219	4.0%	603	17,136	3.5%	730	25,287	2.9%	804	27,859	2.9%	
Children 12-17	834	11,923	7.0%	755	12,100	6.2%	867	17,979	4.8%	1,014	20,319	5.0%	
Youth 18-20	288	5,982	4.8%	286	6,410	4.5%	333	7,603	4.4%	387	9,622	4.0%	
Alaskan Native or American Indian	۸	51	۸	۸	57	۸	۸	73	۸	۸	63	۸	
Asian or Pacific Islander	27	1,505	1.8%	33	1,428	2.3%	26	1,825	1.4%	45	2,068	2.2%	
Black	108	1,194	9.0%	73	1,125	6.5%	79	1,132	7.0%	82	1,103	7.4%	
Hispanic	1,529	49,663	3.1%	1,519	50,749	3.0%	1,794	64,404	2.8%	1,967	68,890	2.9%	
White	413	4,778	8.6%	361	4,527	8.0%	407	5,257	7.7%	406	6,001	6.8%	
Other	۸	323	٨	۸	252	۸	٨	633	۸	٨	1,117	٨	
Unknown	111	5,058	2.2%	149	5,576	2.7%	215	8,584	2.5%	276	10,654	2.6%	
Female	894	31,197	2.9%	865	31,809	2.7%	1,067	40,660	2.6%	1,207	44,596	2.7%	
Male	1,305	31,375	4.2%	1,280	31,905	4.0%	1,473	41,248	3.6%	1,586	45,300	3.5%	

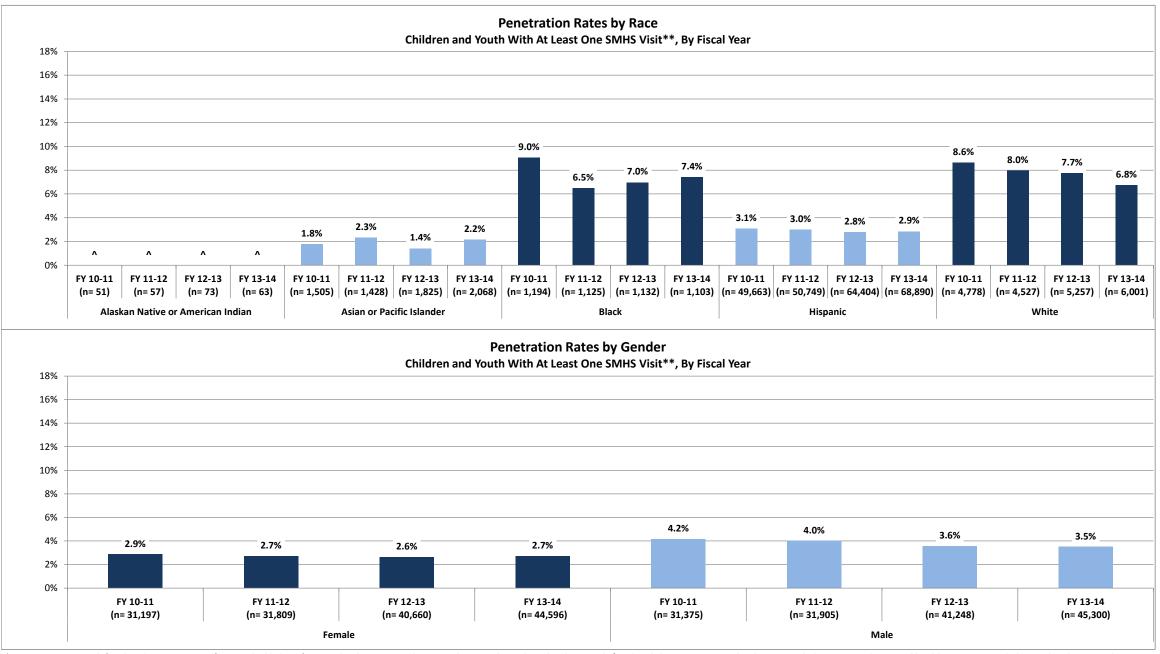


^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

[^] Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**



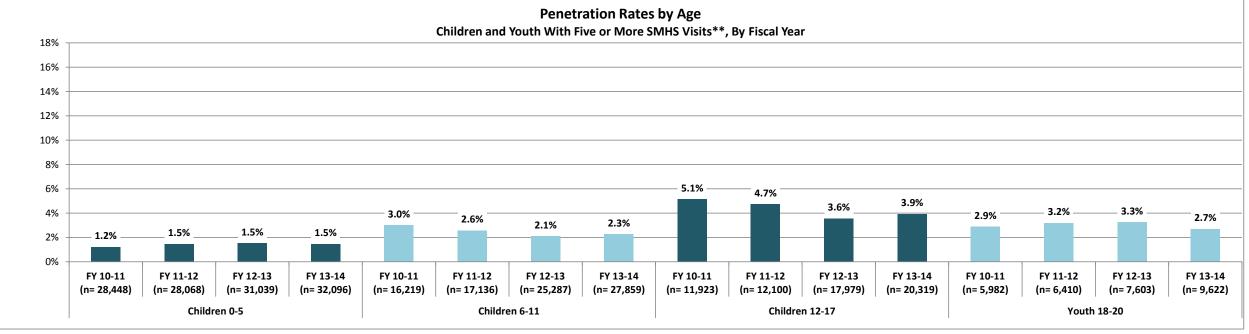
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^{**}Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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Penetration Rates* Report: Children and Youth With Five or More SMHS Visits**

		FY 10-11			FY 11-12			FY 12-13			FY 13-14	
	Children and	Certified		Children and	Certified		Children and	Certified		Children and	Certified	
	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration
	more SMHS	Children and	Rate									
	Visits	Youth		Visits	Youth		Visits	Youth		Visits	Youth	
All	1,623	62,572	2.6%	1,630	63,714	2.6%	1,895	81,908	2.3%	2,163	89,896	2.4%
Children 0-5	348	28,448	1.2%	411	28,068	1.5%	475	31,039	1.5%	469	32,096	1.5%
Children 6-11	489	16,219	3.0%	441	17,136	2.6%	532	25,287	2.1%	633	27,859	2.3%
Children 12-17	614	11,923	5.1%	573	12,100	4.7%	640	17,979	3.6%	802	20,319	3.9%
Youth 18-20	172	5,982	2.9%	205	6,410	3.2%	248	7,603	3.3%	259	9,622	2.7%
Alaskan Native or American Indian	٨	51	۸	۸	57	۸	^	73	۸	۸	63	^
Asian or Pacific Islander	17	1,505	1.1%	27	1,428	1.9%	22	1,825	1.2%	28	2,068	1.4%
Black	85	1,194	7.1%	53	1,125	4.7%	60	1,132	5.3%	68	1,103	6.2%
Hispanic	1,110	49,663	2.2%	1,126	50,749	2.2%	1,320	64,404	2.0%	1,501	68,890	2.2%
White	303	4,778	6.3%	291	4,527	6.4%	312	5,257	5.9%	322	6,001	5.4%
Other	٨	323	^	٨	252	۸	۸	633	۸	۸	1,117	۸
Unknown	100	5,058	2.0%	127	5,576	2.3%	171	8,584	2.0%	230	10,654	2.2%
Female	635	31,197	2.0%	641	31,809	2.0%	789	40,660	1.9%	908	44,596	2.0%
Male	988	31,375	3.1%	989	31,905	3.1%	1,106	41,248	2.7%	1,255	45,300	2.8%

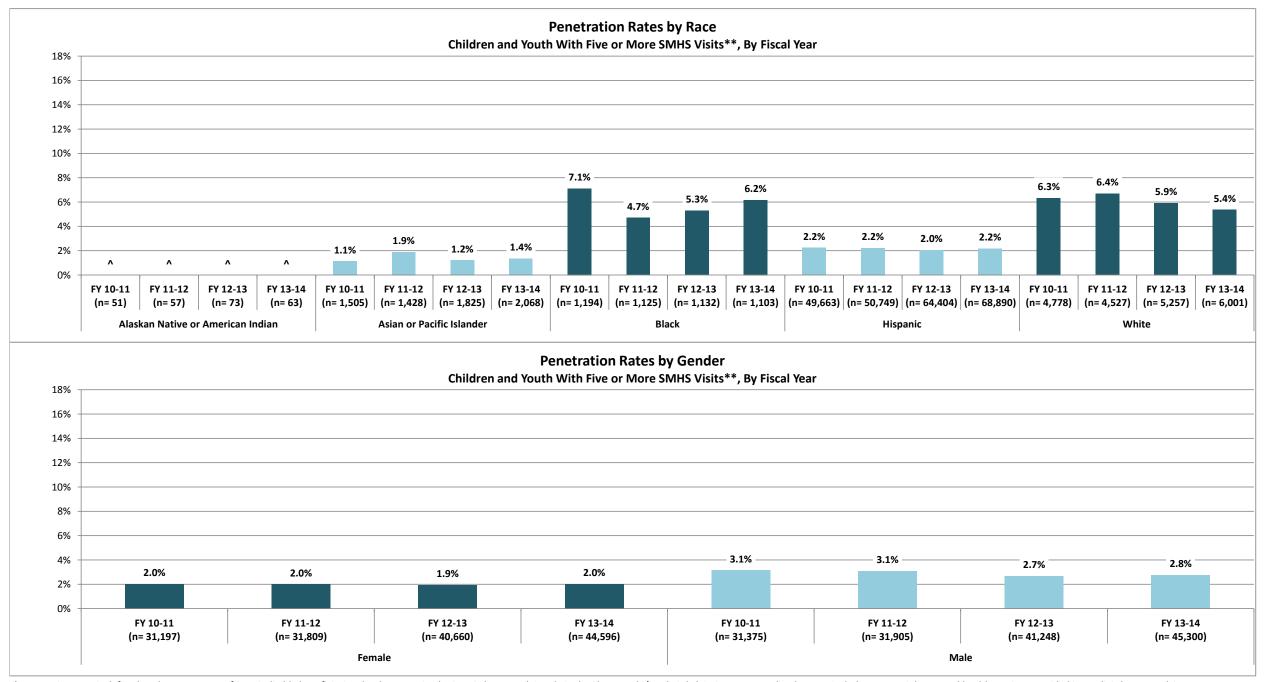


^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}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.

[^] Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth With Five or More SMHS Visits**



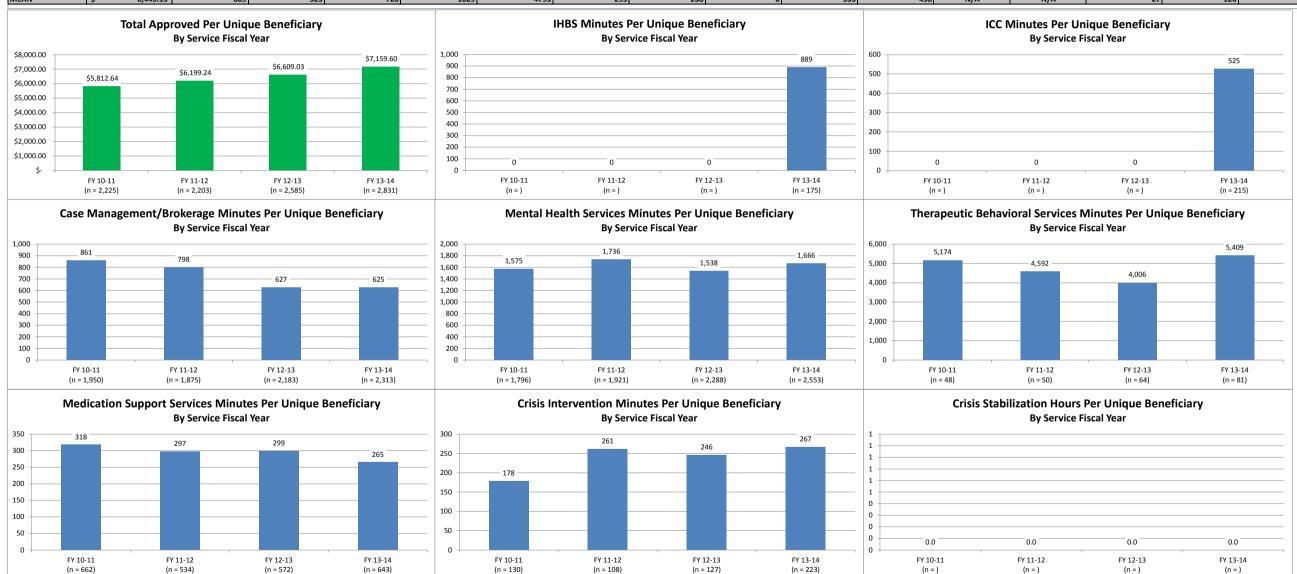
^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}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.

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Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**

Fiscal Year	SDIV	MC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health	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)***	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	
FY 10-11	\$	5,812.64	0	0	861	1575	5174	318	178	0	582	609	N/A	N/A	13	87	0
FY 11-12	\$	6,199.24	0	0	798	1736	4592	297	261	0	426	615	N/A	N/A	30	150	0
FY 12-13	\$	6,609.03	0	0	627	1538	4006	299	246	0	594	291	N/A	N/A	35	183	0
FY 13-14	\$	7,159.60	889	525	625	1666	5409	265	267	0	529	316	N/A	N/A	31	. 86	0
MEAN	\$	6,445.13	889	525	728	1629	4795	295	238	0	533	458	N/A	N/A	27	126	0



^{*}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.

^{***}This data will be available in June, 2016

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**

Monterey County as of July 29, 2015



0.0

FY 11-12

(n =)

0.0 FY 13-14

(n =)

0.0

FY 12-13

(n =)

0.0

FY 10-11

(n =)

0

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^{*}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.

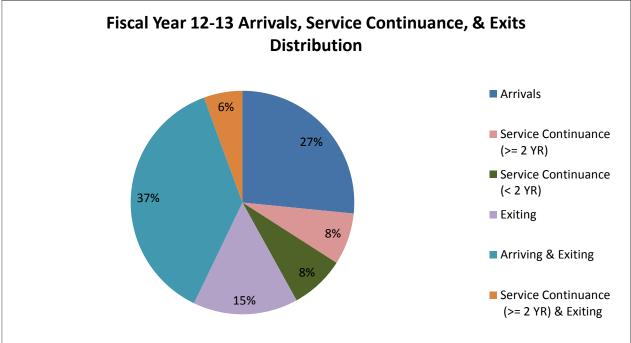
^{***}This data will be available in June, 2016

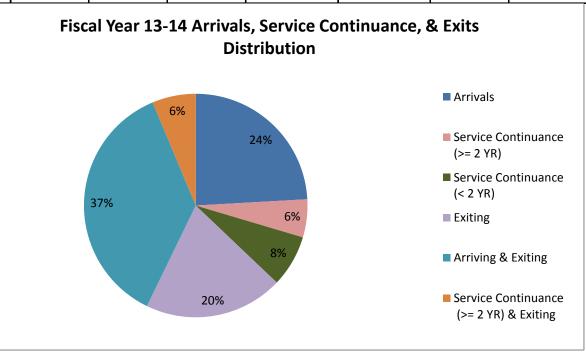
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Monterey County as of August 3, 2015

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.

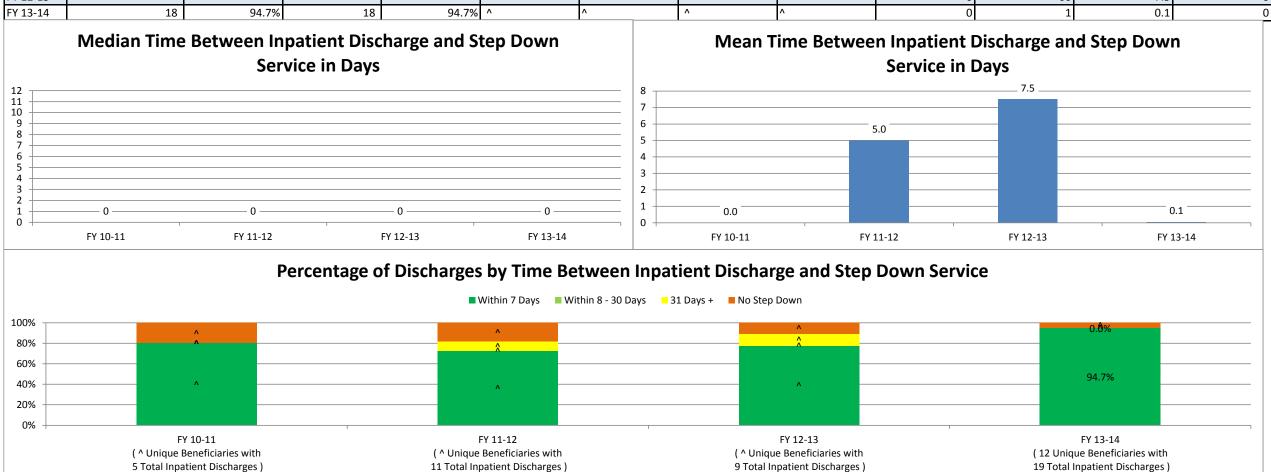
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and		Total %
FY 12-13	676	26.6%	190	7.5%	200	7.9%	385	15.2%	948	37.3%	141	5.6%	2,540	100%
FY 13-14	672	24.1%	154	5.5%	210	7.5%	562	20.1%	1,019	36.5%	177	6.3%	2,794	100%





Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge

SARVICA EV	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient	Stan Down within	Inpatient	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Inpatient Discharges with a	Discharges with		Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 10-11	٨	^	٨	^	۸	٨	٨	۸	0	0	0.0	0
FY 11-12	٨	^	٨	^	٨	٨	٨	^	0	41	5.0	0
FY 12-13	٨	^	٨	^	۸	٨	٨	۸	0	60	7.5	0
FY 13-14	18	94.7%	18	94.7%	۸	٨	٨	^	0	1	0.1	0



^{*} 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.

[^] Data has been suppressed to protect patient privacy.