Performance Outcomes System Children/Youth with an Open Child Welfare Case Report Report run on June 8, 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 groupings, and county-specific reports where possible. 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

This report provides updated information on the initial indicators that were developed for the Performance Outcomes System. 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 Foster Care case children and youth under 21 who are receiving SMHS' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Penetration and engagement rate data 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. For all of the measures and indicators included in this report, the denominator is the "Unique Count of Children and Youth receiving SMHS" shown on page 3 of the report and is broken out by state FY.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. 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: Foster Care or Open Child Welfare 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.

• Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 13/14 through FY 16/17.

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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, 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

*Population-based and county-specific report findings may be interpreted alongside the POS statewide report findings.

*New Age Methodology for Identifying Children under 21 (POS reports posted after 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/services/MH/Documents/POS_MeasuresCatalog_Sept2016.pdf

*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 re port 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.

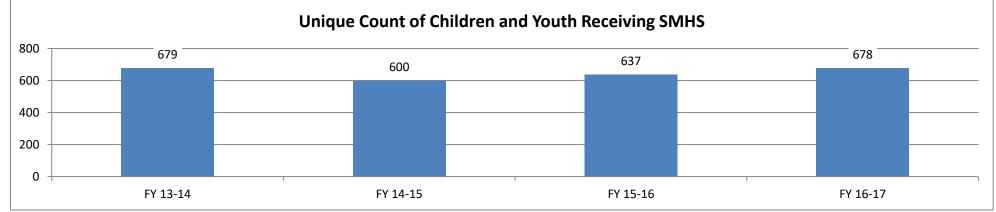
*Data Source Methodology: Demographic & Penetration and Snapshot - based on MEDS data; Utilization - based on Claims Submission data; Time to step-down - based on Inpatient Hospital data.

*Open Child Welfare: Children/youth who are provided child welfare services either while living in their home, or while living out-of-home in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent guardians.

*Foster Care Placement: Children/youth who are removed from their home by a child placement agency, including county child welfare services and probation departments and placed in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent legal guardians.

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

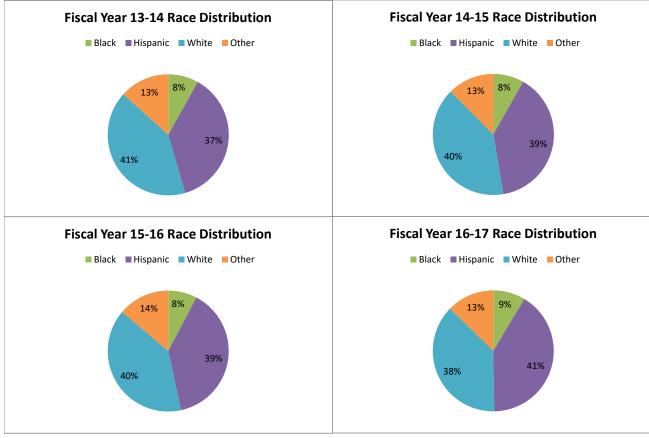
SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Open Child Welfare Youth in Medi-Cal	Year-Over-Year
FY 13-14	679		1,977	
FY 14-15	600	-11.6%	1,850	-6.4%
FY 15-16	637	6.2%	1,785	-3.5%
FY 16-17	678	6.4%	1,902	6.6%
Compound Annual Growth Rate SFY**		0.0%		-1.3%



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

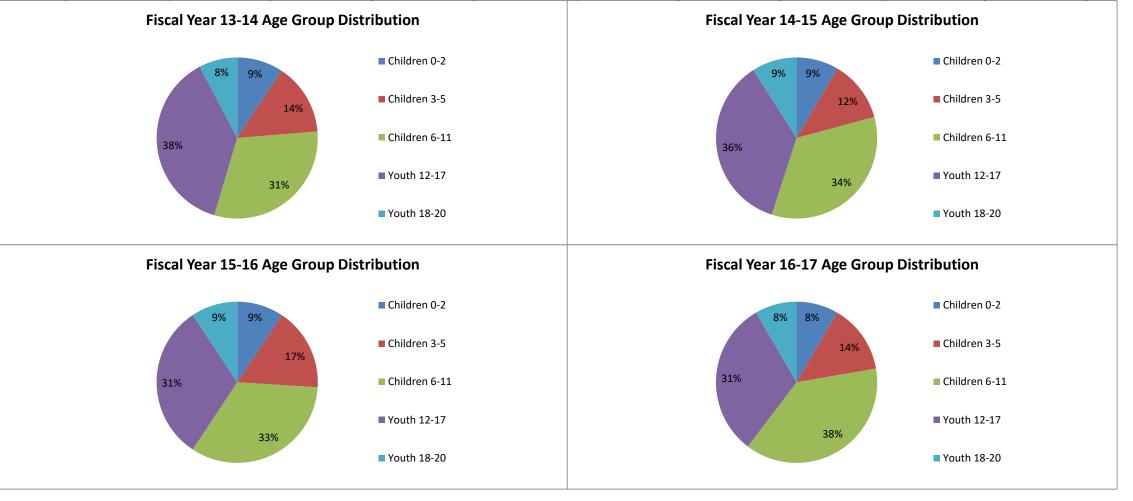
**SFY = State Fiscal Year which is July 1 through June 30.

Fiscal Year	· Black Count Black %		Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	
FY 13-14	55	8.1%	254	37.4%	280	41.2%	90	13.3%	
FY 14-15	49	8.2%	235	39.2%	241	40.2%	75	12.5%	
FY 15-16	49	7.7%	248	38.9%	252	39.6%	88	13.8%	
FY 16-17	58	8.6%	279	41.2%	255	37.6%	86	12.7%	

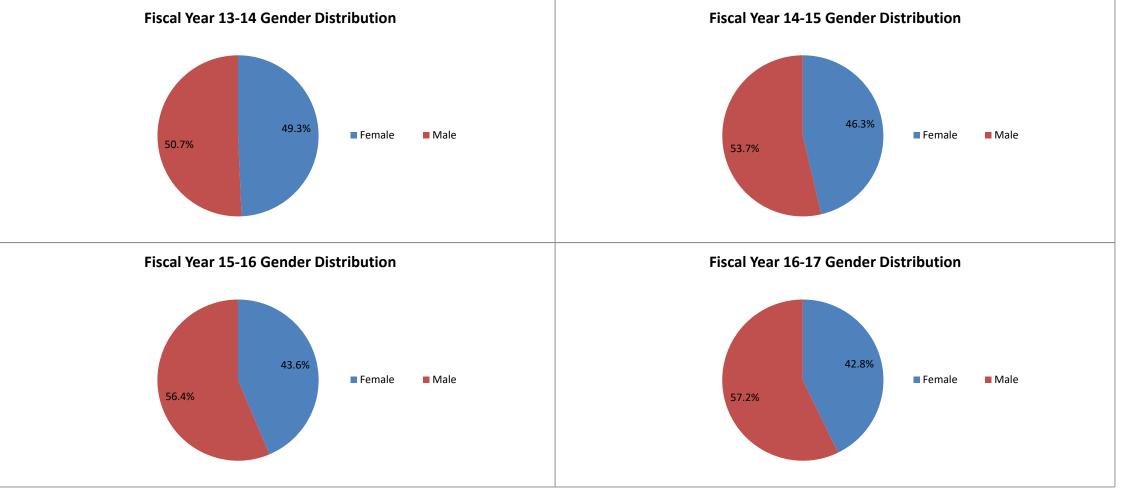


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Youth 12-17 Count	Youth 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	63	9.3%	98	14.4%	210	30.9%	256	37.7%	52	7.7%
FY 14-15	51	8.5%	74	12.3%	205	34.2%	216	36.0%	54	9.0%
FY 15-16	60	9.4%	106	16.6%	212	33.3%	200	31.4%	59	9.3%
FY 16-17	57	8.4%	94	13.9%	258	38.1%	212	31.3%	57	8.4%



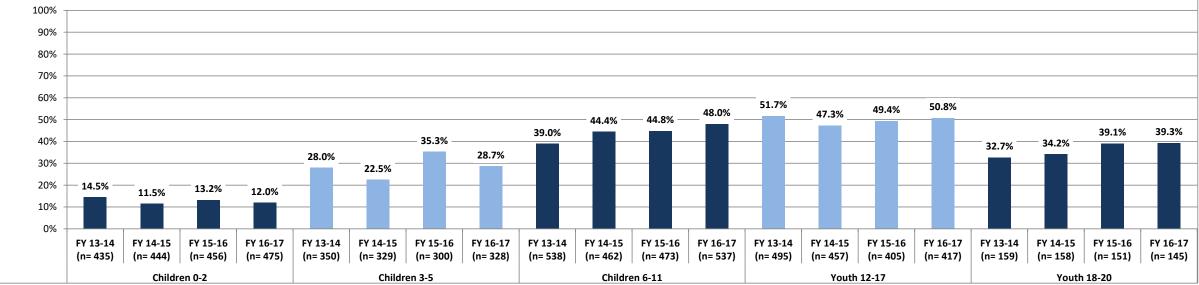
Fiscal Year	Female Count	Female %	Male Count	Male %		
FY 13-14	335	49.3%	344	50.7%		
FY 14-15	278	46.3%	322	53.7%		
FY 15-16	278	43.6%	359	56.4%		
FY 16-17	290	42.8%	388	57.2%		



Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit** Stanislaus County as of June 8, 2018

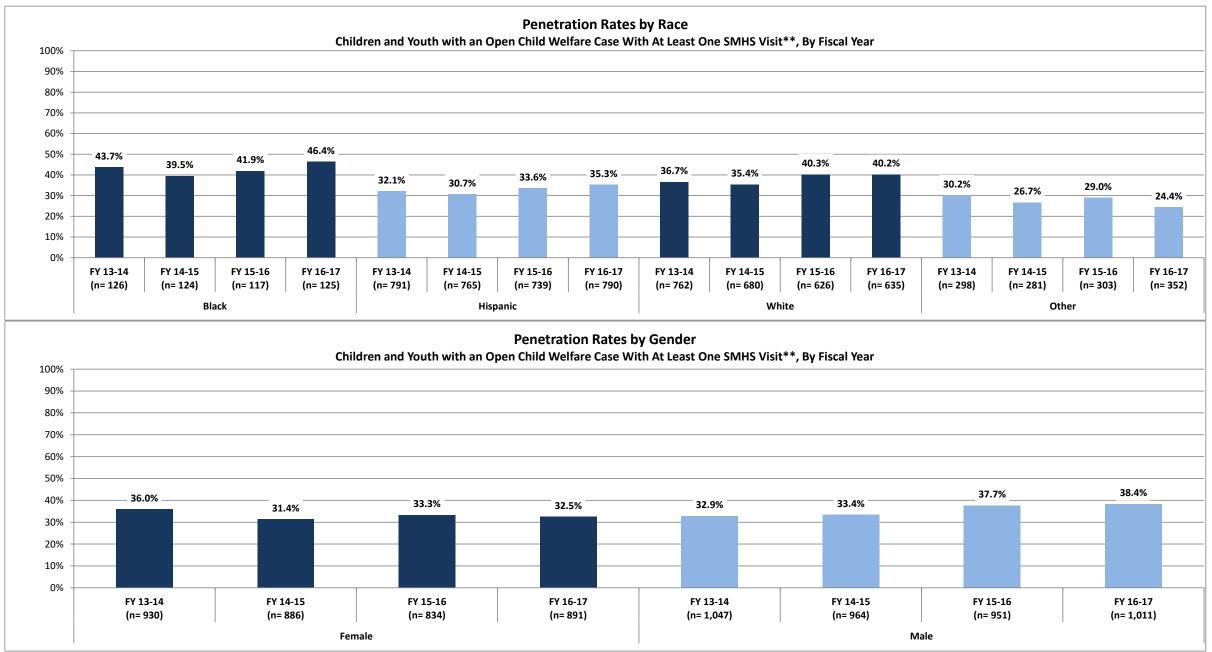
		FY 13-14			FY 14-15			FY 15-16		FY 16-17			
	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Youth with an Open	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	
All	679	1,977	34.3%	600	1,850	32.4%	637	1,785	35.7%	678	1,902	35.6%	
Children 0-2	63	435	14.5%	51	444	11.5%	60	456	13.2%	57	475	12.0%	
Children 3-5	98	350	28.0%	74	329	22.5%	106	300	35.3%	94	328	28.7%	
Children 6-11	210	538	39.0%	205	462	44.4%	212	473	44.8%	258	537	48.0%	
Youth 12-17	256	495	51.7%	216	457	47.3%	200	405	49.4%	212	417	50.8%	
Youth 18-20	52	159	32.7%	54	158	34.2%	59	151	39.1%	57	145	39.3%	
Black	55	126	43.7%	49	124	39.5%	49	117	41.9%	58	125	46.4%	
Hispanic	254	791	32.1%	235	765	30.7%	248	739	33.6%	279	790	35.3%	
White	280	762	36.7%	241	680	35.4%	252	626	40.3%	255	635	40.2%	
Other	90	298	30.2%	75	281	26.7%	88	303	29.0%	86	352	24.4%	
Female	335	930	36.0%	278	886	31.4%	278	834	33.3%	290	891	32.5%	
	344	1,047	32.9%	322	964	33.4%	359	951	37.7%	388	1,011	38.4%	

Children and Youth with an Open Child Welfare Case With At Least One SMHS Visit**, 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 the Medi-Cal Managed Care system **Children and Youth with an Open Child Welfare Case that have received at least one SMHS in the Fiscal Year.

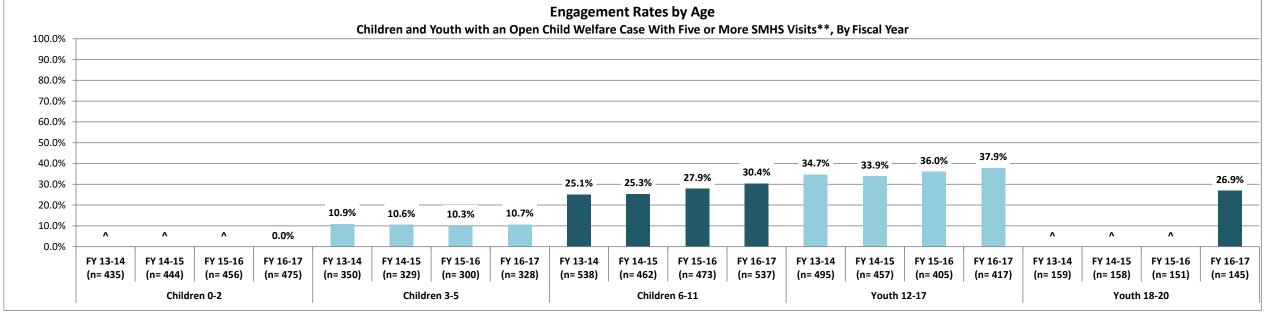
Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit** Stanislaus County as of June 8, 2018



^{*}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 the Medi-Cal Managed Care systen **Children and Youth with an Open Child Welfare Case that have received at least one SMHS in the Fiscal Year.

Engagement Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits** Stanislaus County as of June 8, 2018

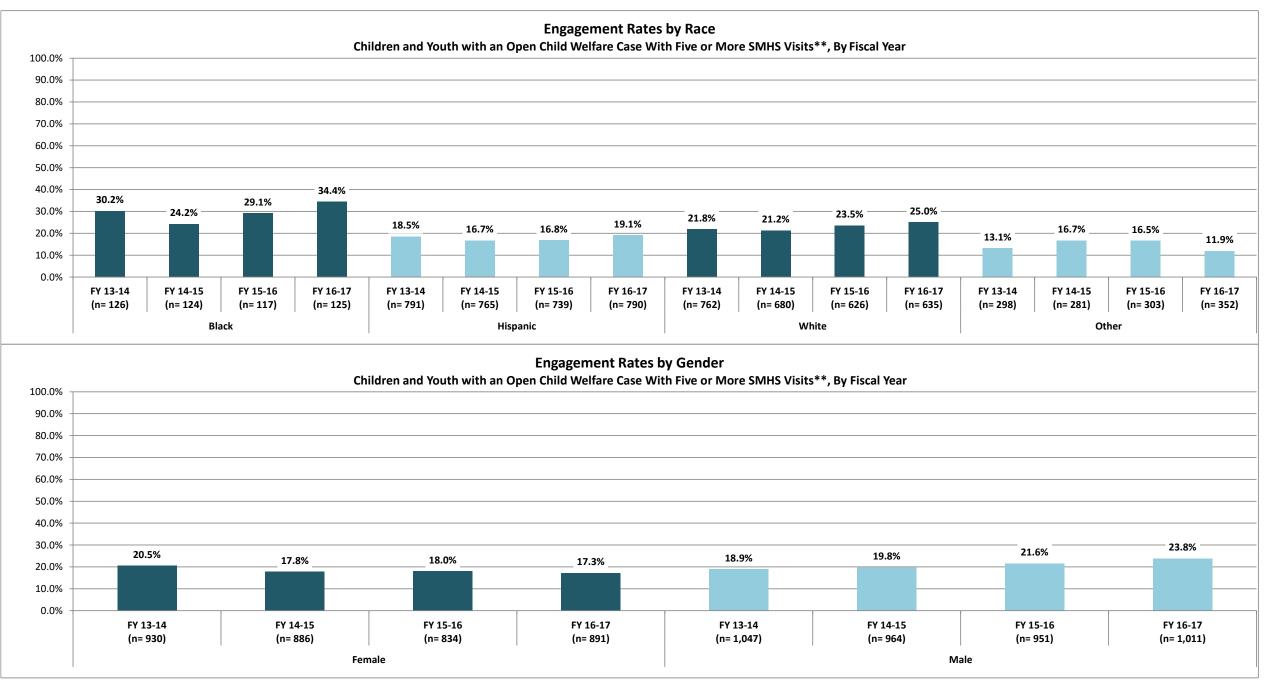
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Engagement Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Engagement Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Engagement Rate	Children and Youth with an Open Child Welfare Case with 5 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Engagement Rate
All	389	1,977	19.7%	349	1,850	18.9%	355	1,785	19.9%	395	1,902	20.8%
Children 0-2	٨	435	^	۸	444	۸	۸	456	٨	0	475	0.0%
Children 3-5	38	350	10.9%	35	329	10.6%	31	300	10.3%	35	328	10.7%
Children 6-11	135	538	25.1%	117	462	25.3%	132	473	27.9%	163	537	30.4%
Youth 12-17	172	495	34.7%	155	457	33.9%	146	405	36.0%	158	417	37.9%
Youth 18-20	٨	159	^	٨	158	^	٨	151	۸	39	145	26.9%
Black	38	126	30.2%	30	124	24.2%	34	117	29.1%	43	125	34.4%
Hispanic	146	791	18.5%	128	765	16.7%	124	739	16.8%	151	790	19.1%
White	166	762	21.8%	144	680	21.2%	147	626	23.5%	159	635	25.0%
Other	39	298	13.1%	47	281	16.7%	50	303	16.5%	42	352	11.9%
Female	191	930	20.5%	158	886	17.8%	150	834	18.0%	154	891	17.3%
Male	198	1,047	18.9%	191	964	19.8%	205	951	21.6%	241	1,011	23.8%



*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 with an Open Child Welfare Case that have received at least five SMHS in the Fiscal Year.

^ Data has been suppressed to protect patient privacy.

Engagement Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits** Stanislaus County as of June 8, 2018



*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 with an Open Child Welfare Case that have received at least five SMHS in the Fiscal Year.

Utilization Report*: Approved SMHS for Children/Youth with an Open Child Welfare Case Mean Expenditures and Service Quantity per Beneficiary by Fiscal Year

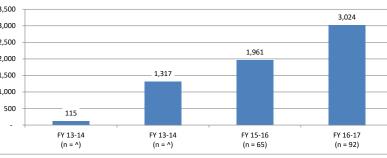
Stanislaus County as of June 8, 2018

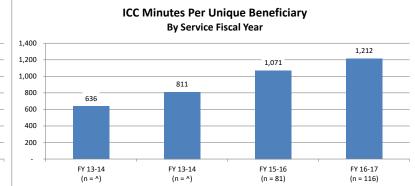
Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Trootmont	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	\$ 5,205	115	636	480	1,338	4,783	178	241	14	105	483	2		12			1
FY 14-15	\$ 6,500	1,317	811	516	1,402	4,719	271	236	45	986	509			8			
FY 15-16	\$ 6,586	1,961	1,071	393	1,378		181	235	19	448	237			10			7
FY 16-17	\$ 7,051	3,024	1,212	452	1,369	1,977	221	340	12	304	488			9			16
MEAN	\$ 6,336	1,604	933	460	1,372	4,028	213	263	22	461	429	2	0	10	0	0	8

Total Approved Per Unique Beneficiary By Service Fiscal Year

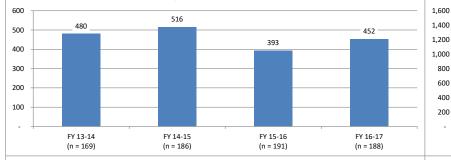


IHBS Minutes Per Unique Beneficiary By Service Fiscal Year

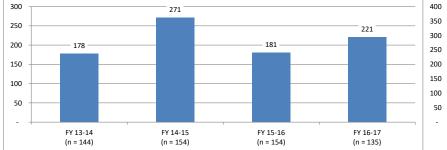




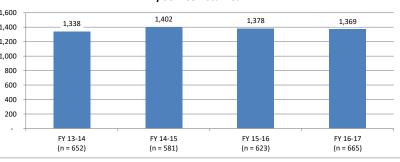
Case Management/Brokerage Minutes Per Unique Beneficiary By Service Fiscal Year

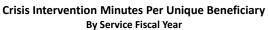


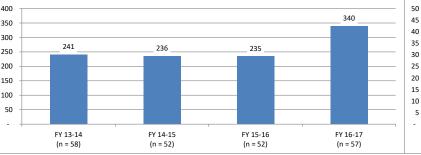
Medication Support Services Minutes Per Unique Beneficiary By Service Fiscal Year



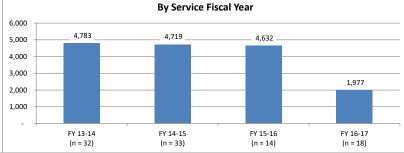
Mental Health Services Minutes Per Unique Beneficiary By Service Fiscal Year



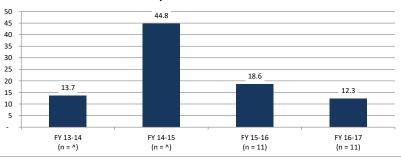




Therapeutic Behavioral Services Minutes Per Unique Beneficiary



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.

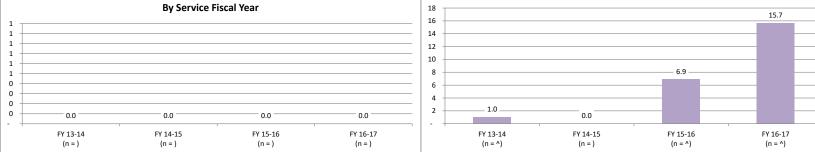
^ Data has been suppressed to protect patient privacy.

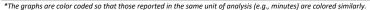
Utilization Report*: Approved SMHS for Children/Youth with an Open Child Welfare Case Mean Expenditures and Service Quantity per Beneficiary by Fiscal Year Stanislaus County as of June 8, 2018

Full Day Treatment Intensive Hours Per Unique Beneficiary Full Day Rehabilitation Hours Per Unique Beneficiary **Hospital Inpatient Days Per Unique Beneficiary By Service Fiscal Year By Service Fiscal Year By Service Fiscal Year** 1,200 600 3 509 986 488 483 2 1.000 500 2 800 400 2 300 600 237 448 1 400 200 304 100 200 105 0 0 0 FY 13-14 FY 14-15 FY 16-17 FY 13-14 FY 14-15 FY 16-17 FY 14-15 FY 15-16 FY 16-17 FY 15-16 FY 15-16 FY 13-14 (n = ^) (n =) (n =) (n =) Hospital Inpatient Admin Days Per Unique Beneficiary Fee for Service Inpatient Days Per Unique Beneficiary **Crisis Residential Treatment Services Days Per Unique By Service Fiscal Year By Service Fiscal Year** Beneficiary By Service Fiscal Year 14 12 12 1 1 10 1 10 1 1 8 1 1 8 1 1 6 0 0 0 4 0 0 0 2 0 0 0 0 0 0.0 0.0 0.0 0.0 0 FY 13-14 FY 14-15 FY 15-16 FY 16-17 FY 13-14 FY 13-14 FY 15-16 FY 16-17 FY 13-14 FY 14-15 FY 15-16 FY 16-17 (n = ^) (n = ^) (n = 20) (n = 20) (n =) (n =)

Adult Residential Treatment Services Days Per Unique Beneficiary

Psychiatric Health Facility Days Per Unique Beneficiary By Service Fiscal Year





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. ^ Data has been suppressed to protect patient privacy.

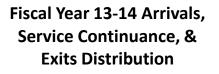
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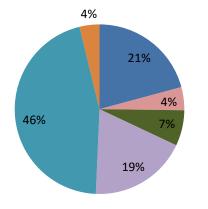
Snapshot Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Stanislaus County as of June 8, 2018

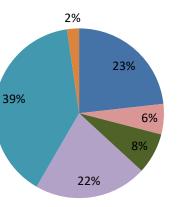
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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.

Serv Fiscal		Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Continuance			Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13	3-14	141	20.8%	30	4.4%	46	6.8%	127	18.7%	309	45.5%	26	3.8%	679	100%
FY 14	4-15	139	23.2%	35	5.8%	47	7.8%	129	21.5%	236	39.3%	14	2.3%	600	100%
FY 15	5-16	127	19.9%	44	6.9%	50	7.8%	115	18.1%	281	44.1%	20	3.1%	637	100%
FY 16	5-17	154	22.7%	61	9.0%	44	6.5%	107	15.8%	288	42.5%	24	3.5%	678	100%

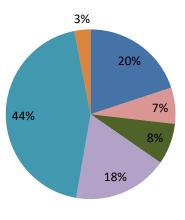


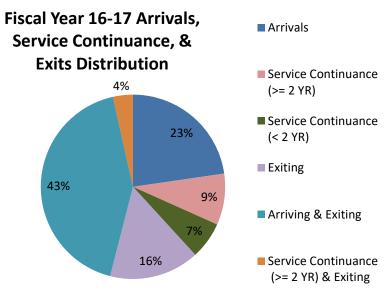




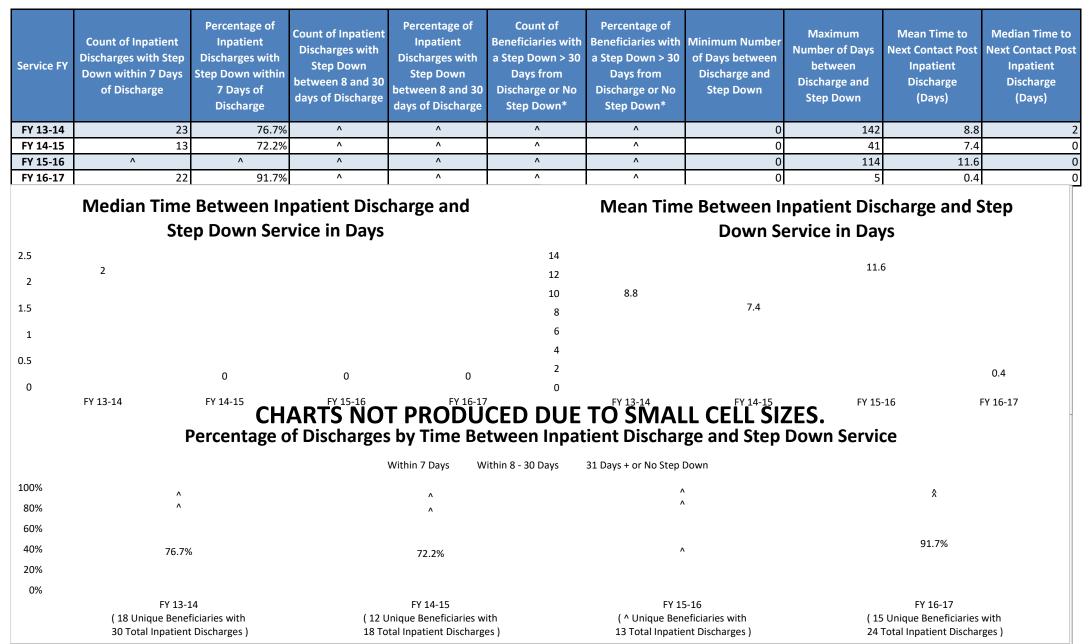


Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution





Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge* Stanislaus County as of June 8, 2018



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