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 decisionmaking 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.

Performance Outcomes System Initial Reports

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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 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.

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*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.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	10,549		235,107	
FY 14-15	10,602	0.5%	249,255	6.0%
FY 15-16	10,886	2.7%	254,868	2.3%
FY 16-17	10,105	-7.2%	259,252	1.7%
Compound Annual Growth Rate SFY**		-1.4%		3.3%

*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information. **SFY = State Fiscal Year which is July 1 through June 30.

Fiscal Year	Alaskan Native or American Indian Count	Native or		Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	93	0.9%	395	3.7%	2,533	24.0%	2,434	23.1%	3,049	28.9%	1,048	9.9%	997	9.5%
FY 14-15	100	0.9%	406	3.8%	2,454	23.1%	2,484	23.4%	3,065	28.9%	1,059	10.0%	1,034	9.8%
FY 15-16	113	1.0%	387	3.6%	2,471	22.7%	2,680	24.6%	3,072	28.2%	1,123	10.3%	1,040	9.6%
FY 16-17	94	0.9%	384	3.8%	2,191	21.7%	2,657	26.3%	2,835	28.1%	1,120	11.1%	824	8.2%

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

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	175	1.7%	897	8.5%	3,987	37.8%	4,245	40.2%	1,245	11.8%
FY 14-15	166	1.6%	886	8.4%	4,063	38.3%	4,287	40.4%	1,200	11.3%
FY 15-16	129	1.2%	842	7.7%	4,205	38.6%	4,441	40.8%	1,269	11.7%
FY 16-17	95	0.9%	696	6.9%	3,899	38.6%	4,238	41.9%	1,177	11.6%

Fiscal Year	Female Count	Female %	Male Count	Male %		
FY 13-14	4,621	43.8%	5,928	56.2%		
FY 14-15	4,775	45.0%	5,827	55.0%		
FY 15-16	4,988	45.8%	5,898	54.2%		
FY 16-17	4,705	46.6%	5,400	53.4%		

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** Sacramento 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	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate
All	10,549	235,107	4.5%	10,602	249,255	4.3%	10,886	254,868	4.3%	10,105	259,252	3.9%
Children 0-2	175	38,091	0.5%	166	38,916	0.4%	129	39,656	0.3%	95	39,261	0.2%
Children 3-5	897	37,663	2.4%	886	38,335	2.3%	842	39,641	2.1%	696	40,357	1.7%
Children 6-11	3,987	70,813	5.6%	4,063	78,496	5.2%	4,205	77,561	5.4%	3,899	79,332	4.9%
Children 12-17	4,245	60,030	7.1%	4,287	62,853	6.8%	4,441	66,578	6.7%	4,238	68,928	6.1%
Youth 18-20	1,245	28,510	4.4%	1,200	30,655	3.9%	1,269	31,432	4.0%	1,177	31,374	3.8%
Alaskan Native or American Indian	93	1,491	6.2%	100	1,504	6.6%	113	1,525	7.4%	94	1,485	6.3%
Asian or Pacific Islander	395	27,697	1.4%	406	32,807	1.2%	387	29,534	1.3%	384	29,448	1.3%
Black	2,533	40,222	6.3%	2,454	41,284	5.9%		41,789	5.9%	2,191	41,713	5.3%
Hispanic	2,434	66,115	3.7%	2,484	68,651	3.6%	2,680	72,312	3.7%	2,657	74,245	3.6%
White	3,049	53 <i>,</i> 036	5.7%	3,065	54 <i>,</i> 953	5.6%	3,072	55,477	5.5%	2,835	54,434	5.2%
Other	1,048	34,551	3.0%	1,059	37,455	2.8%	1,123	41,090	2.7%	1,120	45,640	2.5%
Unknown	997	11,995	8.3%	1,034	12,601	8.2%	1,040	13,141	7.9%	824	12,287	6.7%
Female	4,621	115,233	4.0%	4,775	124,190	3.8%	4,988	124,715	4.0%	4,705	127,192	3.7%
Male	5,928	119,874	4.9%	5,827	125,065	4.7%	5,898	130,153	4.5%	5,400	132,060	4.1%

*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.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits** Sacramento 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	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	
All	8,611	235,107	3.7%	8,652	249,255	3.5%	8,711	254,868	3.4%	8,079	259,252	3.1%	
Children 0-2	125	38,091	0.3%	124	38,916	0.3%	101	39,656	0.3%	66	39,261	0.2%	
Children 3-5	686	37,663	1.8%	694	38,335	1.8%	614	39,641	1.5%	542	40,357	1.3%	
Children 6-11	3,314	70,813	4.7%	3,323	78,496	4.2%	3,378	77,561	4.4%	3,146	79,332	4.0%	
Children 12-17	3,503	60,030	5.8%	3,592	62,853	5.7%	3,664	66,578	5.5%	3,461	68,928	5.0%	
Youth 18-20	983	28,510	3.4%	919	30,655	3.0%	954	31,432	3.0%	864	31,374	2.8%	
Alaskan Native or American In	74	1,491	5.0%	80	1,504	5.3%	89	1,525	5.8%	73	1,485	4.9%	
Asian or Pacific Islander	311	27,697	1.1%	307	32,807	0.9%	316	29,534	1.1%	301	29,448	1.0%	
Black	2,046	40,222	5.1%			4.7%	1,938						
Hispanic	1,951	66,115		,		2.9%	2,111	72,312	2.9%	,			
White	2,498	53 <i>,</i> 036	4.7%	2,553	54,953	4.6%	2,501	55,477	4.5%	2,327	54,434	4.3%	
Other	872	34,551	2.5%	876	37,455	2.3%	909	41,090	2.2%	896	45 <i>,</i> 640	2.0%	
Unknown	859	11,995	7.2%	887	12,601	7.0%	847	13,141	6.4%	678	12,287	5.5%	
Female	3,752	115,233	3.3%	3,900	124,190	3.1%	4,011	124,715	3.2%	3,748	127,192	2.9%	
Male	4,859	119,874	4.1%	4,752	125,065	3.8%	4,700	130,153	3.6%	4,331	132,060	3.3%	

*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 Sacramento County as of March 13, 2018

Fiscal Year	SD To Appr	tal	IHBS (Minutes)	ICC (Minutes)	Case Managem ent/ Brokerage (Minutes)	Health Services	Therapeut ic Behavioral Services (Minutes)	Niedicatio	Crisis	Crisis	Intensive	Full Day Rehabilita tion (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	\$ 5	,424	1,195	574	481	1,710	2,612	335	166	13	592	562	3	3	9	20	0	10
FY 14-15	\$ 5	,491	1,698	1,176	487	1,716	3,086	351	161	13	413	621	3	0	9	28	0	13
FY 15-16	\$ 4	,556	1,209	1,107	479	1,595	2,875	334	153	17	500	439	5	1	12	41	0	12
FY 16-17	\$ 5	,709	1,542	1,085	446	1,577	3,236	362	148	18	814	224	4	0	11	16	44	9
MEAN	\$ 5	,295	1,411	986	473	1,649	2,952	345	157	15	580	461	4	2	10	26	44	11

*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 Sacramento County as of March 13, 2018

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
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	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 %	(>= 2 VR) &	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13-14	2,968	28.1%	974	9.2%	1,057	10.0%	2,297	21.8%	2,731	25.9%	522	4.9%	10,549	100%
FY 14-15	2,811	26.5%	941	8.9%	1,015	9.6%	2,501	23.6%	2,798	26.4%	536	5.1%	10,602	100%
FY 15-16	2,866	26.3%	939	8.6%	903	8.3%	2,350	21.6%	3,249	29.8%	579	5.3%	10,886	100%
FY 16-17	2,617	25.9%	809	8.0%	952	9.4%	2,398	23.7%	2,773	27.4%	556	5.5%	10,105	100%

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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	with Step Down within	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		Number of Days between	Maximum Number of Days between Discharge and Step Down	-	to Next Contact Post
FY 13-14	500	66.2%	112	14.8%	88	11.7%	55	7.3%	0	340	16.1	1
FY 14-15	437	61.5%	99	13.9%	105	14.8%	70	9.8%	0	358	21.3	2
FY 15-16	680	67.5%	137	13.6%	96	9.5%	94	9.3%	0	341	14.7	1
FY 16-17	615	66.8%	112	12.2%	90	9.8%	103	11.2%	0	354	13.8	1

* 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