Legislative Report:
Performance Outcomes System Plan
for
Medi-Cal Specialty Mental Health Services for Children & Youth

May 2015

Submitted by the Department of Health Care Services
In Fulfillment of Requirement, as identified in
Welfare & Institutions Code 14707.5(e)(1)

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Executive Summary

Welfare and Institutions (W&I) Code Section 14707.5 required the Department of Health Care Services (DHCS) to develop a plan for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services to support the improvement of outcomes at the individual, program and system levels and to inform fiscal decision-making related to the purchase of services. It also required a Performance Outcomes System Plan (System Plan) and System Implementation Plan (System Implementation Plan) to be submitted to the Legislature, pursuant subdivisions (c) and (d).[3]

Assembly Bill (AB) 82 (Committee on Budget, Chapter 23, Statutes of 2013) expanded the requirements of W&I Code Section 14707.5 by adding subdivision (e), which required DHCS to convene a stakeholder advisory committee (comprised of advocates for and representatives of child and youth clients, family members, Medi-Cal managed care health plans (MCPs), providers, counties, and the Legislature) to 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 support. It also requires reviews of 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 (MHPs), among others. The law required two additional reports in order to update the Legislature on the System Plan and the System Implementation Plan for Medi-Cal Specialty Mental Health Services for Children & Youth, pursuant to subdivision (e).

This legislative report provides an update on the System Plan pursuant to W&I Code Section 14707.5 (e)(1). Although the update to the System Plan retains the original concepts and framework specified in the previous System Plan, it now incorporates the expanded requirements in subdivision (e) amended statute to reflect continuum of care efforts. [1]

Performance Outcomes System Achievements

There has been ongoing progress on the Performance Outcomes System project since the release of the Performance Outcomes System Implementation Plan (System Implementation Plan) report in January 2014, although there have been slight delays to some of the deliverables set forth in the original timeline due to resource and time constraints, and a recent transition in project management leadership. Some of the notable achievements to date, as well as updates on the deliverables currently underway, include the following:

- ***Continued Stakeholder Involvement*** - The Stakeholder Advisory Committee (SAC) and two working subgroups, the Subject Matter Expert (SME) Workgroup and Measures Task Force (MTF), were formed to support the ongoing work of the Performance Outcomes System. Since October 2013, the SAC has met

[3] The complete language of the Legislation is included in Appendix A.

twice and were provided with information on managed care benefits during these meetings. The SME Workgroup met nine times, working to develop the measures matrix and Katie A. outcomes measures. The MTF was placed on hold in late 2013 pending further direction from DHCS and the SME Workgroup, but is restarting with a new purpose to work on finalizing the Performance Outcomes System Matrix, which specifies the domains, indicators and measures described in the original System Plan.

- ***Establish Performance Outcomes System Methodology*** – There has been a delay to the expected timeline to define and document the methodology for the Performance Outcomes System. The timeline has been modified accordingly and the protocol documenting the methodology is now expected to be completed in June 2015 to allow for more project progress and input from the stakeholder workgroups. Defining and establishing the methodology will be a key focus for the upcoming year.

- ***Initial Performance Outcomes Reporting: Existing DHCS Databases*** - DHCS staff reviewed DHCS databases for data quality issues, comparability of content between DHCS' databases, and for relevance to the performance measures identified by the SME Workgroup and MTF. The initial error reports for the Client and Service Information (CSI) System were produced in December 2014 using a reporting format that had previously been used by DHCS and the counties. Beginning in late February 2015, the initial Performance Outcomes System reports are produced using existing data, thus providing immediate system-level information to stakeholders.

- ***Continuum of Care: Screenings and Referrals*** – DHCS has worked this past year to develop an understanding of the existing Medi-Cal Managed Care Plan (MCP) data reporting requirements and, while current efforts provide some information related to screenings and referrals, additional individual-level data are needed to evaluate the linkages across the MCP and County Mental Health Plan (MHP) systems. DHCS' Managed Care Quality and Monitoring and Mental Health Services Divisions are exploring options to utilize MCP and MHP data to better understand the screening and referrals processes, including the identification of referrals from MHPs to MCPs.

- ***Comprehensive Performance Outcomes Data Collection and Reporting*** - As part of the comprehensive reporting process, the MTF engaged in the work of understanding and comparing appropriate child/youth functional assessment measures. Using the findings from their review, DHCS proceeded with releasing a Request for Information (RFI) to solicit research proposals to answer the question, "What is the best statewide approach to evaluate functional status for children/youth that are served by the California public specialty mental health service system?" The information from this study will provide the foundation for data collection and reporting for the Performance Outcomes System. The study will begin in June of 2015 and is expected to be completed by early 2016. Statewide and county reporting to the Performance Outcomes System on data is

scheduled to occur in Fiscal Year (FY) 2016-17, based on the results of the study.

- ***Continuous Quality Improvement (QI) Using Performance Outcomes Reports*** – DHCS staff are currently in the process of developing a QI process and structure using information gathered from other states, various MHPs and provider organizations, as well as information from California counties. Toward these efforts, DHCS has been actively conducting interviews with other states, counties and local provider organizations to discuss their QI processes and lessons learned during the development of their performance outcomes systems. This information was shared with the SMEs in December 2014 to ensure accuracy and help to determine how best to proceed.

Conclusion

Although much work remains, progress has continued on the Performance Outcomes System since the submission of the System Plan to the Legislature in November 2013. With the submission of this report, DHCS has fulfilled three of the four required reports for the Legislature as identified in W&I Code Section 14707.5 (c),(d) and (e)(1). Through continued collaboration with partners/stakeholders, subject matter experts, and input from the SAC, DHCS continues to develop Performance Outcomes System implementation strategies, which will be used to provide an update to the System Implementation Plan dated January 10, 2014, for submission to the Legislature by June 10, 2015, pursuant to W&I Code Section 14707.5(e)(2). While activities related to the Performance Outcomes System implementation continue to progress, adjustments to some project timelines have been made to accommodate additional work efforts and resource constraints that were unknown to DHCS as of the last legislative report dated January 10, 2014. These adjustments are reflected in the timeline presented in the report and are not anticipated to significantly impact the implementation of the Performance Outcomes System.

I. Background

The Department of Health Care Services (DHCS) Performance Outcomes System Plan (System Plan) for Medi-Cal Specialty Mental Health Services for Children & Youth legislative report is an update that retains the original concepts and framework used in the previous System Plan submitted to the Legislature dated November 1, 2013,[2] which have not changed, including the incorporation of the continuum of care efforts. The foundation of the Performance Outcomes System, the Performance Measurement Paradigm, reflects the seven domains being assessed under this framework. Guiding principles remain the same as presented in the original System Plan and will not be re-examined herein. Overall, DHCS continues to make progress in the areas of working with stakeholders on the development of Performance Outcomes System domains, indicators and measures; identifying appropriate functional assessment tools; developing quality improvement (QI) plans; and establishing mechanisms to monitor the continuum of care between Medi-Cal managed care health plans (MCPs) and mental health plans (MHPs).

The primary objectives of the System Plan are to: 1) promote high quality and accessible specialty mental health services for children and youth; 2) provide information that improves practice at the individual, program, and system levels; 3) minimize Performance Outcomes System costs by utilizing existing resources to the fullest extent possible; and, 4) use reliable data that are collected and analyzed in a timely fashion. At this point in the project, the primary focus is on fulfilling objective number four as it is serves as the foundation to allow for addressing the other three objectives for the System Plan.

Performance Outcomes System Legislation

Welfare and Institutions (W&I) Code, Section 14707.5 requires DHCS, in collaboration with the California Health and Human Services Agency and in consultation with the Mental Health Services Oversight and Accountability Commission (MHSOAC), to create a plan for a Performance Outcomes System for Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) mental health services.[3] The law also requires the development of measures to screen and refer Medi-Cal eligible beneficiaries to Managed Care mental health services and supports, and to make recommendations regarding performance and outcome measures.

For the complete text of W&I Code, Section 14707.5, refer to Appendix A, the Performance Outcomes System Statute.

[2] The System Plan Legislative Report dated November 1, 2013, is available on DHCS' website: The System Plan Legislative Report dated November 1, 2013

[3] 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.

Other Relevant Legislation: The Affordable Care Act and the Optional Benefits Expansion

State law additionally required the creation of the Performance Outcomes System to incorporate the mental health continuum of care that resulted from the optional benefits expansion efforts adopted as part of the implementation of the federal Affordable Care Act (ACA). The ACA and Medicaid requirements, Title 42, Code of Federal Regulations, Part 438, §438.200 through §438.242, requires health plans, including California's Medi-Cal program, to expand the essential health benefits package to include mental health services, effective January 1, 2014. SB X1-1 (Hernandez, Chapter 4, Statutes of 2013) implemented provisions of the ACA, including expanded mental health services provided by the Medi-Cal managed care and fee-for-service delivery systems. Federal regulations and state laws were promulgated to expand mental health services to Medi-Cal beneficiaries in order to ensure that mental health services and substance use disorder beneficiaries received timely access, quality treatment and services, and that there was a continuum of care between the mental health care plans for Medi-Cal and fee-for-service beneficiaries. Since the goals and requirements of these federal regulations and state laws for managed care plans are consistent with the requirements and objectives for the EPSDT Performance Outcomes System, and both align with federal and state regulation, collaboration with managed care activities have been included in the Performance Outcomes System.

II. System Plan Progress

Developing the Performance Outcomes System is a multi-layered effort and implementing it includes stakeholders, data, and technology capabilities. What follows is a listing of the key stakeholder groups and the activities each group has undertaken to move the project forward. This is followed by an update on the progress made on each of the activities outlined in the Performance Outcomes System Timeline (see Section III).

Continued Stakeholder/Partner Involvement

Continuous collaboration between DHCS and stakeholders/partners is critical to the development of the Performance Outcomes System. Stakeholders/partners include representatives and advocates of child and youth clients; family members and/or caregivers; county staff; child/youth advocates; other California state-level entities, including representatives of the Legislature, and the MHSOAC; as well as other members of the interested public. MCPs are new stakeholders that are now included as a result of the amendment to include reporting on the continuum of care in the Performance Outcomes System.

To ensure that the Performance Outcomes System reflects the needs and values of partners and stakeholders, and that it aligns with the legislative mandate for this project, DHCS established an inclusive stakeholder process that began with the formation of a Stakeholder Advisory Committee (SAC) in September of 2012. Appendix B, Stakeholder Advisory Committee Members, provides a list of organizations represented on the SAC.

To support the SAC, the following two working subgroups were formed: the Subject Matter Expert (SME) Workgroup and the Measures Task Force (MTF). Appendix C, Subject Matter Expert Workgroup and Measures Task Force Members, provides a list of members and organizations represented in these subgroups. These working subgroups are intended to develop and present work products to the SAC members, who, in turn, review and provide their comments and feedback.

To further support stability and transparency for the project, dedicated staff have been hired for the Performance Outcomes System, formal communication plans are being developed, and project charters for each of the workgroups are being written.

This section describes the activities of the SAC, SME Workgroup, and MTF since November of 2013.

Stakeholder Advisory Committee

The SAC met in December 2013 and April 2014. During the December 2013 meeting, DHCS Medi-Cal Managed Care Division (MMCD) staff provided an overview of the ongoing efforts to build the bridge between managed care plans and county mental health plans in accordance with California's implementation of the ACA.

In April 2014, DHCS Managed Care staff presented to the Committee the individual health assessment utilized in primary care settings, the Staying Healthy Assessment (SHA), which is DHCS' Individual Health Education Behavior Assessment, a component of the initial comprehensive health assessment required by DHCS. The Committee was asked to provide written feedback on the SHA and several members did so, suggesting other tools for DHCS to consider, including the Screening, Brief Intervention, and Referral to Treatment tools for adults and tools recommended by the United States Preventative Task Force. These suggested tools will be reviewed the next time the SHA is revised in 2015.

Although a SAC meeting was initially scheduled for August 2014, DHCS had no new information to present that would necessitate a full, formal meeting. Rather, DHCS provided SAC members with a newsletter that included updates on the various components of the Performance Outcomes System project. DHCS held a SAC meeting in December 2014. This meeting included a presentation of the CSI data error report template, and a discussion of progress and methods for developing the initial outcomes reports using existing data.

Subject Matter Expert (SME) Workgroup

The SME Workgroup is comprised of SAC members who represent counties, academia, the DHCS mental health External Quality Review Organization (EQRO), the MHSOAC, and child/youth advocates. Their primary objective is to assist DHCS in developing an over-arching vision for the Performance Outcomes System, and to provide guidance for efficient implementation. Participants have extensive

experience in prior and/or current local and national efforts on the development and establishment of outcomes and quality improvement measures. They have met nine times since October of 2013.

The SME Workgroup continued working with DHCS to refine the Performance Outcomes System indicators using a working document, known as the "matrix," which reflects the domains identified in the original System Plan, indicator definitions, possible measures, and potential data sources. It is anticipated that the matrix will be modified throughout 2015, as it will be updated as evaluation needs change and/or if new data elements are identified.

Four of the nine SME meetings focused on the Katie A.[4] subclass outcome measures. Some of these outcomes measures are unique to the Katie A. subclass, but most are relevant to all children and youth who receive specialty mental health services.

The SME Workgroup also reviewed the questions MCPs administer to beneficiaries for which responses are aggregated and reported to DHCS, and are then included in the Medi-Cal Managed Care Performance Dashboard. They also reviewed the SHA, suggesting that additional mental health questions could be incorporated to strengthen the evaluation efforts. DHCS' Managed Care Quality and Monitoring Division (formerly known as MMCD) has taken these recommendations under advisement as the SHA Committee will begin their review process in 2015.

Finally, to support DHCS' efforts to learn about best practices for performance outcomes system data collection, reporting, and quality improvement processes, the SME workgroup identified states for DHCS staff to interview and provided suggestions for the list of questions that could be asked to guide the discussions. DHCS staff compiled this information into a presentation that was given to the SMEs in December 2014.

Measures Task Force

Originally, the MTF was established to review measurement systems that the counties and providers use to assess client clinical and functional status over time, and to identify commonalities and differences among county data systems and measures. Members were a subset of the SME Workgroup and experts familiar with the primary screening and assessment tools used by counties and their providers. The MTF met ten times in 2013 to review assessment tools. They found that the differences in tools were too great to allow for reliable comparisons (e.g., some were developed for screening, others for assessment; the tools measured different constructs). In addition, the perspective of the person using the tool (e.g., client, caregiver, clinician or all combined) varies. The team also investigated the

[4] For reports using the Katie A. outcome measures select "SMHS Reports" on this page: http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx .

possibility of using a Reliable Change Index[5] to indicate clinically significant changes across tools, but found that this was impractical because of the inherent differences between tools.

The MTF presented their findings to the SME Workgroup in November of 2013, pointing out that finding a way to accommodate the counties' use of multiple assessment tools and differing electronic records systems would make comparisons difficult, if not impossible. They suggested that DHCS perform an evaluation of possible methods. As such, DHCS developed an RFI, which is described later in this report, in the section *Identifying an Assessment to Evaluate Child and Youth Functioning*.

Furthermore, during the July 15, 2014, SME Workgroup meeting, participants determined the need for a separate workgroup to focus on refining the indicators within the matrix and identifying data to measure the indicators. As a result, additional county staff who have applied knowledge of existing data captured by the counties were added, which expanded the size and focus of the MTF. MTF expertise will also be used to identify where gaps exist in the data and potential resources that can be used to provide missing information.

Report Design Workgroup

The original System Plan envisioned a separate work group to assist in the development of informative, user-friendly reports. At this point, however, the process for review of reports will start with the SME Workgroup and MTF, and will then be presented to the SAC. With the addition of a number of counties to the MTF, it does not seem necessary to form a Report Design Workgroup.

Information Technology Data Workgroup / Data Integrity Workgroup

The System Plan also described an Information Technology (IT) Data Workgroup / Data Integrity Workgroup; comprised of DHCS IT staff. The Workgroup met several times in 2013 and those meetings kicked off the internal review of DHCS databases. Once the staff working on the Performance Outcomes System had received guidance from IT staff, the workgroup disbanded and, throughout 2014, the Performance Outcomes System staff continued independently reviewing the systems. Subsequently, a second workgroup was established to review data and data matching issues that would enable DHCS and the California Department of Social Services (CDSS) to create joint reports for the Katie A. Settlement Agreement. This group continues to meet.

[5] The Reliable Change Index is a statistic that, based on a measure's reliability, is used to determine whether a change in an individual's score using the measure (i.e., before and after treatment) is statistically significant.

Update on Performance Outcomes System Implementation and Milestones

Since the publication of the System Implementation Plan in January 2014, multiple efforts have been underway to move the Performance Outcomes System project forward. Dedicated staff will focus solely on implementing the processes necessary to achieve the milestones set forth in the original System Plan timeline. Updates regarding the staffing, as well as the project milestones, are as follows:

DHCS Staff Resources for Performance Outcomes System Project

In order for the short- and long-term success of the Performance Outcomes System development and implementation to occur, adequate and appropriate staff resources must be in place. Research and IT staff are needed to support the development of the Performance Outcomes System evaluation methodology, as well as to extract, compile and analyze the data necessary to produce reports for the State and counties. Furthermore, technical assistance and Quality Improvement (QI) staff are required to provide counties with the support that is necessary to interpret reports and develop strategies to monitor and improve local performance and outcomes.

Until September 2014, the Performance Outcomes System was partially resourced with existing staff that were temporarily redirected from different DHCS branches, as well as a part-time contract project manager; the contract ended June 30, 2014. Beginning in FY 2014-2015, DHCS was authorized to hire one full-time permanent Research Program Specialist (RPS) III, one full-time permanent Staff Programmer Analyst (SPA), one full-time permanent Health Program Specialist (HPS) II, and one full-time permanent Consulting Psychologist (CP). The SPA was hired in late July 2014 and the RPS III was hired in September 2014. DHCS was able to re-hire the former project manager in mid-October 2014 to return part-time through FY 2014-15. DHCS is currently actively recruiting for the HPS II and the CP. When these hires are in place, the foundation will be established for maintaining and furthering the Performance Outcomes System's implementation efforts.

Establishing a Performance Outcomes System Methodology

Establishment of a clear methodology is at the core of any successful evaluation. The methodology provides the conceptual and organizational framework that will drive all activities for the Performance Outcomes System moving forward. The methodology includes specifying the following: the purpose of the project, the people involved, the stages at which and how different people are involved, the target population, data availability, data limitations and strengths, reporting elements and timelines, and all other details related to project implementation and development. The methodology is the "road map" or recipe, in a sense, for how to create a Performance Outcomes System. At this point, the methodology for the Performance Outcomes System is still in the development stage with many relevant details still to be decided. The protocol will be a living document that focuses first on reporting from existing DHCS databases and later on data collection, as needed.

Documentation and establishment of the methodology is dependent on a number of other activities (e.g., assessment of DHCS databases for data integrity, development and definition of performance outcome measures using existing data, hiring of dedicated Performance Outcomes System staff). Now that these activities have begun, or are complete, it is possible to move forward with expanding upon the initial methodological framework presented in the System Implementation Plan in January 2014.

The Performance Outcomes System protocol is expected to be completed in June 2015. It was originally scheduled to be completed in October 2014, but was delayed due to unforeseen circumstances. In December 2014, DHCS staff shared a protocol outline with the stakeholder workgroups for feedback.

Initial Performance Outcomes Reporting: Existing DHCS Databases

In May 2014, DHCS staff began reviewing multiple existing DHCS databases[6] to identify data elements (i.e., measures) that correspond to the Performance Outcomes System indicators. This review also included an assessment of data integrity and comparability of the data elements within, and across, the databases. DHCS staff also reviewed data error reports and performance outcomes reports from other agencies and states that could be used to develop reporting templates. Using the knowledge gained from these endeavors, DHCS staff will produce two reports using existing data: error reports and an initial outcomes report.

The Performance Outcomes System error reports on data from existing DHCS databases began in December 2014 and will be ongoing. Similarly, reporting on initial performance outcomes measures using existing data is has begun and will be ongoing every six months thereafter.

CSI Error Reports

Prioritized data elements will be shared with counties through County Client and Service Information (CSI) System error reports[7] that will highlight problematic data elements (e.g., during the initial review of existing data, quality issues were identified for specific data elements such as race/ethnicity and gender), as well as identify means to remedy the identified errors. The CSI System database was selected for the initial error reporting because it provides the best description of services. In 2013 DHCS embarked on an effort to get CSI reporting up to date by the counties and has made significant progress on that front. As of November

[6] See the initial System Plan that was submitted to the Legislature on November 1, 2013, for details on the databases and what information they contain: http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/SMHS_Perf_Outcomes_System-Plan11-01-13.pdf.

[7] Previously these reports were referred to as "Data Quality Improvement Reports" but changed to CSI Error Reports to prevent confusion with the Quality Improvement Work Plans that counties must submit on an annual basis.

2014, 51 counties were current on reporting at about 98 percent, compared to approximately 78 percent at the same time last year.[8]

The next step is to improve the quality of the data submitted. CSI error reports are already produced and sent to counties for the monthly data they submit to DHCS, but the current error reporting format is not user-friendly. A previous error reporting template that had been well-received in the past by county representatives was identified and selected for the Performance Outcomes System error reporting because it was familiar to counties, is more user-friendly, and makes it easier to identify needed edits. Once shared with counties, these reports will begin a bidirectional feedback process whereby specific data elements are "cleaned."

Reporting Using Existing Data

In parallel to the review activities being conducted for the error reports, DHCS staff have also reviewed data elements for the initial outcomes reporting. There are some data elements currently reported by counties that may be used to generate system-level information for stakeholders. These data were selected after discussion with the SME workgroup and based on the performance measures in the matrix. These data will provide relevant information for county and state quality assurance efforts.

After the database review, it was determined by DHCS, and supported by the SME Workgroup, that data on *Access* and basic demographics (e.g., gender, age, race/ethnicity) could be reliably reported at this time. DHCS' staff analyzed different variables that could be used to measure *Access* using the SD/MC Claiming System, and this information was presented to the SME Workgroup and MTF for their review/feedback in early February 2015. DHCS, with input from the SME Workgroup and MTF, developed a standardized report(s) template for these data, which was presented to the SAC Workgroup for input in late February 2015.

When the reports are complete, the information will be shared electronically via Excel and PDF documents that can be accessed through the DHCS website, and eventually, through an interactive dashboard format made available on the DHCS Performance Outcomes System website.

The first statewide aggregate level report is now available and is posted at: http://www.dhcs.ca.gov/individuals/Pages/POSReports.aspx. In the meantime, as work on the initial reports progresses, exploration will continue into the various options available, along with pros and cons, for sharing the data with different stakeholder groups.

[8] It is not anticipated that counties will fail to report their CSI data, however, if that were to occur, DHCS would provide technical assistance.

Continuum of Care: Screenings and Referrals

Changes stemming from the ACA and state law, MCPs are now responsible for covering non-specialty mental health services to enrolled beneficiaries. MHPs continue to be responsible for the treatment of beneficiaries that meet existing Medi-Cal specialty mental health services program medical necessity criteria, pursuant to Title 9, California Code of Regulations, Chapter 11, Sections 1820.205, 1830.205, and 1830.210. With the expansion of mental health services to MCPs, and the requirement to link Medi-Cal eligible beneficiaries to mental health services and supports, the need to ensure that beneficiaries experience seamless transitions between MCPs and MHPs and maintain access to timely care has become even more critical. Coordination efforts between the MCPs and MHPs are key when determining how best to efficiently refer beneficiaries to each other. DHCS is working with the MCPs and MHPs to foster communications and, through increasing alignment with the Performance Outcomes System, to develop performance measures and reports to track outcomes for children and youth.

Reporting on Children/Youth and Continuum of Care

DHCS began requiring MCPs to report mental health data in May 2014. This reporting aims to capture data on numbers of screenings and two-way referrals between MCPs and MHPs, in addition to continuity of care requests and grievances and appeals filed with MCPs. These data provide DHCS with insights into how coordination between the two different health plan systems is occurring. They also assist the Department with determining which types of technical assistance would be helpful for MCPs and MHPs to further best practices around care coordination. DHCS is currently working to identify data for referrals from MHPs to MCPs.

In January 2014, DHCS implemented a Medi-Cal Managed Care Performance Dashboard as part of an effort to report information to stakeholders, partners, and the public. As mental health data are collected and reported from the MCPs, DHCS will continue updating the Dashboard quarterly with mental health reporting data. The Dashboard reports on a variety of measures including enrollment, health care utilization, appeals and grievances, network adequacy, and quality of care. DHCS has added mental health continuity of care requests and is currently working to add mental health grievances and appeals data. Some of the new data to be added include the reason for grievances, number of grievances resolved within 30 days, and denial reason. By August 2015, mental health utilization metrics will be added to the Dashboard.[9]

While the screening and referral data are received on behalf of the MCPs are informative for gaining insight into the continuum of care processes; however there are limitations for their use, specifically, these data are aggregate and may contain

[9] The Medi-Cal Managed Care Dashboard is available on the DHCS website at: http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx .

duplicate counts. Furthermore, these data do not provide adequate information to evaluate the linkages between the MCP and MHP system, as mandated in the Performance Outcomes System legislation. The statute requires explicitly that information on screening, referrals, and linkages be captured as part of Performance Outcomes System efforts. Individual-level data are most desirable for the Performance Outcomes System in order to determine if programs are producing positive results and to track children/youth as they move between the MCPs and MHPs to be sure that the transitions (i.e., linkages) are occurring appropriately.

Medi-Cal Managed Care encounter data (i.e., data measuring each "contact" with the system) may eventually be available to bridge the gap between the aggregate-level data currently reported by MCPs and the individual-level data needed by the Performance Outcomes System. It may be possible to leverage the existing MCP and MHP encounter data collection and reporting processes to capture the additional information that is necessary to evaluate mental health utilization trends, and to monitor and improve timely access to appropriate care for Medi-Cal beneficiaries. Efforts to explore these opportunities will continue throughout 2015.

Staying Healthy Assessment

Plan providers are required to use and administer the SHA[10] to all Medi-Cal beneficiaries as part of the DHCS Initial Health Assessment and periodically re-administer it according to contract requirements. The SHA is a broad screening tool and the administering physician supplements the SHA, as needed, by using other age and symptom appropriate screening tools. Unfortunately, very little in the current SHA is relevant to mental health.

DHCS' Managed Care staff explained the approach to mental health screening in the MCP primary care setting to the SME Workgroup and the SAC. Although the SAC members provided minimal feedback on the SHA, the SME Workgroup and MTF identified that the SHA includes few mental health specific questions and could be strengthened with additional age-appropriate questions. Managed Care has taken this recommendation under advisement. The SHA Committee will consider the recommendation when they begin a new review process in 2015. The Performance Outcomes System implementation will continue to work with Managed Care to explore opportunities to assist in strengthening the mental health components of the SHA. Links to the SHA Questionnaires are provided in Appendix D.

[10] The SHA, DHCS' Individual Health Education Behavior Assessment, consists of a history and physical examination. It is a screening tool for primary care settings and one objective is to identify and track high-risk behaviors. It was developed in the late 1990s and updated in June 2013 in collaboration with Medi-Cal managed care plans. The SHA consists of seven age-specific pediatric questionnaires and two adult questionnaires. It is available in English and in all Medi-Cal threshold languages.

Comprehensive Performance Outcomes Data Collection and Reporting

Scheduled for FY 2016-17, statewide and county reporting to capture functional assessment data is scheduled to occur. The original timeline for this activity had been in FY 2015-16, but it was delayed pending the need for the study to determine how best to measure child/youth functioning. As such, the deadline for reporting has been revised along with the accompanying sub-timelines. This change to the timeline was the most notable change made in the System Plan, moving the start date from FY 2015-16 to FY 2016-17. The study will be conducted in 2015.

The study will commence upon completion of an interactive review process between DHCS, the contracted University, and the SME Workgroup, where feedback and input on the proposed Scope of Work for the study is obtained. Given the high-level of involvement, knowledge, expertise, and dedication of the SME Workgroup in regard to these efforts, their engagement in this process will be invaluable and critical to the successful deployment of the study. Throughout the duration of this study, DHCS will facilitate a meaningful review process that incorporates SME recommendations and feedback as a means to improve the quality of the study and the findings that will be produced.

Following study completion, implementation efforts of the identified data will begin thereafter, scheduled from January through June 2016. Implementation is scheduled to go live on July 1, 2016. This information will likely be reported in a fashion similar to that which will have been established through the initial reporting efforts.

Identifying an Assessment to Evaluate Child and Youth Functioning

Informed by the MTF's work to identify a tool (or set of tools) to assess client clinical and functional status over time, DHCS issued a RFI in April 2014, entitled *Evaluation of Methods: Identification of Assessment Measure(s) to Evaluate Child/Youth Functioning for the Performance Outcomes Measurement and Quality Improvement System.* DHCS and UCLA are drafting the scope of work for a contract to secure researchers who will provide an objective perspective to help DHCS and partners/stakeholders answer the question "What is the best statewide approach to evaluate functional status for children/youth that are served by the California public specialty mental health service system?" It is anticipated that this study will result in objective recommendations based on best practices, as evidenced in the research literature and in the field, on the optimal approach for gathering key information from across the state to inform performance monitoring and quality improvement efforts while also retaining the ability for the State and counties to develop flexible systems for data collection, reporting, and measurement to address the needs of their user population. DHCS anticipates receiving the final recommendation in early 2016, which will be used to inform the decision on how best to measure child/youth functioning. Once the functional assessment data are identified, DHCS will work with counties to implement revised data collection requirements. DHCS will also make any changes needed to the performance

outcomes reporting template, which will be presented for review to the SME Workgroup, MTF and SAC.

Continuous Quality Improvement Using Performance Outcomes Reports

Per W&I Code 14707.5, DHCS will leverage existing processes to develop a quality assurance and improvement process. The primary objectives of the process will be to ensure that consistent, high-quality, and fiscally effective services are delivered to children/youth and their families and to improve the functioning in all areas affecting the lives of children and youth such as school performance, home environment, child safety and involvement with the juvenile justice system. DHCS' ultimate goal is to implement and maintain a statewide quality assurance and improvement process that allows DHCS to evaluate the effectiveness of service provision, promote continuous improvement, and support opportunities for continuous learning.

DHCS staff are currently in the process of developing a QI process and structure using research information from other states, various MHPs and provider organizations, as well as information from other counties. Ultimately, the QI process will be designed to enhance the State's ability to provide appropriate technical assistance to MHPs and provider organizations regarding standardized data collection methods, use of electronic health records, continuous QI and workforce development.

Toward these efforts, using advice from the SME Workgroup, DHCS conducted interviews with other states, counties and local provider organizations to discuss their QI processes and lessons learned during the development of their performance outcomes system. This information has been compiled into a presentation that was shared with the stakeholder workgroups in December 2014. In the meantime, the department will continue its Performance Outcome Measurement and Quality Improvement research efforts and link the results to DHCS' overall Quality Improvement Strategy to enhance access to effective and efficient mental health services.

III. The Impact of Privacy Laws/HIPAA on Data Reporting

Mental health data is protected by the Health Insurance Portability and Accountability Act (HIPAA) which has specific rules related to the protection and handling of protected health information. Therefore, privacy concerns are of particular relevance to the data to be included in all of the reports produced for the Performance Outcomes System as all are intended to report on measures at the county-level, which can be challenging under HIPAA, particularly for small counties that will have technical limitations for some of the data tables produced. Because of these concerns, before any reports are disseminated, a DHCS Expert Determination review and Office of Legal Services review is needed, which includes the approval of DHCS's Privacy Officer from the Office of HIPAA Compliance. These processes may have a minor impact on reporting timelines, but they ensure that DHCS remains compliant with its commitment to protect the privacy and security of the data while still allowing for public reporting.

IV. Timeline to Build the Performance Outcomes System

Table 1 reflects the high-level milestones and timeframes required to build a comprehensive, statewide Performance Outcomes System. New dates are identified as changed in the far right column of the table below while the rationale for the change is described in the corresponding section of this System Plan.[11]

Table 1. Timeline to Build the Performance Outcomes System

Milestones	Initial Date of Completion from Original System Plan[12]	Revised Date of Completion
System Plan and System Implementation Plan		
Deliverable: System Plan	**October 1, 2013**	**November 1, 2013**
Draft System Implementation Plan	November 2013	n/a
Obtain Input on the final draft Implementation Plan from the Stakeholder Advisory Committee	December 2013	n/a
Deliverable: System Implementation Plan	**January 10, 2014**	**n/a**
Deliverable: Performance Outcomes System Plan Update	**October 1, 2014**	**April 2015**
Deliverable: Performance Outcomes System Implementation Plan Update	**January 10, 2015**	**June/July 2015**
Establish Performance Outcomes System Methodology		
Facilitate stakeholder input on the performance outcomes system evaluation methodology (e.g., including standardized data sources and data collection tools used)	July 2014	December 2014
Obtain Input on the performance outcomes system methodology protocol from the Performance Outcomes System Stakeholder Advisory Committee	September 2014	February 2015
Deliverable: Performance Outcomes System Protocol	**October 2014**	**June 2015**

[11] The implementation schedule, communication plan, risks / issues, and assumptions / constraints will be detailed in the System Implementation Plan.

[12] A copy of the System Plan submitted on November 1, 2013, is available here: http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/SMHS_Perf_Outcomes_System-Plan11-01-13.pdf.

Milestones	Initial Date of Completion from Original System Plan[12]	Revised Date of Completion
Initial Performance Outcomes Reporting: Existing DHCS Databases		
Identify Performance Outcomes Data Elements in Existing DHCS Databases	January 2014	Ongoing May 2014
Assess Data Integrity	March 2014	Ongoing July 2014
Develop County CSI Error Reports[13]	April 2014	December 2014
Counties Remedy Data Quality Issues	Ongoing Beginning in May 2014	Ongoing Beginning in January 2015
Develop Performance Outcomes Report Template(s)	June 2014	December 2014
Obtain Input on the Report Template(s) from the Stakeholder Advisory Committee	July 2014	February 2015
Deliverable: Statewide and County Reports on Initial Performance Outcomes Using Data from Existing DHCS Databases	**Ongoing Beginning in October 2014**	**Ongoing Beginning in March 2015**
Continuum of Care: Screenings and Referrals		
Obtain input on screening and referral information needed for the Performance Outcomes System from the Stakeholder Advisory Committee	February 2014	April 2014
Continuity of care data reported by the MCPs added to the Medi-Cal Managed Care Performance Dashboard	November 2014	n/a
Grievances and appeals data reported by the MCPs added to the Medi-Cal Managed Care Performance Dashboard	February 2015	n/a
Mental Health Utilization Metrics added to the Medi-Cal Managed Care Performance Dashboard	August 2015	n/a

[13] Previously referred to as "Data Quality Improvement Reports," but changed to CSI Error Reports to prevent confusion with the Quality Improvement Work Plans that counties must submit on an annual basis.

Milestones	Initial Date of Completion from Original System Plan[12]	Revised Date of Completion
SHA Committee to consider updating behavioral health questions	FY 2015-2016	n/a
Comprehensive Performance Outcomes Data Collection and Reporting		
The activities associated with this task are dependent on the number and scope of additional data elements adopted as part of the Performance Outcomes System Methodology	FY 2014-2015	n/a
Receive recommendations from researchers regarding functional assessment data elements to use for reporting purposes	n/a	April 2016
Obtain Input on the Report Template(s) from the Stakeholder Advisory Committee	Summer 2015	Fall 2017
Deliverable: Statewide and County Reports on Comprehensive Performance Outcomes Using Existing and Data	**FY 2015-2016**	**FY 2017-2018**
Continuous Quality Improvement Using Performance Outcomes Reports		
Develop Trainings to Support Interpretation of the Performance Outcomes Reports (Initial and Comprehensive)	Ongoing Beginning in January 2015	Ongoing Beginning in May 2015
Develop Performance Outcomes System Quality Improvement Plan [14]Template(s)	Ongoing Beginning in March 2015	Ongoing Beginning in June 2015
Obtain Input on the Performance Outcomes System Quality Improvement Plan Template(s) from the Stakeholder Advisory Committee	Spring 2015	July/August 2015
Deliverable: Quality Improvement Plans	**Summer 2015**	**Fall 2015**
Support and Monitoring of Performance Outcomes System Quality Improvement Plans	Ongoing	n/a

[14] Previously referred to as "Quality Improvement Plan" but changed to Performance Outcomes System Quality Improvement Plan to prevent confusion with the Quality Improvement Work Plans that counties must submit on an annual basis.

V. Conclusion

With the submission of this report, DHCS has fulfilled three of the four required reports to the Legislature pursuant to W&I Code Section 14707.5 (c),(d) and (e)(1). The updated System Implementation Plan legislative report, as identified in subdivision (e)(2), will complete the reporting requirement in June 2015.

In the past year, DHCS has made progress on the Performance Outcomes System project, with minor timeline delays due to unforeseen constraints with regard to time and resources, and a recent change in leadership. In the broad view, the goal of the Performance Outcomes System project is to establish a foundation for more consistent reporting on specialty mental health services for children/youth and eventually, adults. In the next year, DHCS will continue collaborating with the Performance Outcomes System SAC and subgroups to continue defining indicators and identifying corresponding measures. In addition, DHCS and the counties will begin to understand the implications of the initial reports and how to use them to improve services.

Appendix 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.

(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.

W&I Code, Section 14132.03, added by Senate Bill [SB] X1-1, Fiscal Committee, Chapter 4, Statutes of 2013

W&I Code, Section 14132.03.

(a) The following shall be covered Medi-Cal benefits effective January 1, 2014:

(1) Mental health services included in the essential health benefits package adopted by the state pursuant to Section 1367.005 of the Health and Safety Code and Section 10112.27 of the Insurance Code and approved by the United States Secretary of Health and Human Services under Section 18022 of Title 42 of the United States Code. To the extent behavioral health treatment services are considered mental health services pursuant to the essential health benefits package, these services shall only be provided to individuals who receive services through federally approved waivers or state plan amendments pursuant to the Lanterman Developmental Disability Services Act, at Division 4.5 (commencing with Section 4500).

(2) Substance use disorder services included in the essential health benefits package adopted by the state pursuant to Section 1367.005 of the Health and Safety Code and Section 10112.27 of the Insurance Code and approved by the United States Secretary of Health and Human Services under Section 18022 of Title 42 of the United States Code.

(b) The department may seek approval of any necessary state plan amendments to implement this section.

(c) This section shall be implemented only to the extent that federal financial participation is available and any necessary federal approvals have been obtained.

SEC. 30.

Article 5.9 (commencing with Section 14189) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 5.9. Medi-Cal Managed Care Plan Mental Health Benefits

W&I Code, Section 14189.

Medi-Cal managed care plans shall provide mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. The department may require the managed care plans to cover mental health pharmacy benefits to the extent provided in the contracts between the department and the Medi-Cal managed care plans.

Appendix B
Stakeholder Advisory Committee Meeting Participants[15]

Partner/Stakeholder
Alameda County Health Care
Alameda County Mental Health
Behavioral Health Concepts - California External Quality Review Organization (CEQRO)
Butte County Behavioral Health
California Academy of Child & Adolescent Psychiatry (CAL-ACAP)
California Alliance of Child & Family Services
California Council of Community Mental Health Agencies (CCCMHA)
California Department of Social Services (CDSS)
California Health Care Foundation
California Health & Human Services Agency (CHHS)
California Institute for Behavioral Health Solutions (CIBHS)
County Behavioral Health Directors Association of California (CBHDA)
California Mental Health Planning Council (CMHPC)
California State Assembly
Calaveras County
CAlOptima
Cambria Solutions
Chapin Hall at the University of Chicago
Child Welfare Services
Children Now
Children's Bureau Southern CA
Children's Institute
Contra Costa County Public Health Department
Contra Costa Health Services
County of Santa Cruz Health Services Agency
County Welfare Directors Association of California (CWDA)
Crittenden Services
Department of Finance
Department of Health Care Services (DHCS)
Department of Social Services/Child Welfare Services (CDSS/CWS)
Disability Rights Counsel CA
Early Childhood Mental Health Program
Eastfield Ming Quong Families First (EMQFF)
Family Member
Families First
Family SOUP
Five Acres
Fred Finch Youth Center
Fresno County Mental Health
Gov. Policy & Strategies
Hathaway Sycamores

[15] These meetings were held in Sacramento and both WebEx and conference call options were available to participants. Materials were provided in advance to participants. Materials are posted on the DHCS Internet site before meetings at: http://www.dhcs.ca.gov/individuals/Pages/POS_MC_Sp_MHS-SHAC.aspx.

Partner/Stakeholder
Health Net
Humboldt County Mental Health
Imperial County Mental Health
John Perez, California State Assembly Member
Kern County Mental Health
Kings View Behavioral Health
Lake County Mental Health
Lassen County Health
Lincoln Child Center
Local Health Plans of California (LHPC)
Los Angeles County Department of Children and Family Services (LACDCFS)
Los Angeles County Mental Health
Madera County Mental Health
Marin County Mental Health
Mental Health Association California
Mental Health Services Oversight and Accountability Commission (MHSOAC)
Merced County Mental Health
Momentum for Mental Health
Monterey County Behavioral Health
Napa County Mental Health
National Alliance on Mental Illness (NAMI) CA
National Health Law Program
Nevada County
Online Archive of CA (OAC)
Orange County Health Care Agency
Pacific Clinics
Placer County
Planning Council
Rebekah Children's Services
River Oak Center for Children
Riverside County Department of Mental Health
Sacramento County Mental Health
San Benito County
San Bernardino County
San Diego Health and Human Services Agency Child Welfare Services (HHSACWS)
San Diego County Mental Health
San Francisco Department of Public Health
San Luis Obispo County
Santa Clara
Santa Cruz County/CBHDA
San Joaquin County Behavior Health Services
Santa Barbara County Mental Health
SBC Social Services
Senate Budget Committee
Senate Office of Research
Seneca Center
Shasta County Mental Health
Sierra Forever Families
Siskiyou County Human Services Agency
SLC Consulting
Solano County Mental Health

Partner/Stakeholder
Sonoma County
Star View Children & Family & Services
St. Anne's
Stanislaus Behavioral Health and Recovery Services
Sunny Hills Services
Sutter County
Sutter-Yuba Mental Health
Tehama County Health Services Agency (TCHSA)
Tuolumne County Behavioral Health
University of California at Davis
University of California at Los Angeles
University of California at San Francisco
Ventura County Mental Health
Victor Community Support Services
Voice 4 Families
West Coast Children's Clinic
Yolo County
Young Minds Advocacy Project
Youth for Change
Yuba City County Mental Health

Appendix C
Subject Matter Expert Workgroup and Measures Task Force Members

Participant	Organization	Membership	
		Subject Matter Expert Workgroup[16]	Measures Task Force[17]
Twyla Abraham	Placer County	X	X
Jane Adcock	California Mental Health Planning Council (CMHPC)	X	X
Renay Bradley	MHSOAC	X	X
Patricia Costales	The Guidance Center	X	
Lorie DeScala	Behavioral Health Concepts	X	X
Linda Dickerson	CMHPC	X	X
Patrick Gardner	Young Minds Advocacy Project	X	X
Bridget Hoffman	Behavioral Health Concepts	X	X
William Holcomb	Behavioral Health Concepts	X	X
David Horner	Orange County Health Care Agency	X	X
Debbie Innes-Gomberg	Los Angeles County Mental Health	X	X
Nathaniel Israel	Chapin Hall at the University of Chicago	X	X
Ellie Jones	California Department of Social Services (CDSS)	X	
Don Kingdon	CBHDA	X	X
Penny Knapp	University of California at Davis	X	X
Amy McCurry	Behavioral Health Concepts	X	X
Dave McDowell	CDSS	X	
Amie Miller	Monterey County Behavioral Health	X	X
Cricket Mitchell	CIBHS	X	X
Abram Rosenblatt	University of California, San Francisco	X	X
Rusty Selix	Coalition for Mental Health	X	
Wesley Sheffield	Young Minds Advocacy Project	X	
Suzanne Tavano	Marin County Mental Health	X	X
Catherine Teare	California Health Care Foundation	X	
Lynn Thull	California Alliance of Child & Family Services	X	X
Bill Ullom	Behavioral Health Concepts	X	X
Laura Williams	Butte County Behavioral Health	X	X
Shanna Zanolini	Ventura County	X	
Carrie Allison	DHCS, Managed Care Quality and Monitoring Division (MCQMD)	X	
Dilara Boring	DHCS, Fiscal Management and Outcomes Reporting Branch (FMORB)	X	

[16] Subject Matter Expert Workgroup (SME) meetings were held in Sacramento. WebEx and conference call options were available to participants. Materials were provided in advance, and were shared among members and updated between meetings.

[17] Measures Task Force meetings were held primarily via WebEx and conference calls. Materials were provided in advance to participants. Materials were provided in advance, and were shared among members and updated between meetings.

Participant	Organization	Membership	
		Subject Matter Expert Workgroup	Measures Task Force
Brenda Grealish	DHCS, Mental Health Services Division (MHSD)	X	
Richard Hildebrand	DHCS, PPQAB	X	
Randy Jose	DHCS, FMORB	X	
Jennifer Kent	Local Health Plans of California (LHPC)	X	
Susan Kinoshita	DHCS, FMORB	X	X
Dina Kokkos-Gonzales	DHCS, PPQAB	X	X
Natalia Krasnodemsky	DHCS, PPQAB	X	
Camille Kustin	DHCS, MCQMD	X	
John Lessley	DHCS, QA Section	X	X
Dionne Maxwell	DHCS, FMORB	X	X
Sean Mulvey	DHCS, QA Unit	X	X
Muhammad Nawaz	DHCS, MCQMD	X	
Minerva Reyes	DHCS, FMORB	X	X
Julia Rojas	DHCS, PPQAB	X	
Reem Shahrouri	DHCS, QA Unit	X	X
Jennifer Taylor	DHCS, FMORB	X	X
Mike Wofford	DHCS, Pharmacy Policy	X	
Molly Yang	DHCS, PPQAB	X	X
Gerald Zipay	DHCS, FMORB	X	
Bambi Cisneros	DHCS, MCQMD		X
Kris Dubble	DHCS, FMORB	X	X
Efrat Eilat	DHCS, Director's Office	X	X
Monika Grass	DHCS, Quality Assurance (QA) Unit	X	X
Edith Thacher	DHCS, FMORB	X	X
Jonathan Graham	DHCS, FMORB	X	X
Katrina Parker	DHCS, FMORB	X	X
Chuck Anders	DHCS, FMORB	X	X
Teresa Castillo	DHCS, Program Policy & Quality Assurance Branch (PPQAB)	X	
Sarah Brooks	DHCS, MCQMD	X	

Appendix D
Staying Healthy Assessment

The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS') Individual Health Education Behavior Assessment (IHEBA). The SHA was first developed in the late 1990s and updated in June 2013 in collaboration with Medi-Cal managed care health plans. The SHA consists of seven age-specific pediatric questionnaires and two adult questionnaires. It is available in English and in all Medi-Cal threshold languages. Plan providers are required to use and administer the SHA to all Medi-Cal beneficiaries as part of the Initial Health Assessment (IHA) and periodically re-administer it according to contract requirements. Plans may use an alternative IHEBA with prior approval of the Managed Care Quality and Monitoring Division (MCQMD).

A SHA advisory committee, made up of plan representatives and providers, and MCQMD staff will oversee periodic updates to the questionnaires and other SHA resources. Plan representatives and providers interested in joining the SHA committee may send a request to MCQMD's health education mailbox address. Questions, comments, and suggestions regarding the SHA questionnaires and other resources should also be emailed to this address: MMCDHealthEducationMailbox@dhcs.ca.gov

SHA Questionnaires

- Stay Healthy Assessment: 0-6 Months
- Stay Healthy Assessment 7-12 Months
- Stay Healthy Assessment 1-2 Years
- Stay Healthy Assessment 3-4 Years
- Stay Healthy Assessment 5-8 Years
- Stay Healthy Assessment 9-11 Years
- Stay Healthy Assessment 12-17 Years
- Stay Healthy Assessment Adult
- Stay Healthy Assessment Senior

Languages: English, Arabic, Armenian, Chinese, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese