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
Santa Barbara 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	1,930		50,773	
FY 11-12	2,191	13.5%	52,625	3.6%
FY 12-13	2,395	9.3%	63,779	21.2%
FY 13-14**	2,342	-2.2%	70,254	10.2%
Compound Annual Growth Rate SFY**		**6.7%**		**11.4%**

**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
Santa Barbara 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	13	0.7%	16	0.8%	80	4.1%	641	33.2%	1,096	56.8%	18	0.9%	66	3.4%
FY 11-12	^	^	25	1.1%	93	4.2%	628	28.7%	1,348	61.5%	^	^	69	3.1%
FY 12-13	^	^	33	1.4%	115	4.8%	601	25.1%	1,524	63.6%	^	^	85	3.5%
FY 13-14	^	^	39	1.7%	78	3.3%	493	21.1%	1,580	67.5%	^	^	106	4.5%

**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
Santa Barbara 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	485	25.1%	577	29.9%	697	36.1%	171	8.9%
FY 11-12	520	23.7%	688	31.4%	769	35.1%	214	9.8%
FY 12-13	578	24.1%	744	31.1%	844	35.2%	229	9.6%
FY 13-14	486	20.8%	719	30.7%	872	37.2%	265	11.3%

**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
Santa Barbara County as of July 29, 2015

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 10-11	886	45.9%	1,044	54.1%
FY 11-12	1,026	46.8%	1,165	53.2%
FY 12-13	1,102	46.0%	1,293	54.0%
FY 13-14	1,098	46.9%	1,244	53.1%

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**
Santa Barbara 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	**1,930**	**50,773**	**3.8%**	**2,191**	**52,625**	**4.2%**	**2,395**	**63,779**	**3.8%**	**2,342**	**70,254**	**3.3%**
Children 0-5	485	22,586	2.1%	520	22,656	2.3%	578	24,261	2.4%	486	24,809	2.0%
Children 6-11	577	13,197	4.4%	688	14,202	4.8%	744	19,253	3.9%	719	21,420	3.4%
Children 12-17	697	10,046	6.9%	769	10,388	7.4%	844	14,308	5.9%	872	16,163	5.4%
Youth 18-20	171	4,944	3.5%	214	5,379	4.0%	229	5,957	3.8%	265	7,862	3.4%
Alaskan Native or American Indian	13	149	8.7%	^	138	^	^	153	^	^	163	^
Asian or Pacific Islander	16	1,630	1.0%	25	1,634	1.5%	33	1,964	1.7%	39	2,567	1.5%
Black	80	964	8.3%	93	918	10.1%	115	960	12.0%	78	963	8.1%
Hispanic	641	9,320	6.9%	628	8,942	7.0%	601	11,796	5.1%	493	12,236	4.0%
White	1,096	35,462	3.1%	1,348	37,621	3.6%	1,524	44,595	3.4%	1,580	49,207	3.2%
Other	18	833	2.2%	^	803	^	^	1,296	^	^	1,636	^
Unknown	66	2,415	2.7%	69	2,569	2.7%	85	3,015	2.8%	106	3,482	3.0%
Female	886	25,309	3.5%	1,026	26,241	3.9%	1,102	31,620	3.5%	1,098	34,751	3.2%
Male	1,044	25,464	4.1%	1,165	26,384	4.4%	1,293	32,159	4.0%	1,244	35,503	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**
Santa Barbara 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	**1,389**	**50,773**	**2.7%**	**1,664**	**52,625**	**3.2%**	**1,789**	**63,779**	**2.8%**	**1,807**	**70,254**	**2.6%**
Children 0-5	310	22,586	1.4%	357	22,656	1.6%	373	24,261	1.5%	379	24,809	1.5%
Children 6-11	432	13,197	3.3%	532	14,202	3.7%	589	19,253	3.1%	593	21,420	2.8%
Children 12-17	522	10,046	5.2%	605	10,388	5.8%	657	14,308	4.6%	637	16,163	3.9%
Youth 18-20	125	4,944	2.5%	170	5,379	3.2%	170	5,957	2.9%	198	7,862	2.5%
Alaskan Native or American Indian	11	149	7.4%	^	138	^	^	153	^	^	163	^
Asian or Pacific Islander	13	1,630	0.8%	21	1,634	1.3%	25	1,964	1.3%	28	2,567	1.1%
Black	61	964	6.3%	72	918	7.8%	82	960	8.5%	59	963	6.1%
Hispanic	453	9,320	4.9%	464	8,942	5.2%	438	11,796	3.7%	383	12,236	3.1%
White	784	35,462	2.2%	1,031	37,621	2.7%	1,151	44,595	2.6%	1,223	49,207	2.5%
Other	12	833	1.4%	^	803	^	^	1,296	^	^	1,636	^
Unknown	55	2,415	2.3%	59	2,569	2.3%	65	3,015	2.2%	83	3,482	2.4%
Female	621	25,309	2.5%	767	26,241	2.9%	812	31,620	2.6%	828	34,751	2.4%
Male	768	25,464	3.0%	897	26,384	3.4%	977	32,159	3.0%	979	35,503	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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**
Santa Barbara 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	$ 6,123.65	0	0	436	1929	8541	558	289	0	833	1214	N/A	N/A	8	0	0
FY 11-12	$ 5,244.45	0	0	320	1800	7687	509	294	0	732	796	N/A	N/A	5	0	0
FY 12-13	$ 4,734.14	0	0	252	1628	7225	508	244	0	555	1398	N/A	N/A	11	0	0
FY 13-14	$ 4,984.41	475	288	309	1599	6502	540	245	0	588	1392	N/A	N/A	14	0	0
MEAN	**$ 5,271.66**	**475**	**288**	**329**	**1739**	**7489**	**529**	**268**	**0**	**677**	**1200**	**N/A**	**N/A**	**9**	**0**	**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 report contains inpatient services that were claimed through the Short-Doyle/Medi-Cal claiming system.
^ Data has been suppressed to protect patient privacy.

Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Santa Barbara 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	563	23.5%	120	5.0%	139	5.8%	465	19.4%	1,030	43.0%	78	3.3%	2,395	100%
FY 13-14	511	21.8%	101	4.3%	155	6.6%	496	21.2%	980	41.8%	99	4.2%	2,342	100%

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge
Santa Barbara 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	26	46.4%	46	82.1%	^	^	^	^	0	166	22.4	8
FY 11-12	45	44.6%	91	90.1%	^	^	^	^	0	611	31.1	8
FY 12-13	^	^	^	^	^	^	^	^	0	0	0.0	0
FY 13-14	^	^	^	^	^	^	^	^	0	0	0.0	0

** This report contains inpatient services that were claimed through the Short-Doyle/Medi-Cal claiming system and the Fee-for-Service, California Medicaid Management Information System (CA-MMIS).*

***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 w*

^ Data has been suppressed to protect patient privacy.