



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Performance and Outcomes System (POS) for Medi-Cal Specialty Mental Health Services for Children and Youth

Summary of Research Conducted by the Department of Health Care Services (DHCS)

DHCS has conducted the following research regarding the development of the POS system for Medi-Cal specialty mental health services for children and youth. The purpose of this research is to determine state and national efforts and activities related to mental health performance and outcomes measures. This research also includes a review of federal and state laws and regulations related to the development of a POS system.

Research of National Efforts and Activities

A. DHCS conducted a survey of other states' activities. The survey was conducted by the National Association for Medicaid Directors on behalf of DHCS. The results of this survey are as follows:

- The following 19 states responded to the survey: AK, AZ, AR, FL, ID, IL, IA, KY, MD, MA, MI, NJ, OK, PA, TN, TX, VA, VT, and WV.
- Of these 19 states, only IL and OK reported that they do not have a POS for children.
 - OK is the only state to not have a POS for both children and adults.
- Most states require community mental health providers and health plans to report performance data.
 - AZ and OK are the only two states surveyed that do not require any reporting on performance data.
- Most states, 11 of 19, reported that they collect POS data for children's services at least annually.
 - 7 of 19 (36.84%) indicated quarterly reporting.
 - 4 of 19 (21.05%) require monthly reporting.
- This survey served as a starting point for DHCS to look into other states (such as New York and Maryland) further.

B. DHCS conducted an analysis of the state of New York's Kid's Indicators system. The results of this analysis are as follows:

- The state of New York began the development of a "[Kid's Indicators](#)" Dashboard in 2002.
 - This system was developed over a period of eight years and it consisted of two phases.
 - The following four tools are used to analyze data for children, teens and families.
 - Children and Adult Integrated Reporting System ([CAIRS](#))
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- Child and Adolescent Needs and Strengths – Mental Health ([CANS](#))
- The OMH Youth Assessment of CARE Survey ([YACS](#)) and
- Family Assessment of Care Survey ([FACS](#))
 - The surveys are held annually and distributed by mental health providers between the months of March and April to youth and their families.
 - Surveys are completed anonymously.
- All of the results are sent to the New York Office of Mental Health for processing and uploading to the state's portal.

C. DHCS conducted an analysis of the state of Maryland's Outcomes Measurement System (OMS). The results of this analysis are as follows:

- The [OMS](#) was developed on behalf of Maryland's Department of Health and Mental Hygiene (DHMH) and the Mental Hygiene Administration (MHA) by the External Quality Review Organization (ValueOptions) and was implemented statewide in September, 2006.
- The system is designed to track how individuals receiving outpatient mental health services are doing in the following life domain categories:
 - Housing
 - School/employment
 - Psychiatric symptoms
 - Functioning
 - Substance abuse
 - Legal system involvement
 - General health
- The measures are captured using an online questionnaire conducted every six months for either the child or the caregiver.
- The results are recorded in the OMS database.
 - The OMS information, which is gathered directly through interviews between the clinician and consumer, is collected at the beginning of treatment and approximately every 6 months while receiving treatment.

Research of State Efforts and Activities

D. DHCS conducted a survey to obtain stakeholders' feedback regarding the POS system. The results of the survey are as follows:

- Five questions were sent to stakeholders and posted on the DHCS website.
- Five responses were received from the following:
 - Counties
 - Providers
 - Local Organizations
- The responses fell into the following categories:
 - All perceived a problem in the quality of Medi-Cal specialty mental health services provided to children and youth. Stakeholders identified the following:

- Lack of quality services, particularly out-of-office/in-home services.
- Under-utilization of evidence-based practices.
- Lack of assessing quality of services due to lack of appropriate data.
- Respondents would like to see a standardized data collection system.
- Identified outcome measures based on evidence-based tools and treatment approaches.
- Need for collection of statewide performance and outcomes data for children/youth.
- Outcomes need to be tied to the child's/youth's diagnoses and treatment (i.e., reduction of symptoms).
- Data system needs to entail easy input and output and should allow for feedback.
- Integrate the POS system to other statewide data collection efforts.

E. DHCS conducted a survey of Mental Health Plans (MHPs). The results of the survey are as follows:

- 41 of 56 MHPs responded.
- MHPs are utilizing the following system(s):
 - 20% utilize the Child and Adolescent Level of Care Utilization System (CALOCUS)
 - 37% utilize the CANS
 - 37% utilize other systems including, but not limited to: the Child and Adolescent Functional Assessment Scale (CAFAS), the Child Behavior Checklist (CBCL) and the Ohio Scale

Research of Federal and State Laws and Regulations

F. DHCS conducted a review of federal laws and regulations related to the development of the POS system. The following is a summary of DHCS' and MHPs responsibilities regarding activities related to performance, outcomes and quality assurance activities.

- Pursuant to federal Medicaid requirements for managed care programs (Title 42, Code of Federal Regulations, Part 438, §§438.200 through 438.242), DHCS is required to implement quality assessment and performance improvement strategies to ensure the delivery of quality health care by MHPs.
- DHCS is required to:
 - Ensure that MHPs adopt practice guidelines which need to be based on valid and reliable clinical evidence; consider the needs of the beneficiaries; are adopted in consultation with health care professionals; and are reviewed and updated periodically.
 - Ensure that MHPs have an ongoing quality assessment and performance improvement program. At a minimum, DHCS is required to ensure that MHPs:

1. Conduct a performance improvement project (PIP) designed to achieve significant improvement in clinical and nonclinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. PIPs must involve the following:
 - a. Measurement of performance using objective quality indicators.
 - b. Implementation of system interventions to achieve improvement in quality.
 - c. Evaluation of the effectiveness of the interventions.
 - d. Planning and initiation of activities for increasing or sustaining improvement.
 2. Submit performance measurement data. Annually, each MHP must:
 - a. Measure and report to DHCS its performance using standard measures required by DHCS that incorporate the requirements of §§ 438.204(c) and 438.240(a)(2);
 - b. Submit to DHCS data, as specified by DHCS, that enables DHCS to measure to MHP's performance; or
 - c. Perform a combination of the activities described in a and b.
 3. Have in effect mechanism to detect both underutilization and overutilization of services.
 4. Have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees.
- Ensure that MHPs maintain a health information system that collects, analyzes, integrates, and reports data and can achieve these requirements.

G. DHCS conducted a review of state laws and regulations related to the development of the POS system. Based on this review, the following represent areas that may be considered in the development of the POS system:

- Level of placement
- Education
- Juvenile justice
- Client demographics
- Individual and family functional status
- Service provisions
- Consumer satisfaction