### **Performance Outcomes System**

Report run on August 3, 2016

### Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. 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, to develop the Performance Measurement Paradigm, and to 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. Further 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

### **Purpose and Overview**

These county-specific reports provide 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 series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth arriving, exiting, and continuing services over a two-year period. The time to step down table provides a view over the past four years of the time to step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

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. On subsequent reports, 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 11/12 through FY 14/15.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 11/12 through FY14/15.

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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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

#### Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, medium, whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

### **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 SMHS (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 the two most recent fiscal years. 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/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 includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the county of the hospital the patient is discharged from and whom has been attributed the time to next service in days used in the calculations for this indicator.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	5,327		84,192	
FY 12-13	5,622	5.5%	98,561	17.1%
FY 13-14	5,971	6.2%	112,619	14.3%
FY 14-15	6,067	1.6%	123,109	9.3%
Compound Annual Growth Rate SFY**		4.4%		13.5%

<sup>\*</sup>SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

<sup>\*\*</sup>SFY = State Fiscal Year which is July 1 through June 30.

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 11-12	33	0.6%	176	3.3%	1,472	27.6%	1,842	34.6%	1,257	23.6%	192	3.6%	355	6.7%
FY 12-13	29	0.5%	189	3.4%	1,527	27.2%	1,891	33.6%	1,385	24.6%	232	4.1%	369	6.6%
FY 13-14	30	0.5%	218	3.7%	1,483	24.8%	2,118	35.5%	1,387	23.2%	284	4.8%	451	7.6%
FY 14-15	23	0.4%	285	4.7%	1,441	23.8%	2,201	36.3%	1,337	22.0%	298	4.9%	482	7.9%

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

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 11-12	695	13.0%	1,674	31.4%	2,334	43.8%	624	11.7%
FY 12-13	693	12.3%	1,784	31.7%	2,392	42.5%	753	13.4%
FY 13-14	604	10.1%	1,879	31.5%	2,680	44.9%	808	13.5%
FY 14-15	602	9.9%	1,862	30.7%	2,740	45.2%	863	14.2%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	2,383	44.7%	2,944	55.3%
FY 12-13	2,576	45.8%	3,046	54.2%
FY 13-14	2,775	46.5%	3,196	53.5%
FY 14-15	2,866	47.2%	3,201	52.8%

### Penetration Rates\* Report: Children and Youth With At Least One SMHS Visit\*\* Contra Costa County as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Children and Youth with 1 or more SMHS Visits	Certified Eligible	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	5,327	84,192	6.3%	5,622	98,561	5.7%		112,619	5.3%		123,109	4.9%
Children 0-5	695	31,645	2.2%	693	33,175	2.1%	604	34,869	1.7%	602	36,311	1.7%
Children 6-11	1,674	23,152	7.2%	1,784	29,370	6.1%	1,879	33,517	5.6%	1,862	36,076	5.2%
Children 12-17	2,334	19,257	12.1%	2,392	24,682	9.7%	2,680	29,142	9.2%	2,740	31,871	8.6%
Youth 18-20	624	10,138	6.2%	753	11,334	6.6%	808	15,091	5.4%	863	18,851	4.6%
Alaskan Native or American Indian	33	207	15.9%	29	239	12.1%	30	245	12.2%	23	259	8.9%
Asian or Pacific Islander	176	7,275	2.4%	189	9,480	2.0%	218	12,774	1.7%	285	15,005	1.9%
Black	1,472	17,026	8.6%	1,527	17,983	8.5%	1,483	18,631	8.0%	1,441	19,472	7.4%
Hispanic	1,842	35,818	5.1%	1,891	42,350	4.5%	2,118	45,997	4.6%	2,201	48,572	4.5%
White	1,257	13,195	9.5%	1,385	14,800	9.4%	1,387	17,746	7.8%	1,337	19,507	6.9%
Other	192	6,622	2.9%	232	8,999	2.6%	284	11,655	2.4%	298	14,017	2.1%
Unknown	355	4,049	8.8%	369	4,710	7.8%	451	5,571	8.1%	482	6,277	7.7%
Female	2,383	41,805	5.7%	2,576	48,817	5.3%	2,775	55,731	5.0%	2,866	60,974	4.7%
Male	2,944	42,387	6.9%	3,046	49,744	6.1%	3,196	56,888	5.6%	3,201	62,135	5.2%

<sup>\*</sup>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 the Medi-Cal Managed Care system.

<sup>\*\*</sup>Children and Youth that have received at least one SMHS in the Fiscal Year.

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

### Penetration Rates\* Report: Children and Youth with Five or More SMHS Visits\*\* Contra Costa County as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	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	4,376	84,192	5.2%	4,623	98,561	4.7%	4,876	112,619	4.3%	4,875	123,109	4.0%
Children 0-5	593	31,645	1.9%	589	33,175	1.8%	509	34,869	1.5%	503	36,311	1.4%
Children 6-11	1,431	23,152	6.2%	1,522	29,370	5.2%	1,615	33,517	4.8%	1,565	36,076	4.3%
Children 12-17	1,949	19,257	10.1%	1,994	24,682	8.1%	2,202	29,142	7.6%	2,226	31,871	7.0%
Youth 18-20	403	10,138	4.0%	518	11,334	4.6%	550	15,091	3.6%	581	18,851	3.1%
Alaskan Native or American Indian	26	207	12.6%	20	239	8.4%	24	245	9.8%	19	259	7.3%
Asian or Pacific Islander	147	7,275	2.0%	154	9,480	1.6%	172	12,774	1.3%	234	15,005	1.6%
Black	1,204	17,026	7.1%	1,251	17,983	7.0%	1,206	18,631	6.5%	1,155	19,472	5.9%
Hispanic	1,529	35,818	4.3%	1,577	42,350	3.7%	1,779	45,997	3.9%	1,798	48,572	3.7%
White	1,030	13,195	7.8%	1,117	14,800	7.5%	1,099	17,746	6.2%	1,050	19,507	5.4%
Other	147	6,622	2.2%	192	8,999	2.1%	216	11,655	1.9%	232	14,017	1.7%
Unknown	293	4,049	7.2%	312	4,710	6.6%	380	5,571	6.8%	387	6,277	6.2%
Female	1,956	41,805	4.7%	2,120	48,817	4.3%	2,243	55,731	4.0%	2,269	60,974	3.7%
Male	2,420	42,387	5.7%	2,503	49,744	5.0%	2,633	56,888	4.6%	2,606	62,135	4.2%

<sup>\*</sup>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 the Medi-Cal Managed Care system.

<sup>\*\*</sup>Children and Youth that have received at least five SMHS in the Fiscal Year.

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

# Utilization Report\*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\* Contra Costa County as of August 3, 2016

Fiscal Yea	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)	Fee for Service Inpatient (Days)	Treatment		Health Facility
FY 11-12	\$ 7,954.69	0	0	715	2,238	9,761	413	304	15	661	617	9	8	10	15	45	0
FY 12-13	\$ 7,491.25	0	0	701	2,358	7,896	411	333	15	549	669	6	2	. 9	12	126	0
FY 13-14	\$ 9,011.98	1,175	650	665	2,617	7,635	409	269	16	547	568	8	1	. 9	18	136	0
FY 14-15	\$ 10,095.31	3,126	1,455	575	2,842	8,048	427	288	15	501	928	7	3	7	12	44	0
MEAN	\$ 8,638.31	2,150	1,052	664	2,514	8,335	415	298	15	565	696	7	4	9	14	88	0

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.

 $<sup>{}^*</sup>$ The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

# Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Contra Costa County as of August 3, 2016

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.
<b>Service Continuance</b>	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) and Exiting %	Total Count	Total %
FY 12-13	1,489	26.5%	683	12.1%	597	10.6%	995	17.7%	1,611	28.6%	249	4.4%	5,624	100%
FY 13-14	1,380	23.1%	728	12.2%	716	12.0%	1,096	18.4%	1,807	30.3%	241	4.0%	5,968	100%
FY 14-15	1,312	21.6%	746	12.3%	614	10.1%	1,174	19.4%	1,895	31.3%	321	5.3%	6,062	100%

### Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge\* Contra Costa County as of August 3, 2016

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Discharges with	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Inpatient Discharges with	Step Down > 30  Days from	Inpatient Discharges with a	No Step Down*		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 11-12	508	92.7%	23	4.2%	۸	۸	٨	۸	0	365	6.9	0
FY 12-13	615	88.6%	35	5.0%	33	4.8%	11	1.6%	0	365	8.4	0
FY 13-14	661	86.1%	55	7.2%	39	5.1%	13	1.7%	0	365	8.0	0
FY 14-15	710	87.3%	47	5.8%	31	3.8%	25	3.1%	0	365	5.5	0

<sup>\*</sup> **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.

<sup>^</sup> Data has been suppressed to protect patient privacy.