PERFORMANCE OUTCOMES SYSTEM MEASURES CATALOG

Methodology and Measures Definitions

Department of Health Care Services

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Revision History

Version	Author	Date	Changes, Comments
1.0-	Dr. Dionne Maxwell	02/17/2015	Initial version posted to the DHCS website

Performance Outcomes System Measures Catalog

Background

The intent of the Legislature, as stated in Section 248, Section 14707.5, is 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 will also develop a plan for a performance outcomes system for Medi-Cal Specialty Mental Health Services (SMHS) for children and youth in accordance with the requirements of Senate Bill 1009 (Chapter 34, Statutes of 2012).

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, develop the Performance Measurement Paradigm, and develop indicators and measures. The seven domains of the paradigm selected for evaluation reflect the domains established at the national level by SAMHSA. The Performance Outcomes System will be used to evaluate access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Domains may cross more than one level, thus a domain could provide information about the provider, system and public/community levels.

Three reports will be provided to each county: statewide aggregate data; regional data; and county-specific data. Regional data are organized by county size: small-rural, small, medium, and large counties, and Los Angeles. The reports will be updated every six months and new reports will be added over the next year.

Purpose of Reports

These are the initial reports created for the Performance Outcomes system and they establish a foundation for on-going reporting. The first reports focus on the demographics of the children and youth under 21 who are receiving Specialty Mental Health Services, based on approved claims for Medi-Cal eligible benficiaries.

The reports include data on the demographics of this population by age, gender, race/ethnicity. Penetration information is provided for children/youth served and not served. The importance of including demographic information is to help understand the population of children/youth receiving SMHS. Utilization of services reports are shown in terms of dollars, as well as by service in time increments. This information helps identify which services are being utilized most over time and those that are not. Building on this picture of the population, the snapshot data provide a view of children/youth in the system as of a certain point in time and identifies at a glance what they are doing in terms of mental health service utilization. Additional data is provided on penetration rates broken out by demographic characteristics to show a different view of how children/youth are touching the mental health system. Finally, in the first round of reporting, data on step-down services (i.e., time to next contact after an inpatient discharge) is made available to begin exploring issues of timeliness.

As possible, the reports provide trend information whenever displaying information for fiscal years 10/11, 11/12, 12/13, and 13/14. There is a claims reporting and processing lag of up to 12 months, therefore the numbers for 13/14 are not yet 100% complete. Comparison of data submissions from

previous years allow an estimation that data submissions for FY 13/14 are approximately 95% complete as of January 1, 2015.

Purpose of Measures Catalog

This document provides the methodology and definitions for measures that make up the initial reports. Each measure is defined, the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog will be a living document that continues to be developed with each iteration of reporting and the new measures that are added with each cycle. As new measures are developed and refined, old measures may be removed from the reports themselves, but will be maintained within the Catalog for documentation purposes.

Performance Outcomes System Measures General Methodological Notes

Data Sources

Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY10/11, FY11/12, FY12/13, and FY13/14. Data from SD/MC II is limited for POS use back to January 1, 2010, as that is the date counties were required to start submitting claims via SD/MC II. SD/MC II implementation started earlier, 12/31/2009, but counties were allowed to continue submitting SDI claims up till this date. Thus, data submitted prior to January 1, 2010, may not be comparable to data submitted after that date so the POS will only report using SD/MC II data starting in FY10/11.

Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY10/11, FY11/12, FY12/13, and FY13/14.

Population

Beneficiaries with approved services adjudicated through the SD/MC 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*.

** This is a Substance Abuse and Mental Health Services Administration (SAMHSA) guideline that allows us to capture beneficiaries that were 20 years of age for at least the first 6 months of Fiscal Year 2013-2014.*

Notes

- Age is calculated by dividing the number of days between beneficiary's date of birth and SD/MC II claim date of service by 365.25

- A beneficiary's demographic information is taken from the most recently billed SD/MC II claim. This allows for a unique beneficiary count for the entire year across all demographic domains assumes that the most recently billed claim has the most updated MEDS information.

- Unduplicated Count of Children Receiving SMHS is those beneficiaries from the Population that have been claimed through SD/MC II for Specialty Mental Health Services.

• **SMHS Service Description** logic for each of the reported 14 services is based on the approved SD/MC II claim elements identified below. Please see the **Procedure Code Crosswalk** (http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/ProcedureCodeCrosswalk_May_30_2013.pdf) for more information on SD/MC II procedure codes:

- **Intensive Home-Based Services (IHBS):** Approved claims with HCPCS Code **H2015** and modifier **HK**.
- **Intensive Care Coordination (ICC):** Approved claims with HCPCS Code **T1017** and modifier **HK**.
- **Hospital Inpatient:** Approved claims with revenue code **0100**.
- **Hospital Inpatient Admin:** Approved claims with revenue code **0101**.
- **Crisis Residential Treatment Services**: Approved claims with HCPCS Code **H0018**.
- **Adult Residential Treatment Services**: Approved claims with HCPCS Code **H0019**.
- **Crisis Stabilization**: Approved claims with HCPCS Code **S9484**.
- **Day Treatment Intensive**: Approved claims with HCPCS Code **H2012** and Modifier **TG**.
- **Day Treatment Intensive**: Approved claims with HCPCS Code **H2012** and Modifier is not **TG.**
- **Case Management/Brokerage**: Approved claims with HCPCS Code **T1017** and Modifier is not **HK**.
- **Mental Health Services**: Approved claims with any one of the HCPCS Codes **H2015**, **H0032**, **H2017**, or **H2019** and Modifier is not **HK**.
- **Medication Support Services**: Approved claims with any one of the HCPCS Codes **H2010**, **H0034**, or **G8437**.
- **Crisis Intervention**: Approved claims with HCPCS Code **H2011**.
- **Psychiatric Health Facility**: Approved claims with HCPCS Code **H2013**.

Katie A.

The following two types of services are Katie A. specific**: **Intensive Home-Based Services** (**IHBS**): Approved claims with HCPCS Code **H2015** and modifier **HK**. And, **Intensive Care Coordination** (**ICC**): Approved claims with HCPCS Code **T1017** and modifier **HK**.

**Data is not available for these items until after March 15, 2013, when MHPs and child welfare agencies were tasked with responsibility of jointly completing a Readiness Assessment Tool and developing a Service Delivery Plan. See MHSD Information Notice NO.: 13-03 at http://www.dhcs.ca.gov/formsandpubs/Documents/13-03.pdf

Note: all other services listed under SMHS Service Description above may include Katie A. subclass members but are not specific to this group.

For more information regarding the Katie A. subclass go to: http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx .

Mid-Level Reports

Produced in Accordance with EQRO guidelines for population-based groupings using the following criteria:

Category:	Population Size*:
Small Rural	< 50,000
Small	50,000-199,999
Medium	200,000-749,000
Large	750,000-3,999,999
Very Large	>= 4,000,000

*Based on CA DOF E-1: State/County Population Estimates_2014 (http://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2013/PPL%2013-009%20-%20LGA%20CMAA%20CWA%20FY12-13.pdf)

Small Rural	< 50,000
Alpine	1,079
Amador	36,151
Calaveras	44,650
Colusa	21,660
Del Norte	28,131
Glenn	28,353
Inyo	18,590
Lassen	32,581
Mariposa	18,467
Modoc	9,197
Mono	14,143
Plumas	19,140
Sierra	3,089
Siskiyou	45,231
Trinity	13,389

Small	50,000-199,999
El Dorado	182,404
Humboldt	134,648
Imperial	180,672
Kings	150,181
Lake	64,699
Madera	153,897
Mendocino	89,029
Napa	139,255
Nevada	97,225
San Benito	57,517
Shasta	179,412
Sutter	95,733
Tehama	63,717
Tuolumne	53,604
Yuba	73,682

Medium	200,000-749,000
Butte	222,316
Marin	255,846
Merced	264,922
Monterey	425,756
Placer	366,115
San Joaquin	710,731
San Luis Obispo	272,357
San Mateo	745,193
Santa Barbara	433,398
Santa Cruz	271,595
Solano	424,233
Sonoma	490,486
Stanislaus	526,042
Tulare	459,446
Yolo	206,381

Large	750,000-3,999,999
Alameda	1,573,254
Contra Costa	1,087,008
Fresno	964,040
Kern	873,092
Orange	3,113,991
Riverside	2,279,967
Sacramento	1,454,406
San Bernardino	2,085,669
San Diego	3,194,362
San Francisco	836,620
Santa Clara	1,868,558
Ventura	842,967

Very Large	>= 4,000,000
Los Angeles	10,041,797

Performance Outcomes Systems Domains

There are seven domains that anchor the Performance Outcomes System. The Performance Outcomes System will be used to evaluate access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. The first five domains are organized as series of decision points which are encountered across an episode of care. The decision points typically unfold in sequence and continue throughout the care experience. Client experience at each decision point has implications for both the process and outcome of care. Domains may cross more than one level, thus service effectiveness could provide information about the provider, system and public/community levels.

1. Access

Access is the feasibility and delivery of care and coordination of services to the child/youth. Sample domain categories are children and youth being served or not being served, timeliness of services being delivered, and denial of services.

2. Engagement

Engagement is the participation and empowerment by the child/youth and caregivers with treatment and services. Sample domain categories are participation of children and caregivers in services and the maintenance of services.

3. Service Appropriateness to Need

Service Appropriateness to Need is the determining if services match the individual child/youth's needs and strengths in accordance with system-of-care values and scientifically derived standards of care. Sample domain categories are the standard of quality of care, consistency with treatment and treatment plan, the clinical status of the youth/child, functional status, modality of care or care options, the fidelity of the treatment model to the practice standard, and psychotropic medication.

4. Service Effectiveness

Service Effectiveness is the influence of treatment on a child/youth's mental health symptoms and functioning at home, in school, and in the community. Sample domain categories are the symptomology of the child/youth, the functioning level of the child/youth, the support and social integration, the relationship with family mental health/substance abuse and the child/youth, housing situation, educational progress, juvenile justice involvement, employment, and overall child/youth safety.

5. Linkages

Linkage is the fostering, coordinating, and monitoring of connections with groups outside the mental health system. This includes academia, public health, healthcare, education, social

services, and corrections, with the goal of building on the services and programs for the child/youth. A sample domain category is success in dual program services.

6. Cost-Effectiveness

Cost-Effectiveness is measuring whether the dollars invested have produced the best outcomes possible. A sample domain category is reduced cost to the state by youth being in school, employed and out of jail. Another would be comparing the costs of treatments to identify those that are most successful and cost-effective.

7. Satisfaction

Satisfaction is the perception that the child/youth's needs are being met. A sample domain category is the integration and coordination of care.

Overview of Services

The Medi-Cal Specialty Mental Health Services Program is "carved-out" of the broader Medi-Cal program and is also administered by the Department of Health Care Services (Department) under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS). The Department contracts with a Mental Health Plan (MHP) in each county to provide or arrange for the provision of Medi-Cal specialty mental health services. All MHPs are county mental health departments.

Specialty mental health services are Medi-Cal entitlement services for adults and children that meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. MHPs must certify that they incurred a cost before seeking federal reimbursement through claims to the State. MHPs are responsible for the non-federal share of Medi-Cal specialty mental health services. Mental health services for Medi-Cal beneficiaries who do not meet the criteria for specialty mental health services are provided under the broader Medi-Cal program either through managed care plans (by primary care providers within their scope of practice) or fee-for-service. Children's specialty mental health services are provided under the federal requirements of the EPSDT benefit, which is available to full-scope beneficiaries under age 21.

The following Medi-Cal specialty mental health services are provided for children and adults:

Services	Children	Adult
Adult Crisis Residential Services*	X	X
Adult Residential Treatment Services*	X	X
Crisis Intervention	X	X
Crisis Stabilization	X	X
Day Rehabilitative	X	X
Day Treatment Intensive	X	X
Intensive Care Coordination*	X	
In Home Based Services*	X	
Medication Support	X	X
Psychiatric Health Facility Services	X	X
Psychiatric Inpatient Hospital Services	X	X
Targeted Case Management	X	X
Therapeutic Behavioral Services	X	
Therapy and Other Service Activities	X	X

*Includes Children Age 18 through 20

Service Descriptions

Adult Crisis Residential Services (CRS)

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Adult Residential Treatment Services

Adult Residential Treatment Services are rehabilitative services provided in a non- institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Intervention

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Crisis Stabilization

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitative (Half-Day & Full-Day)

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy,

rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Treatment Intensive (Half-Day & Full-Day)

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Intensive Care Coordination (ICC)

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services, including urgent services for members of the Katie A. subclass. ICC services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach described in the CPM. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services must be provided to all members of the Katie A. subclass. The CFT is comprised of the child/youth and family and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. There must be an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- Supports the parent/caregiver in meeting their child/youth's needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community

Intensive Home Based Services (IHBS)

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the CFT and in accordance with the CPM. The CFT participates in the development of the child's and family's overall service plan which may include IHBS.

Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

Medication Support

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

"Psychiatric Health Facility" means a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric inpatient hospital service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric inpatient hospital services are provided by Short Doyle/Medi-Cal (SD/MC) hospitals and Fee-For-Service/Medi-Cal (FFS/MC) hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include

professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS)

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Therapy and Other Service Activities (formerly referred to as Mental Health Services)

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for

the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution and use of expenditures of each service activity varies over time with changes in client needs.

Litigation and the Specialty Mental Health Services Program

Katie A. v. Bonta

The Katie A. v. Bonta lawsuit Settlement Agreement – in place since December 2011 - outlines a series of actions that are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a CPM that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specifies that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive ICC, IHBS, and TFC (once clarified as a Medi-Cal service). County MHPs are required to provide ICC and, when medically necessary, IHBS services to subclass members. MHPs provide ICC and IHBS and claim federal reimbursement through the SD/MC II claiming system.

The Department's Mental Health Services Division (MHSD) Information Notice 13-11 instructed counties of the SD/MC II system changes required to support the implementation of ICC and IHBS which included submitting claims with a Demonstration Project Identifier (DPI) of "KTA" and procedure codes (T1017, HK) for Intensive Care Coordination and (H2015, HK) for Intensive Home Based Services.

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This November budget estimate contains actual claims data for ICC and IHBC claims received through June 30, 2014. At present there is not enough data to generate budget forecasts for ICC and IHBS services.

Emily Q. v. Bonta

In 1998, a federal class action lawsuit, Emily Q. v. Bonta was filed with the Federal District Court on behalf of children with intensive mental health needs and who were eligible for Medi-Cal mental health benefits, but were denied specific TBS. In 1999, the district court issued a preliminary injunction requiring that a certified state-wide class of current and future beneficiaries of the Medicaid program below the age of 21 in California who: are placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility for the treatment of mental health needs; are being considered for placement in these facilities; or have undergone at least one emergency psychiatric hospitalization

related to their current presenting disability within the preceding 24 months. In 2001, the district court issued a permanent injunction favoring the plaintiffs and in 2004, the court approved a plan to increase the usage of TBS including increased monitoring and a special master was appointed. Pursuant to the Court agreement, the Department continues to perform specific activities related to the Emily Q lawsuit.

TBS is a short-term, intensive one-to-one behavioral mental health intervention that can help children, youth, parents, caregivers, and school personnel learn new ways of reducing and managing challenging behaviors. TBS can avert the need for a higher level of care (or more restrictive placement) or help a child make a successful transition to a lower level of care.

Demographic Items

Age

1. Measure: #/% of children/youth in each age category by FY

Measure: #/% of children/youth in each age category by FY	
Indicator: Age	
Rationale: Know how many children/youth of a given age range are receiving specialty mental health services	
Numerator: # of children/youth who fall into given age range	Denominator: Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable values: 0-5 6-11 12-17 18-20	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: The age categories are different than those reported on by EQRO or the Uniform Reporting System so this breakdown provides additional information about children/youth that cannot be obtained elsewhere. Previous study by Charles Holzer used same groupings.	
Reference: http://www.caleqro.com/archived-data/aps-caeqro-stwide-report-fy10-11-vol-i-narrative-041212_ee85071.pdf ; http://www.samhsa.gov/data/sites/default/files/URSTables2013/California.pdf ; http://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf .	

Gender

2. Measure: #/% of children/youth of who endorse a given gender by FY

Measure: #/% of children/youth of who endorse a given gender by FY	
Indicator: Gender	
Rationale: Know how many female and male children/youth are receiving specialty mental health services	
Numerator: # of children/youth who endorse a given gender	Denominator Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable Values: Male Female	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	

Race/Ethnicity

3. Measure: #/% of children/youth of who endorse a given race/ethnicity by FY

Measure: #/% of children/youth of who endorse a given race/ethnicity by FY	
Indicator: Race/ethnicity	
Rationale: Know how many children/youth of each racial/ethnic category are receiving specialty mental health services	
Numerator: # of children/youth who endorse a given race/ethnicity	Denominator: Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable Values: Alaskan Native or American Indian Asian or Pacific Islander (includes: Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Samoan, Asian Indian, Hawaiian, Guamanian, Laotian, or Vietnamese) Black Hispanic White Other Unknown (i.e., no response or no valid data reported)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: The race/ethnicity values used are those available through SD/MC II; in order to align with US Census standards and more accurately reflect the ethnic and racial composition of the children and youth receiving SMHS the goal is to transition to CSI and use the data therein for ethnicity and race.	
Reference: http://www.census.gov/compendia/statab/2012/tables/12s0006.pdf	

Performance Outcomes Measures

Access – Children/youth receiving Specialty Mental Health Service

4. Measure: Number of children/youth receiving Specialty Mental Health Service

Measure: Children served and not served by specialty mental health system in FY	
Indicator: Access – children/youth receiving Specialty Mental Health Service	
Rationale: Know how many children/youth received at least one specialty mental health service in FY	
unduplicated count of children/youth receiving one service in FY	
Data Source(s): SD/MC II	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Access – Medi-Cal eligible Children/youth

5. Measure: Number of children/youth eligible for Medi-Cal

Measure: Number of children/youth eligible for Medi-Cal	
Indicator: Access – Medi-Cal eligible children/youth	
Rationale: Know how many children/youth are Medi-Cal eligible in FY	
unduplicated count of children/youth eligible for Medi-Cal	
Data Source(s): SD/MC II	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Penetration – children/youth served/not served

6. Measure: Children/youth served and not served by specialty mental health system in FY

Measure: Children/youth served and not served by specialty mental health system in FY	
Indicator: Penetration	
Rationale: Know how many children/youth received one specialty mental health service in FY	
Numerator: unduplicated total # of clients receiving one service in FY	Denominator: total # of clients eligible to receive services in FY
Data Source(s): SD/MC II (numerator) and MIS/DSS (denominator)	
Variables Computed on: Age Race/ethnicity Gender	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: The methodology used is similar to that used by the California Department of Mental Health in past reports on Medi-Cal population. The methodology used to compute this is different than that used by External Quality Review Organization(EQRO) (i.e., use an average monthly unduplicated number of unique Medi-Cal beneficiaries as the denominator) or in California's Mental Health Services Act – Statewide Evaluation (i.e., To calculate the rate of penetration of mental health services the number of all public mental health consumers served (i.e., received at least one service during the given fiscal year, as documented in the CSI database) was divided by the number of Californians estimated to be in need of mental health services and earning less than 200% of the federal poverty income level) .	
Reference: Matrix, http://www.ncfh.org/pdfs/6483.pdf , personal correspondence Saumitra SenGupta of BHC-EQRO on 1/8/2015, and http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2014/July/OAC_072414_4A_PriorityIndicatorsTrendsReport_UCLA.pdf .	

Utilization – Total SD/MC II approved claims in dollars

7. Measure: Total SD/MC II approved claims in dollars by unique beneficiary for FY

Measure: Total SD/MC II approved claims in dollars	
Indicator: Utilization – total SD/MC II approved claims in dollars by unique beneficiary	
Rationale: Know total amount in dollars of approved claims per unique beneficiary	
Numerator: total dollars spent in approved claims for FY	Denominator: total # of children/youth that received specialty mental health services in FY
Data Source(s): SD/MC II	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Minutes of IHBS use

8. Measure: Intensive Home Based Service utilization in minutes by unique beneficiary for FY

Measure: Minutes of IHBS use	
Indicator: Utilization – Intensive Home Based Service (IHBS) service utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of IHBS services being used per child/youth.	
Numerator: total number of minutes of IHBS services used	Denominator: total number of children/youth that received IHBS services
Data Source(s): SD/MC II	
Variable Computed: IHBS (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: Specific to Katie A. subclass.	
Reference: http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx	

Utilization – Minutes of ICC use

9. Measure: Intensive Care Coordination service utilization in minutes by unique beneficiary for FY

Measure: Minutes of ICC use	
Indicator: Utilization – Intensive Care Coordination (ICC) service utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of ICC services being used per child/youth.	
Numerator: total number of minutes of ICC services used	Denominator: total number of children/youth that received ICC services
Data Source(s): SD/MC II	
Variable Computed: ICC (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: Specific to Katie A. subclass.	
Reference: http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx	

Utilization - Minutes of Case Management/Brokerage use

10. Measure: Case Management/Brokerage service utilization in minutes by unique beneficiary for FY

Measure: Minutes of case management/brokerage use	
Indicator: Utilization – Case Management/Brokerage service utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of Case Management/Brokerage services being used per child/youth	
Numerator: total number of minutes of Case Management/Brokerage services used	Denominator: total number of children/youth that received Case Management/Brokerage services
Data Source(s): SD/MC II	
Variable Computed: Case Management/Brokerage (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Minutes of MHS use

11. Measure: MHS utilization in minutes by unique beneficiary for FY

Measure: Minutes of MHS use	
Indicator: Utilization – MHS utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of Mental Health Services (MHS) services being used per child/youth	
Numerator: total number of minutes of MHS services used	Denominator: total number of children/youth that received MHS services
Data Source(s): SD/MC II	
Variable Computed: MHS (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Minutes of TBS use

12. Measure: Therapeutic Behavioral Services utilization in minutes by unique beneficiary for FY

Measure: Minutes TBS use	
Indicator: Utilization – TBS utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of Therapeutic Behavioral Services (TBS) being used per child/youth	
Numerator: total number of minutes of TBS services used	Denominator: total number of children/youth that received TBS services
Data Source(s): SD/MC II	
Variables Computed: Therapeutic Behavioral Services (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Minutes of MSS

13. Measure: Medication Support Services utilization in minutes by unique beneficiary for FY

Measure: Minutes of MSS	
Indicator: Utilization – Medication Support Services utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of Medication Support Services (MSS) being used per child/youth	
Numerator: total number of minutes of MSS services used	Denominator: total number of children/youth that received MSS services
Data Source(s): SD/MC II	
Variable Computed: Medication Support Services (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Minutes of CI

14. Measure: Crisis Intervention utilization in minutes by unique beneficiary for FY

Measure: Minutes of CI	
Indicator: Utilization – Crisis Intervention utilization in minutes by unique beneficiary for FY	
Rationale: Know how many minutes of Crisis Intervention (CI) being used per child/youth	
Numerator: total number of minutes of CI services used	Denominator: total number of children/youth that received CI services
Data Source(s): SD/MC II	
Variable Computed: Crisis Intervention (minutes)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Hours of CS

15. Measure: Crisis Stabilization utilization in hours by unique beneficiary for FY

Measure: Hours of CS	
Indicator: Utilization – Crisis Stabilization utilization in hours by unique beneficiary for FY	
Rationale: Know how many hours of Crisis Stabilization (CS) being used per child/youth	
Numerator: total number of hours of CS services used	Denominator: total number of children/youth that received CS services
Data Source(s): SD/MC II	
Variable Computed: Crisis Stabilization (hours)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – ½ day units of DTI

16. Measure: Day Treatment Intensive service utilization in ½ day increments by unique beneficiary for FY

Measure: ½ day units of DTI	
Indicator: Utilization – Day Treatment Intensive service utilization in ½ day increments by unique beneficiary for FY	
Rationale: Know how many ½ day units of Day Treatment Intensive (DTI) services being used per child/youth	
Numerator: total number of ½ days of DTI services used	Denominator: total number of children/youth that received DTI services
Data Source(s): SD/MC II	
Variable Computed: Day Treatment Intensive (1/2 day increments)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – ½ day units of DR

17. Measure: Day Rehabilitation service utilization in ½ day increments by unique beneficiary for FY

Measure: ½ day units of DR	
Indicator: Utilization – Day Rehabilitative service utilization in ½ day increments by unique beneficiary for FY	
Rationale: Know how many ½ day units of Day Rehabilitative (DR) services being used per child/youth	
Numerator: total number of ½ days of DR services used	Denominator: total number of children/youth that received DR services
Data Source(s): SD/MC II	
Variable Computed: Day Rehabilitation (1/2 day increments)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Days Hospital Inpatient

18. Measure: Hospital Inpatient service utilization in day increments by unique beneficiary for FY

Measure: Days Hospital Inpatient	
Indicator: Utilization - Hospital Inpatient service utilization in day increments by unique beneficiary for FY	
Rationale: Know how many day units of Hospital Inpatient services being used per child/youth	
Numerator: total number of days of Hospital Inpatient services used	Denominator: total number of children/youth that received Hospital Inpatient services
Data Source(s): SD/MC II	
Variable Computed: Hospital Inpatient (days)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Days Hospital Inpatient Administrative

19. Measure: Hospital Inpatient Administrative service utilization in day increments by unique beneficiary for FY

Measure: Days Hospital Inpatient Administrative	
Indicator: Utilization - Hospital Inpatient Administrative service utilization in day increments by unique beneficiary for FY	
Rationale: Know how many day units of Hospital Inpatient Administrative services being used per child/youth	
Numerator: total number of days of Hospital Inpatient Administrative services used	Denominator: total number of children/youth that received Hospital Inpatient Administrative services
Data Source(s): SD/MC II	
Variable Computed: Hospital Inpatient Admin (days)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Days CRT services

20. Measure: Crisis Residential Treatment Service utilization in day increments by unique beneficiary for FY

Measure: Days CRT services	
Indicator: Utilization – Crisis Residential Treatment service utilization in day increments by unique beneficiary for FY	
Rationale: Know how many day units of Crisis Residential Treatment (CRT) services being used per child/youth	
Numerator: total number of days of CRT services used	Denominator: total number of children/youth that received CRT services
Data Source(s): SD/MC II	
Variable Computed: Crisis Residential Treatment Services (days)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Days ART services

21. Measure: Adult Residential Treatment Service utilization in day increments by unique beneficiary for FY

Measure: Days ART services	
Indicator: Utilization - Adult Residential Treatment service utilization in day increments by unique beneficiary for FY	
Rationale: Know how many day units of Adult Residential Treatment (ART) services being used per child/youth	
Numerator: total number of days of ART services used	Denominator: total number of children/youth that received ART services
Data Source(s): SD/MC II	
Variable Computed: Adult Residential Treatment Services (days)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Utilization – Days PHF use

22. Measure: Psychiatric Health Facility utilization in day increments by unique beneficiary for FY

Measure: Days PHF use	
Indicator: Utilization - Psychiatric Health Facility service utilization in day increments by unique beneficiary for FY	
Rationale: Know how many day units of Psychiatric Health Facility (PHF) services being used per child/youth	
Numerator: total number of days of PHF services used	Denominator: total number of children/youth that received PHF services
Data Source(s): SD/MC II	
Variable Computed: Psychiatric Health Facility (days)	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes:	
Reference:	

Access – Snapshot children/youth in MH system

23. Measure: Number/% of children/youth in mental health system in FY

Measure: Snapshot children/youth in MH system	
Indicator: Number/% children/youth in mental health system in FY	
Rationale: Basic snapshot of children/youth receiving services in FY	
Numerator: unduplicated total # of clients receiving one service in FY	Denominator: total # of clients who received a service in FY
Data Source(s): SD/MC II	
Variables Computed: ***Arrival*** – first service date in FY and if no previous service date in previous 3 months, child/youth counted as an arrival ***Service Continuance*** - continuation is defined as no interruption in service of 3 months of more in two year time span with two years computed from last date of service in FY ***Service Continuance >= 2 year*** – children/youth that met criteria for service continuation ***Service Continuance < 2 years*** – children/youth met service continuation pattern but not 2 year threshold ***Exiting*** – last service date in FY and if no services in next 3 months, child/youth counted as an exit ***Arriving & Exiting*** - child/youth had first service date in FY with no previous date in previous 3 months and had a last service date in FY with no service date in next 3 months after that date ***Service Continuance & Exiting*** – children/youth with minimum of 2 years of service continuation going into FY and then had no service date for 3 next months in that FY	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: Same partial methodology as used in the CA Mental Health and Substance Use System Needs Assessment p. 126, but POS added additional categories to be mutually exclusive and mutually exhaustive.	
Reference: Matrix and http://www.dhcs.ca.gov/provgovpart/Documents/1115%20Waiver%20Behavioral%20Health%20Services%20Needs%20Assessment%203%201%2012.pdf	

Access – Mean time to step-down services

24. Measure: Mean time to next contact post inpatient discharge in FY

Measure: Mean time to step-down services	
Indicator: Access – mean time to next contact post inpatient discharge in FY	
Rationale: Know how long it takes to get a next service for children/youth following an inpatient discharge	
Numerator: total number of days elapsed between inpatient discharge and second contact -requires calculating time in days between first inpatient discharge date in FY to next contact for every client with an inpatient discharge during that FY	Denominator: total # of contacts
Data Source(s): SD/MC II	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: The county the beneficiary is assigned Medi-Cal responsibility for is the county that is given the time elapsed credit for this measure.	
Reference: Matrix	

Access - Median time to step-down services post-inpatient discharge

25. Measure: Median time to next contact post inpatient discharge in FY

Measure: Median time to step-down services	
Indicator: Access – median time to next contact post inpatient discharge in FY	
Rationale: Know how long it takes to get a next service for children/youth following an inpatient discharge for fiscally responsible county	
-requires calculating time in days between first inpatient discharge date in FY to next contact for every client with an inpatient discharge during that FY -then must arrange all values in ascending order	Calculated as: arrange all the day totals in ascending order and find the exact midpoint; if the number of day totals is odd, the median equals the exact midpoint of the data range, whereas if the number of day totals is even the median will equal the average of the two midpoints.
Data Source(s): SD/MC II	
Date Range: FY 10/11, FY 11/12, FY 12/13, FY 13/14	
Notes: The county the beneficiary is assigned Medi-Cal responsibility for is the county that is given the time elapsed credit for this measure.	
Reference: Matrix	