

Performance Outcomes System Children with an Open Child Welfare Case County Report

Report run on August 3, 2016

Background

Two reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data and population-based county groups. 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

This county aggregate report provides updated information on the initial indicators that were developed for the Performance Outcomes System. 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 Foster Care case children and youth under 21 who are receiving SMHS' 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. For all of the measures and indicators included in this report, the denominator is the "Unique Count of Children and Youth receiving SMHS" shown on page 3 of the report and is broken out by state FY.

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: Open Child Welfare 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 FY 14/15.
- Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 11/12 through FY 14/15.

Performance Outcomes System Children with an Open Child Welfare Case County Report
Report run on August 3, 2016

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>

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, 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 "^".

*Population-based report findings may be interpreted alongside the POS statewide 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.

***Data Source Methodology:** Demographic & Penetration and Snapshot - based on MEDS data; Utilization - based on Claims Submission data; Time to step-down - based on Inpatient Hospital data.

***Open Child Welfare:** Children/youth who are provided child welfare services either while living in their home, or while living out-of-home in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent guardians.

***Foster Care Placement:** Children/youth who are removed from their home by a child placement agency, including county child welfare services and probation departments and placed in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent legal guardians.

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

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Kern County as of August 3, 2016**

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Child Welfare Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	1,301		3,662	
FY 12-13	1,121	-13.8%	3,370	-8.0%
FY 13-14	1,075	-4.1%	3,154	-6.4%
FY 14-15	994	-7.5%	3,084	-2.2%
Compound Annual Growth Rate SFY**		-8.6%		-5.6%

**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 with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Kern County as of August 3, 2016**

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 11-12	186	14.3%	561	43.1%	500	38.4%	54	4.2%
FY 12-13	134	12.0%	519	46.3%	417	37.2%	51	4.5%
FY 13-14	122	11.3%	488	45.4%	409	38.0%	56	5.2%
FY 14-15	141	14.2%	412	41.4%	374	37.6%	67	6.7%

Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Kern County as of August 3, 2016**

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	343	26.4%	455	35.0%	476	36.6%	27	2.1%
FY 12-13	272	24.3%	362	32.3%	427	38.1%	60	5.4%
FY 13-14	294	27.3%	369	34.3%	340	31.6%	72	6.7%
FY 14-15	177	17.8%	338	34.0%	358	36.0%	121	12.2%

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

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Kern County as of August 3, 2016**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	638	49.0%	663	51.0%
FY 12-13	552	49.2%	569	50.8%
FY 13-14	514	47.8%	561	52.2%
FY 14-15	502	50.5%	492	49.5%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
Kern County as of August 3, 2016**

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate
All	1,301	3,662	35.5%	1,121	3,370	33.3%	1,075	3,154	34.1%	994	3,084	32.2%
Children 0-5	343	1,583	21.7%	272	1,387	19.6%	294	1,293	22.7%	177	1,229	14.4%
Children 6-11	455	934	48.7%	362	878	41.2%	369	778	47.4%	338	715	47.3%
Children 12-17	476	989	48.1%	427	880	48.5%	340	765	44.4%	358	745	48.1%
Youth 18-20	27	156	17.3%	60	225	26.7%	72	318	22.6%	121	395	30.6%
Black	186	501	37.1%	134	437	30.7%	122	387	31.5%	141	398	35.4%
Hispanic	561	1,683	33.3%	519	1,626	31.9%	488	1,529	31.9%	412	1,434	28.7%
White	500	1,212	41.3%	417	1,079	38.6%	409	1,017	40.2%	374	998	37.5%
Other	54	266	20.3%	51	228	22.4%	56	221	25.3%	67	254	26.4%
Female	638	1,776	35.9%	552	1,621	34.1%	514	1,482	34.7%	502	1,457	34.5%
Male	663	1,886	35.2%	569	1,749	32.5%	561	1,672	33.6%	492	1,627	30.2%

*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 the Medi-Cal Managed Care sy.

**Children and Youth with an Open Child Welfare Case that have received at least one SMHS in the Fiscal Year.

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits
Kern County as of August 3, 2016**

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate
All	752	3,662	20.5%	728	3,370	21.6%	739	3,154	23.4%	740	3,084	24.0%
Children 0-5	99	1,583	6.3%	131	1,387	9.4%	134	1,293	10.4%	99	1,229	8.1%
Children 6-11	299	934	32.0%	254	878	28.9%	271	778	34.8%	259	715	36.2%
Children 12-17	335	989	33.9%	299	880	34.0%	275	765	35.9%	283	745	38.0%
Youth 18-20	19	156	12.2%	44	225	19.6%	59	318	18.6%	99	395	25.1%
Black	110	501	22.0%	82	437	18.8%	84	387	21.7%	97	398	24.4%
Hispanic	300	1,683	17.8%	322	1,626	19.8%	322	1,529	21.1%	300	1,434	20.9%
White	312	1,212	25.7%	289	1,079	26.8%	291	1,017	28.6%	298	998	29.9%
Other	30	266	11.3%	35	228	15.4%	42	221	19.0%	45	254	17.7%
Female	357	1,776	20.1%	366	1,621	22.6%	357	1,482	24.1%	361	1,457	24.8%
Male	395	1,886	20.9%	362	1,749	20.7%	382	1,672	22.8%	379	1,627	23.3%

*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 with an Open Child Welfare Case that have received at least five SMHS in the Fiscal Year.

**Utilization Report*: Approved Specialty Mental Health Services for Children and Youth with an Open Child Welfare Case
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
Kern County as of August 3, 2016**

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)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	\$ 4,136.17	0	0	197	1,083	1,718	234	221	17	605	0	0	0	8	37	132	34
FY 12-13	\$ 4,758.99	0	0	221	1,200	1,573	252	226	16	458	651	0	0	5	0	153	0
FY 13-14	\$ 4,675.09	473	228	223	1,149	969	241	210	13	914	632	13	0	5	28	0	6
FY 14-15	\$ 6,947.39	403	248	185	1,334	851	247	237	13	537	755	8	0	5	17	0	7
MEAN	\$ 5,129.41	438	238	207	1,191	1,278	244	224	15	629	679	10	0	6	27	143	16

*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.

**Snapshot Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Kern 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.
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	226	20.1%	79	7.0%	102	9.1%	271	24.1%	418	37.2%	27	2.4%	1,123	100%
FY 13-14	264	24.4%	86	8.0%	62	5.7%	208	19.3%	405	37.5%	55	5.1%	1,080	100%
FY 14-15	245	24.6%	76	7.6%	83	8.4%	207	20.8%	331	33.3%	52	5.2%	994	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
Kern County as of August 3, 2016

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 between 8 and 30 days of Discharge	Percentage of Inpatient Discharges with Step Down between 8 and 30 days of Discharge	Count of Beneficiaries with a Step Down > 30 Days from Discharge or No Step Down*	Percentage of Beneficiaries with a Step Down > 30 Days from Discharge or 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 11-12	49	68.1%	^	^	^	^	0	365	27.0	2
FY 12-13	119	74.4%	15	9.4%	26	16.3%	0	365	16.1	1
FY 13-14	157	77.7%	25	12.4%	20	9.9%	0	365	15.4	1
FY 14-15	122	71.8%	25	14.7%	23	13.5%	0	365	20.1	3

* **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.