



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

April 16, 2018

Assembly Appropriations Committee
Assembly Budget Committee
Assembly Health Committee
Senate Appropriations Committee
Senate Budget and Fiscal Review Committee
Senate Health Committee

Dear Senators and Assembly Members:

Welfare and Institutions Code (WIC) section 14707.5 requires the Department of Health Care Services (DHCS) to provide an update regarding the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Performance Outcomes System. It requires DHCS to develop a performance outcomes system for EPSDT specialty mental health services (SMHS)¹ to improve outcomes at the individual, program and system levels, and to inform fiscal decision-making related to the purchase of services. It also requires DHCS to produce a:

- Performance Outcomes System Plan;
http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/SMHS_Perf_Outcomes_System-Plan11-01-13.pdf
- System Implementation Plan;
http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/SMHSPerf_Outcomes_System-Jan2014.pdf
- System Plan Update; and
http://www.dhcs.ca.gov/individuals/Documents/POS_LegReport_05_15.pdf
- System Implementation Plan Update to be submitted to the Legislature, pursuant to subdivisions (c), (d), and (e).² This letter serves to meet the legislative reporting requirement pursuant to (e)(2) for the System Implementation Plan Update.

¹ In this System Plan, the phrase “Medi-Cal specialty mental health services for children and youth” is used instead of EPSDT, as EPSDT is a benefit that extends beyond mental health services.

² The complete language of the Performance Outcomes System Legislation is included in Enclosure A.

Since the submission of the original System Implementation Plan, DHCS commissioned the University of California, Los Angeles (UCLA), to conduct a comprehensive review of assessment tools to measure child/youth functioning. As a result of the findings and recommendations from UCLA's final report (http://www.dhcs.ca.gov/services/MH/Documents/FMORB/CA_Child_Mental_Health_Performance_Outcomes_System.pdf) and input from stakeholders and Mental Health Plans (MHPs), DHCS issued Information Notice (IN)17-052 (<http://www.dhcs.ca.gov/formsandpubs/Pages/2017-MHSUDS-Information-Notices.aspx>). This IN outlines the selection and implementation of the Pediatric Symptom Checklist (PSC-35), which is completed by a parent/caregiver, and the Child and Adolescents Needs and Strengths (CANS), which is completed through a collaborative assessment process that includes the clinician, youth, caregivers, and other individuals identified by the youth and family. Information Notice 17-052 provides details on how the functional assessment tools were selected, the training needed to administer the tools, funding, implementation dates, and planned uses for the outcomes data. Implementation of the PSC-35 and CANS will be phased in, beginning on July 1, 2018, with 33 counties. Twenty-five additional counties will begin implementation starting October 1, 2018, and Los Angeles County will begin on January 1, 2019. The total number of counties/cities will amount to 59; Berkeley City, Sierra, and Tri-City are reported in the total.

The 2017-18 Budget Act includes \$14,952,000 for Fiscal Year 2017-18, to support the implementation of the PSC-35 and CANS for both the state and MHPs. However, this figure is subject to changes based on edits to the implementation methodology (e.g., changing the implementation start date from January 1, 2018, as was originally planned, to a phased-in implementation, which will begin on July 1, 2018). DHCS will use a portion of the funding to build a data system to capture PSC-35 and CANS data submitted by MHPs. The MHPs are expected to collect and report to DHCS the data obtained from these tools. It is anticipated this will require increasing staff resources or enhancing current staffing levels. It will also likely require modifications to existing data systems. Additionally, DHCS will reimburse MHPs for the following costs associated with the implementation of the PSC-35 and the CANS: costs for CANS trainings for clinicians; time clinicians spend in training for CANS; time clinicians spend completing the CANS; costs for information technology upgrades to capture PSC-35 and CANS data into a data system; and time spent preparing and submitting PSC-35 and CANS data to DHCS.

Annual EPSDT Performance Outcomes System Reports

In addition to selecting functional assessment tools, DHCS has continued to produce the annual Performance Outcomes System Data Reports, which were initially released in February 2015, and have evolved and expanded over time. The reports reflect all

children/youth who are served under EPSDT, broken out by three levels: statewide, population-based, and county-specific. They include data on child/youth demographics (e.g., race, age, gender), penetration rates, engagement rates, SMHS utilization, and time from inpatient discharge to receipt of next outpatient services. In September 2016, DHCS expanded this reporting by using matched data between DHCS and the California Department of Social Services in order to examine these data for two SMHS sub-populations: children and youth who have open child welfare cases and the subset of these youth who are in foster care.³ DHCS also began producing statewide reports using data captured from the bi-annual DHCS Consumer Perception Survey, which captures data on the following domains: General Satisfaction, Access, Cultural Sensitivity, Participation in Treatment Planning, Service Outcomes, Functioning, and Social Connectedness. Finally, DHCS produced the EPSDT Psychosocial Services report, which was developed to meet the requirement of WIC section 14707.5(e) to report on Managed Care and Mental Health Plans screenings and referrals. DHCS will continue working to expand reporting as more data becomes available, including data that will be captured by counties from the PSC-35 and CANS tools. All DHCS EPSDT Performance Outcomes System reports are located on the DHCS website:

<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>

Data-Driven Quality Improvement

DHCS is taking two approaches to address quality improvement. The first approach is to improve the quality of the data that counties submit to DHCS. In December 2016, DHCS entered into a contract with the Mental Health Data Alliance to identify and develop a plan to address the data quality issues associated with the DHCS Client and Services Information System and the Mental Health Services Act Data Collection and Reporting System. Data quality issues may include instances when there are significant decreases in the number of clients served at a point in time, which is an indication of missing data. Another example is when the same data file is continuously uploaded. Once most of these issues are addressed, DHCS will again expand data reporting using the data captured in these systems. The second approach to quality improvement pertains to identifying and developing a plan to address deficiencies related to SMHS processes and outcomes. In the coming year, DHCS will seek to leverage and learn from existing service-related quality improvement strategies, such as those employed at the national level (e.g., Healthcare Effectiveness Data and Information Set measures), within DHCS' Health Care Delivery Systems (e.g., Managed Care Plans), and further examine the strategies UCLA provided in their final report submitted to DHCS.

³ County-specific reports were produced down to the lowest level possible that could be reported without the risk of comprising data privacy protocols.

Stakeholder Involvement

DHCS continues to work with county partners and stakeholders, which include subject matter experts, to develop the EPSDT Performance Outcomes System. To maximize efficiency, DHCS collapsed the Subject Matter Experts Workgroup and Measures Task Force into an Expert Task Force, which meets monthly to review work products, discuss reporting and quality improvement methodologies, etc. DHCS is grateful for the time participants spend each month engaging in relevant discussions and providing helpful input/feedback.

If you have any questions regarding the EPSDT Performance Outcomes System, please contact the DHCS Mental Health Services Division, Performance Outcomes System Unit at cmhpos@dhcs.ca.gov.

Sincerely,

Original signed by:

Jennifer Kent
Director

Enclosure

cc: Office of Legislative Counsel

ENCLOSURE A

Performance Outcomes System Statute

Welfare and Institutions [W&I] Code, Section 14707.5, added by Senate Bill [SB] 1009, Committee on Budget and Fiscal Review, Chapter 34, Statutes of 2012, amended by Assembly Bill [AB] 82, Committee on Budget, Chapter 23, Statutes of 2013.

W&I Code, Section 14707.5.

(a) It is the intent of the Legislature to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual and system levels and will inform fiscal decision making related to the purchase of services.

(b) The State Department of Health Care Services, in collaboration with the California Health and Human Services Agency, and in consultation with the Mental Health Services Oversight and Accountability Commission, shall create a plan for a performance outcome system for EPSDT mental health services provided to eligible Medi-Cal beneficiaries under the age of 21 pursuant to 42 U.S.C. Section 1396d(a)(4)(B).

(1) Commencing no later than September 1, 2012, the department shall convene a stakeholder advisory committee comprised of representatives of child and youth clients, family members, providers, counties, and the Legislature. This consultation shall inform the creation of a plan for a performance outcome system for EPSDT mental health services.

(2) In developing a plan for a performance outcomes system for EPSDT mental health services, the department shall consider the following objectives, among others:

(A) High quality and accessible EPSDT mental health services for eligible children and youth, consistent with federal law.

(B) Information that improves practice at the individual, program, and system levels.

(C) Minimization of costs by building upon existing resources to the fullest extent possible.

(D) Reliable data that are collected and analyzed in a timely fashion.

(3) At a minimum, the plan for a performance outcome system for EPSDT mental health services shall consider evidence-based models for performance outcome systems, such as the Child and Adolescent Needs and Strengths (CANS), federal requirements, including the review by the External Quality Review Organization (EQRO), and, timelines for implementation at the provider, county, and state levels.

(c) The State Department of Health Care Services shall provide the performance outcomes system plan, including milestones and timelines, for EPSDT mental health services described in subdivision (a) to all fiscal committees and appropriate policy committees of the Legislature no later than October 1, 2013.

(d) The State Department of Health Care Services shall propose how to implement the performance outcomes system plan for EPSDT mental health services described in subdivision (a) no later than January 10, 2014.

(e) Commencing no later than February 1, 2014, the department shall convene a stakeholder advisory committee comprised of advocates for and representatives of, child and youth

clients, family members, managed care health plans, providers, counties, and the Legislature. The committee shall develop methods to routinely measure, assess, and communicate program information regarding informing,

identifying, screening, assessing, referring, and linking Medi-Cal eligible beneficiaries to mental health services and supports. The committee shall also review health plan screenings for mental health illness, health plan referrals to Medi-Cal fee-for-service providers, and health plan referrals to county mental health plans, among others. The committee shall make recommendations to the department regarding performance and outcome measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries.

(1) The department shall incorporate into the performance outcomes system established pursuant to this section the screenings and referrals described in this subdivision, including milestones and timelines, and shall provide an updated performance outcomes system plan to all fiscal committees and the appropriate policy committees of the Legislature no later than October 1, 2014.

(2) The department shall propose how to implement the updated performance systems outcome plan described in paragraph (1) no later than January 10, 2015.