Performance Outcomes System Report run on February 12, 2019

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi- Cal Specialty Mental Health Services (SMHS) for children and youth.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop indicators and measures. The Performance Outcomes System will be used to evaluate the domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Further information on the Performance Measures System implementation is available on the DHCS website. Documents posted include the relevant legislation, plans submitted to the Legislature, and handouts for meetings with the Stakeholder Advisory Committee back to the first meeting in 2012. To obtain this information go to: http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx

Purpose and Overview

These population-based reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth arriving, exiting, and continuing services over a two-year period. The time to step down table provides a view over the past four years of the time to step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). **Note:** The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.

Definitions

Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

Age 20 or younger during the approved date of service on the claim.

Data Sources -

- •Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 14/15 through FY 17/18.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 14/15 through FY17/18.

Performance Outcomes System

Report run on February 12, 2019

Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at: http://www.dhcs.ca.gov/services/MH/Documents/POS Measures Catalog Sept 2016.pdf

Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, medium, whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

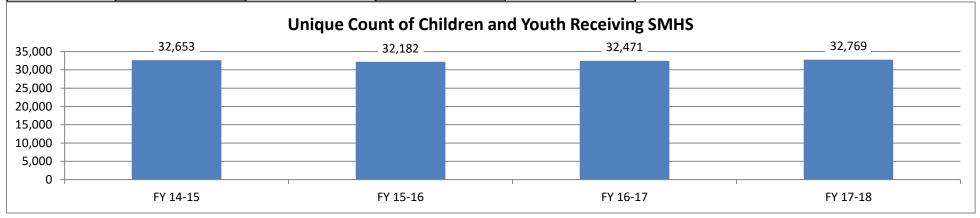
Report Interpretation

- *County-specific findings may be interpreted alongside the POS statewide and population-based report findings.
- *New Age Methodology for Identifying Children under 21 (POS reports posted after to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).
- *The **penetration rates** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number of youth who received one or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted. Penetration rates provide a measure of initial contact with the specialty mental health system.
- *The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.
- *The *snapshot* report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx
- *The psychiatric emergency services/hospital data reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year Medium Sized Counties as of February 12, 2019

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 14-15	32,653		899,384	
FY 15-16	32,182	-1.4%	938,312	4.3%
FY 16-17	32,471	0.9%	949,768	1.2%
FY 17-18	32,769	0.9%	937,775	-1.3%
Compound Annual Growth Rate SFY**		0.1%		1.4%



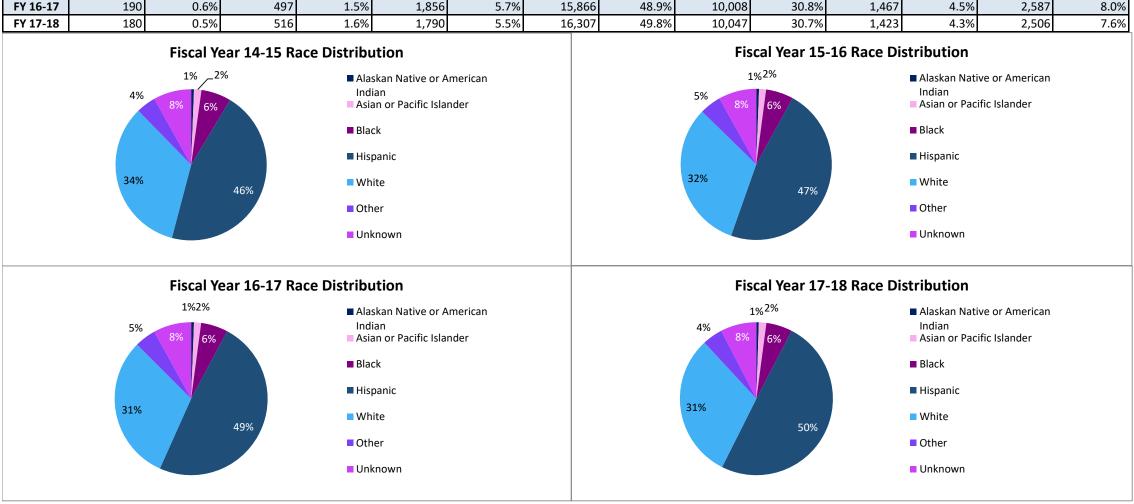
^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

^{**}SFY = State Fiscal Year which is July 1 through June 30.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

Medium Sized Counties as of February 12, 2019

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 14-15	203	0.6%	534	1.6%	2,076	6.4%	14,872	45.5%	10,969	33.6%	1,359	4.2%	2,640	8.1%
FY 15-16	202	0.6%	471	1.5%	1,913	5.9%	15,257	47.4%	10,265	31.9%	1,468	4.6%	2,606	8.1%
FY 16-17	190	0.6%	497	1.5%	1,856	5.7%	15,866	48.9%	10,008	30.8%	1,467	4.5%	2,587	8.0%
FY 17-18	180	0.5%	516	1.6%	1,790	5.5%	16,307	49.8%	10,047	30.7%	1,423	4.3%	2,506	7.6%
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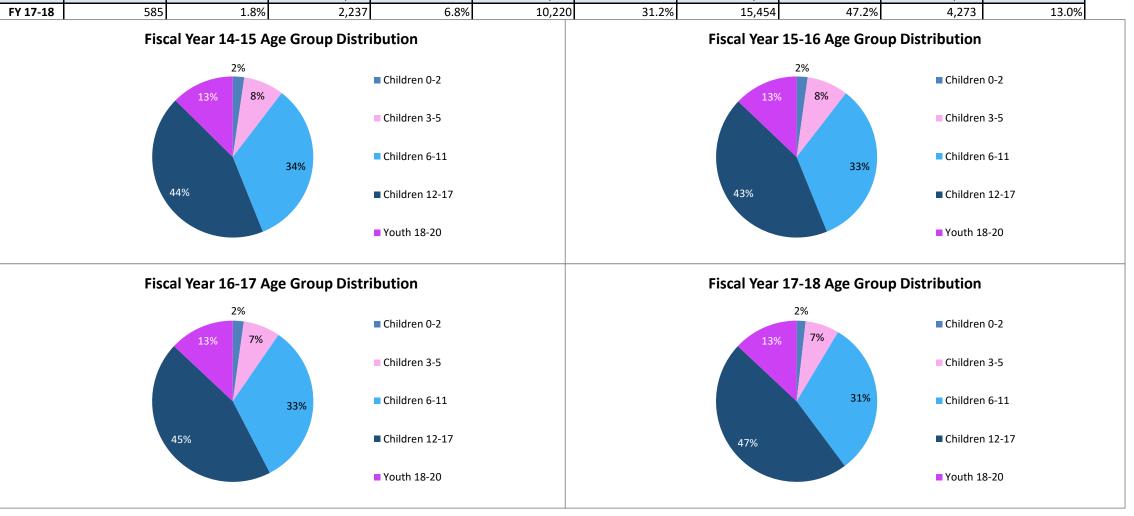


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

Medium Sized Counties as of February 12, 2019

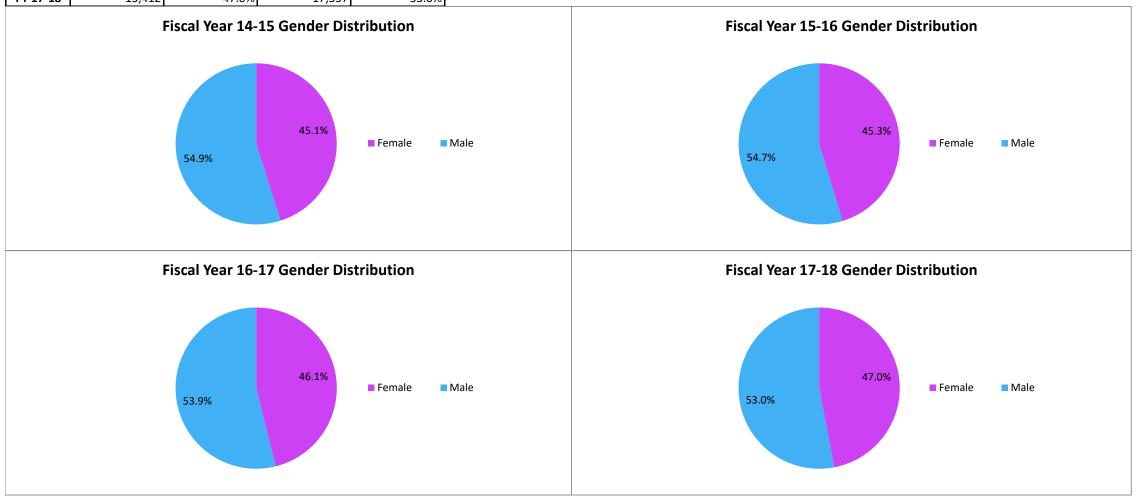
Fiscal Ye	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 14-1	5 767	2.3%	2,636	8.1%	10,951	33.5%	14,192	43.5%	4,107	12.6%
FY 15-1	6 706	2.2%	2,663	8.3%	10,747	33.4%	13,922	43.3%	4,144	12.9%
FY 16-1	707	2.2%	2,396	7.4%	10,660	32.8%	14,484	44.6%	4,224	13.0%
FY 17-1	.8 585	1.8%	2,237	6.8%	10,220	31.2%	15,454	47.2%	4,273	13.0%



Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

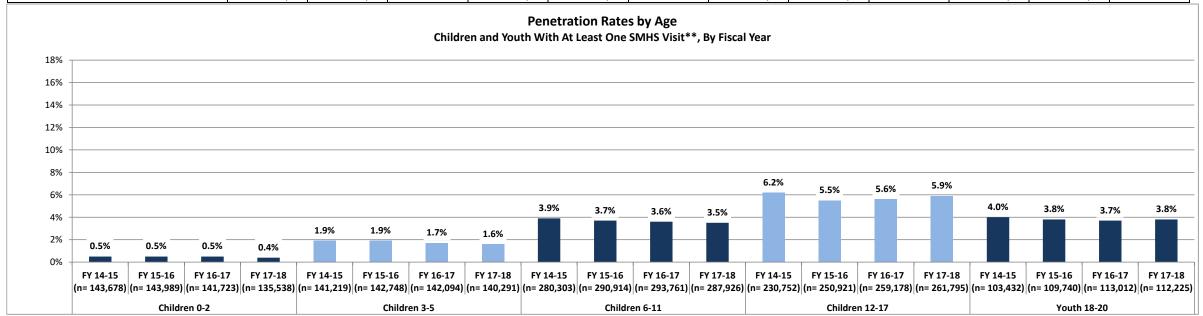
Medium Sized Counties as of February 12, 2019

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 14-15	14,730	45.1%	17,923	54.9%
FY 15-16	14,574	45.3%	17,608	54.7%
FY 16-17	14,969	46.1%	17,502	53.9%
FY 17-18	15,412	47.0%	17,357	53.0%



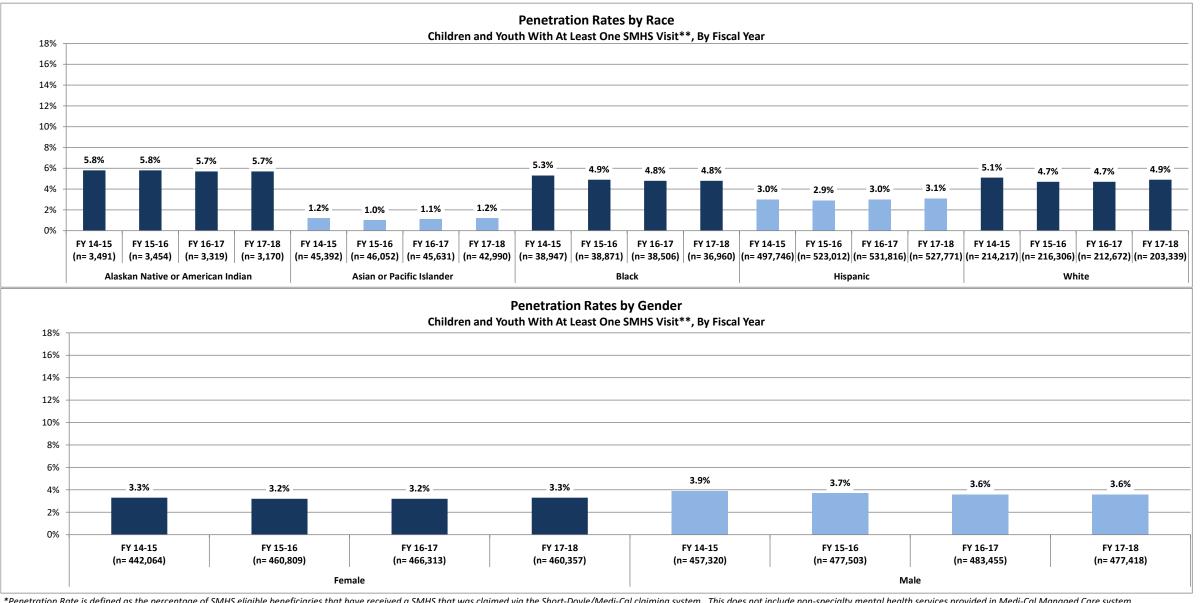
Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** Medium Sized Counties as of February 12, 2019

		FY 14-15			FY 15-16			FY 16-17		FY 17-18		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	32,653	899,384	3.6%	32,182	938,312	3.4%	32,471	949,768	3.4%	32,769	937,775	3.5%
Children 0-2	767	143,678	0.5%	706	143,989	0.5%	707	141,723	0.5%	585	135,538	0.4%
Children 3-5	2,636	141,219	1.9%	2,663	142,748	1.9%	2,396	142,094	1.7%	2,237	140,291	1.6%
Children 6-11	10,951	280,303	3.9%	10,747	290,914	3.7%	10,660	293,761	3.6%	10,220	287,926	3.5%
Children 12-17	14,192	230,752	6.2%	13,922	250,921	5.5%	14,484	259,178	5.6%	15,454	261,795	5.9%
Youth 18-20	4,107	103,432	4.0%	4,144	109,740	3.8%	4,224	113,012	3.7%	4,273	112,225	3.8%
Alaskan Native or American Indian	203	3,491	5.8%	202	3,454	5.8%	190	3,319	5.7%	180	3,170	5.7%
Asian or Pacific Islander	534	45,392	1.2%	471	46,052	1.0%	497	45,631	1.1%	516	42,990	1.2%
Black	2,076	38,947	5.3%	1,913	38,871	4.9%	1,856	38,506	4.8%	1,790	36,960	4.8%
Hispanic	14,872	497,746	3.0%	15,257	523,012	2.9%	15,866	531,816	3.0%	16,307	527,771	3.1%
White	10,969	214,217	5.1%	10,265	216,306	4.7%	10,008	212,672	4.7%	10,047	203,339	4.9%
Other	1,359	37,130	3.7%	1,468	40,543	3.6%	1,467	44,480	3.3%	1,423	46,918	3.0%
Unknown	2,640	62,461	4.2%	2,606	70,074	3.7%	2,587	73,344	3.5%	2,506	76,627	3.3%
Female	14,730	442,064	3.3%	14,574	460,809	3.2%	14,969	466,313	3.2%	15,412	460,357	3.3%
Male	17,923	457,320	3.9%	17,608	477,503	3.7%	17,502	483,455	3.6%	17,357	477,418	3.6%



^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

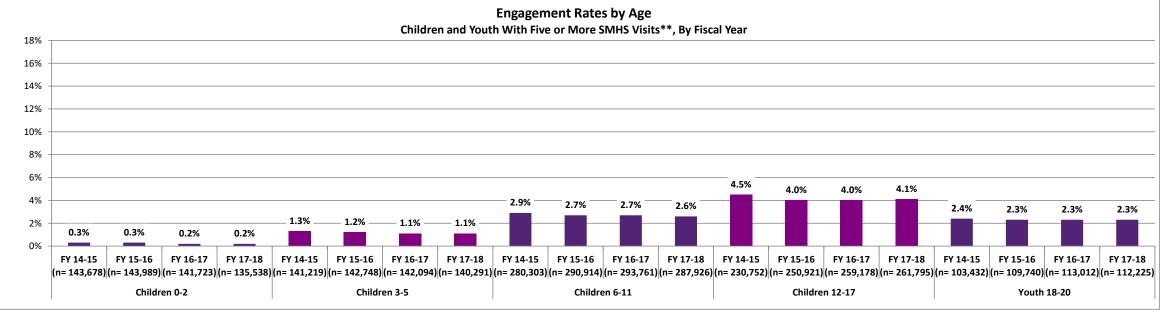


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^{**}Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

Engagement Rates* Report: Children and Youth with Five or More SMHS Visits** Medium Sized Counties as of February 12, 2019

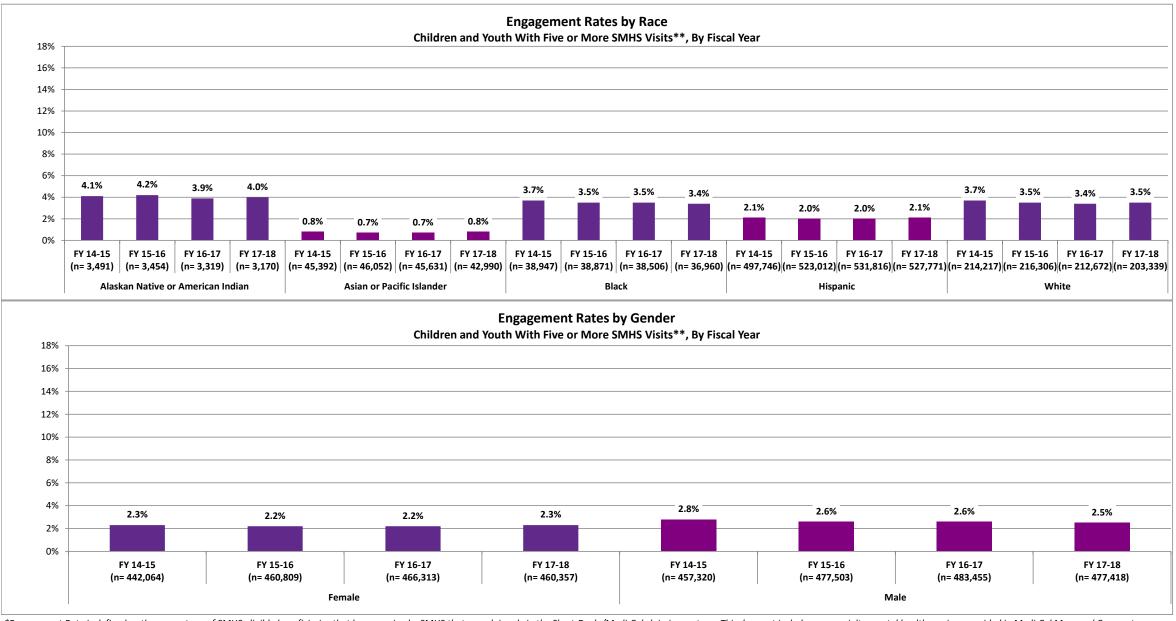
		FY 14-15			FY 15-16			FY 16-17			FY 17-18	
	Children and	Certified		Children and	Certified		Children and	Certified		Children and	Certified	
	Youth with 5 or	Eligible	Engagement	Youth with 5 or	Eligible	Engagement	Youth with 5 or	Eligible	Engagement	Youth with 5 or	Eligible	Engagement
	more SMHS	Children and	Rate									
	Visits	Youth		Visits	Youth		Visits	Youth		Visits	Youth	
All	23,145	899,384	2.6%	22,693	938,312	2.4%	22,658	949,768	2.4%	22,564	937,775	2.4%
Children 0-2	484	143,678	0.3%	366	143,989	0.3%	311	141,723	0.2%	256	135,538	0.2%
Children 3-5	1,836	141,219	1.3%	1,728	142,748	1.2%	1,591	142,094	1.1%	1,502	140,291	1.1%
Children 6-11	8,095	280,303	2.9%	7,986	290,914	2.7%	7,810	293,761	2.7%	7,405	287,926	2.6%
Children 12-17	10,280	230,752	4.5%	10,116	250,921	4.0%	10,390	259,178	4.0%	10,844	261,795	4.1%
Youth 18-20	2,450	103,432	2.4%	2,497	109,740	2.3%	2,556	113,012	2.3%	2,557	112,225	2.3%
Alaskan Native or American Indian	144	3,491	4.1%	145	3,454	4.2%	130	3,319	3.9%	126	3,170	4.0%
Asian or Pacific Islander	345	45,392	0.8%	311	46,052	0.7%	320	45,631	0.7%	331	42,990	0.8%
Black	1,431	38,947	3.7%	1,355	38,871	3.5%	1,334	38,506	3.5%	1,251	36,960	3.4%
Hispanic	10,350	497,746	2.1%	10,304	523,012	2.0%	10,799	531,816	2.0%	10,873	527,771	2.1%
White	7,907	214,217	3.7%	7,516	216,306	3.5%	7,152	212,672	3.4%	7,175	203,339	3.5%
Other	1,002	37,130	2.7%	1,100	40,543	2.7%	1,031	44,480	2.3%	967	46,918	2.1%
Unknown	1,966	62,461	3.1%	1,962	70,074	2.8%	1,892	73,344	2.6%	1,841	76,627	2.4%
Female	10,288	442,064	2.3%	10,148	460,809	2.2%	10,296	466,313	2.2%	10,470	460,357	2.3%
Male	12,857	457,320	2.8%	12,545	477,503	2.6%	12,362	483,455	2.6%	12,094	477,418	2.5%



^{*}Engagement Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

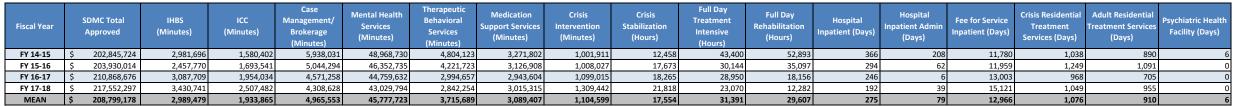
Engagement Rates* Report: Children and Youth with Five or More SMHS Visits** Medium Sized Counties as of February 12, 2019



^{*}Engagement Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year Medium Sized Counties as of February 12, 2019





^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly

Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year Medium Sized Counties as of February 12, 2019



FY 15-16

(n = 12)

400 200

FY 14-15

(n = ^)

Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

FY 17-18

(n = 14)

FY 14-15

(n = ^)

0.0

FY 16-17

(n = 272)

0.0

FY 17-18

(n = 222)

0.0

FY 15-16

(n = 305)

FY 14-15

(n = 207)

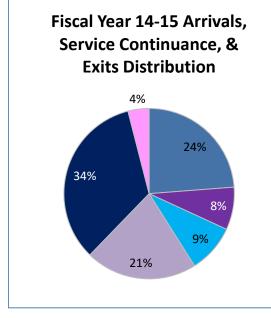
^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

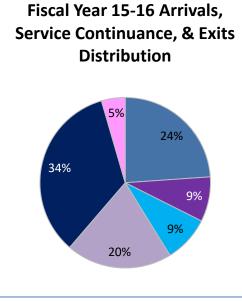
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

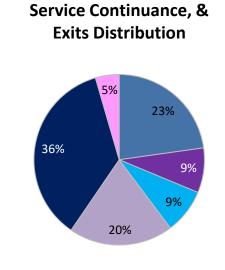
Medium Sized Counties as of February 12, 2019

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Children/Youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which children/youth met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance &	
Exiting	A distinct category in which Children/Youth had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

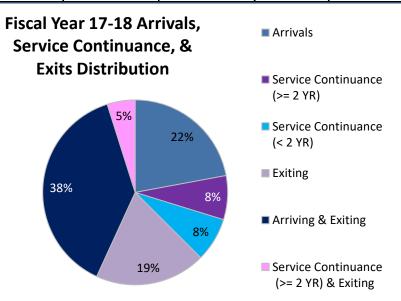
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 14-15	7,776	23.8%	2,633	8.1%	2,990	9.2%	6,914	21.2%	11,026	33.8%	1,314	4.0%	32,653	100%
FY 15-16	7,676	23.9%	2,736	8.5%	2,839	8.8%	6,477	20.1%	10,995	34.2%	1,459	4.5%	32,182	100%
FY 16-17	7,390	22.8%	2,745	8.5%	2,764	8.5%	6,417	19.8%	11,696	36.0%	1,459	4.5%	32,471	100%
FY 17-18	7,234	22.1%	2,523	7.7%	2,515	7.7%	6,351	19.4%	12,536	38.3%	1,610	4.9%	32,769	100%







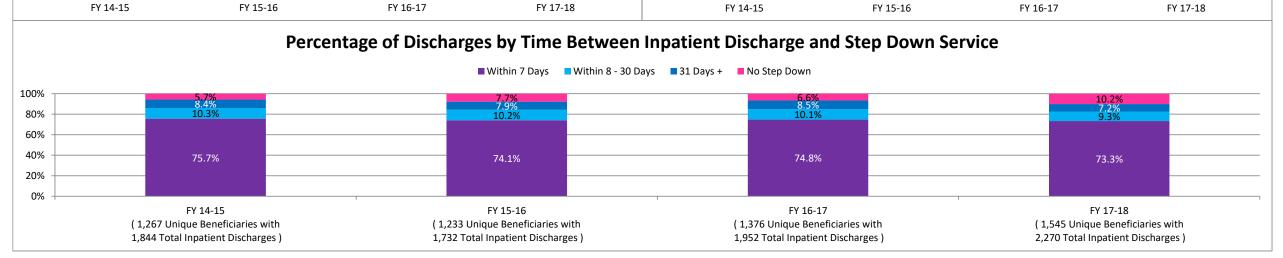
Fiscal Year 16-17 Arrivals,



Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

Medium Sized Counties as of February 12, 2019

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Discharges with	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)			
FY 14-15	1,395	75.7%	190	10.3%	154	8.4%	105	5.7%	0	361	11.4	0			
FY 15-16	1,284	74.1%	177	10.2%	137	7.9%	134	7.7%	0	365	14.0	0			
FY 16-17	1,460			10.1%	165	8.5%	129		0	360		0			
FY 17-18	1,664	73.3%	211	9.3%	164	7.2%	231	10.2%	0	346	9.9	1			
	Median Time		patient Disc vice in Days	•	tep Down		Mean Time Between Inpatient Discharge and Step Down Service in Days								
1 —															
					1			:	14.0						
1					1	14	11.4		14.0	12.2					
1					1		11.4		14.0	12.2	<u></u>	0.9			
1					1	14	11.4		14.0	12.2		0.9			



0

0

0

^{*} No Step Down is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.