



**Performance Outcomes System Implementation Plan
for
Medi-Cal Specialty Mental Health Services for
Children & Youth**

January 10, 2014

**Submitted by the Department of Health Care Services
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Senate Bill (SB) 1009 (Chapter 34, Statutes of 2012)**

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Executive Summary

In 2012, the state enacted a process for the Department of Health Care Services (DHCS) to develop a plan for a performance outcomes system 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. Specifically, Welfare and Institutions Code, Section 14707.5,¹ set forth three major requirements: 1) convene a stakeholder advisory committee no later than September 1, 2012; 2) submit to the Legislature by October 1, 2013, a performance outcomes system plan; and 3) submit to the Legislature by January 10, 2014, a performance outcomes system implementation plan.

To ensure a transparent process, DHCS convened the Performance Outcomes System Stakeholder Advisory Committee in September 2012, and held the first meeting in October 2012 to discuss how best to approach the development of a Performance Outcomes System to evaluate California's Medi-Cal specialty mental health services for children and youth. Fulfilling the first requirement, this Committee provided consultation and input on the performance outcomes system plan and implementation plan. The Committee included participation by representatives of youth family members and/or caregivers; county staff; child/youth advocates; other California State-level entities, including the Legislature, and the Mental Health Services Oversight and Accountability Commission (MHSOAC); as well as other members of the interested public.

As committee meetings have included individuals representing over one hundred organizations, it was necessary to form smaller working groups: the Subject Matter Expert (SME) Workgroup and the Measures Task Force. The SME Workgroup identified relevant performance outcomes domains and indicators for the Performance Outcomes System. This workgroup will continue to provide input to DHCS. The Measures Task Force is currently working to identify functional outcomes that may be used to assess child/youth progress and provider performance. The Performance Outcomes System Stakeholder Advisory Committee has been given the opportunity to provide input on work products developed by DHCS and the workgroup subgroups and provided feedback, meeting four times between October 2012 and December 2013.

This System Implementation Plan fulfills the third requirement. It follows the "Performance Outcomes System Plan for Medi-Cal Specialty Mental Health Services for Children & Youth," which was provided to the Legislature on November 1, 2013, in

¹ Welfare and Institutions Code, Section 14707.5 (Senate Bill [SB] 1009, Committee on Budget and Fiscal Review, Chapter 34, Statutes of 2012). The complete language of the Legislation is included in Appendix A, Legislation.

fulfillment of the second requirement. It further discusses the methodology and deliverables that were outlined in the System Plan,² detailing the steps necessary to implement a fully operational performance outcomes system.

The 2014-15 Governor's Budget includes budgetary resources to implement the Performance Outcome System. Specifically, DHCS is requesting four full-time positions to implement this system, in addition to existing DHCS staff.

In December 2014, DHCS will produce the initial performance outcomes reports that will reflect data captured in the existing DHCS databases. The template for these reports will be reviewed and vetted through the Performance Outcomes System Stakeholder Advisory Committee to ensure that the needs of partners/stakeholders are addressed. Development of these reports not only requires identifying the variables relevant to outcomes measurement, but also involves an extensive assessment of the data validity and reliability. DHCS will provide technical assistance to counties to remedy identified data integrity issues.

A key deliverable, scheduled to be completed in February 2015, is the Performance Outcomes System Protocol. The Protocol establishes the project management approach and the evaluation methodology for the Performance Outcomes System. It answers many of the questions about how the work will be completed such as defining the target population for the system, identifying the indicators and data to be collected, the method and frequency of data collection and reporting, and the relevant systems. It will serve as a reference document for DHCS and counties in the future.

As DHCS and the counties develop the initial reports, data gaps that are identified will be documented to assist with defining the needs for expanded data collection efforts. DHCS and the stakeholders have already determined that it is critical to measure treatment progress; therefore, the Measures Task Force is reviewing a variety of options for evaluating children/youth functioning. There are complex analyses that are necessary to determine what should be included in the expanded data collection effort since counties use different systems to capture mental health data, and counties capture the information with different tools and at different times. Collecting new data will impact people, systems, processes, and existing reports, which may need to be modified. Collection of the expanded data will be specified for the counties and a long-term process of testing the data and modified reports is planned to occur during fiscal year 2015-2016. These comprehensive reports will be made available beginning in the summer of 2016.

Using the data to support decision-making will begin as soon as the initial reports are developed. Building on quality assurance processes and county programs that exist today, DHCS, in consultation with stakeholders, will establish a quality improvement

² The timeline from the System Plan is included in Appendix B, Timeline to Build the Performance Outcomes System.

process that focuses on improving data quality and identifies strengths and opportunities for improving practice across the performance outcome domains of mental health services. Primary quality improvement goals include ensuring that services are provided appropriately and in the most cost-effective manner. Quality improvement activities will begin in the spring of 2014, and the Quality Improvement Plans will be developed by the summer of 2015.

As with most system implementations, the Performance Outcomes System faces multiple barriers and risks. The quality of the data received by DHCS from the counties has a direct impact on the quality of the reports and system capabilities directly impact reporting capabilities. Both the State and the county resources will continue to be evaluated.

There are likely to be instances when competing stakeholder opinions and perspectives may make it difficult to achieve consensus and manage scope. DHCS plans to build project management structures into the Protocol that address these issues. These mitigation efforts go hand-in-hand with managing resistance to change through openness, communication, and well-defined processes.

Through continued collaboration with partners, stakeholders, and subject matter experts, DHCS will begin drafting the Protocol and continue its system and data assessment work. In October 2014 and January 2015, respectively, DHCS will follow up on the implementation progress by submitting to the Legislature an updated System Plan and Implementation Plan for the Continuum of Care, which will also describe how children and youth mental health screening and referral performance outcomes information will be incorporated into the system.

I. Introduction

Legislation Overview

Welfare and Institutions [W&I] Code, Section 14707.5 (added by Senate Bill [SB] 1009, Statutes of 2012, and amended by Assembly Bill [AB] 82, Statutes of 2013) requires the Department of Health Care Services (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 services³ for use in improving outcomes at the individual, program, and system levels and to inform fiscal decision-making related to the purchase of services (see Appendix A). Specifically, this statute states that “the State Department of Health Care Services shall propose how to implement the performance outcomes system plan for EPSDT mental health no later than January 10, 2014.”

This System Implementation Plan follows the “Performance Outcomes System Plan for Medi-Cal Specialty Mental Health Services for Children & Youth,” which was provided to the Legislature on November 1, 2013. It further discusses the methodology and deliverables for implementing the performance outcomes.

California’s Specialty Mental Health Services for Children and Youth

Based on approved claims data for fiscal year 2011-2012, California provided Medi-Cal Specialty Mental Health Services to 238,064 children and youth under 21 years of age. The total service expenditures for these children and youth were nearly \$1.4 billion, or about 60 percent of California’s specialty mental health services expenditures. DHCS believes that high-quality data reporting will support both improving services for this population and will promote a better understanding of the costs. By working with the counties to improve data quality and integrity, and providing reports that may be used by policymakers to improve services provided to children and youth in California’s public mental health system, the Performance Outcomes System will support decision-making and assist in meeting federal reporting requirements.

California’s Performance Outcomes System Plan

The “Performance Outcomes System Plan for Medi-Cal Specialty Mental Health Services for Children & Youth” provided an infrastructure from which to build a Performance Outcomes System. It set forth the Performance Measurement Paradigm, which specifies that outcomes shall be measured at the individual (youth/family), provider, system, and community (public) levels. Across each of these levels, outcomes will be measured for the following seven domains, as applicable: access, engagement,

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.

service appropriateness to need, service effectiveness, linkages, cost-effectiveness and satisfaction. When the performance outcomes system is fully operational, California will have an ongoing process for quality improvement supported by stakeholder and subject matter expert workgroups, an evaluation methodology, routine reporting, training, technology, and quality improvement plans.

II. Performance Outcomes System Implementation Plan

Implementing the Performance Outcomes System requires constant balancing of the needs and capabilities of resources, data, and technology for the state and counties. Any change to the balance may impact one or more system characteristics, such as people, funding, systems, business processes, and time. For example, decisions that identify the performance outcomes data may require changes to data collection tools, which impacts county and state data systems, as well as how and when data are reported and analyzed.

Accordingly, this Performance Outcomes System Implementation Plan provides a detailed explanation of the activities that are necessary to implement each of the milestones outlined in the Performance Outcomes System Plan Timeline (see Appendix B). These activities (described below), include continued partner/stakeholder involvement, the development of a performance outcomes system protocol, creation of initial performance outcomes system reports using data captured in existing databases, expanding reporting to include additional data elements identified through the partner/stakeholder process, and the development and implementation of a continuous quality improvement process.

The timeline reflects the statewide efforts needed for DHCS and the counties to improve data reporting quality and develop data reporting and quality improvement processes. While some stakeholders have voiced concerns over the time needed to implement the system and distribute reports, others have acknowledged that time is needed to make the changes necessary to produce valid and usable reports that feed into a quality improvement process.

Contributing to the timeline are numerous issues with data completeness and accuracy, which must be addressed. AB 82 required DHCS to incorporate performance outcomes related to managed care health plan screening for mental health needs, as well as referrals to Medi-Cal fee-for-service providers and/or county mental health plans. Finally, the State and counties are currently implementing Katie A. services and the related accountability processes, which have similar performance outcomes objectives for assuring quality services to children in foster care. Through inclusive efforts, the complexity and scope of implementing the Performance Outcomes System has increased, extending the implementation plan timeline. The milestones will be carefully tracked to mitigate negative impacts to the timeline.

A. Partner / Stakeholder Involvement

To develop the DHCS Performance Outcomes System Plan, DHCS benefited from the involvement of the DHCS Performance Outcomes System Stakeholder Advisory Committee, which represents the spectrum of stakeholders for Medi-Cal specialty mental health services for children and youth, and whose input and guidance have been invaluable in understanding and beginning to identify the relevant information necessary to build an effective and efficient Performance Outcomes System. After the System Plan was submitted to the Legislature on November 1, 2013, a meeting was held with the Performance Outcomes System Stakeholder Advisory Committee on December 10, 2013, to give them the opportunity to provide input and feedback on this Implementation Plan. The resulting comments were used to clarify various sections of the plan.

The Subject Matter Expert (SME) Workgroup and the Measures Task Force have also continued their work. The Workgroup met on November 6, 2013, to review the System Plan, as well as an outline of this System Implementation Plan. The Measures Task Force has met approximately every two weeks since June 10, 2013, to identify and review functional outcomes that may be used to assess child/youth progress, as well as to consider a number of measures that are currently in use at the local level.

DHCS anticipates collaborating simultaneously with multiple SMEs, individually and in workgroups, as needed, to address specific tasks. Goals, meeting dates and deadlines will be identified for each workgroup, and recommendations from these workgroups will be shared with the Performance Outcomes System Stakeholder Advisory Committee. As implementation tasks begin, new workgroups will likely be established. DHCS envisions the need for the following additional workgroups:

Data Integrity Workgroup

This workgroup will consist of county data and IT experts who will participate in tasks relevant to county data management and submission. The initial focus will be on improving the quality and reliability of existing data; however, if it is determined that counties must expand their data collection efforts, this workgroup will assist DHCS in understanding the changes counties may need to make to their data systems. Beyond these efforts, it is anticipated that this group will participate in ongoing data improvements through the quality improvement process.

Report Design Workgroup

This workgroup will include representation of partners/stakeholders who will use the performance outcomes information, including DHCS staff, county quality improvement and data staff, as well as children/youth (if possible) and their family members and advocates. The purpose/goal of this workgroup is to ensure that the reports developed using the data are informative, user-friendly, and useful.

Quality Improvement Committee

The committee will be established to integrate review and analysis of information from Performance Outcomes System reports into existing MHP quality improvement activities. The goal of this committee will be to continuously improve the delivery and quality of specialty mental health services for children and youth.

Workgroups will continue to provide updates at the Performance Outcomes System Stakeholder Advisory Committee meetings.

B. Evaluation Methodology: The Performance Outcomes System Protocol

Establishing a clear “roadmap” for the Performance Outcomes System is at the core of a successful implementation. DHCS will produce a Performance Outcomes System Protocol that fully documents the evaluation methodology. The protocol will describe the project governance and decision-making, roles and responsibilities, and project processes and procedures, including:

- What needs to be accomplished?
- Who are the partners/stakeholders and when will their input be required (e.g., identifying indicators, data, data collection tools, and timelines)?
- How will DHCS continue to communicate with the Performance Outcomes System Stakeholder Advisory Committee and workgroups?
- How will workgroups be organized and managed (e.g., establishing charters with tasks, due dates, goals and action items)?
- Who is responsible for each aspect of the Performance Outcomes System (e.g., what work is performed by the state and by the counties)? What roles should be taken by the MHSOAC, California Mental Health Planning Council (CMHPC), External Quality Review Organization (EQRO), and the CMHDA? How will DHCS coordinate internally to ensure that data reporting is integrated and comprehensive?
- What is the target population (e.g., children and youth served by Medi-Cal specialty mental health services, Mental Health Services Act Full Service Partners, foster youth)?
- What data are and are not currently available and what is missing? How will gaps in data collection be addressed?
- How often are data collected and reported?
- What reports are created, when are they made available and how are they distributed?
- How is success/progress defined and tracked?

- What is the process for translating the results presented in the reports into actionable plans for quality improvement?
- Are there opportunities to partner with other state entities?

DHCS will request input on the Performance Outcomes System Protocol from the Performance Outcomes System Stakeholder Advisory Committee in October and December 2014 and complete the Protocol in February 2015.

C. Initial Performance Outcomes Reporting: Existing DHCS Databases

Data submitted to existing DHCS data systems by the counties provides the starting point from which to develop the Performance Outcomes System reporting. Since the SME Workgroup established performance outcomes domains and indicators, the DHCS Data Workgroup embarked on a series of steps to examine data elements in existing DHCS databases that may be used to measure these indicators.

Step 1: Examine Existing DHCS Data Systems

DHCS staff will use data captured in legacy systems that were developed and maintained by the former Department of Mental Health (DMH). This improved accessibility to systems will allow for integration of data between systems and expedited reporting. Thus far, DHCS staff have noted the following state data systems to contain relevant mental health outcomes data:

Short-Doyle / Medi-Cal Claiming System

The types of data that are provided to this system include client demographics, service types, dates of services, and approved Medi-Cal claim amounts.

Client and Services Information System

The types of data captured in this system include dates and types of services. The data are more extensive than the Short-Doyle/Medi-Cal claiming system regarding client demographics, diagnoses, living arrangement, services strategy, race/ethnicity, employment, and education level.

Web-Based Data Collection Reporting System Consumer Perception Surveys

The types of data that are captured in this system include consumer satisfaction with services across seven domains; general satisfaction, access, quality / appropriateness of care, social connectedness, client functioning, criminal justice, and quality of life. Other data include perceived impacts to quality of life across these seven domains; general life satisfaction, living situation, daily activities and functioning, family and social relations, finances, legal and safety, and health.

Data Collection and Reporting System

The types of data that are captured in this system relate to nine domains: residential status, education, employment, financial status, legal issues / designation, emergency interventions, health status, substance use, and

activities of daily living. Data in this system are currently being validated by the MHISOAC; however, only a small portion of youth who receive specialty mental health services are represented in this data system.

Management Information System / Decision Support System

The types of data that are captured in this system are claims and encounter data (mental health Medi-Cal, Drug Medi-Cal, managed care, pharmacy, fee-for-service Medi-Cal), Medi-Cal eligibility data, provider data, and other reference data such as National External Norms and Benchmarks.

In this project phase, DHCS does not anticipate making any changes to these existing systems. Rather, DHCS will focus on improving the quality of the data captured in them. DHCS will work with counties to establish processes to ensure the integrity of these data.

Step 2: Identify Variables for Outcomes

DHCS is currently conducting a comprehensive review of the data elements in the existing DHCS data systems in order to determine which will measure the performance outcomes for the seven domains that are of interest (e.g., working to understand the data collection and submission methods, the frequency of data submission). These tasks involve a manual comparison of data dictionaries and other supporting data documents, use of computer software to access and examine the various data systems, as well as collaboration with intra-departmental staff, county staff, and other subject matter experts.

Step 3: Assess Data Integrity

The Performance Outcomes System reports will only be as good as the data that are used to produce them. As such, DHCS will assess data integrity once the performance outcomes measurement variables are identified. This entails querying multiple systems to evaluate whether or not the data are complete and accurate and whether or not they can be accurately matched between systems.

Step 4: Develop Data Quality Improvement Reports for Counties

After data integrity is evaluated, DHCS staff will focus on working with counties to improve data quality, which includes establishing business rules. Formal data quality reports that specify variables in need of improvement or correction will be developed and provided to counties. DHCS continues to work with counties to encourage timely and accurate submission of data to the Client and Services Information System and the Data Collection and Reporting System. DHCS efforts will be expanded to encompass the remaining relevant DHCS data systems. It is envisioned that it will also be necessary to form a Data Integrity Workgroup, which will likely be comprised of representatives from CMHDA and its information technology workgroup, to address data quality issues on an ongoing basis. Participation by other subject matter experts will be requested by DHCS, as needed.

Step 5: Remedy County Data Quality Issues

MHSOAC has established a contract to strengthen the data in the Data Collection and Reporting System and the Client and Services Information System. To support counties, DHCS staff, the Data Integrity Workgroup, and CMHDA will provide technical assistance, as appropriate, by scheduling standing WebEx sessions with all counties to foster collaboration and constant communication.

Step 6: Develop Report Templates

While counties work to improve data quality, DHCS will engage the Reports Design Workgroup to design performance outcomes report templates. During this process DHCS research and IT staff will identify which variables in the DHCS systems can be calculated and/or merged to measure the Performance Outcomes System domains and indicators. DHCS research and IT staff will draft templates for standardized reports for use at the consumer, county, and statewide levels. DHCS will work closely with CMHDA in order to build on the work performed by counties who have invested substantial resources for the development of data systems, reporting structures, instruments, and training.

DHCS and the Reports Design Workgroup will meet with partners/stakeholders to explain how the reports were derived, how the results might be interpreted, and to solicit feedback regarding any changes and/or additions that should be made with respect to the report itself or to the data quality processes.

Step 7: Produce Initial Reports Using Existing Data

DHCS anticipates that developing the report template will be an iterative process that involves communication with the counties, changes to the reports and improved data reporting by the counties on an on-going basis. Prior to delivery of the first reports, DHCS anticipates addressing many questions and concerns. The first Performance Outcomes System Report using existing data will be provided to the counties and the public by December 2014.

D. Comprehensive Performance Outcomes Reporting: Expanded Data Collection

Once data collection gaps are identified during the initial performance outcomes system reporting development process, DHCS will take steps to determine how best to bridge the gaps, which will result in expanded data collection efforts.

Step 1: Identify Expanded Variables

As DHCS staff map data to outcomes indicators, and as the report template is designed, it is anticipated that additional data will be needed. The collection of additional variables will be prioritized based on criteria that include, but are not limited to; criticality of the variables to decision-making and the system impacts of collecting the

variables (e.g., accessibility of the variables, costs of making system changes at the state and county levels).

At this point, it is clear that the first measurement gap to be addressed is child/youth functioning since this indicator is critical to evaluate the progress children/youth make while receiving specialty mental health services. Although this individual-level outcomes information is currently gathered within multiple counties, it is not reported to DHCS. How functional impairment data are aggregated at the state level poses numerous challenges, particularly with regard to comparability since counties employ different data collection methodologies (e.g., tools, data collection frequency).

Step 2: Identify Methodology to Evaluate Children/Youth Treatment Progress

Developing a data collection methodology so that treatment progress may be reliably evaluated over time and across similar programs, represents a significant challenge to the Performance Outcomes System. In particular, the functional assessment tools used by counties differ in content and rating methods, may be completed from different perspectives (clinicians, family members/caregivers, and youth; individually and collectively), and may be better suited for certain age groups. Since several counties have made a substantial investment in local performance outcomes systems, tackling the measurement methodology issues associated with functional impairment is certain to be complex as it involves balancing individualization and standardization.

A consistent comment from stakeholders, provided both verbally and in written feedback, is that the current outcome measures utilized by service providers and required by the counties should be reviewed for inclusion, not just the Child and Adolescent Needs and Strengths (CANS), which is mentioned in the legislation. DHCS and the Measures Task Force are currently reviewing several evidence-based children/youth functional assessment tools that are commonly used by California counties, including CANS, to see if information gathered from these different tools could be aggregated at the state level. With the expertise provided by the Measures Task Force, DHCS is looking at multiple possibilities on how best to proceed. One particular option is to assess the comparability between the most commonly used functional assessment tools to determine if similar constructs are measured (e.g., internalizing, externalizing, general symptomology, risk behaviors, developmental functioning). However, there are no guarantees that such a study would yield findings that may be used to assert that there is any (or enough) comparability between the tools. Another option is to perform an in-depth examination into existing local performance outcomes systems to determine if best practices exist. There are numerous options that must be carefully identified and considered.

Before proceeding, DHCS must work with SMEs to investigate all of these possible options, and implications of each option, given the impact any changes will have on local performance outcomes systems, especially for those who have successfully implemented quality improvement processes. Input on these options will be solicited from partners/stakeholders.

Step 2a: County Data Management

Depending on the methodology selected to evaluate children/youth treatment progress, the expanded variables and data collection tools selected for the DHCS Performance Outcomes System may already be in use by some counties, but not currently submitted to DHCS, or they may be completely new to other counties. If counties are to submit their existing functional assessment data, DHCS anticipates that counties would utilize their current systems and methods, although some changes may be necessary. If counties are to collect and submit new functional assessment data, then there may be a need for changes to local systems. The degree of impact and the cost will vary depending on county size, current system, and other factors. DHCS recognizes that there may be costs associated with changes to methods, processes, and systems; therefore, it will be essential for DHCS to collaborate with counties to determine the most efficient ways to collect, store, and submit the required data.

No matter what method is selected, as part of the on-going quality improvement process, DHCS will provide counties with technical assistance and training that will enable them to adequately prepare their staff (e.g., train clinicians to collect different data or use different tools, assist in understanding impacts to systems or data entry into systems, educate county staff and stakeholder on the value of the new data). Working with the CMHDA IT/Data Workgroup, DHCS will provide outreach and education to the counties so they understand expectations and may prepare for changes in a timely manner.

Step 2b: DHCS Data Management

DHCS recognizes that its existing systems may not store the expanded data without modification. To accommodate expanded data collection efforts, DHCS will evaluate the current systems, and make changes, as needed.

Step 3: Initiate Collection of Expanded Data

After augmenting the current county and DHCS technology infrastructures to accommodate expanded data collection, a process for the rollout of the new methodology will be implemented. DHCS staff will continue to support county staff by providing technical assistance and training.

Step 4: Develop/Modify Reports

In line with the initial reporting efforts using existing data, outlined above, DHCS will again work with the Report Design Workgroup to modify existing data report templates, or create new reports to accommodate the information. DHCS research and IT staff will identify how the new variables may be calculated and/or merged to enhance outputs for the Performance Outcomes System domains and indicators. DHCS and the Report Design Workgroup will meet with partners/stakeholders to explain how the reports were derived, how the results might be interpreted, and to solicit feedback regarding any

changes and/or additions that should be made with respect to the report itself or to the data quality processes.

Step 5: Test Expanded Data

The initial processes established between DHCS and the counties to improve data quality will be continued and include submission, testing and data integrity for expanded data. DHCS will need a minimum of six months of complete data submissions from all counties in order to begin reviewing the integrity of the expanded data. It will take a minimum of one year to fully ensure that the data is stable enough to be considered useable. This task will be on-going as DHCS databases receive data on a continuous basis.

Step 6: Produce Reports Using Expanded Data

DHCS will incorporate the changes to the draft templates and create final reports. The comprehensive performance outcomes reports, reflecting existing and expanded variables, will be published in the summer of 2016.

E. Continuous Quality Improvement

Although this System Implementation Plan describes many activities for identifying and collecting data and the technology for supporting it, the key to improving Medi-Cal specialty mental health services for children and youth is to identify how to best use the outcomes information. A wealth of data can be collected and stored, but ultimate success comes from its use in decision-making to improve the mental health service delivery system. The quality assurance/improvement program supports decision-making based on the performance outcomes information. It provides structure and direction, and designs activities to measure and track progress towards goals and objectives.

The ultimate goal is to strengthen the structure and/or processes of mental health delivery systems and share successful and cost-effective practices between Mental Health Plans (MHPs). Strategies will specifically focus on partnering, educating, and training MHPs and their providers on removing barriers to access mental health services. Further, training efforts will include providing standards of care using diagnostic assessments and evidence-based treatment, such as trauma-informed care that allows for reducing disparities among children and youth. DHCS acknowledges that many MHPs already utilize performance outcomes information to improve the quality of services to children and youth, and that it would be beneficial to partner with specific MHPs to assist with sharing of successful practices. This focus on quality helps to ensure that scarce resources are used in an efficient and effective way and to develop quality measures that ensure improved outcomes.

Implementing a high-quality Performance Outcomes System requires a significant amount of knowledge and skills, including; planning, priority setting, continuous quality improvement and strategies for sustainability. Quality Improvement efforts will:

1. Support county data improvement and consistency, including providing feedback to DHCS about county data issues and data needs;
2. Provide training and support to counties as they accommodate new data collection requirements; and practices, and
3. Encourage the sharing of information about programs that demonstrate improved outcomes.

To help build DHCS and MHP/provider capacity that will enhance the knowledge and skills to identify and sustain quality improvements or evidence-based programs, DHCS will establish a collaborative feedback process on data collection efforts and the sharing of information with MHPs/providers. A Quality Improvement (QI) Committee will be established to integrate review and analysis of information from Performance Outcomes System reports into existing MHP quality improvement activities. The goal of this committee will be to continuously improve the delivery and quality of specialty mental health services for children and youth.

Development of the Quality Improvement Process

The quality improvement process begins before reports are published. Initial quality improvement efforts will focus on the quality, completeness and timeliness of data collection and reporting, which will be on-going during implementation and will be a significant aspect of operationalizing the use of the Performance Outcomes System. Counties will likely have differing levels of complexity associated with their data quality issues, which will require differing lengths of time to address. It is anticipated that small counties will have significantly different data quality needs. DHCS will also assist counties in reviewing their Quality Management Plans, as well as, data collection, data management, business processes and staff and planning for the expanded data collection efforts.

Establish the Data Quality Feedback Process

Once the initial reports are developed, quality improvement activities will expand to providing the feedback loop between counties and DHCS on data and sharing information from successful programs. DHCS will consult with counties to identify what data the counties need, including how it may be presented, sorted and displayed in order to maximize usefulness to counties and consumers. DHCS will explore with small and medium sized counties what will be most helpful to meet their specific needs and resource capabilities.

Develop Practice Improvement Process

Through outcomes reporting, the state and counties will be able to identify strengths and opportunities for improving practice across the outcome domains of mental health services. These outcomes findings will inform the development of Quality Improvement Plans that may be used to ensure consistent, high quality, and fiscally effective services are delivered to children/youth and their families, and that these services improve

functioning in all areas affecting the lives of children and youth; including school performance, home environment, child safety, and juvenile justice.

Through the MHP contract with DHCS, counties are already required to have a Quality Management Program that monitors utilization and performance, including beneficiary and system outcomes. The contract requires each MHP to establish a QI Committee that reviews the quality of specialty mental health services, institutes needed QI activities, reviews and evaluates the results of QI activities, and ensures follow up of QI processes. QI activities include collecting and analyzing data against identified goals and prioritized areas of improvement.

DHCS staff will assist MHPs to incorporate information from the Performance Outcomes System reports into their existing QI processes by providing consultation and technical assistance, as needed, to local QI Committees to ensure consistency in utilization of the performance outcomes data as it becomes available, and to provide guidance on quality improvement in interpreting and utilizing the performance outcomes report information. DHCS staff will partner with MHPs that are already fully utilizing Performance Outcomes System reporting in their QI processes to share best practices and provide training to other MHPs and providers. DHCS staff will also assist MHPs to identify ways to integrate review and analysis of performance outcomes information within existing Quality Improvement work plans and Committee processes.

Provide Technical Assistance

Technical assistance will further include guidance on clinical and practice improvements for performance outcomes (i.e., individual and provider level), as well as administrative areas of performance outcomes (i.e., system level). Technical and non-technical aspects relevant to provide MHPs and providers with the guidance to improve on their current implementation of quality improvement processes will be summarized in a training protocol that will be posted on the DHCS website and updated, as needed.

Ensure a State-Level Quality Improvement Structure

DHCS will ensure a state-level QI structure to exchange information regarding the Performance Outcomes System implementation and identify any barriers that may impede implementation efforts, or expand upon current statewide and regional QI forums. Other communication channels may include webinars and conference calls. Through continuous performance outcomes reporting and the quality improvement process, DHCS will establish or strengthen existing processes for continuous quality improvement that serves to closely monitor performance at the community, system, provider, and individual levels. An important role of the state-level QI structure will be to identify best practices for developing QI processes and conducting state-level analysis of Performance Outcomes System data, improving service delivery models, and providing training. DHCS and the counties may also explore opportunities for a higher level of system integration or explore the possibilities of system redesign.

Align with Partners

The quality improvement process will also align the Performance Outcomes System efforts with other departmental and statewide quality and data collection, such as the DHCS Strategy for Quality Improvement in Health Care project, which places a strong emphasis on achieving high-quality and optimal clinical outcomes in all departmental programs. Other DHCS pursuits with a primary focus on mental health include the efforts of the EQRO, MHSOAC, CMHPC, as well as the Katie A. implementation. The EQRO, MHSOAC, and CMHPC have resources and information available that will assist DHCS in sustaining the Performance Outcomes System. At each step in development, DHCS will consult with the Stakeholder Advisory Committee.

F. Continuum of Care: Screenings and Referrals

In June of 2013, the state enacted additional provisions to incorporate performance outcomes related to managed care health plan screening for mental health needs, as well as referrals to Medi-Cal fee-for-service providers and/or county mental health plans. AB 82 requires DHCS to submit to the Legislature an updated Performance Outcomes System Plan describing the addition of these outcomes to the Performance Outcomes System on October 1, 2014, along with an updated System Implementation Plan on January 10, 2015.

The DHCS Medi-Cal Managed Care and Mental Health Services Divisions will work internally to better understand each Division's respective data systems in order to identify the data elements necessary to track the continuum of care for children/youth served who receive Medi-Cal primary care services and county mental health plan specialty mental health services. For example, how many of the children/youth who are referred to specialty mental health from a managed care plan (MCP) are actually enrolled with a county MHP or Medi-Cal fee-for-service provider, and vice-versa? How much time elapses from MCP referral to MHP or Medi-Cal fee-for-service provider admission, and vice-versa?

Given that this tracking is likely to fold into the efforts set forth in this Implementation Plan (either under existing or expanded data collection), DHCS has leveraged the current Performance Outcomes System Stakeholder Advisory Committee by expanding membership to include representation from managed care plans. This enhanced Performance Outcomes System Stakeholder Advisory Committee met in December 2013. The next meeting is planned for April 2014. DHCS will discuss with the Performance Outcomes System Stakeholder Advisory Committee how best to evaluate health plan screening performance outcomes, with a specific focus on processes for "informing, identifying, screening, assessing, referring, and linking Medi-Cal eligible beneficiaries to mental health services and supports."

G. Risks, Barriers and Resources

This section describes risks, barriers, and approaches for mitigating each.

Data

The data reported to the Performance Outcome System must be accurate, complete, timely and comparable across counties so that it may be analyzed and reported to partners/stakeholders. Although DHCS collects a variety of information from counties, issues have been identified with the completeness, type and quality of submitted data. For example, (1) differences exist between data elements, (2) there are missing data, (3) data fields have been redefined over time, and (4) some data cannot be linked easily between DHCS databases because databases use different identifiers. It is possible that there may be implementation delays if the relevant performance outcomes system data submitted by the counties is not valid and reliable.

Consensus

Reaching consensus on decisions will be the DHCS goal, while also meeting the objectives of the Performance Outcome System outlined in statute. Realistically, however, reaching agreement with all stakeholders may be difficult on some decisions, particularly if there are widely divergent opinions. In such instances, DHCS will consider all concerns before making final decisions.

Scope

At this time, there are few performance outcomes reports available to counties or the public to monitor Medi-Cal specialty mental health services for children and youth. Although many counties have developed their own performance outcomes systems, not all use the data from these systems to track and monitor progress. There is great interest in this type of information by advocates, academics, DHCS partners, counties, MHPs, families, consumers, the Legislature and DHCS to understand the outcomes of this vulnerable population.

There are other projects, such as tracking foster youth (i.e., the Katie A. implementation efforts), the MHSOAC Evaluation Master Plan, and the DHCS Continuum of Care Project, as well as efforts underway by other state and external entities that may influence the type and scope of information presented in the Performance Outcomes System reports. DHCS understands the need for a flexible approach to the Performance Outcomes System and will make efforts to support these reporting needs as much as possible. DHCS will track and prioritize data needs that are outside of the scope of the current efforts.

Staffing Resources

To achieve the goals of the Performance Outcomes System, DHCS and the counties must have the appropriate resources to support the ongoing system processes.

DHCS

The 2014-15 Governor's Budget includes additional resources to implement the Performance Outcome System. Specifically, DHCS is requesting four full-time positions to implement this system, in addition to existing DHCS staff.

DHCS will work to ensure that the appropriate expertise is allocated to all functional areas of the Performance Outcomes System. The DHCS Mental Health Services Division, Mental Health Analytics Section, will take the lead role in this effort alongside the division's Quality Assurance Section. The sections will co-lead efforts to work with DHCS partners/stakeholders to establish the Performance Outcomes System methodology (i.e., to develop a Performance Outcomes System Protocol that specifies the evaluation design). The Mental Health Analytics Section will identify relevant outcomes data elements that are captured in existing DHCS databases and perform data integrity analyses on these outcomes data elements, which will result in data quality improvement reports that counties will use to remedy data quality issues. Throughout this process, the section staff will work closely with the DHCS Information Technology Services Division staff to update the complex programming logic of the existing system, perform system testing, and modify/add data fields to the system. The Quality Assurance Section will lead the quality improvement effort, supported by the Mental Health Analytics Section.

In order to accomplish the deliverables and support the Performance Outcomes System development and ongoing maintenance efforts, DHCS is requesting four staff dedicated to the development, implementation, and ongoing work in the 2014-15 Governor's Budget. The positions are:

- A Research Program Specialist III to lead the development, implementation and on-going production and analysis of reports. This individual will provide the technical skills to direct the work on data quality and validation, analysis of performance outcomes data, and development of the reports. The position will also identify methods for collection of expanded data from all counties and report modifications, and support the development of the quality improvement process. Data reporting and quality improvements will be an ongoing cycle of activity, with changes to data and quality improvement activities anticipated annually.
- A Staff Programmer Analyst to work with DHCS and county staff to extract relevant data and will find solutions to the challenges of compiling data from disparate systems. The programmer's role will be critical in developing the initial reports for October 2014 and in supporting expanded data collection efforts, which will require coordination with 56 county mental health plans across the state. This position will work with county technical and data staff during the on-going QI process and will lead the technology activities associated with data systems, Electronic Health Record Systems, and Health Information Exchange systems, to provide data reporting solutions that work with county systems.

- A Health Program Specialist II to function as the technical expert and lead the development of the QI process with counties and stakeholders, on an ongoing basis. This position will assist in the development of report templates while considering the needs for the Quality Improvement process for both mental health and the continuum of care. . This specialist will assist mental health plans in identifying ways to integrate the review and analysis of administrative Performance Outcome System information within existing QI work plans.
- A Consulting Psychologist to provide clinical expertise to the state and counties on using the mental health screening and assessment reports. The position will provide training and guidance to counties on clinical practices for quality improvement. This position consults with mental health providers about the use of well-researched and established mental health interventions best suited to working with children and youth. On an ongoing basis, this staff will develop and implement quality improvement activities to allow the DHCS, in collaboration with mental health providers, to determine client progress, use of best and culturally competent practices. Both division sections will also provide ongoing technical guidance and training on how to interpret the performance outcomes report findings, as well as provide support to the quality improvement process. Subsequently, the staff will monitor county QI progress and report on QI efforts, statewide.

Counties

Many counties are affected by data cleanup and the need to catch-up on the data submissions that the state already requires. As new data, new data collection tools, and improved/new quality improvement processes are identified, county resources for information technology, data management, clinical review, and clerical support will need to be reevaluated.

System Capabilities

Changes to data systems may be required. DHCS will work closely with the counties to understand the impacts and costs of any proposed changes.

State

Several of the DHCS databases used for mental health may be difficult to modify as they are stored in legacy systems. There are currently several DHCS IT projects in process that may change systems critical to the Performance Outcomes System. If other projects will change systems, the Performance Outcomes System project may request modifications. Through the DHCS IT / Data Workgroup, DHCS has established intra-departmental communication to keep the Performance Outcomes System project aligned with other DHCS projects.

County

About 50 of the 56 county mental health plans use one of three practice management/billing software systems: Echo, Avatar, and Anasazi. With the enactment of the Affordable Care Act, counties must accommodate the new federal requirements and its effects on their electronic health records systems. Depending on the modifications needed, some systems may be fairly easy to update. Others, particularly older systems, may face many challenges. It is possible that new collection tools will require new data fields and other changes to county systems. DHCS will work with CMHDA to understand county constraints and to explore options to best accommodate county constraints while still achieving the Performance Outcomes System goals.

Resistance to Change

Process improvement requires change. Given the statewide scope of the Performance Outcomes System and current data availability, quality, and use of existing data in quality improvement processes, some entities may be resistant to adopt new practices. If DHCS attempts to accommodate everyone, project scope will be difficult to manage and it will be difficult to make progress. Therefore, DHCS will continue to communicate expectations, timelines, and changes while also providing support to prepare for any changes.

III. Conclusion

This System Implementation Plan describes the activities in which DHCS will engage to ensure appropriate data identification: validation and collection; county and DHCS data management; report development; and quality improvement. The Performance Outcomes System for Medi-Cal Specialty Mental Health Services for children and youth is complex and requires collaboration between DHCS, counties, DHCS partners/stakeholders, and other state agencies. It relies on existing state and county staff resources, including at least five DHCS mental health data systems and 56 county clinical and billing systems. For this project, implementing the system requires a balance of utilizing existing data, systems, and processes at the state and county levels while simultaneously making the modifications necessary to improve outcomes and to inform decision-making.

The benefits of success will be significant for children/youth, their families/caregivers, providers, counties, DHCS and the Legislature. Reports will highlight programs that demonstrate effectiveness in improving outcomes, which may then be used to identify quality improvement processes and benchmarks for success. Statewide transparency will be increased in the seven performance outcome domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost-effectiveness and satisfaction, thereby giving partners / stakeholders accurate information that will inform the allocation of resources. Finally, maintaining open communication and information feedback between the counties and DHCS through the existing CMHDA statewide and regional QI Committees will better enable DHCS to understand county issues in order to

provide appropriate assistance and support the continuous quality improvement of mental health 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.

W&I Code, Section 14707.5.

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

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

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

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

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

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

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

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

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

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

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

(e) Commencing no later than February 1, 2014, the department shall convene a Stakeholder Advisory Committee comprised of advocates for and representatives of, child and youth clients, family members, managed care health plans, providers, counties, and the Legislature. The committee shall develop methods to routinely measure, assess, and communicate program information regarding informing, identifying, screening, assessing, referring, and linking Medi-Cal eligible beneficiaries to mental health services and supports. The committee shall also review health plan screenings for mental health illness, health plan referrals to Medi-Cal fee-for-service providers, and health plan referrals to county mental health plans, among others. The committee shall make recommendations to the department regarding performance and outcome measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries.

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

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

Appendix B

Timeline to Build the Performance Outcomes System

This timeline reflects the high-level milestones and timeframes required to build a comprehensive, statewide Performance Outcomes System. Additional Performance Outcomes System Stakeholder Advisory Committee meetings will take place during these efforts. Dates in this timeline differ from those in the November 1, 2013, System Plan to better reflect the DHCS workloads. Milestone dates are end dates and represent the estimated completion timeframes of the tasks. The Page column provides the page reference with details for the Milestone.

Milestones	Date	Page
System Implementation Plan		
Draft System Implementation Plan	November 2013	Page 2
Obtain input on the final draft Implementation Plan from the Performance Outcomes System Stakeholder Advisory Committee	December 2013	Page 3
Deliverable: System Implementation Plan	January 2014	This document
Establish Performance Outcomes System Methodology		
Facilitate stakeholder input on the performance outcomes system evaluation methodology (including standardized data sources and data collection tools used for the system, frequency of administration, etc.)	October 2014	Page 5
Obtain Input on the performance outcomes system methodology protocol from the Performance Outcomes System Stakeholder Advisory Committee	December 2014	Page 5
Deliverable: Performance Outcomes System Protocol	February 2015	Page 5
Initial Performance Outcomes Reporting: Existing DHCS Databases		
Identify performance outcomes data elements in existing DHCS databases	May 2014	Pages 5 & 6
Assess data integrity	July 2014	Page 6
Develop county data quality improvement reports	September 2014	Page 6
Counties remedy data quality issues	Ongoing Beginning in October 2014	Page 7
Develop performance outcomes report templates	November 2014	Page 7
Obtain input on the report templates from the Performance Outcomes System Stakeholder Advisory Committee	December 2014	Page 7
Deliverable: Statewide and County Reports on Initial Performance Outcomes Using Data from Existing DHCS Databases	Ongoing Beginning in December 2014	Page 7

Milestones	Date	Page
Continuum of Care: Screenings and Referrals		
Convene Performance Outcomes System Stakeholder Advisory Committee to discuss Continuum of Care	December 2013	Page 13
Obtain input on screening and referral information needed for the performance outcomes system from the Performance Outcomes System Stakeholder Advisory Committee	April 2014	Page 13
Deliverable: Performance Outcomes System Plan Update	October 2014	Page 13
Deliverable: Performance Outcomes System Implementation Plan Update	January 2015	Page 13
Comprehensive Performance Outcomes Reporting: Expanded Data Collection		
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 2014-15	Pages 7 - 9
Obtain input on the report templates from the Performance Outcomes System Stakeholder Advisory Committee	Summer 2015	Page 9
Deliverable: Statewide and County Reports on Comprehensive Performance Outcomes Using Existing and Expanded Data	Summer 2016	Page 10
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	Pages 11 & 12
Develop quality improvement plan process	Ongoing Beginning in March 2015	Pages 11 & 12
Obtain input on the quality improvement plan process from the Performance Outcomes System Stakeholder Advisory Committee	Spring 2015	Page 13
Deliverable: Quality Improvement Plan Process	Summer 2015	Page 12
Support and monitoring of quality improvement	Ongoing	Pages 11 & 12