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

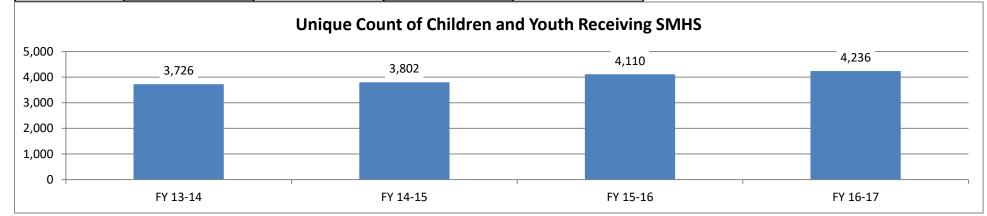
*The psychiatric emergency services/hospital data reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed 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	3,726		111,587	
FY 14-15	3,802	2.0%	117,052	4.9%
FY 15-16	4,110	8.1%	120,902	3.3%
FY 16-17	4,236	3.1%	121,390	0.4%
Compound Annual Growth Rate SFY**		4.4%		2.8%

Ventura 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 Ventura County as of March 13, 2018

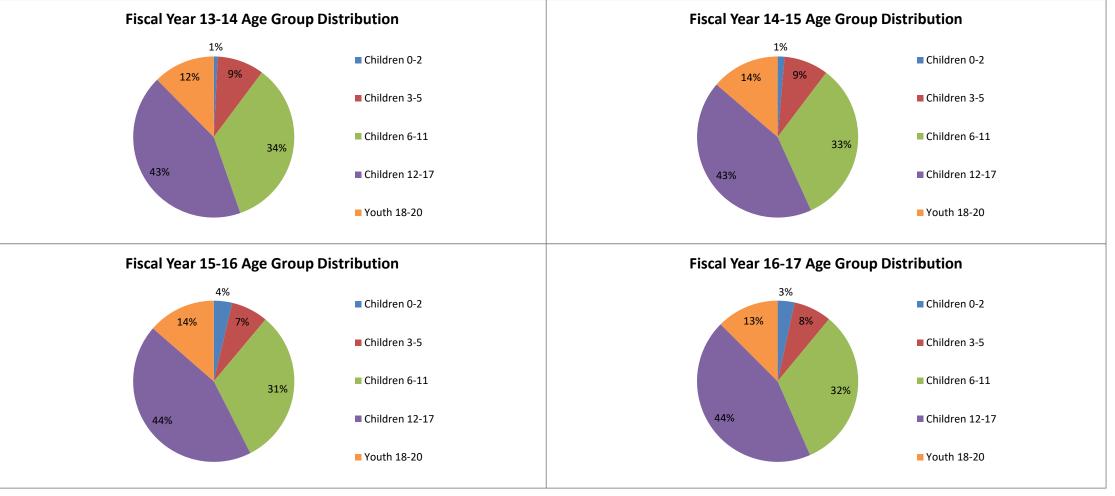
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	^	۸	61	1.6%	98	2.6%	2,128	57.1%	1,005	27.0%	^	۸	269	7.2%
FY 14-15	۸	۸	72	1.9%	95	2.5%	2,253	59.3%	980	25.8%	۸	۸	251	6.6%
FY 15-16	15	0.4%	66	1.6%	108	2.6%	2,504	60.9%	1,019	24.8%	154	3.7%	244	5.9%
FY 16-17	11	0.3%	56	1.3%	104	2.5%	2,772	65.4%	971	22.9%	116	2.7%	206	4.9%

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

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. ^ Data has been suppressed to protect patient privacy.

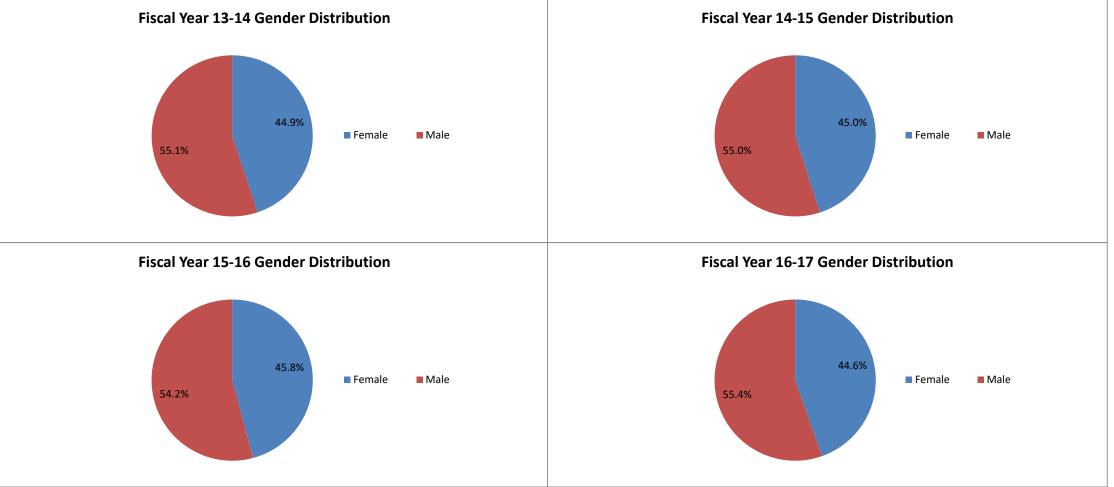
Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year Ventura County as of March 13, 2018

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	0.8%	351	9.4%	1,282	34.4%	1,600	42.9%	463	12.4%
FY 14-15	52	1.4%	337	8.9%	1,251	32.9%	1,640	43.1%	522	13.7%
FY 15-16	151	3.7%	305	7.4%	1,290	31.4%	1,803	43.9%	561	13.6%
FY 16-17	142	3.4%	324	7.6%	1,374	32.4%	1,866	44.1%	530	12.5%



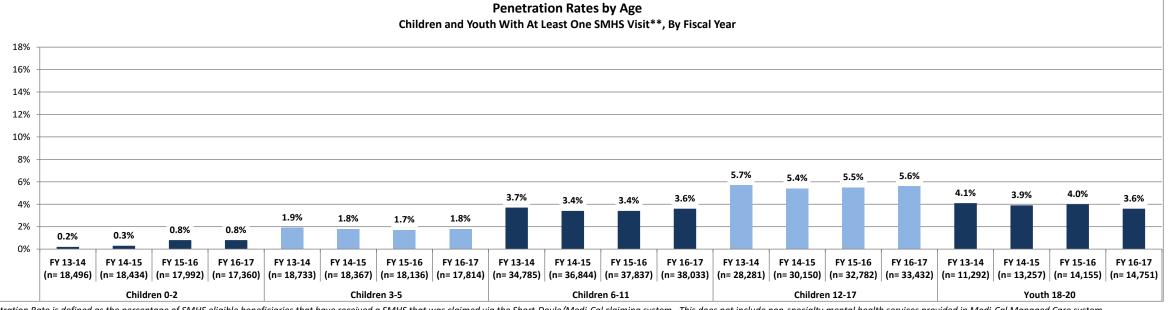
Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year Ventura County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	1,673	44.9%	2,053	55.1%
FY 14-15	1,712	45.0%	2,090	55.0%
FY 15-16	1,883	45.8%	2,227	54.2%
FY 16-17	1,891	44.6%	2,345	55.4%



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

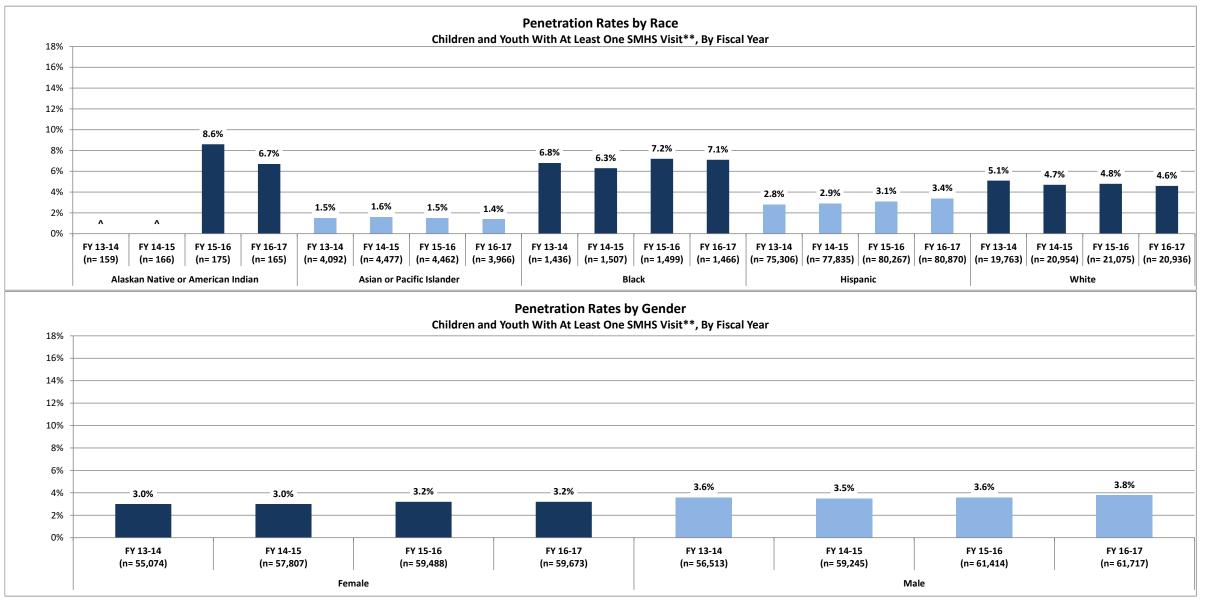
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	3,726	111,587	3.3%	3,802	117,052	3.2%	4,110	120,902	3.4%	4,236	121,390	3.5%
Children 0-2	30	18,496	0.2%	52	18,434	0.3%	151	17,992	0.8%	142	17,360	0.8%
Children 3-5	351	18,733	1.9%	337	18,367	1.8%	305	18,136	1.7%	324	17,814	1.8%
Children 6-11	1,282	34,785	3.7%	1,251	36,844	3.4%	1,290	37,837	3.4%	1,374	38,033	3.6%
Children 12-17	1,600	28,281	5.7%	1,640	30,150	5.4%	1,803	32,782	5.5%	1,866	33,432	5.6%
Youth 18-20	463	11,292	4.1%	522	13,257	3.9%	561	14,155	4.0%	530	14,751	3.6%
Alaskan Native or American Indian	^	159	۸	^	166	٨	15	175	8.6%	11	165	6.7%
Asian or Pacific Islander	61	4,092	1.5%	72	4,477	1.6%	66	4,462	1.5%	56	3,966	1.4%
Black	98	1,436	6.8%	95	1,507	6.3%	108	1,499	7.2%	104	1,466	7.1%
Hispanic	2,128	75,306	2.8%	2,253	77,835	2.9%	2,504	80,267	3.1%	2,772	80,870	3.4%
White	1,005	19,763	5.1%	980	20,954	4.7%	1,019	21,075	4.8%	971	20,936	4.6%
Other	^	4,562	٨	^	5,414	۸	154	5,914	2.6%	116	6,907	1.7%
Unknown	269	6,269	4.3%	251	6,699	3.7%	244	7,510	3.2%	206	7,080	2.9%
Female	1,673	55,074	3.0%	1,712	57,807	3.0%	1,883	59,488	3.2%	1,891	59,673	3.2%
Male	2,053	56,513	3.6%	2,090	59,245	3.5%	2,227	61,414	3.6%	2,345	61,717	3.8%



*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** Ventura County as of March 13, 2018

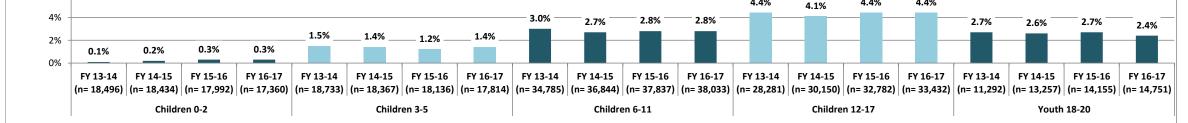


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. **Children and Youth that have received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

^ Data has been suppressed to protect patient privacy.

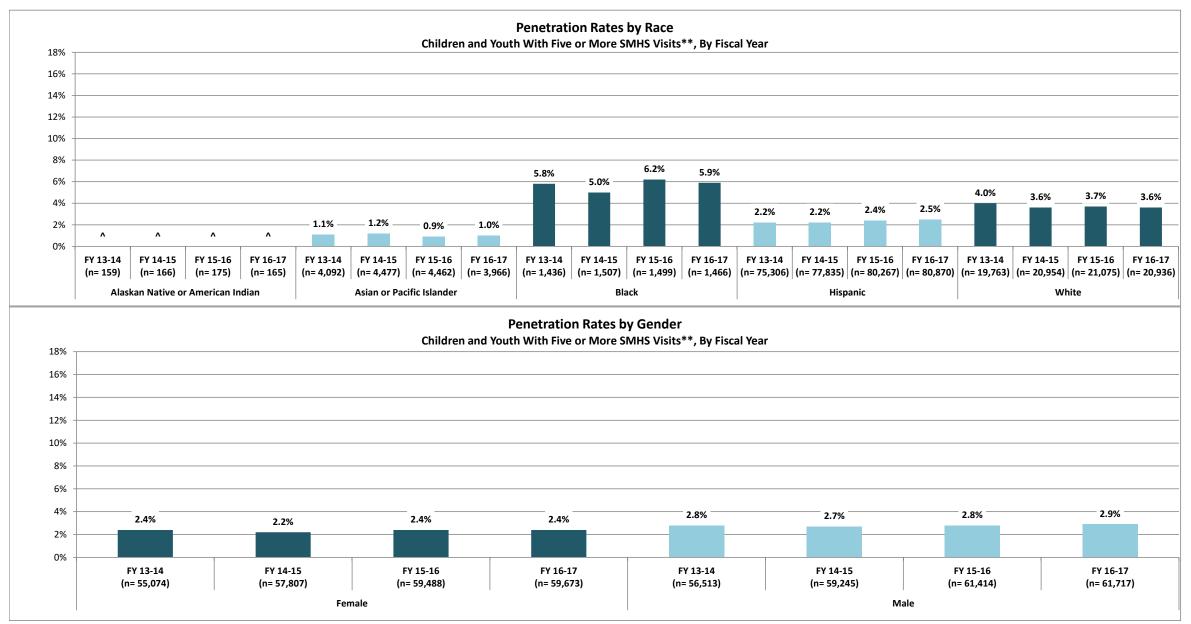
Penetration Rates* Report: Children and Youth with Five or More SMHS Visits** Ventura County as of March 13, 2018

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate	Children and Youth with 5 or more SMHS	Certified Eligible Children and	Penetration Rate
	Visits	Youth	nate									
All	2,916	111,587	2.6%		117,052	2.4%		120,902	2.6%		121,390	2.6%
Children 0-2	23	18,496	0.1%	31	18,434	0.2%	55	17,992	0.3%	45	17,360	0.3%
Children 3-5	275	18,733	1.5%	251	18,367	1.4%	219	18,136	1.2%	242	17,814	1.4%
Children 6-11	1,059	34,785	3.0%	1,012	36,844	2.7%	1,076	37,837	2.8%	1,065	38,033	2.8%
Children 12-17	1,253	28,281	4.4%	1,234	30,150	4.1%	1,433	32,782	4.4%	1,471	33,432	4.4%
Youth 18-20	306	11,292	2.7%	339	13,257	2.6%	386	14,155	2.7%	361	14,751	2.4%
Alaskan Native or American Indian	^	159	۸	^	166	۸	^	175	۸	^	165	^
Asian or Pacific Islander	47	4,092	1.1%	53	4,477	1.2%	42	4,462	0.9%	41	3,966	1.0%
Black	84	1,436	5.8%	76	1,507	5.0%	93	1,499	6.2%	87	1,466	5.9%
Hispanic	1,665	75,306	2.2%	1,686	77,835	2.2%	1,952	80,267	2.4%	2,059	80,870	2.5%
White	781	19,763	4.0%	763	20,954	3.6%	771	21,075	3.7%	744	20,936	3.6%
Other	^	4,562	۸	^	5,414	۸	^	5,914	۸	^	6,907	^
Unknown	213	6,269	3.4%	188	6,699	2.8%	188	7,510	2.5%	160	7,080	2.3%
Female	1,315	55,074	2.4%	1,273	57,807	2.2%	1,423	59,488	2.4%	1,425	59,673	2.4%
Male	1,601	56,513	2.8%	1,594	59,245	2.7%	1,746	61,414	2.8%	1,759	61,717	2.9%
			Child		enetration Ra Vith Five or Mor		*, By Fiscal Year					
18%							-					
16%												
14%												
12%												
10%												
8%												
6%							4.49	× 4.1%	4.4% 4.4	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. 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** Ventura County as of March 13, 2018



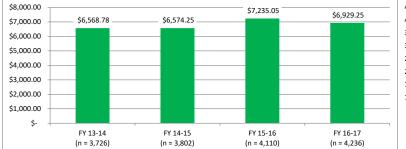
*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. **Children and Youth that have received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

^ Data has been suppressed to protect patient privacy.

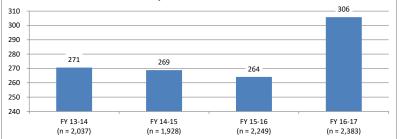
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

	Ventura County as of March 13, 2018																	
Fiscal Year		C Total roved	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	Crisis Residential Treatment Services (Days)		Psychiatric Health Facility (Days)
FY 13-14	\$	6,568.78	647	612	271	1,966	5,575	164	224	11	0	6	3	2	7	19	65	0
FY 14-15	\$	6,574.25	2,276	700	269	1,922	4,653	204	216	16	0	394	3	20	7	17	99	2
FY 15-16	\$	7,235.05	3,131	876	264	1,979	4,621	167	273	25	172	320	5	5	8	23	97	3
FY 16-17	\$	6,929.25	3,945	923	306	1,935	4,023	224	320	16	92	657	8	2	8	17	88	0
MEAN	\$	6,826.83	2,500	778	277	1,950	4,718	189	258	17	132	344	5	7	8	19	87	3

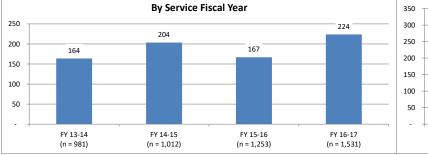
Total Approved Per Unique Beneficiary **By Service Fiscal Year**



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



Medication Support Services Minutes Per Unique Beneficiary

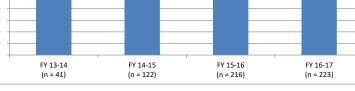


IHBS Minutes Per Unique Beneficiary By Service Fiscal Year 4,500 3,945 4,000 3,500 3,131 3,000 2,276 2,500 2.000 1,500 1,000 647 500 FY 13-14 FY 14-15 FY 15-16 FY 16-17 (n = 38)

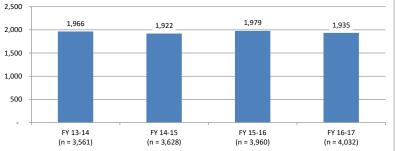
1,000 900 800 700 612 600 500 400 300 200 100 FY 13-14 (n = 112) (n = 131) (n = 94) (n = 41)

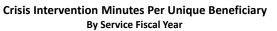
By Service Fiscal Year 923 876 700

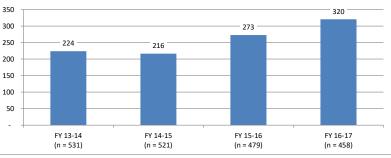
ICC Minutes Per Unique Beneficiary



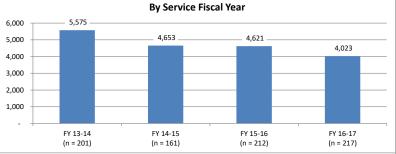
Mental Health Services Minutes Per Unique Beneficiary By Service Fiscal Year



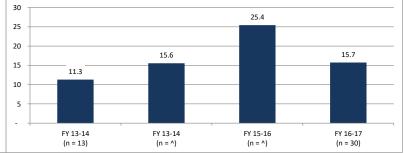




Therapeutic Behavioral Services Minutes Per Unique Beneficiary



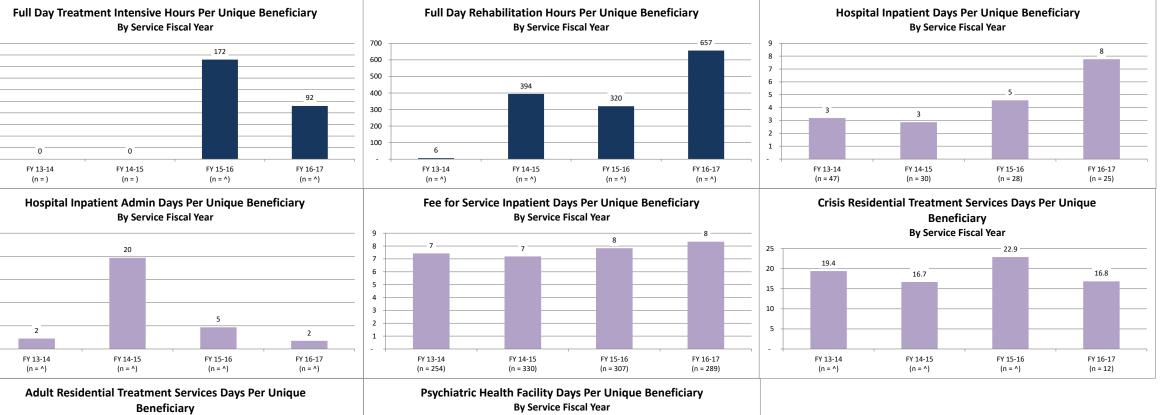
Crisis Stabilization Hours Per Unique Beneficiary By Service Fiscal Year



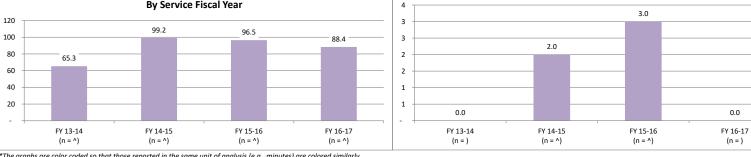
*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly

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 Ventura 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.

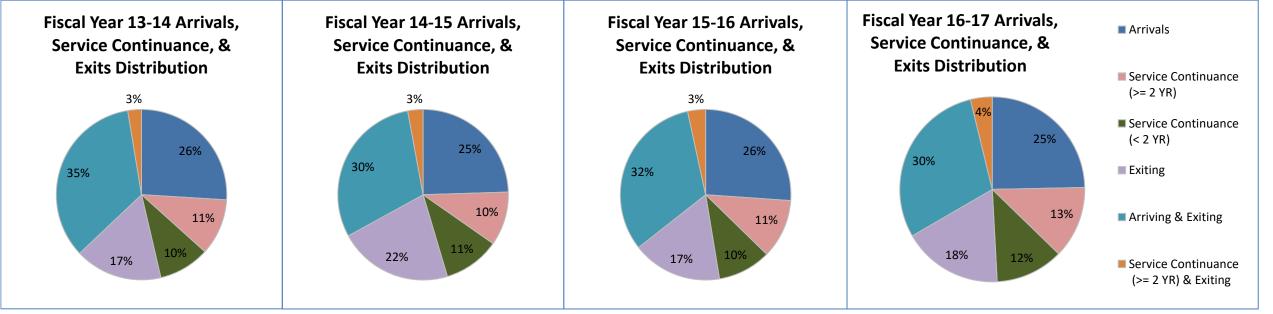
Page 12 or 14

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

Ventura 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 %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and	Total Count	Total %
FY 13-14	968	26.0%	397	10.7%	362	9.7%	619	16.6%	1,284	34.5%	96	2.6%	3,726	100%
FY 14-15	931	24.5%	387	10.2%	407	10.7%	821	21.6%	1,144	30.1%	112	2.9%	3,802	100%
FY 15-16	1,072	26.1%	462	11.2%	415	10.1%	698	17.0%	1,323	32.2%	140	3.4%	4,110	100%
FY 16-17	1,045	24.7%	533	12.6%	502	11.9%	740	17.5%	1,255	29.6%	161	3.8%	4,236	100%

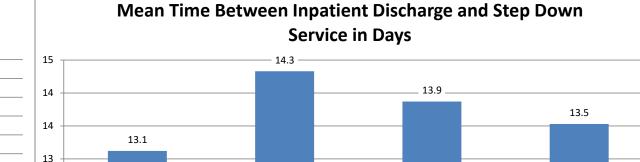


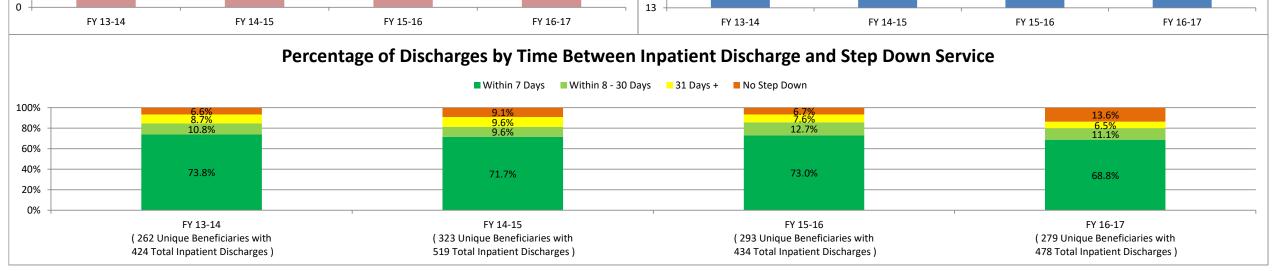
Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

Ventura 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	Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30 Days from	Inpatient Discharges with a	Lischarges with		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	313	73.8%	46	10.8%	37	8.7%	28	6.6%	0	333	13.1	2
FY 14-15	372	71.7%	50	9.6%	50	9.6%	47	9.1%	0	328	14.3	3
FY 15-16	317	73.0%	55	12.7%	33	7.6%	29	6.7%	0	346	13.9	3
FY 16-17	329	68.8%	53	11.1%	31	6.5%	65	13.6%	0	345	13.5	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 currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.