

## Performance Outcomes System Initial Reports

### 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.asp>

#### 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.*

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## 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.

## 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\\_MeasuresCatalog\\_Sept2016.pdf](http://www.dhcs.ca.gov/services/MH/Documents/POS_MeasuresCatalog_Sept2016.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.

**Performance Outcomes System Initial Reports**  
**Report run on February 12, 2019**

\*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 the beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

**Please contact [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov) for any questions regarding this report.**

**Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year  
Small Sized -Yuba 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	14,484		295,207	
FY 15-16	14,071	-2.9%	305,170	3.4%
FY 16-17	14,274	1.4%	306,781	0.5%
FY 17-18	14,456	1.3%	304,269	-0.8%
<b>Compound Annual Growth Rate SFY**</b>		<b>-0.1%</b>		<b>1.0%</b>

*\*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  
Small Sized -Yuba 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 %
<b>FY 14-15</b>	364	2.5%	98	0.7%	428	3.0%	6,101	42.1%	6,267	43.3%	144	1.0%	1,082	7.5%
<b>FY 15-16</b>	320	2.3%	86	0.6%	388	2.8%	6,289	44.7%	5,768	41.0%	126	0.9%	1,094	7.8%
<b>FY 16-17</b>	336	2.4%	88	0.6%	354	2.5%	6,686	46.8%	5,525	38.7%	111	0.8%	1,174	8.2%
<b>FY 17-18</b>	317	2.2%	86	0.6%	403	2.8%	6,899	47.7%	5,345	37.0%	91	0.6%	1,315	9.1%

*\*This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.*

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

<b>Fiscal Year</b>	<b>Children 0-2 Count</b>	<b>Children 0-2 %</b>	<b>Children 3-5 Count</b>	<b>Children 3-5 %</b>	<b>Children 6-11 Count</b>	<b>Children 6-11 %</b>	<b>Children 12-17 Count</b>	<b>Children 12-17 %</b>	<b>Youth 18-20 Count</b>	<b>Youth 18-20 %</b>
<b>FY 14-15</b>	127	0.9%	987	6.8%	5,288	36.5%	6,254	43.2%	1,828	12.6%
<b>FY 15-16</b>	129	0.9%	882	6.3%	5,172	36.8%	6,064	43.1%	1,824	13.0%
<b>FY 16-17</b>	136	1.0%	837	5.9%	5,170	36.2%	6,289	44.1%	1,842	12.9%
<b>FY 17-18</b>	175	1.2%	895	6.2%	4,877	33.7%	6,612	45.7%	1,897	13.1%

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

<b>Fiscal Year</b>	<b>Female Count</b>	<b>Female %</b>	<b>Male Count</b>	<b>Male %</b>
<b>FY 14-15</b>	6,349	43.8%	8,135	56.2%
<b>FY 15-16</b>	6,145	43.7%	7,926	56.3%
<b>FY 16-17</b>	6,358	44.5%	7,916	55.5%
<b>FY 17-18</b>	6,580	45.5%	7,876	54.5%

**Penetration Rates\* Report: Children and Youth with At Least One  
SMHS Visit\*\* Small 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
<b>All</b>	<b>14,484</b>	<b>295,207</b>	<b>4.9%</b>	<b>14,071</b>	<b>305,170</b>	<b>4.6%</b>	<b>14,274</b>	<b>306,781</b>	<b>4.7%</b>	<b>14,456</b>	<b>304,269</b>	<b>4.8%</b>
Children 0-2	127	47,693	0.3%	129	47,912	0.3%	136	47,090	0.3%	175	45,382	0.4%
Children 3-5	987	46,038	2.1%	882	46,846	1.9%	837	46,742	1.8%	895	46,305	1.9%
Children 6-11	5,288	90,134	5.9%	5,172	93,013	5.6%	5,170	93,721	5.5%	4,877	92,888	5.3%
Children 12-17	6,254	76,366	8.2%	6,064	80,942	7.5%	6,289	82,257	7.6%	6,612	83,533	7.9%
Youth 18-20	1,828	34,976	5.2%	1,824	36,457	5.0%	1,842	36,971	5.0%	1,897	36,161	5.2%
Alaskan Native or Americ. Indian	364	5,931	6.1%	320	5,897	5.4%	336	5,750	5.8%	317	5,511	5.8%
Asian or Pacific Islander	98	8,485	1.2%	86	8,755	1.0%	88	8,970	1.0%	86	8,677	1.0%
Black	428	5,194	8.2%	388	5,123	7.6%	354	5,056	7.0%	403	4,871	8.3%
Hispanic	6,101	146,106	4.2%	6,289	152,091	4.1%	6,686	153,604	4.4%	6,899	151,941	4.5%
White	6,267	99,816	6.3%	5,768	99,697	5.8%	5,525	97,351	5.7%	5,345	93,272	5.7%
Other	144	3,992	3.6%	126	3,642	3.5%	111	3,309	3.4%	91	2,991	3.0%
Unknown	1,082	25,683	4.2%	1,094	29,965	3.7%	1,174	32,741	3.6%	1,315	37,006	3.6%
Female	6,349	144,632	4.4%	6,145	149,505	4.1%	6,358	150,322	4.2%	6,580	149,033	4.4%
Male	8,135	150,575	5.4%	7,926	155,665	5.1%	7,916	156,459	5.1%	7,876	155,236	5.1%

\*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.

\*\*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\*\*  
Small Sized Counties as of February 12, 2019**

	FY 14-15			FY 15-16			FY 16-17			FY 17-18		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate
<b>All</b>	<b>9,943</b>	<b>295,207</b>	<b>3.4%</b>	<b>9,548</b>	<b>305,170</b>	<b>3.1%</b>	<b>9,692</b>	<b>306,781</b>	<b>3.2%</b>	<b>9,427</b>	<b>304,269</b>	<b>3.1%</b>
Children 0-2	31	47,693	0.1%	32	47,912	0.1%	32	47,090	0.1%	36	45,382	0.1%
Children 3-5	535	46,038	1.2%	504	46,846	1.1%	490	46,742	1.0%	516	46,305	1.1%
Children 6-11	3,807	90,134	4.2%	3,670	93,013	3.9%	3,708	93,721	4.0%	3,439	92,888	3.7%
Children 12-17	4,464	76,366	5.8%	4,265	80,942	5.3%	4,383	82,257	5.3%	4,378	83,533	5.2%
Youth 18-20	1,106	34,976	3.2%	1,077	36,457	3.0%	1,079	36,971	2.9%	1,058	36,161	2.9%
Alaskan Native or Americ. Ind	255	5,931	4.3%	233	5,897	4.0%	221	5,750	3.8%	202	5,511	3.7%
Asian or Pacific Islander	68	8,485	0.8%	41	8,755	0.5%	51	8,970	0.6%	47	8,677	0.5%
Black	304	5,194	5.9%	285	5,123	5.6%	254	5,056	5.0%	258	4,871	5.3%
Hispanic	3,932	146,106	2.7%	4,069	152,091	2.7%	4,356	153,604	2.8%	4,346	151,941	2.9%
White	4,473	99,816	4.5%	4,055	99,697	4.1%	3,881	97,351	4.0%	3,642	93,272	3.9%
Other	101	3,992	2.5%	88	3,642	2.4%	78	3,309	2.4%	55	2,991	1.8%
Unknown	810	25,683	3.2%	777	29,965	2.6%	851	32,741	2.6%	877	37,006	2.4%
Female	4,269	144,632	3.0%	4,010	149,505	2.7%	4,210	150,322	2.8%	4,159	149,033	2.8%
Male	5,674	150,575	3.8%	5,538	155,665	3.6%	5,482	156,459	3.5%	5,268	155,236	3.4%

\*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.

\*\*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 Small Sized Counties as of February 12, 2019**

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (hours)	Full Day Treatment Intensive (Hours)	Full Day Rehab (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Resident Treatment Services (Days)
<b>FY 14-15</b>	\$ 72,100,513	419,208	421,236	1,944,788	16,598,845	966,930	1,633,450	402,767	4,321	11,988	17,160	82	0	4,015	220
<b>FY 15-16</b>	\$ 74,170,767	827,567	431,804	1,882,034	16,079,610	893,015	1,622,361	400,656	5,183	10,374	7,200	90	0	4,263	164
<b>FY 16-17</b>	\$ 81,179,376	899,940	587,817	2,035,538	16,645,428	1,008,887	1,813,367	494,152	5,107	5,860	2,764	128	6	5,834	76
<b>FY 17-18</b>	\$ 84,897,232	943,973	677,811	1,882,422	16,321,400	939,397	1,795,850	533,879	6,865	5,904	984	86	18	5,727	216
<b>MEAN</b>	<b>\$ 78,086,972</b>	<b>772,672</b>	<b>529,667</b>	<b>1,936,196</b>	<b>16,411,321</b>	<b>952,057</b>	<b>1,716,257</b>	<b>457,863</b>	<b>5,369</b>	<b>8,532</b>	<b>7,027</b>	<b>97</b>	<b>12</b>	<b>4,960</b>	<b>169</b>

Fiscal Year	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
<b>FY 14-15</b>	121	0
<b>FY 15-16</b>	228	0
<b>FY 16-17</b>	524	0
<b>FY 17-18</b>	353	0
<b>MEAN</b>	<b>307</b>	<b>0</b>

**Snapshot Report: Unique Count of Children and Youth Receiving SMHS  
Arriving, Exiting, and with Service Continuance by Fiscal Year  
Small 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 ( $\geq 2$ YR) or a period of 1 to 2
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 <b>Arrivals</b> and <b>Exiting</b> above for the fiscal year.
Service Continuance	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 ( $\geq 2$ YR) Count	Service Continuance ( $\geq 2$ YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance ( $\geq 2$ YR) & Exiting Count	Service Continuance ( $\geq 2$ YR) and Exiting %	Total Count	Total %
<b>FY 14-15</b>	3,272	22.6%	1,166	8.1%	1,368	9.4%	2,854	19.7%	5,277	36.4%	547	3.8%	14,484	100%
<b>FY 15-16</b>	3,243	23.0%	1,176	8.4%	1,290	9.2%	2,757	19.6%	5,027	35.7%	578	4.1%	14,071	100%
<b>FY 16-17</b>	3,270	22.9%	1,137	8.0%	1,339	9.4%	2,597	18.2%	5,272	36.9%	659	4.6%	14,274	100%
<b>FY 17-18</b>	2,965	20.5%	1,105	7.6%	1,193	8.3%	2,790	19.3%	5,741	39.7%	662	4.6%	14,456	100%

**Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge\* Small 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	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	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	435	72.1%	69	11.4%	56	9.3%	43	7.1%	0	224	10.9	1
FY 15-16	369	69.1%	67	12.5%	53	9.9%	45	8.4%	0	358	16.1	1
FY 16-17	555	71.5%	105	13.5%	71	9.1%	45	5.8%	0	319	11.7	1
FY 17-18	516	66.4%	122	15.7%	57	7.3%	82	10.6%	0	297	12.2	2

\* **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