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

Population-based county grouped data is presented in this report. County groups are organized into the following four groups based on county population: small-rural, small, medium, and large counties. The counties in each group are listed on page 3 of this report and also available in the Measures Catalog. 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 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-intime 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 Fiscal Years (FY) 11/12, 12/13, 13/14, and 14/15.

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. 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.
- 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, me dium, 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

- *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 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/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 relies solely on claims data from Short Doyle/Medi-Cal II. In the futurethis 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.

County Groupings

Counties are grouped by population, as follows:

Category:

Small Rural: Population is less than 50,000

Small: Population is 50,000-199,999 Medium: Population is 200,000-749,000 Large: Population is 750,000-3,999,999 Very Large: 4,000,000 or greater

Counties in each Category:

Small Rural: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Siskiyou, Trinity
Small: El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter, Tehama, Tuolumne, Yuba
Medium: Butte, Marin, Merced, Monterey, Placer, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Yolo Large: Alameda, Contra
Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura

Very Large: Los Angeles

Population information is provided for each county (on pages 13 and 14) of the Measures Catalog. http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Youth Foster Care in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	16,095		35,939	
FY 12-13	15,522	-3.6%	36,161	0.6%
FY 13-14	16,425	5.8%	38,384	6.1%
FY 14-15	17,450	6.2%	39,732	3.5%
Compound Annual Growth Rate SFY**		2.7%		3.4%

^{*}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	3,834	23.8%	6,094	37.9%	4,772	29.6%	1,395	8.7%
FY 12-13	3,657	23.6%	5,943	38.3%	4,470	28.8%	1,452	9.4%
FY 13-14	3,826	23.3%	6,300	38.4%	4,642	28.3%	1,657	10.1%
FY 14-15	4,079	23.4%	6,568	37.6%	4,839	27.7%	1,964	11.3%

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	3,488	21.7%	4,728	29.4%	7,160	44.5%	719	4.5%
FY 12-13	3,363	21.7%	4,641	29.9%	6,409	41.3%	1,109	7.1%
FY 13-14	3,755	22.9%	4,967	30.2%	6,326	38.5%	1,377	8.4%
FY 14-15	4,360	25.0%	5,257	30.1%	6,217	35.6%	1,616	9.3%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	7,685	47.7%	8,410	52.3%
FY 12-13	7,422	47.8%	8,100	52.2%
FY 13-14	7,851	47.8%	8,574	52.2%
FY 14-15	8,376	48.0%	9,074	52.0%

Penetration Rates* Report: Current Foster Care Youth With At Least One SMHS Visit** Large Population Counties as of August 3, 2016

		FY 11-12	2		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	16,095	35,939	44.8%	15,522	36,161	42.9%	16,425	38,384	42.8%	17,450	39,732	43.9%
Children 0-5	3,488	13,733	25.4%	3,363	13,846	24.3%	3,755	14,655	25.6%	4,360	15,088	28.9%
Children 6-11	4,728	8,291	57.0%	4,641	8,418	55.1%	4,967	8,949	55.5%	5,257	9,182	57.3%
Children 12-17	7,160	11,514	62.2%	6,409	10,702	59.9%	6,326	10,358	61.1%	6,217	10,021	62.0%
Youth 18-20	719	2,401	29.9%	1,109	3,195	34.7%	1,377	4,422	31.1%	1,616	5,441	29.7%
Black	3,834	7,299	52.5%	3,657	7,187	50.9%	3,826	7,704	49.7%	4,079	8,023	50.8%
Hispanic	6,094	13,928	43.8%	5,943	14,258	41.7%	6,300	15,157	41.6%	6,568	15,581	42.2%
White	4,772	9,829	48.6%	4,470	9,814	45.5%	4,642	10,287	45.1%	4,839	10,735	45.1%
Other	1,395	4,883	28.6%	1,452	4,902	29.6%	1,657	5,236	31.6%	1,964	5,393	36.4%
Female	7,685	17,169	44.8%	7,422	17,306	42.9%	7,851	18,273	43.0%	8,376	18,968	44.2%
Male	8,410	18,770	44.8%	8,100	18,855	43.0%	8,574	20,111	42.6%	9,074	20,764	43.7%

^{*}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: Current Foster Care Youth With Five or More SMHS Visits** Large Population Counties 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	11,874	35,939	33.0%	11,633	36,161	32.2%	12,136	38,384	31.6%	12,843	39,732	32.3%
Children 0-5	1,993	13,733	14.5%	1,976	13,846	14.3%	2,137	14,655	14.6%	2,517	15,088	16.7%
Children 6-11	3,530	8,291	42.6%	3,486	8,418	41.4%	3,718	8,949	41.5%	3,948	9,182	43.0%
Children 12-17	5,775	11,514	50.2%	5,244	10,702	49.0%	5,127	10,358	49.5%	5,071	10,021	50.6%
Youth 18-20	576	2,401	24.0%	927	3,195	29.0%	1,154	4,422	26.1%	1,307	5,441	24.0%
Black	3,044	7,299	41.7%	2,954	7,187	41.1%	3,022	7,704	39.2%	3,164	8,023	39.4%
Hispanic	4,260	13,928	30.6%	4,194	14,258	29.4%	4,366	15,157	28.8%	4,584	15,581	29.4%
White	3,513	9,829	35.7%	3,360	9,814	34.2%	3,496	10,287	34.0%	3,611	10,735	33.6%
Other	1,057	4,883	21.6%	1,125	4,902	22.9%	1,252	5,236	23.9%	1,484	5,393	27.5%
Female	5,630	17,169	32.8%	5,527	17,306	31.9%	5,788	18,273	31.7%	6,106	18,968	32.2%
Male	6,244	18,770	33.3%	6,106	18,855	32.4%	6,348	20,111	31.6%	6,737	20,764	32.4%

^{*}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.

**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 Foster Care Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year** Large County Populations 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)	Treatment	Psychiatric Health Facility (Days)
FY 11-12	\$ 7,698.32	0	0	880	2,122	5,150	343	256	16	537	333	4	7	11	15	34	29
FY 12-13	\$ 9,482.69	856	322	759	2,147	5,417	349	275	17	539	422	4	19	9	18	48	28
FY 13-14	\$ 8,776.59	2,241	975	657	1,901	4,833	343	254	20	523	451	4	7	10	13	51	20
FY 14-15	\$ 8,485.15	2,444	1,050	647	1,804	4,603	331	253	20	521	589	3	4	9	18	59	18
MEAN	\$ 8,610.69	1,847	782	736	1,993	5,001	342	260	18	530	449	4	9	10	16	48	24

Fiscal Year	SDMC Total Clients	IHBS Clients	ICC Clients	Case Management/ Brokerage Clients	Mental Health Services Clients	Rehavioral	Medication Support Services Clients	Crisis Intervention Clients	Crisis Stabilization Clients	Full Day Treatment Intensive Clients	Full Day Rehabilitation Clients	Hospital Inpatient Clients	Hospital Inpatient Admin Clients		Treatment	Adult Residential Treatment Services Clients	Psychiatric Health Facility Clients
FY 11-12	16,638	0	0	6,559	15,406	1,090	4,698	880	513	655	729	134	۸	758	۸	^	42
FY 12-13	16,122	76	69	6,477	14,884	1,082	4,565	931	586	355	864	139	٨	835	۸	^	47
FY 13-14	17,081	988	1,688	6,784	15,837	1,055	4,534	910	680	308	719	139	۸	847	15	^	45
FY 14-15	18,201	1,870	3,156	7,026	17,017	1,097	4,433	826	721	100	466	113	۸	807	17	^	54

^{*}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 Current Foster Care Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Large Population Counties 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	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and		Total %
FY 12-13	3,581	23.1%	1,393	9.0%	1,388	8.9%	3,068	19.8%	5,500	35.4%	600	3.9%	392	100%
FY 13-14	4,055	24.7%	1,335	8.1%	1,389	8.5%	3,027	18.4%	5,992	36.5%	627	3.8%	527	100%
FY 14-15	4,208	24.1%	1,222	7.0%	1,437	8.2%	3,488	20.0%	6,425	36.8%	659	3.8%	498	100%

Time to Step Down Report: Current Foster Care Youth Stepping Down in SMHS Services Post Inpatient Discharge Large County Populations 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	days of Discharge	Discharges with Step Down	a Step Down > 30 Days from Discharge or No		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	855	71.6%	161	13.5%	178	14.9%	0	365	20.0	1
FY 12-13	907	77.1%	110	9.4%	159	13.5%	0	365	15.9	1
FY 13-14	978	80.4%	127	10.4%	111	9.1%	0	365	10.3	0
FY 14-15	864	75.8%	122	10.7%	154	13.5%	0	365	11.5	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.