Expert Task Force May Meeting



Agenda

- » Welcome
- » Behavioral Health Information Notice Update
- » Analysis of Client Identifier Numbers (CINs)
- » New CANS Reports
- » SNAPSHOT and CANS/PSC Submissions Estimates
- » Reference

Expert Task Force Participants

- » 5 Acres
 - Katherine Tsai.
 - Rachel McClements
- Behavioral Health Concepts External Quality Review Organization
 - Sandra Sinz
- » California Alliance of Child and Family Services
 - Chris Stoner-Mertz
 - Adrienne Shilton
- » County Behavioral Health Directors' Association
 - Mike Stajura
- » California Council of Community Behavioral Health Agencies
 - John Drebinger
 - Le Ondra Clark Harvey

- » California Pan-Ethnic Health Network
 - Ruqayya Ahmad
- » Casa Pacifica Centers for Children & Families
 - Shawna Morris
- Children Now
 - Lishaun Francis
- » Education Development Center
 - Justine Collinsworth
- » Health Access
 - Amanda Wallner
- » Health Law
 - Kimberly Lewis
- » Humboldt County
 - Jimmy Cookman
 - Stephanie Levy-Boyd
 - Travis Moneypenny-Johnston
 - Christine Way

- Imperial County Behavioral Health Services
 - Brenda Sanchez
 - Stephanie Ramirez
- » Kern County
 - Jason Giffard
 - Jennie Sill
- » LMT Consulting
 - Lynn Thull
- » Los Angeles County
 - Kara Taguchi
- » Opeeka
 - Kate Cordell
- Orange County Health Care Agency, Mental Health & Recovery Services
 - April Howard

Expert Task Force Participants Cont.

- » Pacific Clinics
 - Daniel Lakin
 - Gordon Richardson
 - Scott Fairhurst
- » Placer County Children's System of Care
 - Andrea Kauppila
 - Julia Soto
- » Rady Children's Hospital-San Diego
 - Andrea Hazen
- San Bernardino County, Department of Behavioral Health
 - Jessica Headley
 - Anthoula Poulakos

- » San Diego
 - Yael Koenig
- » San Joaquin County Behavioral Health Services
 - Donna Bickham
- » San Luis Obispo Behavioral Health Department
 - Amanda Getten
- » Santa Clara County Behavioral Health Services
 - Alison Bell
 - Amanda Vierra
 - Bart Zisa
- » Siskiyou County
 - Christine M. Gannon
- Sonoma County
 - Karin Sellite

- Steinberg Institute
 - Karen Larsen
- Union Point Group, LLC
 - Nathanial Israel
- » University of California, Davis
 - Penelope Knapp
- » University of Kentucky
 - April D. Fernando
- Ventura County Behavioral Health
 - Yvette Chen
 - Sloane Burt
- Young Minds Advocacy
 - Patrick Gardner
- » DSS Staff
- » DHCS Staff

Welcome



Behavioral Health Information Notice (BHIN) Update



New BHIN

- » Will be released for stakeholder review (two weeks) before being finalized
- » Removes time constraints on submissions of PSC and CANS reassessments
- » Will request counties to resubmit all assessments that had previously been rejected

Analysis of Client Index Numbers

(CINs)



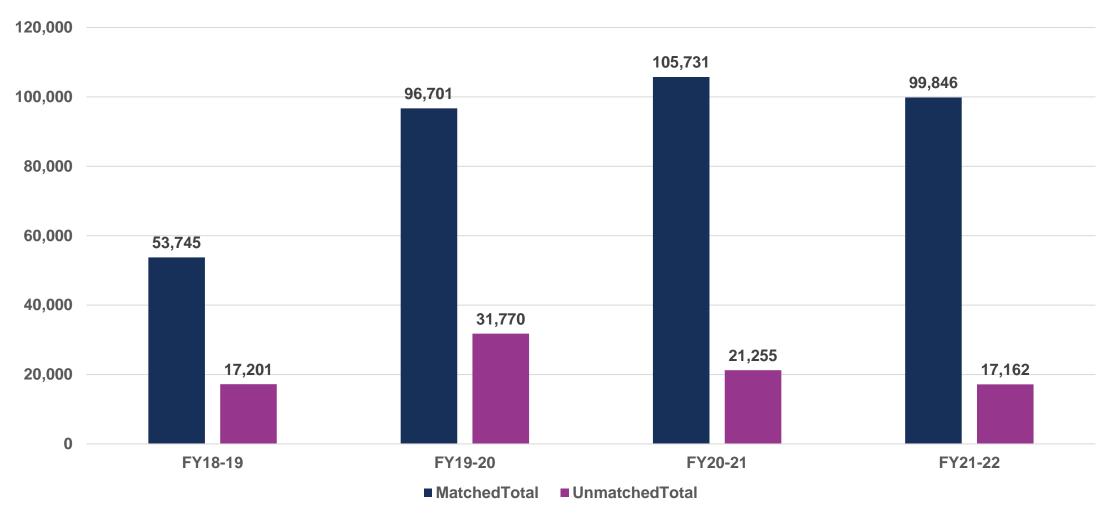
Purpose

- » DHCS examining the rate of CIN submissions by counties
- BHIN 20-003 made submission of CINs mandatory with FAST data
 - This has not been enforced.
 - Need CIN to match to diagnostic data
- » Methodological Notes
 - CANS and PSC assessments are to be given to Medi-Cal clients only
 - Occasionally clients who are new won't have a CIN at the time of initial assessment(s) because the process of obtaining a CIN can take several weeks or more

Methodology to Determine Match Status

- Match = the FAST data associated with a single client assessment contained a CIN (Medi-Cal ID) which matched a Medi-Cal beneficiary in the DHCS data warehouse
 - We can therefore find out additional demographic and service/treatment information about that client
 - Currently we can obtain the client's age, race/ethnicity and sex
- No Match = the FAST data associated with a single client assessment did not have a CIN (Medi-Cal ID) which matched a Medi-Cal beneficiary in the DHCS data warehouse

Statewide Count of CINs by Match Status



Statewide Statistics on CINs by Match Status Across All Fiscal Years

Measure	Matches	No Matches
Average	79%	21%
Median	78%	22%
Range – Maximum	85%	25%
Range – Minimum	75%	15%

County Statistics on CINs by Match Status Across All Fiscal Years

Measure	Matches	No Matches
Average	83%	17%
Median	91%	9%
Range – Maximum	100%	100%
Range – Minimum	0%	0%

Discussion

- What are reasons that counties may have high percentages of "no match"?
- » What are potential barriers to meeting 100% Match?

New CANS Reports



Methodology

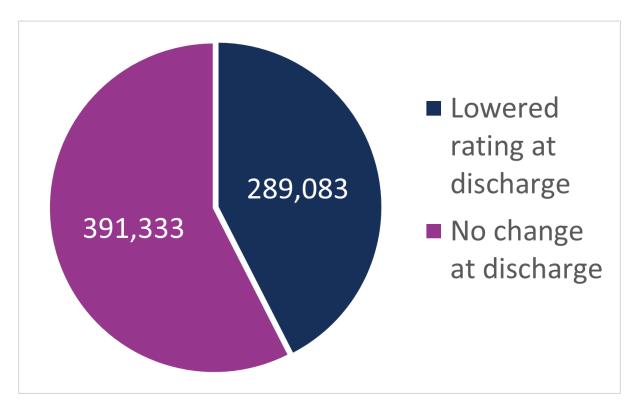
- File provided from FAST consisting of all available CANS assessments at time of data pull on 4/14/2023 (July 2018 to Present)
- There were a total of 542,437 assessments (Full CANS), representing 245,866 unique clients
- » Assessment Sets were created
 - Initial Assessments matched with subsequent Discharge Assessments for individual clients
 - 67,723 assessment sets, representing 63,437 unique clients
- » Note: There are four counties that did not have any matching assessments; they are not included in this analysis

Items of the CANS Assessment showing improvement from High Rating to Low Rating

- » Assessments consist of 50 items each item is scored as a high rating (rating of 2 or 3) or a low rating (rating of 0 or 1)
- » Statewide Improvement Rate Items
 - The denominator is the number of items that have a high rating on the initial assessment
 - The numerator is the number of times that the high rating improved to a low rating in the discharge assessment

Items of the CANS Assessment showing improvement from High Rating to Low Rating

- » 680,416 High Initial Items (20% of all ratings)
- Statewide Improvement Rate: 42.5% of High Initial Items
- » County Range: 0% 78.6%
- » County Median: 41.2%

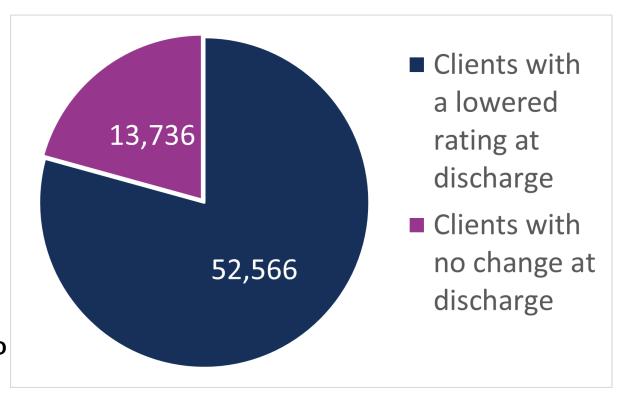


CANS Assessment Sets with improvement from High Rating to Low Rating

- "Assessment Set" = Matched Initial & Discharge assessments
- Statewide Improvement Rate Assessment Sets
 - The denominator is the number of assessment sets that have at least one high rating on the initial assessment
 - The numerator is the number of those sets that have at least one of those high ratings improve to a low rating in the discharge assessment

CANS Assessment Sets with improvement from High Rating to Low Rating

- » 66,302 with at least one High Initial Item (98% of all Assessment Sets)
- Statewide Improvement Rate: 79.3% of High Initial Assessment Sets
- » County Range: 16.7% 100%
- County Median: 80.9%



20

Priorities & Future Directions

- » Impact of rejected assessments to be submitted to increase the matches between initial and discharge assessments
- » Inclusion of reassessments, expected to result in more dynamic timelines
- » More nuanced Client- or Assessment Set-Level categories
- Stricter definitions of "improvement"
- » Domain-scoring approach
- » Applying similar methodologies to PSC

Using SNAPSHOT Report to Estimate CANS/PSC Submissions

Continued from Last Meeting



Estimating FAST Submissions

- » County Data Used to Create Model to Estimate Needed Number of FAST Submissions
- Wised POS SNAPSHOT report methodology using each county's own data to provide a tailored estimate for Arrivals, Continuances, and Exits (p. 13: https://www.dhcs.ca.gov/services/MH/Documents/00-20190304-Statewide-SUP-Final.pdf)
- These are proxies for Initial Assessments, Reassessments, and Discharges

Why Use SNAPSHOT as Model?

- » Provides concrete numbers based on actual services provided
- » Provides way to categorize what types of assessments should be given
- » Arrival and Exit categories have fairly-good estimates because they are based on one point in time (e.g., 1 visit)
- » Reassessments based on Continuances will be underestimated because only one service is counted during the fiscal year

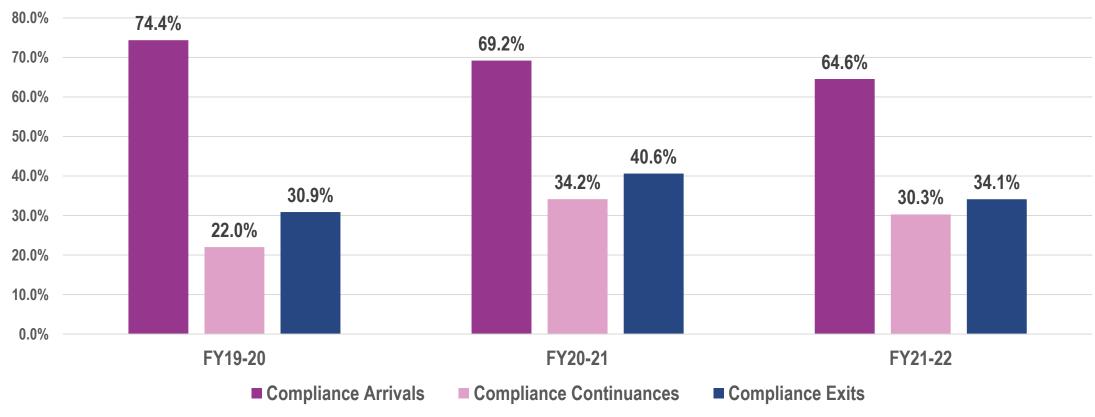
Crosswalk Between SNAPSHOT and Type of Assessment

SNAPSHOT Report	Type of Assessment
Arrivals	Initial assessments
Continuances	Reassessments
Exits	Discharges, Administrative Close
Not accounted for	Urgent

5/11/2023 25

CANS Compliance Statewide

Compliance for CANS Statewide Since Implementation in July 2018

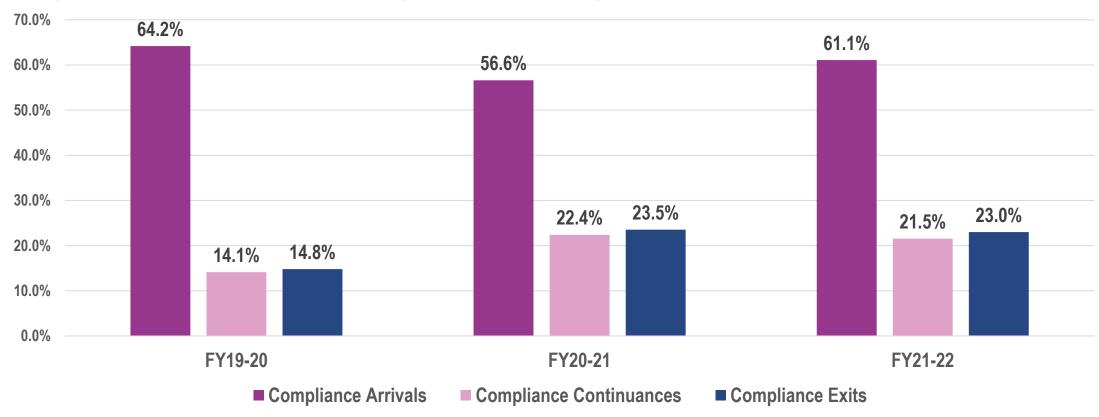


Data Source: Dates Represented: 7/1/2018 to 11/5/2022. Total 891,378 assessments extracted on 11/11/2022 from Functional Assessment Reporting Tool. Prepared by the California Department of Health Care Services.

5/11/2023 26

PSC Compliance Statewide

Compliance for PSC Statewide Since Implementation in July 2018



Data Source: Dates Represented: 7/1/2018 to 11/5/2022. Total 891,378 assessments extracted on 11/11/2022 from Functional Assessment Reporting Tool. Prepared by the California Department of Health Care Services.

Discussion

- » County variances demonstrated in Excel Workbook
- » Recognize that Continuances and Exits particularly affected by timeliness business rule in FAST
- » CANS Compliance Arrivals trending down over time; may also be affected by timeliness business rule in FAST
- » Questions or observations about the Excel Workbook?

NEXT MEETING: AUGUST 10th



Questions?

Email cmhpos@dhcs.ca.gov



Reference



Behavioral Health Dashboards

- » DHCS has established a consolidated landing page for behavioral health reporting
 - https://behavioralhealth-data.dhcs.ca.gov/
- The site includes the following data dashboards
 - EPSDT POS/BH Performance Dashboards & Reports
 - CMS Core Set Measure Data
 - AB 470 Mental Health Disparities Data/Reports Children and Youth
 - AB 470 Mental Health Disparities Data/Reports Adults
- Data from the Behavioral Health Geohub is also available on the CalHHS Open Data Portal