Performance Outcomes System Foster Care Reports 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 children and youth in Foster Care 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: Foster Care 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.

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

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 re port 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.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Foster Care Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	1,697		3,366	
FY 12-13	1,549	-8.7%	3,308	-1.7%
FY 13-14	1,555	0.4%	3,313	0.2%
FY 14-15	1,446	-7.0%	3,380	2.0%
Compound Annual Growth Rate SFY**		-5.2%		0.1%

*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information. **SFY = State Fiscal Year which is July 1 through June 30.

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	
FY 11-12	107	6.3%	950	56.0%	550	32.4%	90	5.3%	
FY 12-13	81	5.2%	861	55.6%	505	32.6%	102	6.6%	
FY 13-14	81	5.2%	911	58.6%	476	30.6%	87	5.6%	
FY 14-15	92	6.4%	852	58.9%	408	28.2%	94	6.5%	

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	394	23.2%	544	32.1%	679	40.0%	80	4.7%
FY 12-13	354	22.9%	468	30.2%	625	40.3%	102	6.6%
FY 13-14	413	26.6%	462	29.7%	562	36.1%	118	7.6%
FY 14-15	363	25.1%	440	30.4%	510	35.3%	133	9.2%

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

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	842	49.6%	855	50.4%
FY 12-13	769	49.6%	780	50.4%
FY 13-14	786	50.5%	769	49.5%
FY 14-15	688	47.6%	758	52.4%

Penetration Rates* Report: Children and Youth in Foster Care with At Least One SMHS Visit** Orange County as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 1 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate
All	1,697	3,366	50.4%	1,549	3,308	46.8%	1,555	3,313	46.9%	1,446	3,380	42.8%
Children 0-5	394	1,295	30.4%	354	1,289	27.5%	413	1,241	33.3%	363	1,288	28.2%
Children 6-11	544	848	64.2%	468	794	58.9%	462	787	58.7%	440	772	57.0%
Children 12-17	679	1,003	67.7%	625	937	66.7%	562	894	62.9%	510	836	61.0%
Youth 18-20	80	220	36.4%	102	288	35.4%	118	391	30.2%	133	484	27.5%
Black	107	189	56.6%	81	158	51.3%	81	170	47.6%	92	183	50.3%
Hispanic	950	1,807	52.6%	861	1,787	48.2%	911	1,877	48.5%	852	1,888	45.1%
White	550	980	56.1%	505	986	51.2%	476	937	50.8%	408	963	42.4%
Other	90	390	23.1%	102	377	27.1%	87	329	26.4%	94	346	27.2%
Female	842	1,632	51.6%	769	1,618	47.5%	786	1,619	48.5%	688	1,608	42.8%
Male	855	1,734	49.3%	780	1,690	46.2%	769	1,694	45.4%	758	1,772	42.8%

*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. **Foster Care 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.

Penetration Rates* Report: Children and Youth in Foster Care with Five or More SMHS Visits** Orange County as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate
All	1,139	3,366	33.8%	1,023	3,308	30.9%	975	3,313	29.4%	830	3,380	24.6%
Children 0-5	167	1,295	12.9%	118	1,289	9.2%	112	1,241	9.0%	93	1,288	7.2%
Children 6-11	368	848	43.4%	310	794	39.0%	310	787	39.4%	261	772	33.8%
Children 12-17	537	1,003	53.5%	511	937	54.5%	453	894	50.7%	371	836	44.4%
Youth 18-20	67	220	30.5%	84	288	29.2%	100	391	25.6%	105	484	21.7%
Black	66	189	34.9%	62	158	39.2%	52	170	30.6%	57	183	31.1%
Hispanic	632	1,807	35.0%	539	1,787	30.2%	544	1,877	29.0%	455	1,888	24.1%
White	377	980	38.5%	357	986	36.2%	327	937	34.9%	267	963	27.7%
Other	64	390	16.4%	65	377	17.2%	52	329	15.8%	51	346	14.7%
Female	544	1,632	33.3%	512	1,618	31.6%	478	1,619	29.5%	386	1,608	24.0%
Male	595	1,734	34.3%	511	1,690	30.2%	497	1,694	29.3%	444	1,772	25.1%

*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. **Foster Care 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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth in Foster Care Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year Orange County as of August 3, 2016

Fiscal Year	DMC 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		Adult Residential Treatment Services (Days)	
FY 11-12	\$ 4,467.24	0	0	765	1,426	3,903	474	324	11	0	0	0	0	12		0	0
FY 12-13	\$ 5,302.60	236	120	825	1,415	3,880	535	323	29	0	0	0	0	11	. C	0	0
FY 13-14	\$ 5,263.63	1,224	1,174	523	1,131	3,641	520	338	21	0	0	0	0	9	g	0	0
FY 14-15	\$ 4,775.63	1,103	788	469	1,027	3,357	388	377	26	0	0	0	0	9	C	0	0
MEAN	\$ 4,952.28	854	694	646	1,250	3,695	479	341	22	0	0	0	0	10	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.

^ Data has been suppressed to protect patient privacy.

Snapshot Report: Unique Count of Children and Youth in Foster Care Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Orange 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) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 12-13	330	21.2%	153	9.9%	117	7.5%	263	16.9%	626	40.3%	64	4.1%	1,553	100%
FY 13-14	255	16.4%	128	8.3%	126	8.1%	286	18.4%	683	44.0%	73	4.7%	1,551	100%
FY 14-15	238	16.4%	104	7.2%	103	7.1%	237	16.3%	705	48.6%	64	4.4%	1,451	100%

Time to Step Down Report: Children and Youth in Foster Care Stepping Down in SMHS Services Post Inpatient Discharge* Orange County as of August 3, 2016

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Discharges with Step Down within	between 8 and 30	Inpatient Discharges with Step Down between 8 and 30				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	146	87.4%	^	^	15	9.0%	0	365	12.2	0
FY 12-13	129	83.2%	13	8.4%	13	8.4%	0	109	5.5	0
FY 13-14	101	85.6%	٨	۸	۸	٨	0	148	4.9	0
FY 14-15	105	77.2%	14	10.3%	17	12.5%	0	314	11.8	1

* 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.