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 Child Welfare in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	2,080		6,417	
FY 12-13	2,077	-0.1%	6,612	3.0%
FY 13-14	2,325	11.9%	6,900	4.4%
FY 14-15	2,602	11.9%	7,294	5.7%
Compound Annual Growth Rate SFY**		7.7%		4.4%

^{*}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	93	4.5%	489	23.5%	1,296	62.3%	202	9.7%
FY 12-13	106	5.1%	491	23.6%	1,291	62.2%	189	9.1%
FY 13-14	119	5.1%	597	25.7%	1,373	59.1%	236	10.2%
FY 14-15	145	5.6%	827	31.8%	1,362	52.3%	268	10.3%

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	352	16.9%	756	36.3%	888	42.7%	84	4.0%
FY 12-13	351	16.9%	785	37.8%	811	39.0%	130	6.3%
FY 13-14	369	15.9%	924	39.7%	866	37.2%	166	7.1%
FY 14-15	476	18.3%	1,062	40.8%	880	33.8%	184	7.1%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	985	47.4%	1,095	52.6%
FY 12-13	1,001	48.2%	1,076	51.8%
FY 13-14	1,111	47.8%	1,214	52.2%
FY 14-15	1,252	48.1%	1,350	51.9%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case With At Least One SMHS Visit** Small County Populations 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	Youth with an Open	Penetration Rate		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	2,080	6,417	32.4%	2,077	6,612	31.4%	2,325	6,900	33.7%	2,602	7,294	35.7%
Children 0-5	352	2,698	13.0%	351	2,737	12.8%	369	2,799	13.2%	476	2,930	16.2%
Children 6-11	756	1,710	44.2%	785	1,827	43.0%	924	1,952	47.3%	1,062	2,056	51.7%
Children 12-17	888	1,688	52.6%	811	1,647	49.2%	866	1,635	53.0%	880	1,694	51.9%
Youth 18-20	84	321	26.2%	130	401	32.4%	166	514	32.3%	184	614	30.0%
Black	93	322	28.9%	106	291	36.4%	119	305	39.0%	145	313	46.3%
Hispanic	489	1,814	27.0%	491	1,972	24.9%	597	2,170	27.5%	827	2,397	34.5%
White	1,296	3,521	36.8%	1,291	3,522	36.7%	1,373	3,510	39.1%	1,362	3,499	38.9%
Other	202	760	26.6%	189	827	22.9%	236	915	25.8%	268	1,085	24.7%
Female	985	3,067	32.1%	1,001	3,170	31.6%	1,111	3,319	33.5%	1,252	3,554	35.2%
Male	1,095	3,350	32.7%	1,076	3,442	31.3%	1,214	3,581	33.9%	1,350	3,740	36.1%

^{*}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 the Medi-Cal Managed Care system.

^{**}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** Small County Populations 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	1,632	6,417	25.4%	1,577	6,612	23.9%	1,750	6,900	25.4%	1,867	7,294	25.6%
Children 0-5	241	2,698	8.9%	213	2,737	7.8%	227	2,799	8.1%	234	2,930	8.0%
Children 6-11	588	1,710	34.4%	618	1,827	33.8%	709	1,952	36.3%	780	2,056	37.9%
Children 12-17	739	1,688	43.8%	647	1,647	39.3%	697	1,635	42.6%	709	1,694	41.9%
Youth 18-20	64	321	19.9%	99	401	24.7%	117	514	22.8%	144	614	23.5%
Black	79	322	24.5%	80	291	27.5%	93	305	30.5%	103	313	32.9%
Hispanic	367	1,814	20.2%	349	1,972	17.7%	432	2,170	19.9%	504	2,397	21.0%
White	1,044	3,521	29.7%	1,007	3,522	28.6%	1,059	3,510	30.2%	1,052	3,499	30.1%
Other	142	760	18.7%	141	827	17.0%	166	915	18.1%	208	1,085	19.2%
Female	746	3,067	24.3%	727	3,170	22.9%	820	3,319	24.7%	890	3,554	25.0%
Male	886	3,350	26.4%	850	3,442	24.7%	930	3,581	26.0%	977	3,740	26.1%

^{*}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.

^{**}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 Small Population Counties 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	Treatment	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	\$ 6,542.93	0	0	791	1,861	7,004	364	216	20	613	558	0	0	12	16	0	28
FY 12-13	\$ 6,687.59	0	0	694	2,020	6,103	368	229	18	640	598	6	6	20	0	0	17
FY 13-14	\$ 6,436.33	963	1,052	558	1,632	5,612	360	268	24	680	428	6	0	4	0	90	33
FY 14-15	\$ 6,088.29	1,772	924	462	1,463	5,580	281	295	16	599	662	11	0	13	5	0	31
MEAN	\$ 6,438.79	1,368	988	626	1,744	6,075	343	252	20	633	561	7	6	12	10	90	27

Fiscal Year	SDMC Total Clients	IHBS Clients	ICC Clients	Case Management/ Brokerage Clients	Mental Health Services Clients		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	Fee for Service		Adult Residential Treatment Services Clients	
FY 11-12	2133	0	0	1226	1974	60	593	169	29	45	12	0	0	۸	۸	0	۸
FY 12-13	2140	0	0	1202	1957	80	584	177	34	27	14	۸	۸	۸	0	0	۸
FY 13-14	2436	125	238	1283	2222	124	573	211	27	24	۸	۸	0	۸	0	۸	۸
FY 14-15	2651	270	433	1368	2445	106	629	215	29	12	۸	۸	0	۸	۸	0	۸

^{*}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 with and Open Child Welfare Case Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Small-Rural 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	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	156	28.8%	17	3.1%	46	8.5%	144	26.6%	165	30.5%	13	2.4%	541	100%
FY 13-14	210	32.6%	25	3.9%	57	8.8%	109	16.9%	220	34.1%	24	3.7%	645	100%
FY 14-15	133	20.4%	28	4.3%	55	8.4%	172	26.4%	235	36.1%	28	4.3%	651	100%