Performance Outcomes System Initial Reports

Report run on March 13, 2018

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 county-specific 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 13/14 through FY 16/17.
•Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

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://dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catolog.aspx

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.
*The ***penetration rates*** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or useful. The POS methodology for calculating penetration rates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of youth who received X number of SMHS (1 or 5 for POS) 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.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five 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 county of fiscal responsibility for the patient and whom has been attributed the time to next service in days used in the calculations for this indicator.

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
Mariposa County as of March 13, 2018

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	107		1,832	
FY 14-15	121	13.1%	1,917	4.6%
FY 15-16	129	6.6%	1,901	-0.8%
FY 16-17	153	18.6%	1,951	2.6%
Compound Annual Growth Rate SFY**		**12.7%**		**2.1%**

**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
Mariposa County as of March 13, 2018

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 13-14	^	^	0	0.0%	^	^	14	13.1%	81	75.7%	0	0.0%	^	^
FY 14-15	^	^	^	^	0	0.0%	24	19.8%	88	72.7%	0	0.0%	^	^
FY 15-16	^	^	0	0.0%	0	0.0%	24	18.6%	93	72.1%	0	0.0%	^	^
FY 16-17	^	^	0	0.0%	0	0.0%	26	17.0%	107	69.9%	^	^	11	7.2%

**This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.*
^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Mariposa County as of March 13, 2018

Fiscal Year	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 13-14	^	^	^	^	30	28.0%	56	52.3%	14	13.1%
FY 14-15	0	0.0%	^	^	29	24.0%	70	57.9%	^	^
FY 15-16	^	^	^	^	27	20.9%	75	58.1%	17	13.2%
FY 16-17	^	^	13	8.5%	49	32.0%	68	44.4%	^	^

^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Mariposa County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	48	44.9%	59	55.1%
FY 14-15	57	47.1%	64	52.9%
FY 15-16	60	46.5%	69	53.5%
FY 16-17	67	43.8%	86	56.2%

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**
Mariposa County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	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	**107**	**1,832**	**5.8%**	**121**	**1,917**	**6.3%**	**129**	**1,901**	**6.8%**	**153**	**1,951**	**7.8%**
Children 0-2	^	292	^	0	286	0.0%	^	293	^	^	317	^
Children 3-5	^	275	^	^	287	^	^	276	^	13	287	4.5%
Children 6-11	30	519	5.8%	29	524	5.5%	27	551	4.9%	49	564	8.7%
Children 12-17	56	500	11.2%	70	542	12.9%	75	533	14.1%	68	537	12.7%
Youth 18-20	14	246	5.7%	^	278	^	17	248	6.9%	^	246	^
Alaskan Native or American Indian	^	^	^	^	^	^	^	65	^	^	61	^
Asian or Pacific Islander	0	^	0.0%	^	^	^	0	^	0.0%	0	^	0.0%
Black	^	12	^	0	16	0.0%	0	^	0.0%	0	^	0.0%
Hispanic	14	313	4.5%	24	340	7.1%	24	370	6.5%	26	380	6.8%
White	81	1,334	6.1%	88	1,370	6.4%	93	1,299	7.2%	107	1,308	8.2%
Other	0	20	0.0%	0	20	0.0%	0	16	0.0%	^	15	^
Unknown	^	91	^	^	103	^	^	135	^	11	171	6.4%
Female	48	903	5.3%	57	935	6.1%	60	933	6.4%	67	948	7.1%
Male	59	929	6.4%	64	982	6.5%	69	968	7.1%	86	1,003	8.6%

**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.*
***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.*
^ Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**
Mariposa County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**74**	**1,832**	**4.0%**	**74**	**1,917**	**3.9%**	**87**	**1,901**	**4.6%**	**106**	**1,951**	**5.4%**
Children 0-2	0	292	0.0%	0	286	0.0%	0	293	0.0%	0	317	0.0%
Children 3-5	^	275	^	0	287	0.0%	^	276	^	^	287	^
Children 6-11	22	519	4.2%	19	524	3.6%	19	551	3.4%	32	564	5.7%
Children 12-17	43	500	8.6%	41	542	7.6%	55	533	10.3%	52	537	9.7%
Youth 18-20	^	246	^	14	278	5.0%	^	248	^	^	246	^
Alaskan Native or American In	^	^	^	^	^	^	^	65	^	^	61	^
Asian or Pacific Islander	0	^	0.0%	^	^	^	0	^	0.0%	0	^	0.0%
Black	0	12	0.0%	0	16	0.0%	0	^	0.0%	0	^	0.0%
Hispanic	12	313	3.8%	16	340	4.7%	18	370	4.9%	18	380	4.7%
White	55	1,334	4.1%	51	1,370	3.7%	62	1,299	4.8%	73	1,308	5.6%
Other	0	20	0.0%	0	20	0.0%	0	16	0.0%	0	15	0.0%
Unknown	^	91	^	^	103	^	^	135	^	^	171	^
Female	35	903	3.9%	35	935	3.7%	37	933	4.0%	41	948	4.3%
Male	39	929	4.2%	39	982	4.0%	50	968	5.2%	65	1,003	6.5%

**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.*
^ Data has been suppressed to protect patient privacy.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
Mariposa County as of March 13, 2018

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 Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	$ 8,785	529	0	1,244	1,697	60	401	224	10	0	0	0	0	6	0	0	2
FY 14-15	$ 6,029	2,963	929	700	1,032	0	424	206	0	0	0	0	0	11	0	0	0
FY 15-16	$ 6,763	1,520	287	510	1,232	975	426	421	18	0	0	0	0	12	0	0	3
FY 16-17	$ 7,701	1,389	848	422	1,439	0	188	378	11	0	0	0	0	17	0	0	0
MEAN	**$ 7,320**	**1,600**	**688**	**719**	**1,350**	**518**	**360**	**308**	**13**	**0**	**0**	**0**	**0**	**12**	**0**	**0**	**2**

**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.

Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Mariposa County as of March 13, 2018

	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
	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
	Children/Youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
	A distinct category in which children/youth met both the criteria for **Arrivals** and **Exiting** above for the fiscal year.
	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	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13-14	23	21.5%	^	^	14	13.1%	21	19.6%	32	29.9%	^	^	107	100%
FY 14-15	35	28.9%	13	10.7%	^	^	24	19.8%	40	33.1%	^	^	121	100%
FY 15-16	28	21.7%	^	^	17	13.2%	20	15.5%	48	37.2%	^	^	129	100%
FY 16-17	48	31.4%	18	11.8%	^	^	20	13.1%	44	28.8%	^	^	153	100%

^ Data has been suppressed to protect patient privacy.

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*
Mariposa County as of March 13, 2018

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 13-14	^	^	^	^	0	0.0%	0	0.0%	0	13	4.7	1
FY 14-15	^	^	0	0.0%	0	0.0%	0	0.0%	0	2	0.7	0
FY 15-16	^	^	^	^	^	^	0	0.0%	0	99	25.0	2
FY 16-17	^	^	^	^	^	^	0	0.0%	0	203	33.8	7

** **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*
^ Data has been suppressed to protect patient privacy.