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 pointin-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 stepdown 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: 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, 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 "A".

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 penetrationrates 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	7,647		166,986	
FY 12-13	7,687	0.5%	184,059	10.2%
FY 13-14	7,985	3.9%	200,289	8.8%
FY 14-15	8,006	0.3%	213,291	6.5%
Compound Annual Growth Rate SFY**		1.5%		8.5%

*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	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	31	0.4%	50	0.7%	863	11.3%	3,826	50.0%	2,477	32.4%	۸	۸	۸	^
FY 12-13	29	0.4%	37	0.5%	802	10.4%	3,990	51.9%	2,360	30.7%	۸	٨	٨	^
FY 13-14	25	0.3%	54	0.7%	783	9.8%	4,236	53.0%	2,354	29.5%	17	0.2%	516	6.5%
FY 14-15	21	0.3%	62	0.8%	760	9.5%	4,408	55.1%	2,218	27.7%	^	٨	٨	۸

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. ^ Data has been suppressed to protect patient privacy.

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	1,041	13.6%	2,924	38.2%	3,031	39.6%	651	8.5%
FY 12-13	953	12.4%	2,872	37.4%	3,111	40.5%	751	9.8%
FY 13-14	898	11.2%	3,014	37.7%	3,281	41.1%	792	9.9%
FY 14-15	733	9.2%	2,964	37.0%	3,425	42.8%	884	11.0%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	3,188	41.7%	4,459	58.3%
FY 12-13	3,219	41.9%	4,468	58.1%
FY 13-14	3,433	43.0%	4,552	57.0%
FY 14-15	3,553	44.4%	4,453	55.6%

Penetration Rates* Report: Children and Youth 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 1	Certified Eligible	Penetration	Children and Youth with 1	Certified Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	
	or more SMHS	_	Rate	or more	Children and	Rate	more SMHS	Children and	Rate	more SMHS	Children and	Rate	
	Visits	Youth		SMHS Visits	Youth		Visits	Youth		Visits	Youth		
All	7,647	166,986	4.6%	7,687	184,059	4.2%	7,985	200,289	4.0%	8,006	213,291	3.8%	
Children 0-5	1,041	63,893	1.6%	953	65,589	1.5%	898	66,591	1.3%	733	67,492	1.1%	
Children 6-11	2,924	45,659	6.4%	2,872	53,343	5.4%	3,014	58,862	5.1%	2,964	62,458	4.7%	
Children 12-17	3,031	37,849	8.0%	3,111	43,671	7.1%	3,281	48,953	6.7%	3,425	51,903	6.6%	
Youth 18-20	651	19,585	3.3%	751	21,456	3.5%	792	25,883	3.1%	884	31,438	2.8%	
Alaskan Native or American Indian	31	416	7.5%	29	414	7.0%	25	405	6.2%	21	408	5.1%	
Asian or Pacific Islander	50	3,269	1.5%	37	4,079	0.9%	54	5,121	1.1%	62	5,744	1.1%	
Black	863	13,446	6.4%	802	13,548	5.9%	783	13,853	5.7%	760	14,268	5.3%	
Hispanic	3,826	107,638	3.6%	3,990	120,585	3.3%	4,236	130,716	3.2%	4,408	137,701	3.2%	
White	2,477	31,863	7.8%	2,360	33,077	7.1%	2,354	35,410	6.6%	2,218	37,661	5.9%	
Other	^	428	۸	^	516	^	17	623	2.7%	^	516	۸	
Unknown	۸	9,926	۸	۸	11,840	۸	516	14,161	3.6%	۸	16,993	۸	
Female	3,188	83,875	3.8%	3,219	92,479	3.5%	3,433	100,113	3.4%	3,553	106,394	3.3%	
Male	4,459	83,111	5.4%	4,468	91,580	4.9%	4,552	100,176	4.5%	4,453	106,897	4.2%	

*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 system. **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** Kern 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	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate
All	Visits 4,612	Youth 166,986	2.8%	Visits 4,748	Youth 184,059	2.6%	Visits 5,038	Youth 200,289	2.5%	Visits 5,615	Youth 213,291	2.6%
Children 0-5	391	63,893	0.6%	386	65,589	0.6%	381	66,591	0.6%	428	67,492	0.6%
Children 6-11	1,931	45,659	4.2%	1,946	53,343	3.6%	1,985	58,862	3.4%	2,203	62,458	3.5%
Children 12-17	1,968	37,849	5.2%	2,040	43,671	4.7%	2,233	48,953	4.6%	2,482	51,903	4.8%
Youth 18-20	322	19,585	1.6%	376	21,456	1.8%	439	25,883	1.7%	502	31,438	1.6%
Alaskan Native or American Indian	17	416	4.1%	19	414	4.6%	18	405	4.4%	15	408	3.7%
Asian or Pacific Islander	25	3,269	0.8%	18	4,079	0.4%	28	5,121	0.5%	40	5,744	0.7%
Black	508	13,446	3.8%	488	13,548	3.6%	452	13,853	3.3%	496	14,268	3.5%
Hispanic	2,215	107,638	2.1%	2,382	120,585	2.0%	2,637	130,716	2.0%	3,087	137,701	2.2%
White	1,592	31,863	5.0%	1,527	33,077	4.6%	1,532	35,410	4.3%	1,606	37,661	4.3%
Other	^	428	۸	٨	516	^	^	623	^	٨	516	۸
Unknown	^	9,926	۸	٨	11,840	^	^	14,161	^	٨	16,993	۸
Female	1,878	83,875	2.2%	1,960	92,479	2.1%	2,107	100,113	2.1%	2,435	106,394	2.3%
Male	2,734	83,111	3.3%	2,788	91,580	3.0%	2,931	100,176	2.9%	3,180	106,897	3.0%

*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. **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* Kern 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			
FY 11-12	\$ 3,259.30	0	0	163	914	1,277	217	185	11	605	0	6	0	7	12	132	10
FY 12-13	\$ 3,565.61	0	0	200	930	1,643	206	183	11	458	663	6	20	5	25	103	8
FY 13-14	\$ 3,481.80	438	226	187	888	1,369	207	196	10	731	643	11	0	5	12	257	10
FY 14-15	\$ 5,096.14	371	235	157	1,042	1,024	217	196	9	537	718	9	11	4	17	286	9
MEAN	\$ 3,850.71	405	231	177	943	1,328	212	190	10	582	675	8	15	5	17	194	9

*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 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) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and	Total Count	Total %
FY 12-13	1,774	23.1%	519	6.8%	562	7.3%	1,340	17.4%	3,285	42.8%	204	2.7%	7,684	100%
FY 13-14	1,701	21.3%	534	6.7%	553	6.9%	1,546	19.4%	3,415	42.8%	238	3.0%	7,987	100%
FY 14-15	1,762	22.0%	548	6.8%	546	6.8%	1,476	18.4%	3,429	42.8%	246	3.1%	8,007	100%

Time to Step Down Report: Children and Youth 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	Sten Down within	Step Down Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30	Inpatient Discharges with a	Discharges with	•	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	250	70.4%	44	12.4%	36	10.1%	25	7.0%	0	365	20.9	2
FY 12-13	448	67.9%	89	13.5%	82	12.4%	41	6.2%	0	365	23.5	2
FY 13-14	581	70.3%	100	12.1%	98	11.9%	48	5.8%	0	365	22.5	2
FY 14-15	532	64.6%	123	14.9%	105	12.8%	63	7.7%	0	365	22.8	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.