

**PERFORMANCE OUTCOMES SYSTEM**  
FOR  
**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR**  
**CHILDREN AND YOUTH**

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**Stakeholder Advisory Committee**

**Department of Health Care Services**  
**December 16, 2014**



# INTRODUCTIONS

- Welcome to the status update for the Performance Outcomes System Implementation

Introducing:

- **Chuck Anders** – Acting Branch Chief, Fiscal Management and Outcomes Reporting Branch
- **Dr. Dionne Maxwell** – POS Project Lead, Data Analysis and Information Reporting Unit

# AGENDA

1. Welcome and Introductions
2. Purpose & Overview of Law
3. Update on Performance Outcomes System Implementation
4. Public Comment
5. Next Steps

# If you are on the phone:

## **Asking Questions:**

The moderator will give you the opportunity to speak

Or

Submit your questions via the Chat function

## **Phone Etiquette:**

Keep your phone on mute

Do not put your phone on hold

# Overview of The Law Welfare & Institutions Code (WIC) Section 14707.5

## **Purpose**

- To develop a Performance Outcomes System for Medical Specialty Mental Health Services for Children and Youth that will:
  - **Improve outcomes at the individual and system levels**
  - **Inform fiscal decision making related to the purchase of services**

# Overview of The Law (continued)

## Objectives

- Achieve high quality and accessible mental health services for children and youth
- Provide information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Collect and analyze reliable data in a timely fashion

## June 2013 Amendment, Section (e)

- Establishes continuum of care efforts as part of the Performance Outcomes System
- Builds the bridge between managed care plans and county Mental Health Plans in accordance with California's implementation of the Affordable Care Act

# Overview of The Law (continued)

## To Provide Guidance:

- The department shall convene a stakeholder advisory committee comprised of representative of child and youth clients, family members, managed care health plans, providers, counties, and the Legislature.
- This consultation shall inform the creation of a plan for a performance outcomes system for mental health services.



# Continuum of Care

## **Section (e) of the Statute:**

The Stakeholder Advisory Committee shall:

- Develop methods to routinely measure, assess, and communicate program information linking Medi-Cal eligible beneficiaries to mental health services and support.
- 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.
- Make recommendations regarding performance outcome measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries.



# Update on Performance Outcomes System Implementation

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Presented by:

Dr. Dionne Maxwell

# POS Team

## **DHCS Team – New Members**

- Dr Dionne Maxwell
- Kris Dubble
- Still hiring for:
  - Health Program Specialist II
  - Consulting Psychologist
- **Subject Matter Expert Workgroup**
  - Continues to advise DHCS on a spectrum of issues
- **Measures Task Force**
  - Re-established with greater county participation
  - Will focus on data identification of indicators in the Matrix

# System Plan Update

## System Plan

- The System Plan is in its last review cycle at DHCS and will be ready for release at the end of 2014.
- The SAC received a version of the Plan in October for review. Several members of the SME Workgroup (and the SAC) provided feedback.
- The System Plan was revised extensively in response to feedback.
- The Performance Outcomes System Implementation Timeline was updated.
- The System Plan was due to the Legislature on October 1, 2014 and will be provided about 3 months late

## Next Steps

- The System Plan will be submitted to the Legislature and posted to the POS website.

## Changes to Overall Timeline

- *See Attachment A – New Timeline for the System Plan*

# System Implementation Plan

## System Implementation Plan

- The System Implementation Plan is in draft and delivery to the Legislature will be delayed from the original date of January 10, 2015
- Plan will describe tasks anticipated over the next two years
- New Tasks will be in the area of defining how to perform Expanded Data Collection
  - Methods Evaluation and Recommendations
  - CSI Modernization

# Methods Evaluation and Recommendations

## Request for Information

- DHCS issued a Request for Information to identify an optimal methodology to assess child and youth functioning.
- Several excellent, competitive proposals were received.
- DHCS plans to enter into an Interagency Agreement with UCLA.

## Deliverables

- Recommendations for gathering outcomes information to track child/youth functioning improvement as a result of SMHS
- Describe impacts to existing clinical practices and local performance outcomes systems, before making a decision

# DHCS Systems Update

## Data Systems for Initial Reports

- Short Doyle/Medi-Cal - Claiming system enables California MHPs to obtain reimbursement of federal funds for medically necessary Medi-Cal specialty mental health services provided to Medi-Cal beneficiaries
- MIS/DSS – Subsystem of the California Medicaid Management Information System and serves as the DHCS's Medi-Cal Data Warehouse

## Data System for the Long Term - Client Services Information (CSI)

- Collects data pertaining to all mental health clients and the services they receive at the county level

## Improving CSI Data Submissions

- For over a year DHCS has been working with counties to increase data submissions
- Most counties are now current in their submissions
- State/county data clean up is planned

## Modernizing CSI

- DHCS has initiated steps to modernize CSI and move it to an upgraded platform

# DHCS Systems Update continued

## Privacy Requirements Compliance

- DHCS has strict rules in place to prevent identification of individuals in public reports. A “Public Aggregate Reporting – DHCS Business Reports” process has been established to maintain confidentiality of client Personal Information (PI)
- POS must comply with:
  - Federal Law - Health Insurance Portability and Accountability Act (HIPAA) and its regulations, 45 CFR Parts 160 and 164, and the 42 CFR Part 2.
  - California state privacy laws -Welfare and Institutions Code section 14100.2, the Information Practices Act, CA Civil Code section 1798, *et seq.*

## Impact to POS:

- POS must appropriately and accurately de-identify data for public reporting
  - Similar standards and methods used by Katie A will apply
- POS will create 2 sets of data
  - County – each county will receive a full set of their data
  - Public – some cells will show that data was suppressed



# Cross-Project Coordination

- **Collaboration for Consistency of Outcomes Reporting**

- DHCS and the SME Workgroup worked with other projects on establishing indicators to make it easier to track individuals across systems
  - Katie A. Settlement Agreement – SMHS Sub-group of foster children receiving Medi-Cal specialty mental health services
  - Continuum of Care – Children and youth receiving mental health services from Managed Care Plans and/or Mental Health Providers

- **Reporting**

- Both of these projects have created dashboards that are available on the web. Links to their web sites:
  - Katie A.  
[http://www.dhcs.ca.gov/Documents/Katie\\_A\\_SMHS\\_Rpt\\_FY\\_13\\_14\\_10\\_10\\_14.pdf](http://www.dhcs.ca.gov/Documents/Katie_A_SMHS_Rpt_FY_13_14_10_10_14.pdf)
  - Continuum of Care  
<http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx>

# Initial Data for POS SMHS Reporting

## Data Set in Creation

- Questions we want to answer:
  1. What are the demographics of the population served?
  2. What services does the population receive/use?
  3. What are the costs?

## Data

- Demographics – Race, Age, Gender, Language, number of visits in a month
- Approved Service Types and Cost by County

# Quality Improvement Research

- DHCS interviewed other states, California counties and providers to understand their QI processes
- The SME Workgroup assisted in identifying contacts
  - States – 35 contacted, 17 responded
  - Mental Health Plans and providers – 5 of each were interviewed
- Three overarching questions were asked
  - What type of outcomes do you collect?
  - What is your mode of data collection?
  - What is your QI Process? (the primary reason for the interviews)

# Quality Improvement Research continued

## Best Practices Identified from the Interviews

- Have a statewide standardized method
- Stakeholder involvement is key
  - Be visible to upper management in the counties
- Do not use a top-down approach
- Developing a POS takes time
  - First create a POS, then establish a QI process
  - Start with a small project and then build upon it
  - Plan to refine the QI approach over time
- Multiple sources may feed into the QI process (data etc.)
  - Data sharing across state agencies
  - Investigate possible integration with managed care entities/outside vendors

# PUBLIC COMMENT

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**Performance Outcomes System for Medi-Cal Specialty  
Mental Health Services for Children and Youth**

# Next Steps

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# Next Steps

## 2015 Activities:

- Submit System Plan and System Implementation Plans to the Legislature
- Evaluation of Methods - Interagency Agreement
- Develop:
  - Scope of Work
  - Approval of the Interagency Agreement
- Develop Quality Improvement Approach
  - Build on research with CA providers, counties, and other states
- Topics for Discussion
  - Initial POS Reports on demographics
  - Project Methodology

# THANK YOU FOR YOUR PARTICIPATION...

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## Contact Information:

### POS Website:

[http://www.dhcs.ca.gov/individuals/Pages/POS\\_MC\\_Sp\\_MHS-SHAC.aspx](http://www.dhcs.ca.gov/individuals/Pages/POS_MC_Sp_MHS-SHAC.aspx)

POS Email Address: **xxx**