

From: Diana Boyer
To: [DHCS DIR PUBLICINPUT](#)
Cc: [Cathy Senderling](#)
Subject: Comments re: draft Medi-Cal Managed Care Quality Strategy Report (OSR)
Date: Friday, April 27, 2018 12:17:00 PM
Attachments: [image004.png](#)

Thank you for the opportunity to review and comment on the above draft report. We have a few comments:

1. We thank you for specifically children in the child welfare system with respect to the goals and priorities, specifically the care coordination measurement goals for CWS children as noted on page 27.
2. On pages 23-24, the draft includes discussion of access to services for CWS. We continue to urge DHCS to measure actual service provision (therapeutic care) rather than “assessment” or “referral” as indicators of service. Unfortunately, use of the Short-Doyle claims data will unlikely accomplish this, so we continue to urge the Department to seek other sources of data to obtain such information. The county case review process (EQRO) may provide such information. We would be pleased to provide additional input into this process and please include us in future discussions on this topic.
3. Regarding the quality measures, the report highlights: the Performance Outcome System, the MHP Performance Dashboards, and the Functional Assessment tools, including CANS. However, this document is not clear how these quality measures fit together and how are they being coordinated. We recommend explaining how these measures will fit together and be coordinated. It is critical that some of the tools/processes measure the quality of care for children, specifically whether or not the services are the appropriate services, whether or not they “worked” in attaining the desired results, and whether or not children/families mental health and well-being have actually improved as a result. And, this data should be made available publicly. To this end, we encourage DHCS to work with DSS to potentially build on their CANS implementation and data dashboard that is currently in development as part of the CCR effort. The data dashboard, we believe, can be readily expanded for all children served by EPSDT.
4. With respect to SUD services, we encourage DHCS to include measures specific to youth in their development of measurement and quality data. Research from the child welfare system indicates. Children who have been in foster care are five times more likely to abuse drugs a need for SUD treatment. The majority of the families served by CWS include parents with substance abuse. California is on the cusp of developing a continuum of youth treatment services with the additional revenues from Proposition 64 (legal cannabis), which requires investment in youth treatment. It is especially timely to begin to collect better baseline data specific to youth quality measures. The DMC-ODS waiver requires youth be included in treatment; we therefore recommend that the EQRO data should differentiate between youth and adults.

Thank you for the opportunity to submit these comments.

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