Performance Outcomes System 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.aspx

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.

Performance Outcomes System Report run on March 13, 2018

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

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 "A".

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

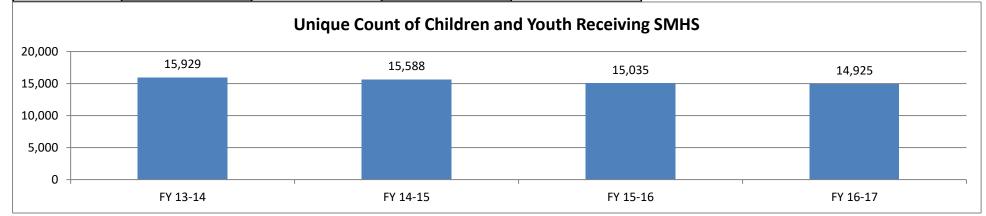
*The psychiatric emergency services/hospital data reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed 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

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	15,929		420,658	
FY 14-15	15,588	-2.1%	439,231	4.4%
FY 15-16	15,035	-3.5%	454,552	3.5%
FY 16-17	14,925	-0.7%	454,387	0.0%
Compound Annual Growth Rate SFY**		-2.1%		2.6%

San Bernardino County as of March 13, 2018

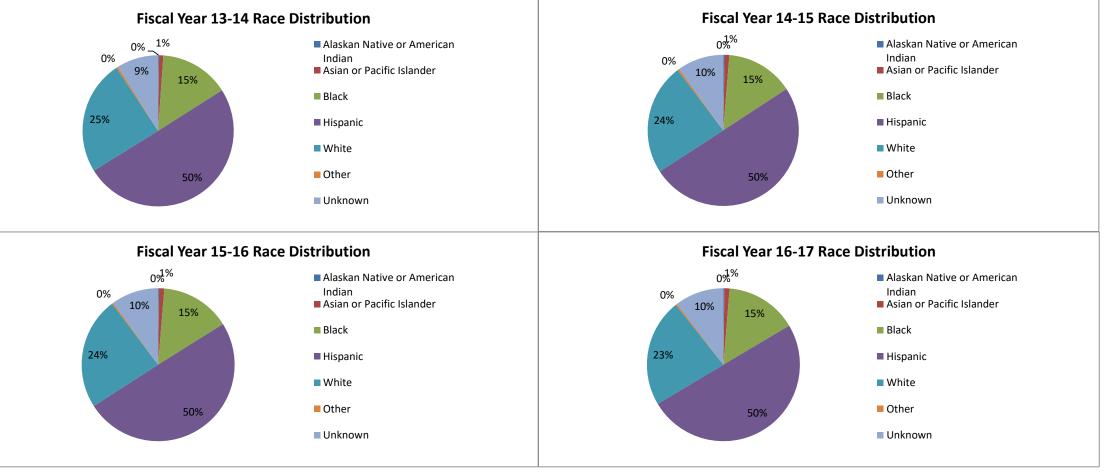


*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

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

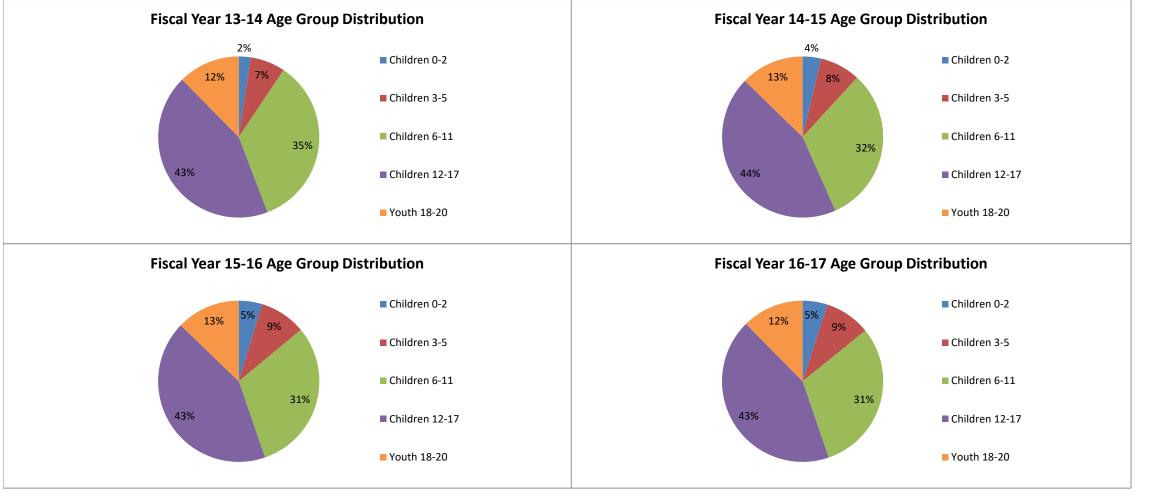
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	30	0.2%	151	0.9%	2,378	14.9%	7,982	50.1%	3,909	24.5%	63	0.4%	1,416	8.9%
FY 14-15	39	0.3%	151	1.0%	2,265	14.5%	7,810	50.1%	3,726	23.9%	57	0.4%	1,540	9.9%
FY 15-16	36	0.2%	168	1.1%	2,219	14.8%	7,481	49.8%	3,583	23.8%	51	0.3%	1,497	10.0%
FY 16-17	34	0.2%	158	1.1%	2,262	15.2%	7,460	50.0%	3,411	22.9%	45	0.3%	1,555	10.4%



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.

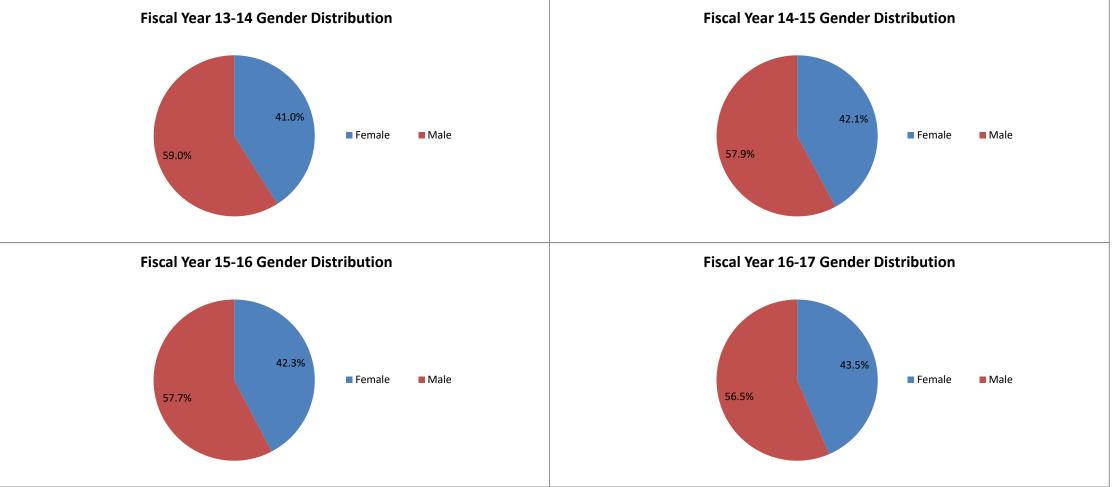
Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year San Bernardino County as of March 13, 2018

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	381	2.4%	1,113	7.0%	5,551	34.8%	6,908	43.4%	1,976	12.4%
FY 14-15	581	3.7%	1,266	8.1%	4,904	31.5%	6,850	43.9%	1,987	12.7%
FY 15-16	707	4.7%	1,398	9.3%	4,611	30.7%	6,395	42.5%	1,924	12.8%
FY 16-17	741	5.0%	1,374	9.2%	4,561	30.6%	6,405	42.9%	1,844	12.4%



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

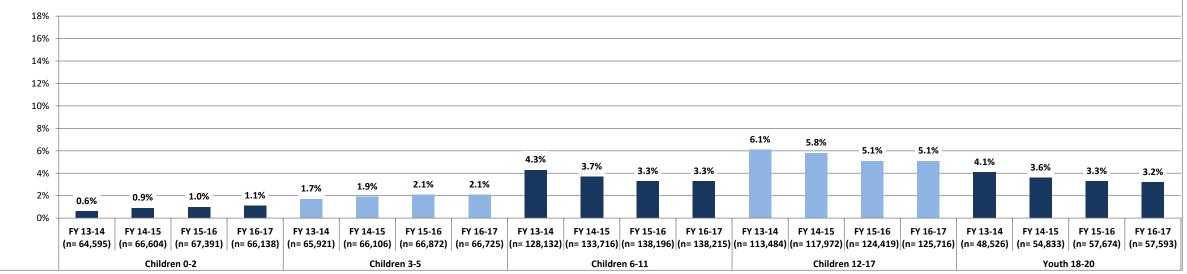
Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	6,537	41.0%	9,392	59.0%
FY 14-15	6,562	42.1%	9,026	57.9%
FY 15-16	6,366	42.3%	8,669	57.7%
FY 16-17	6,495	43.5%	8,430	56.5%



Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** San Bernardino 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	15,929	420,658	3.8%	15,588	439,231	3.5%	15,035	454,552	3.3%	14,925	454,387	3.3%
Children 0-2	381	64,595	0.6%	581	66,604	0.9%	707	67,391	1.0%	741	66,138	1.1%
Children 3-5	1,113	65,921	1.7%	1,266	66,106	1.9%	1,398	66,872	2.1%	1,374	66,725	2.1%
Children 6-11	5,551	128,132	4.3%	4,904	133,716	3.7%	4,611	138,196	3.3%	4,561	138,215	3.3%
Children 12-17	6,908	113,484	6.1%	6,850	117,972	5.8%	6,395	124,419	5.1%	6,405	125,716	5.1%
Youth 18-20	1,976	48,526	4.1%	1,987	54,833	3.6%	1,924	57,674	3.3%	1,844	57,593	3.2%
Alaskan Native or American Indian	30	720	4.2%	39	736	5.3%	36	748	4.8%	34	740	4.6%
Asian or Pacific Islander	151	12,065	1.3%	151	12,944	1.2%	168	13,541	1.2%	158	13,618	1.2%
Black	2,378	43,176	5.5%	2,265	44,336	5.1%	2,219	44,389	5.0%	2,262	43,665	5.2%
Hispanic	7,982	260,313	3.1%	7,810	269,292	2.9%	7,481	275,818	2.7%	7,460	273,936	2.7%
White	3,909	61,275	6.4%	3,726	63,656	5.9%	3,583	63,084	5.7%	3,411	60,628	5.6%
Other	63	3,632	1.7%	57	3,641	1.6%	51	3,675	1.4%	45	3,729	1.2%
Unknown	1,416	39,477	3.6%	1,540	44,626	3.5%	1,497	53,297	2.8%	1,555	58,071	2.7%
Female	6,537	207,145	3.2%	6,562	216,039	3.0%	6,366	223,545	2.8%	6,495	223,259	2.9%
Male	9,392	213,513	4.4%	9,026	223,192	4.0%	8,669	231,007	3.8%	8,430	231,128	3.6%

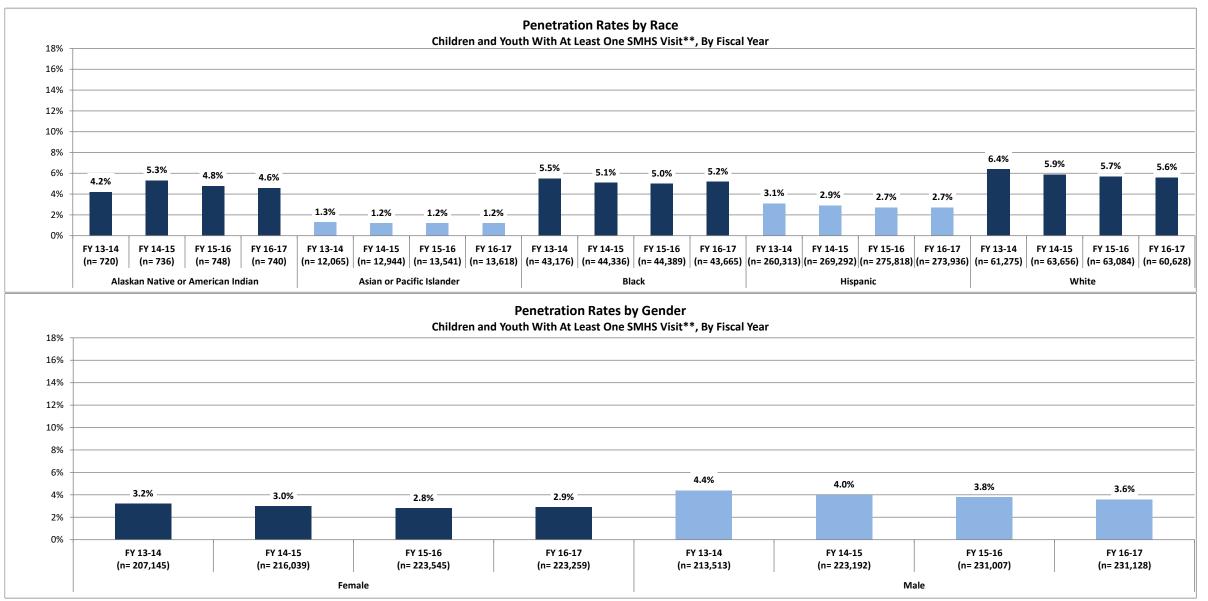




*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**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.

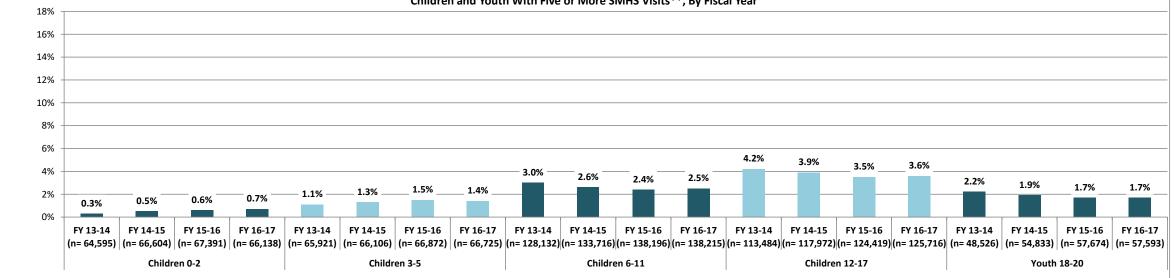
Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** San Bernardino County as of March 13, 2018



*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.

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

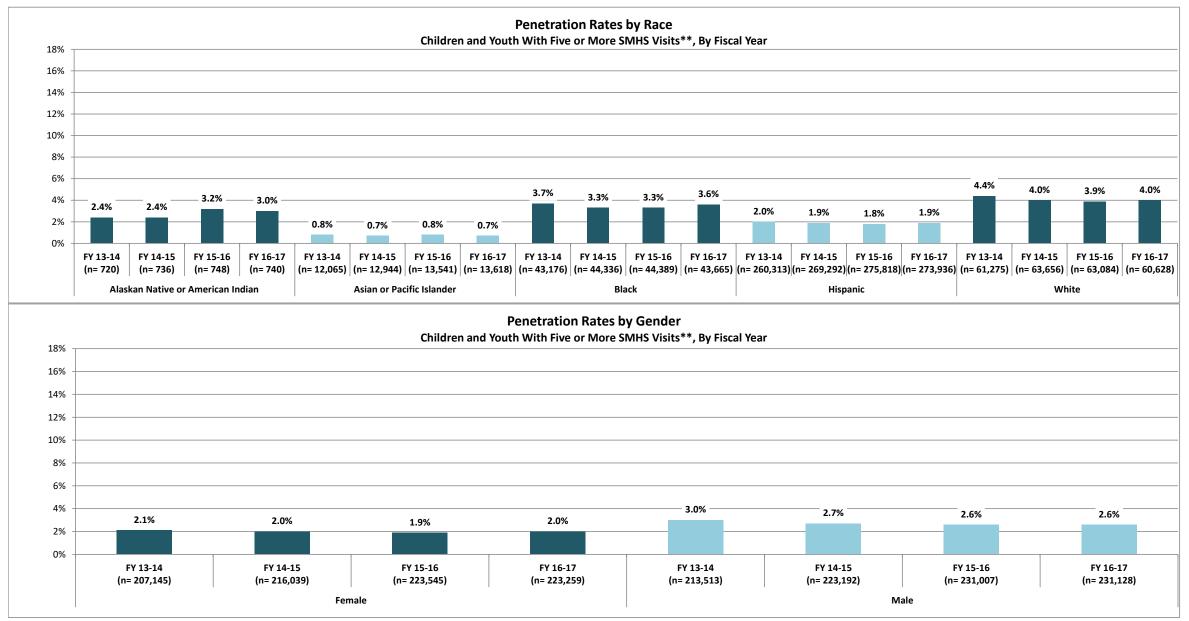
		FY 13-14			FY 14-15			FY 15-16		FY 16-17		
	Children and	Certified		Children and	Certified		Children and	Certified		Children and	Certified	
	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration	Youth with 5 or	Eligible	Penetration
	more SMHS	Children and	Rate									
	Visits	Youth		Visits	Youth		Visits	Youth		Visits	Youth	
All	10,663	420,658	2.5%	10,282	439,231	2.3%	10,128	454,552	2.2%	10,341	454,387	2.39
Children 0-2	206	64,595	0.3%	336	66,604	0.5%	417	67,391	0.6%	455	66,138	0.79
Children 3-5	741	65,921	1.1%	878	66,106	1.3%	977	66,872	1.5%	953	66,725	1.4%
Children 6-11	3,906	128,132	3.0%	3,459	133,716	2.6%	3,371	138,196	2.4%	3,426	138,215	2.5%
Children 12-17	4,720	113,484	4.2%	4,580	117,972	3.9%	4,391	124,419	3.5%	4,515	125,716	3.6%
Youth 18-20	1,090	48,526	2.2%	1,029	54,833	1.9%	972	57,674	1.7%	992	57,593	1.79
Alaskan Native or American Indian	17	720	2.4%	18	736	2.4%	24	748	3.2%	22	740	3.0%
Asian or Pacific Islander	95	12,065	0.8%	95	12,944	0.7%	107	13,541	0.8%	93	13,618	0.7%
Black	1,581	43,176	3.7%	1,453	44,336	3.3%	1,459	44,389	3.3%	1,554	43,665	3.6%
Hispanic	5,274	260,313	2.0%	5,102	269,292	1.9%	5,006	275,818	1.8%	5,112	273,936	1.9%
White	2,666	61,275	4.4%	2,573	63,656	4.0%	2,461	63,084	3.9%	2,442	60,628	4.0%
Other	37	3,632	1.0%	39	3,641	1.1%	35	3,675	1.0%	33	3,729	0.9%
Unknown	993	39,477	2.5%	1,002	44,626	2.2%	1,036	53,297	1.9%	1,085	58,071	1.9%
Female	4,262	207,145	2.1%	4,222	216,039	2.0%	4,191	223,545	1.9%	4,364	223,259	2.09
Male	6,401	213,513	3.0%	6,060	223,192	2.7%	5,937	231,007	2.6%	5,977	231,128	2.6%
Penetration Rates by Age Children and Youth With Five or More SMHS Visits**, By Fiscal Year												



*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 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.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

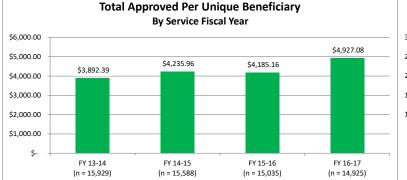
San Bernardino County as of March 13, 2018

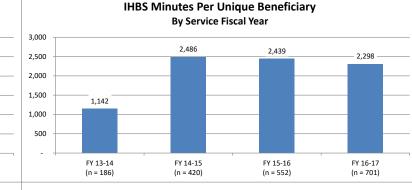


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. **Children and Youth that have received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

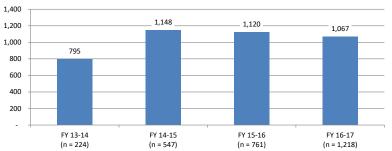
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year San Bernarding County as of March 13, 2018

	San Bernardino County as of March 13, 2016																	
Fiscal Year		DMC 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)	Treatment	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	\$	3,892.39	1,142	795	238	1,155	3,562	182	211	13	645	602	4	21	7	41	0	81
FY 14-15	\$	4,235.96	2,486	1,148	241	1,247	3,581	196	236	13	448	569	5	13	6	50	0	58
FY 15-16	\$	4,185.16	2,439	1,120	274	1,232	3,277	210	216	13	701	483	4	19	6	48	41	37
FY 16-17	\$	4,927.08	2,298	1,067	287	1,341	3,626	236	240	13	708	297	4	18	7	48	0	59
MEAN	\$	4,310.15	2,091	1,033	260	1,244	3,511	206	226	13	626	488	4	18	6	47	41	59

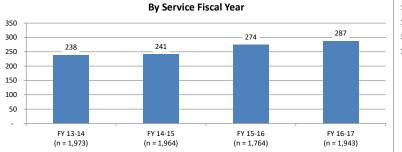




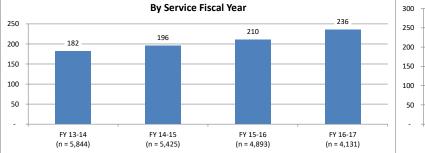
ICC Minutes Per Unique Beneficiary By Service Fiscal Year



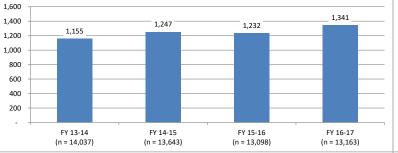
Case Management/Brokerage Minutes Per Unique Beneficiary



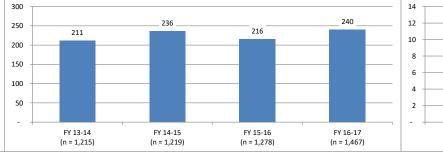
Medication Support Services Minutes Per Unique Beneficiary



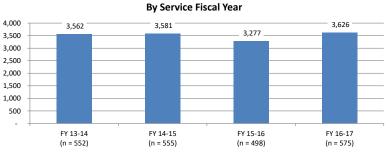
Mental Health Services Minutes Per Unique Beneficiary By Service Fiscal Year



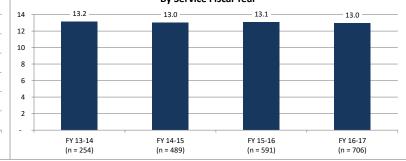




Therapeutic Behavioral Services Minutes Per Unique Beneficiary



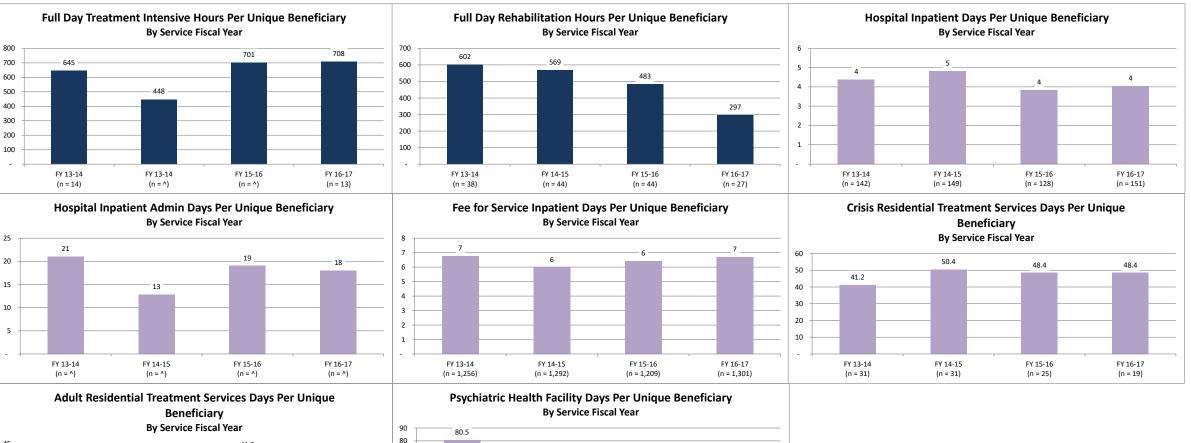
Crisis Stabilization Hours Per Unique Beneficiary By Service Fiscal Year

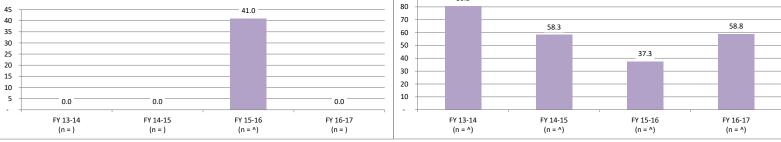


*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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 San Bernardino County as of March 13, 2018





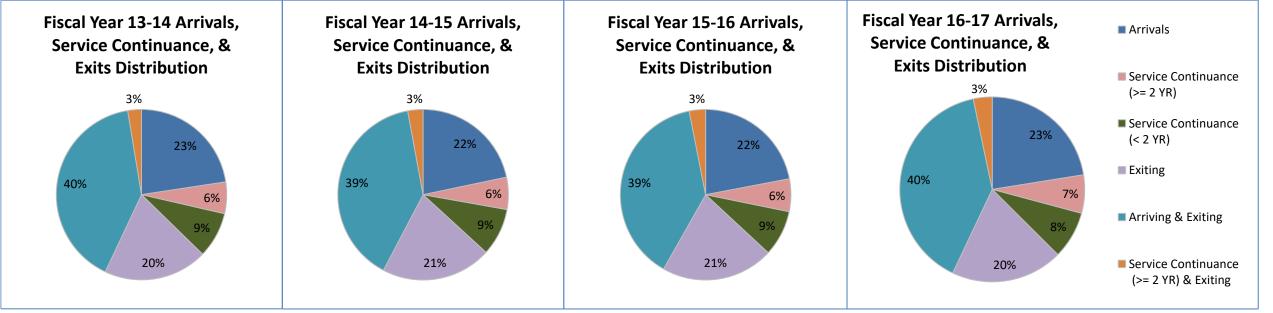
*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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 San Bernardino 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 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) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		(>= 2 YR) and	Total Count	Total %
FY 13-14	3,605	22.6%	959	6.0%	1,390	8.7%	3,134	19.7%	6,428	40.4%	413	2.6%	15,929	100%
FY 14-15	3,377	21.7%	956	6.1%	1,401	9.0%	3,260	20.9%	6,142	39.4%	452	2.9%	15,588	100%
FY 15-16	3,308	22.0%	930	6.2%	1,304	8.7%	3,198	21.3%	5,826	38.7%	469	3.1%	15,035	100%
FY 16-17	3,358	22.5%	994	6.7%	1,232	8.3%	2,927	19.6%	5,925	39.7%	489	3.3%	14,925	100%



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

San Bernardino County as of March 13, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with Step Down within	Step Down Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30 Days from	Inpatient Discharges with a	Lucharge with	<u> </u>	Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 13-14	1,104	65.9%	198	11.8%	217	13.0%	156	9.3%	0	335	15.4	0
FY 14-15	1,094	62.0%	240	13.6%	247	14.0%	184	10.4%	0	364	20.8	1
FY 15-16	1,155	70.1%	155	9.4%	160	9.7%	177	10.7%	0	364	16.3	0
FY 16-17	1,442	79.2%	100	5.5%	93	5.1%	185	10.2%	0	343	8.6	0



FY 14-15

0

FY 15-16

1

1

1

1

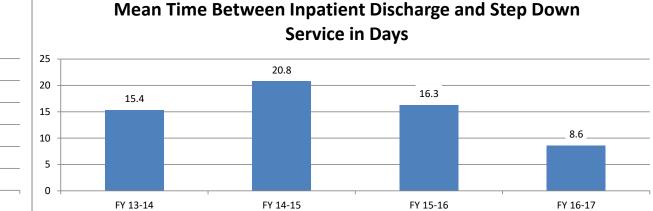
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FY 13-14

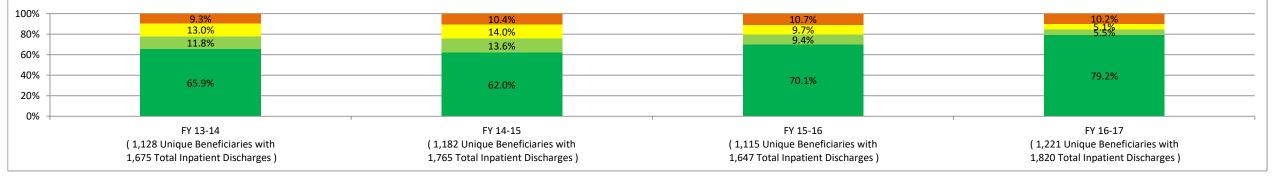


Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service

0

FY 16-17

Within 7 Days Within 8 - 30 Days 31 Days + No Step Down



* **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.