

# EXPERT TASK FORCE MEETING

# Welcome

# 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
- » **Health Access**
  - Amanda Wallner
- » **Health Law**
  - Kimberly Lewis
- » **California Council of Community Behavioral Health Agencies**
  - John Drebing
  - 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
- » **Humboldt County**
  - Jimmy Cookman
  - Stephanie Levy-Boyd
  - Travis Moneypenny-Johnston
  - Christine Way

# Expert Task Force Participants Continued

- » **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
- » **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

# Expert Task Force Participants Continued

- » **San Luis Obispo Behavioral Health Department**
  - Amanda Getten
- » **Santa Clara County Behavioral Health Services**
  - Alison Bell
  - Amanda Vierra
  - Bart Zisa
- » **Young Minds Advocacy**
  - Patrick Gardner
- » **Siskiyou County**
  - Christine M. Gannon
- » **Sonoma County**
  - Karin Sellite
- » **Steinberg Institute**
  - Karen Larsen
- » **Union Point Group, LLC**
  - Nathaniel Israel
- » **University of California, Davis**
  - Penelope Knapp
- » **University of Kentucky**
  - April D. Fernando
  - John Lyons
- » **Ventura County Behavioral Health**
  - Yvette Chen
  - Sloane Burt
- » **Department of Social Services Staff**
- » **Department of Health Care Services Staff**

# Agenda

- » Welcome
- » Program Updates
- » Analysis of Client Identifier Numbers (CINs)
- » Functional Assessments Screening Tools (FAST) Data Quality
- » CANS Outcomes Reports

# **Analysis of Client Index Numbers (CINs)**

Technical Assistance Update

# CIN Submissions – CANS System

- » DHCS is examining the rate of CIN submissions by counties
- » Effective April 20, 2020, [BHIN 20-003](#) mandated all counties to submit CINs with Functional Assessments Screening Tools (FAST) data
  - This has not been enforced
  - Being monitored as a data quality issue



# Technical Assistance Plan Update

- » The use of two data systems to access CINs has improved match rate for counties
- » Because of higher match rates across vast majority of counties, is comprehensive technical assistance (TA) for CIN “missingness” for the FAST system warranted?

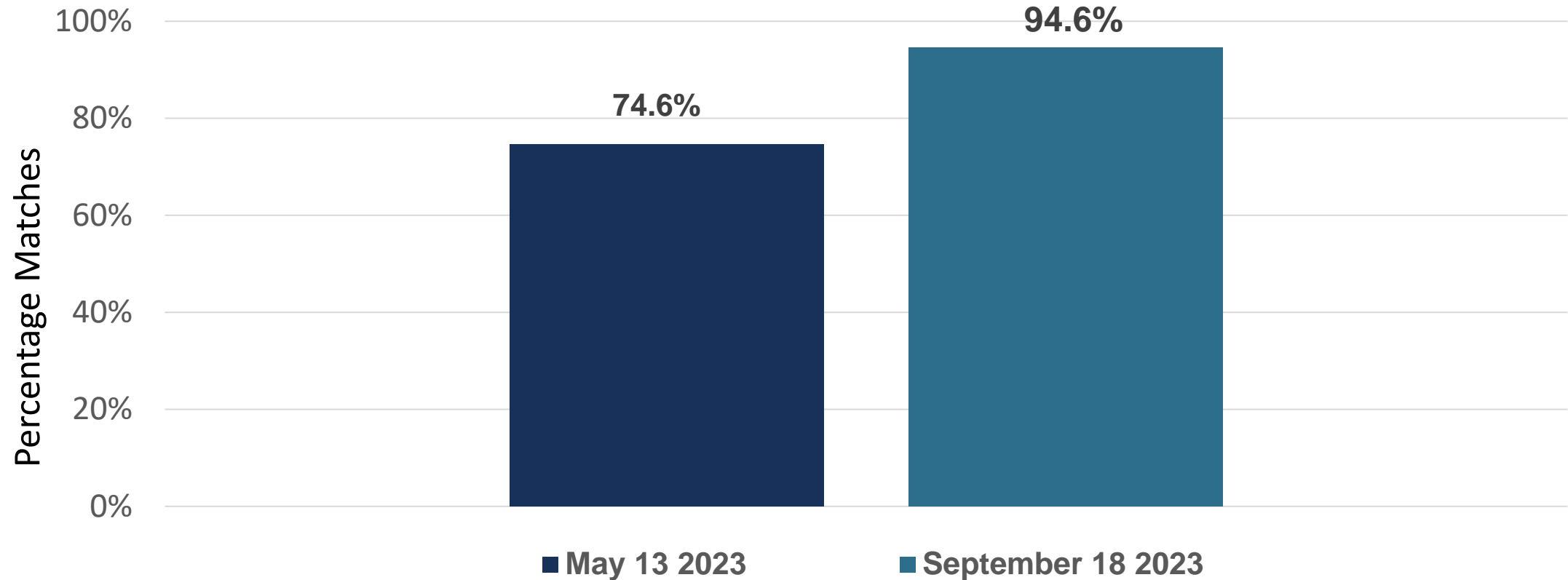
# Change in Methodology

- » FAST data is matched with DHCS data using Client Index Numbers (CINs) available in Client Services Index (CSI) and the MIS/DSS Warehouse
- » As of June 2023, DHCS uses CSI, FAST County Control Numbers (CCNs), and County Codes to get matching CINs

# 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 member in the DHCS data warehouse
  - Linkage based on CIN, the supplied client date of birth, and assessment date from the FAST system
  - **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 Match Rate (FAST and DHCS Data)



Data Source: DHCS FAST data. Data represents the average match rate for July 2018 through the reported date. The May 13 match was based on the old approach. The September 18 match was based on supplementing FAST data with CSI system data. Prepared by the Department of Health Care Services/Data Analytics Division/Data Science Branch (DHCS/DAD/DSB).

# Current CIN Match Rates

- » CIN match rate<sup>1</sup> for top five counties ranges from 98.2% to 99.1%
- » CIN match rate for lowest five counties ranges from 30.6% to 82.2%
- » CIN match rate for most counties is between high 80s to 90s
- » Given limited resources, TA will be first offered to counties with match rates < 90% based on the updated approach, then expand to other counties as needed
  - Under 80%: Alpine, Butte, Mendocino, and Sonoma
  - Above 80% and under 90%: Tehama, San Bernardino, Placer, San Mateo, and Monterey

Source: DHCS FAST data. <sup>1</sup>The data are current as of 9/18/2023.

# FAST Data Quality

# Purpose

- » Provide FAST data quality updates
- » Provide details on Targeted Technical Assistance (TTA) to counties

# FAST Data Quality Updates

- » Behavioral Health Information Notice [BHIN 23-031](#) released 7/11/2023
  - Counties can submit late assessments which will not be rejected by the system
  - Removes timelines for data submission of assessment records
  - Allows submission of all outstanding assessments through 5/1/2024



# FAST Targeted Technical Assistance

- » DHCS is examining data quality issues seen in CANS-50 and is committed to provide TTA to counties as needed
- » TTA will focus on the following areas:
  - Provide feedback to counties on the status of mental health provider certifications for non-Praed Foundation certifications
  - Provide feedback to counties when the version submitted to DHCS does not match DHCS specifications

# FAST Targeted Technical Assistance

- » TTA will also focus on the following areas:
  - Lack of submissions and/or declining submissions
  - Issues sharing CANS across providers
  - More data submissions being sent to CDSS than to DHCS
  - County tracking of Provider Type data element in their data systems
  - Low CIN submission rate

# CANS Outcomes Reports

# Purpose

- » Provide updated CANS outcomes reports from FAST system
- » Identify next steps

# CANS Outcomes

- » Preliminary outcomes metrics developed, based on prior literature and internal discussion
  - Prior meeting introduced basic approach; more refined system available now
- » Seeking feedback from ETF on utility, interpretability
  - Note: Current results based on limited data; will be updated after data quality measures discussed earlier are completed

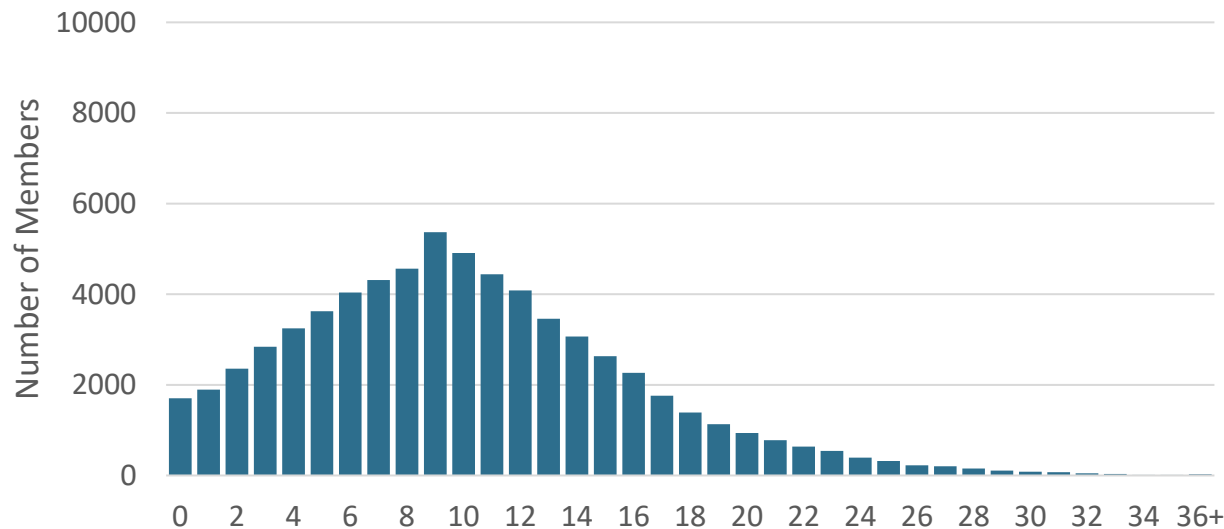
# CANS Outcomes

- » Initial/Discharge Assessment Sets:
  - Reassessments to be integrated into continuous comparisons after data refresh
- » Overall Change approach:
  - Each item is scored as a high rating (2 or 3) or a low rating (0 or 1)
  - Improvement = number of items that change from high (at initial assessment) to low (at discharge)
- » Continued analysis of July 2018 – March 2023 data set:
  - 67,723 Assessment Sets, representing 63,437 unique clients
  - Prior analysis looked at overall rate of improvement across all items (42.5%) and of individuals with at least one improved item (79.3%)

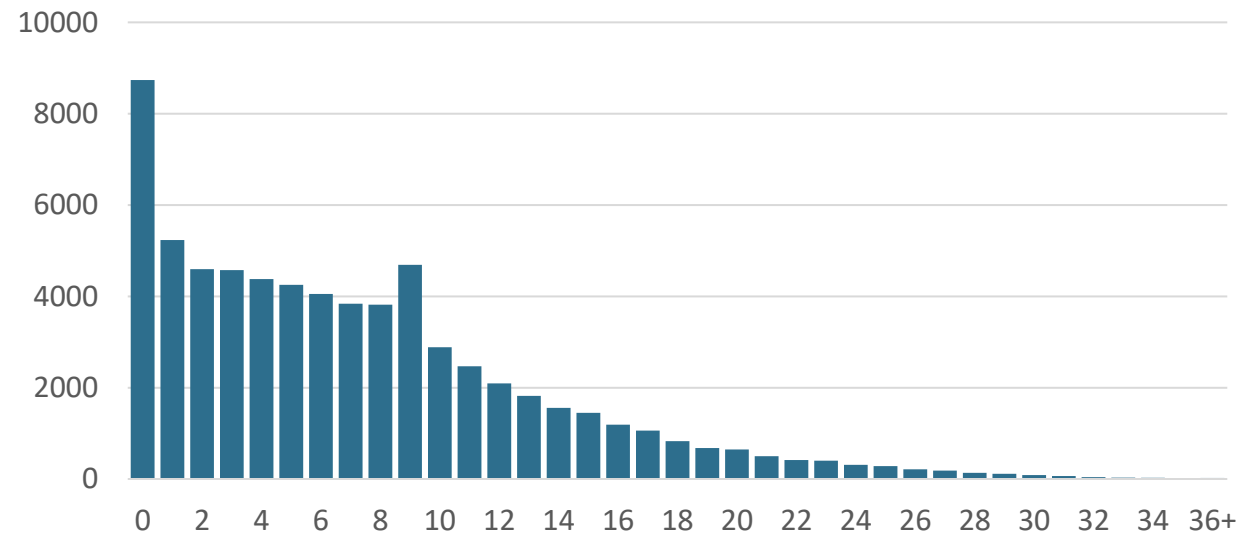
# Levels of Need and Improvement

- » Need = number of high items (there are 50 items on the CANS assessment)
- » Improvement = percent of items that are high on initial assessment and low on subsequent assessment

# of High Items at Initial Assessment



# of High Items at Discharge Assessment



Data Source: FAST data extract of completed initial and discharge sets of CANS | Dates represented: July 2018 – March 2023 | Date Downloaded: 4/13/2023. Prepared by DHCS/DAD/DSB.

# Level of Need - Quartiles

Number of High Items at Initial Assessment	Need Level	Number of Assessments	Percent
0-6 high items	Lowest Need	19,716	29.1%
7-9 high items	Low Need	14,246	21.1%
10-13 high items	High Need	16,897	24.9%
14+ high items	Highest Need	16,864	24.9%

Data Source: FAST data extract of completed initial and discharge sets of CANS | Dates represented: July 2018 – March 2023 | Date Downloaded: 4/13/2023. Prepared by DHCS/DAD/DSB.



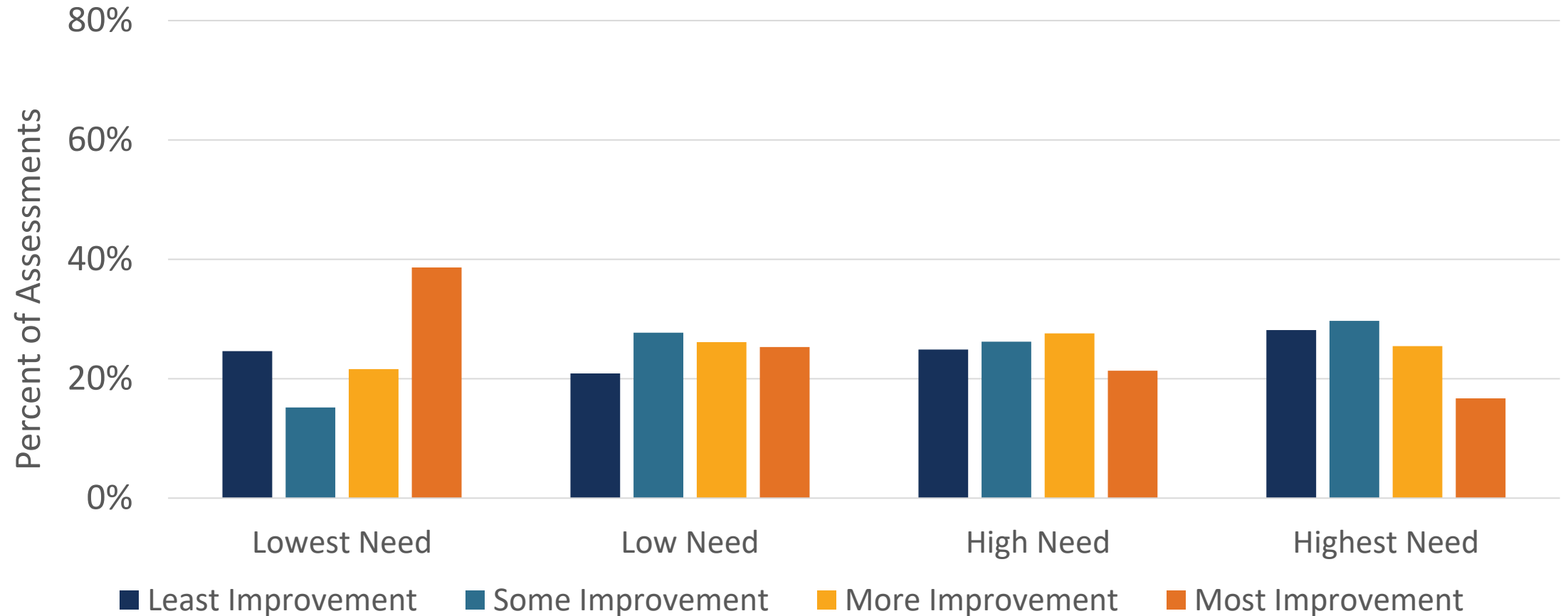
# Level of Improvement - Quartiles

Percent of Improved High Items	Improvement Level	Number of Assessment Sets	Percent
0-11.1% improved	Least Improvement	16,357	24.8%
11.2%-44.4% improved	Some Improvement	16,111	24.4%
44.5%-75% improved	More Improvement	16,567	25.1%
75%+ improved	Most Improvement	16,978	25.7%

*Note: The 1,710 assessment sets with no high items on the initial assessment are excluded for this analysis.*

Data Source: FAST data extract of completed initial and discharge sets of CANS | Dates represented: July 2018 – March 2023 | Date Downloaded: 4/13/2023. Prepared by DHCS/DAD/DSB.

# Improvement Quartile by Initial Need Quartile



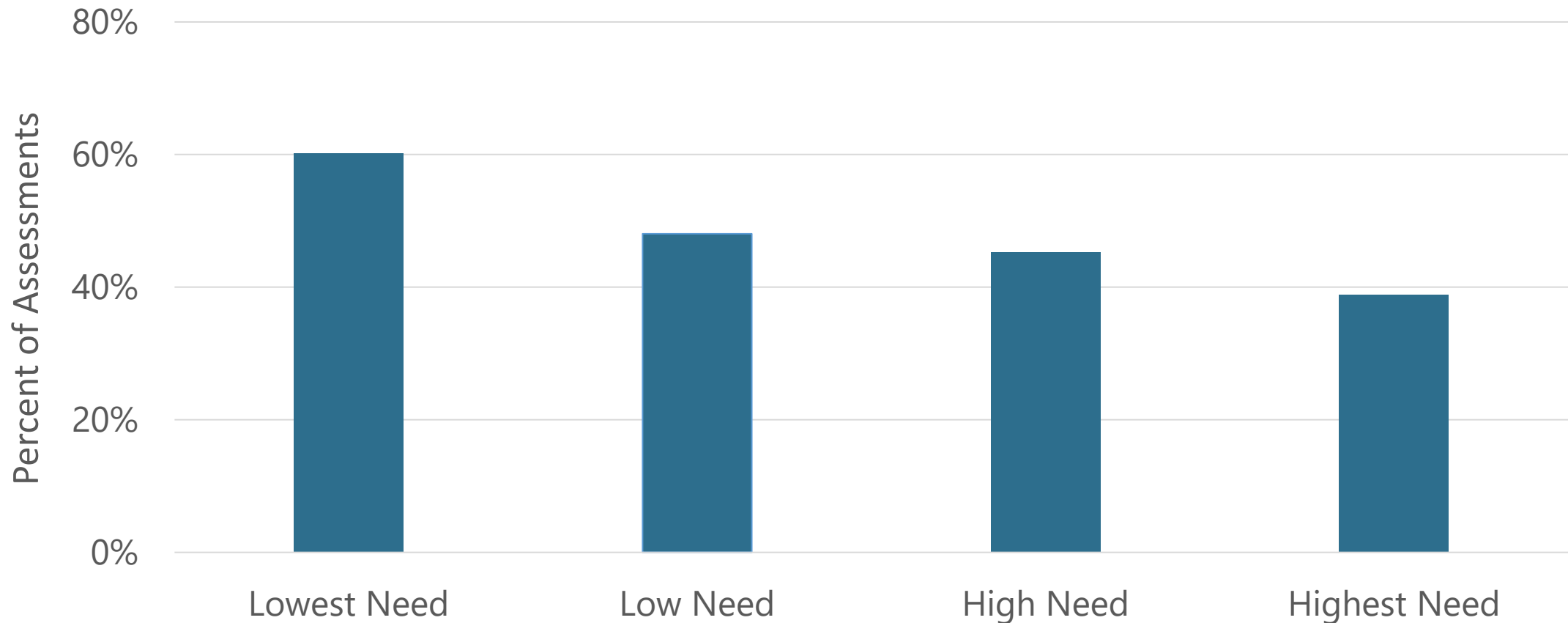
Data Source: FAST data extract of completed initial and discharge sets of CANS | Dates represented: July 2018 – March 2023 | Date Downloaded: 4/13/2023. Prepared by DHCS/DAD/DSB.

# Percent Improved - 50% Threshold Method

- » Another approach to describe the CANS outcomes is to set a threshold for whether an assessment set is considered improved
- » In the next section we used 50% as the threshold for whether an assessment set “improved”
- » Percent improvement for an assessment set is defined as:

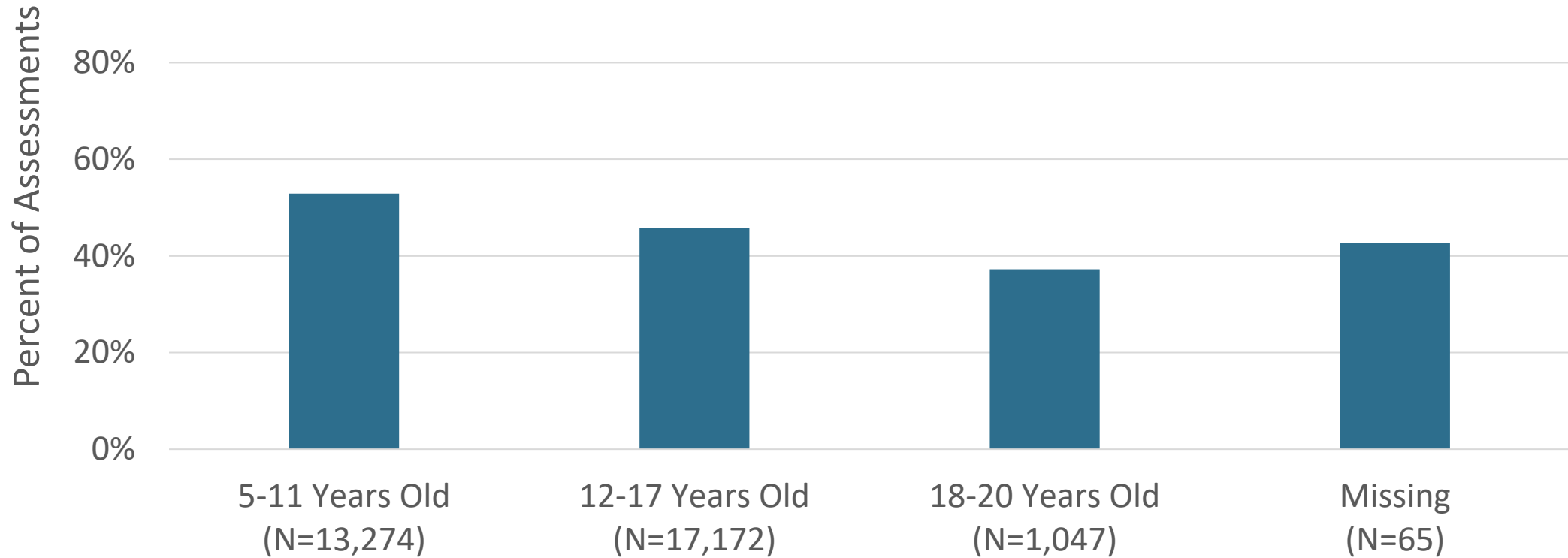
$$100 \times \frac{\text{\# of initially high items that were low at discharge}}{\text{\# of initially high items}}$$

# Percent Improved by Need Level



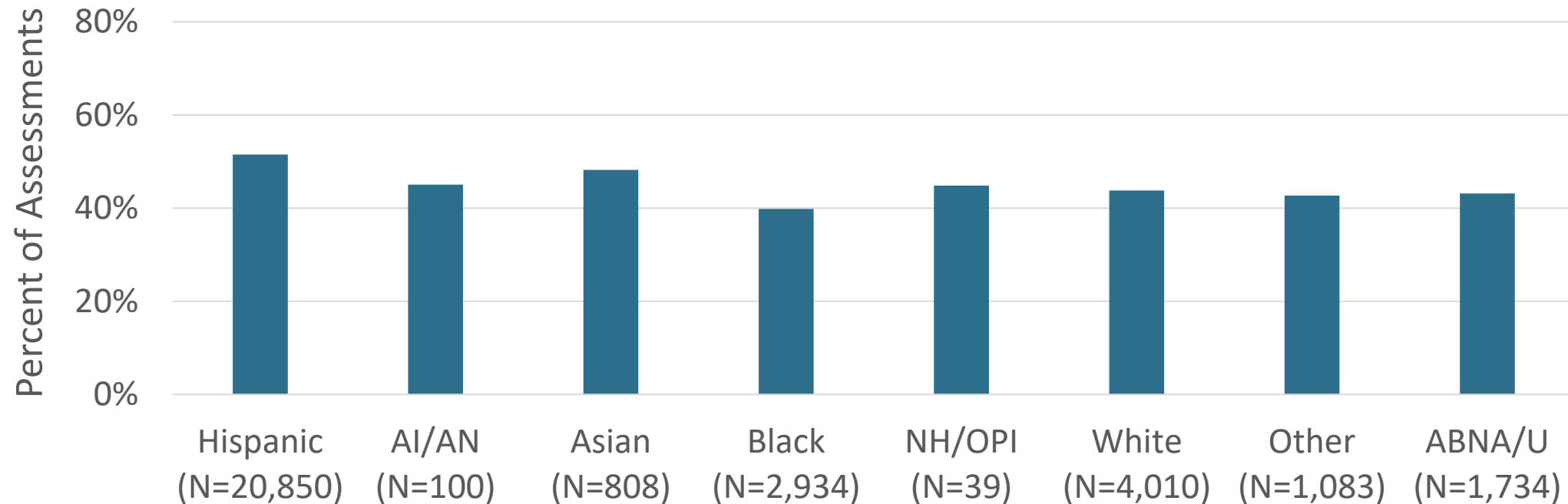
Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023. Prepared by DHCS/DAD/DSB.

# Percent Improved by Age Group



Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023; MIS/DSS - 10/23/2023. Prepared by DHCS/DAD/DSB.

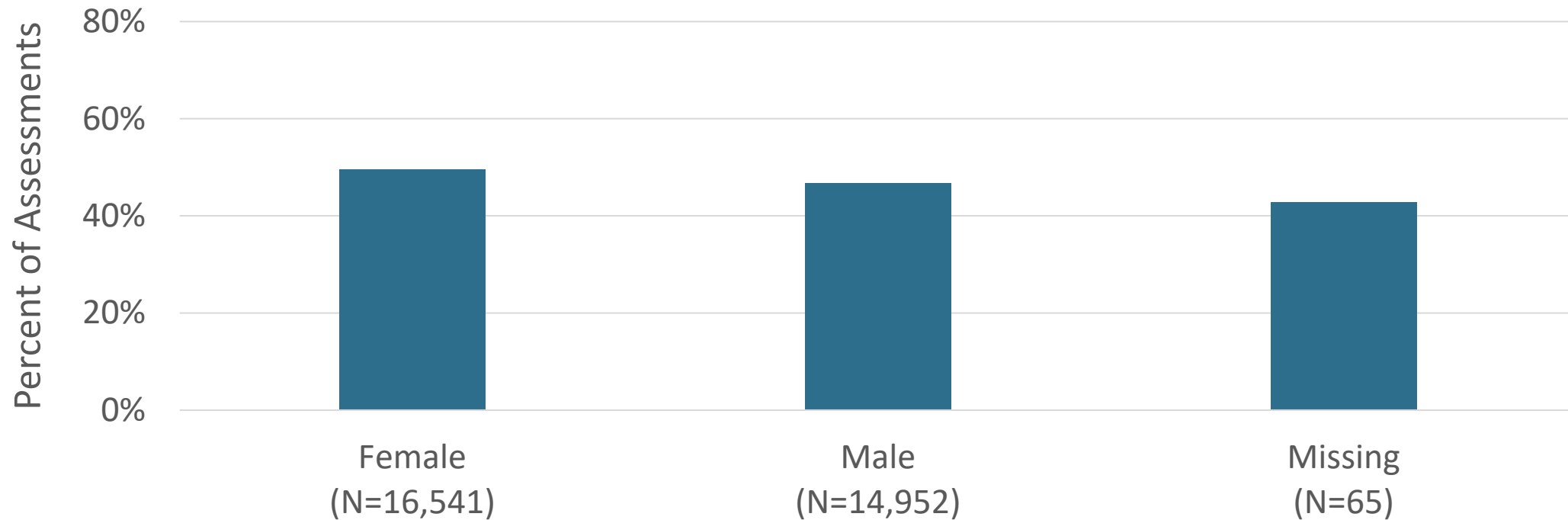
# Percent Improved by Race/Ethnicity



*AI/AN=American Indian/Alaskan Native; NH/OPI= Native Hawaiian/Other Pacific Islander; ABNA/U = Asked but No Answer/Unknown.*

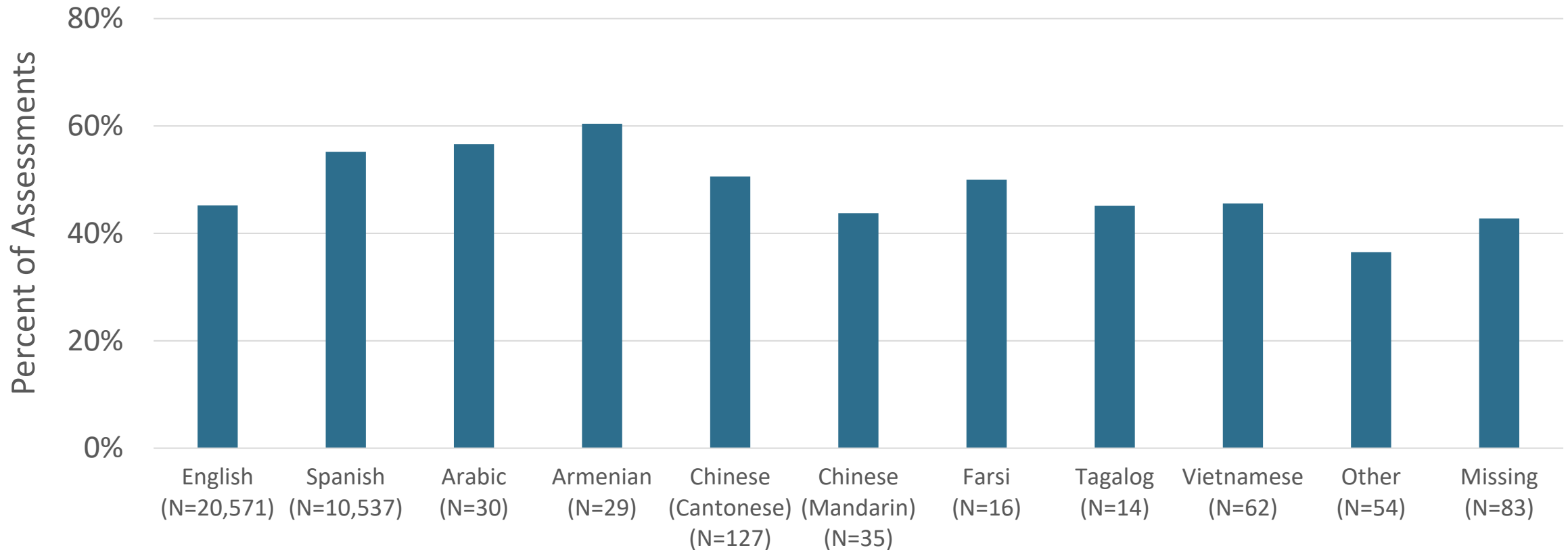
Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023; MIS/DSS - 10/23/2023. Prepared by DHCS/DAD/DSB.

# Percent Improved by Sex



Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023; MIS/DSS - 10/23/2023. Prepared by DHCS/DAD/DSB.

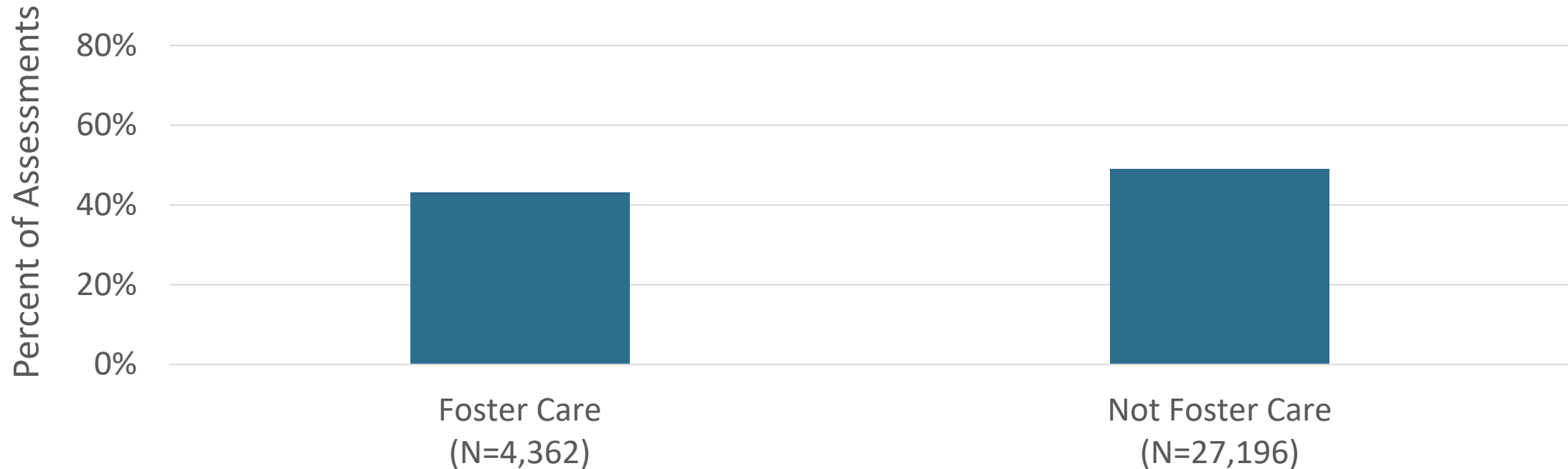
# Percent Improved by Spoken Language



Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023; MIS/DSS - 10/23/2023. Prepared by DHCS/DAD/DSB.



# Percent Improved by Foster Care Status



Preliminary data. Data match used former approach. Dates represented: July 2018 – March 2023. Data downloaded: CANS - 4/13/2023; MIS/DSS - 10/23/2023. Prepared by DHCS/DAD/DSB.

# Data Limitations

- » Comparison of improvement across subgroups of the assessment set population should be interpreted with caution
- » Missing assessments likely impact the final distribution of characteristics (by demographics, foster care status, etc.)

# ETF Discussion

- » Thoughts or questions on utility of these metrics
- » Practice-based suggestions for thresholds or categories
- » Possible applications for practice
- » Any areas needing clarification

# Questions?

**Email: [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)**



# Reference Information

# Behavioral Health Dashboards

- » DHCS has established a consolidated landing page for behavioral health reporting at <https://behavioralhealth-data.dhcs.ca.gov/>
- » The site includes the following data dashboards:
  - Early and Periodic Screening and Diagnostic Treatment Performance Outcomes System/Behavioral Health 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