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 Medi-Cal 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.

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

Note: The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial February 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/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

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 dating back to the first meeting in 2012. To obtain this information go to:
http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Legislation.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/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

*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 1016 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
Butte County as of July 29, 2015

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 10-11	2,568		29,312	
FY 11-12	2,530	-1.5%	29,119	-0.7%
FY 12-13	2,502	-1.1%	29,582	1.6%
FY 13-14**	2,579	3.1%	33,277	12.5%
Compound Annual Growth Rate SFY**		**0.1%**		**4.3%**

**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
Butte County as of July 29, 2015

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	81	3.2%	52	2.0%	123	4.8%	338	13.2%	1,821	70.9%	^	^	^	^
FY 11-12	81	3.2%	46	1.8%	116	4.6%	331	13.1%	1,778	70.3%	^	^	^	^
FY 12-13	65	2.6%	41	1.6%	110	4.4%	346	13.8%	1,756	70.2%	^	^	^	^
FY 13-14	67	2.6%	33	1.3%	99	3.8%	386	15.0%	1,766	68.5%	^	^	^	^

**FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Butte County as of July 29, 2015

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	342	13.3%	844	32.9%	1,073	41.8%	309	12.0%
FY 11-12	314	12.4%	849	33.6%	1,036	40.9%	331	13.1%
FY 12-13	288	11.5%	859	34.3%	985	39.4%	370	14.8%
FY 13-14	254	9.8%	917	35.6%	1,053	40.8%	355	13.8%

**FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Butte County as of July 29, 2015

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 10-11	1,164	45.3%	1,404	54.7%
FY 11-12	1,138	45.0%	1,392	55.0%
FY 12-13	1,145	45.8%	1,357	54.2%
FY 13-14	1,188	46.1%	1,391	53.9%

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**
Butte County as of July 29, 2015

	FY 10-11			FY 11-12			FY 12-13			FY 13-14		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**2,568**	**29,312**	**8.8%**	**2,530**	**29,119**	**8.7%**	**2,502**	**29,582**	**8.5%**	**2,579**	**33,277**	**7.8%**
Children 0-5	342	9,983	3.4%	314	9,865	3.2%	288	9,728	3.0%	254	10,175	2.5%
Children 6-11	844	7,368	11.5%	849	7,430	11.4%	859	8,001	10.7%	917	9,198	10.0%
Children 12-17	1,073	7,168	15.0%	1,036	7,042	14.7%	985	7,177	13.7%	1,053	8,269	12.7%
Youth 18-20	309	4,793	6.4%	331	4,782	6.9%	370	4,676	7.9%	355	5,635	6.3%
Alaskan Native or American Indian	81	678	11.9%	81	662	12.2%	65	674	9.6%	67	691	9.7%
Asian or Pacific Islander	52	2,920	1.8%	46	2,723	1.7%	41	2,597	1.6%	33	2,833	1.2%
Black	123	1,011	12.2%	116	1,020	11.4%	110	990	11.1%	99	969	10.2%
Hispanic	338	6,043	5.6%	331	6,077	5.4%	346	6,302	5.5%	386	7,229	5.3%
White	1,821	17,135	10.6%	1,778	16,738	10.6%	1,756	16,647	10.5%	1,766	18,267	9.7%
Other	^	202	^	^	163	^	^	137	^	^	146	^
Unknown	^	1,323	^	^	1,736	^	^	2,235	^	^	3,142	^
Female	1,164	14,454	8.1%	1,138	14,405	7.9%	1,145	14,666	7.8%	1,188	16,368	7.3%
Male	1,404	14,858	9.4%	1,392	14,714	9.5%	1,357	14,916	9.1%	1,391	16,909	8.2%

**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**
Butte County as of July 29, 2015

	FY 10-11			FY 11-12			FY 12-13			FY 13-14		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**1,916**	**29,312**	**6.5%**	**1,893**	**29,119**	**6.5%**	**1,859**	**29,582**	**6.3%**	**1,979**	**33,277**	**5.9%**
Children 0-5	210	9,983	2.1%	178	9,865	1.8%	143	9,728	1.5%	130	10,175	1.3%
Children 6-11	677	7,368	9.2%	664	7,430	8.9%	690	8,001	8.6%	720	9,198	7.8%
Children 12-17	826	7,168	11.5%	822	7,042	11.7%	776	7,177	10.8%	870	8,269	10.5%
Youth 18-20	203	4,793	4.2%	229	4,782	4.8%	250	4,676	5.3%	259	5,635	4.6%
Alaskan Native or American Indian	55	678	8.1%	68	662	10.3%	53	674	7.9%	52	691	7.5%
Asian or Pacific Islander	33	2,920	1.1%	35	2,723	1.3%	31	2,597	1.2%	22	2,833	0.8%
Black	97	1,011	9.6%	84	1,020	8.2%	83	990	8.4%	74	969	7.6%
Hispanic	237	6,043	3.9%	257	6,077	4.2%	263	6,302	4.2%	305	7,229	4.2%
White	1,355	17,135	7.9%	1,304	16,738	7.8%	1,291	16,647	7.8%	1,350	18,267	7.4%
Other	^	202	^	^	163	^	0	137	0.0%	^	146	^
Unknown	^	1,323	^	^	1,736	^	138	2,235	6.2%	^	3,142	^
Female	818	14,454	5.7%	845	14,405	5.9%	850	14,666	5.8%	902	16,368	5.5%
Male	1,098	14,858	7.4%	1,048	14,714	7.1%	1,009	14,916	6.8%	1,077	16,909	6.4%

**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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**
Butte County as of July 29, 2015

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	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)	Psychiatric Health Facility (Days)
FY 10-11	$ 6,239.63	0	0	253	2130	12764	525	290	19	346	138	N/A	N/A	0	0	9
FY 11-12	$ 6,412.68	0	0	254	2374	9444	572	331	19	692	522	N/A	N/A	0	0	5
FY 12-13	$ 6,306.48	0	0	282	2191	8555	569	310	24	544	251	N/A	N/A	0	0	6
FY 13-14	$ 5,544.44	2085	619	228	1940	8840	489	280	19	534	1058	N/A	N/A	0	0	11
MEAN	**$ 6,125.81**	**2085**	**619**	**254**	**2159**	**9901**	**539**	**303**	**20**	**529**	**492**	**N/A**	**N/A**	**0**	**0**	**8**

**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 report contains inpatient services that were claimed through the Short-Doyle/Medi-Cal claiming system.

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

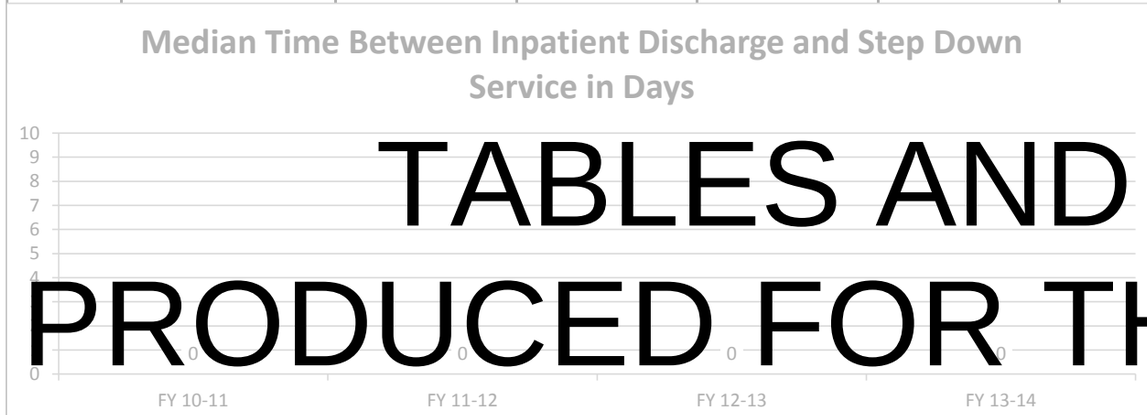
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	600	24.0%	193	7.7%	243	9.7%	471	18.8%	861	34.4%	134	5.4%	2,502	100%
FY 13-14	642	24.9%	179	6.9%	251	9.7%	458	17.8%	895	34.7%	154	6.0%	2,579	100%

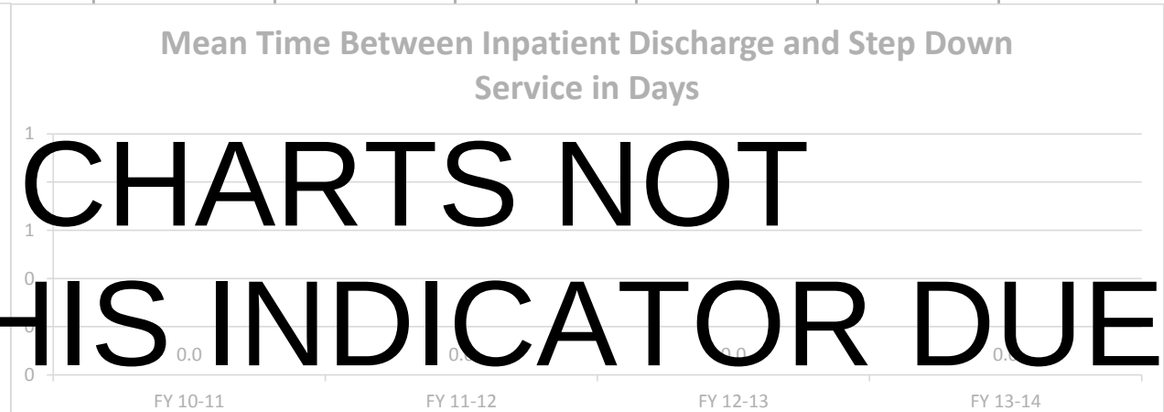
Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge

DRAFT

County as of July 28, 2015

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down within 30 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 30 Days of Discharge	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 10-11	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 11-12	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 12-13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 13-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0





TABLES AND CHARTS NOT PRODUCED FOR THIS INDICATOR DUE TO SMALL CELL SIZES.

** **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.*