Performance Outcomes
System Report run on August 3, 2017

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 12/13 through FY 15/16.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 12/13 through FY15/16.

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/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.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 penetrationrates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of youth who received X number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

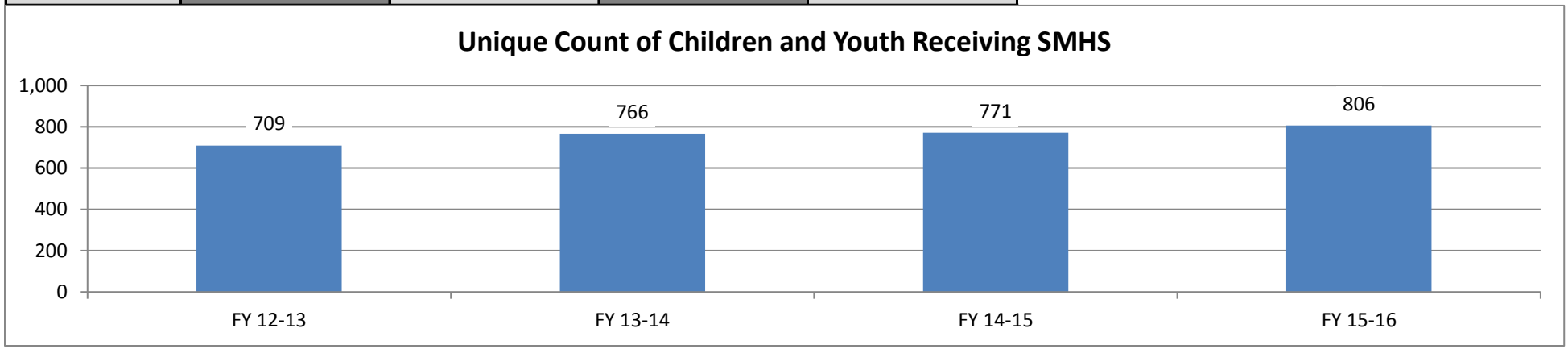
*The psychiatric emergency services/hospital data reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the futurethis report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed 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 the hospital the patient is discharged from and whom has been attributed the time to next service in days used in the calculations for this indicator.

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

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

Napa County as of August 3, 2017

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	709		11,752	
FY 13-14	766	8.0%	15,115	28.6%
FY 14-15	771	0.7%	15,856	4.9%
FY 15-16	806	4.5%	16,443	3.7%
Compound Annual Growth Rate SFY**		**4.4%**		**11.8%**



**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

Napa County as of August 3, 2017

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 12-13	^	^	^	^	12	1.7%	352	49.6%	272	38.4%	12	1.7%	51	7.2%
FY 13-14	^	^	11	1.4%	13	1.7%	396	51.7%	281	36.7%	^	^	53	6.9%
FY 14-15	^	^	^	^	16	2.1%	425	55.1%	280	36.3%	^	^	39	5.1%
FY 15-16	^	^	^	^	13	1.6%	485	60.2%	248	30.8%	^	^	44	5.5%

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

Napa County as of August 3, 2017

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 12-13	^	^	57	8.0%	280	39.5%	276	38.9%	^	^
FY 13-14	^	^	71	9.3%	300	39.2%	297	38.8%	^	^
FY 14-15	^	^	66	8.6%	287	37.2%	304	39.4%	^	^
FY 15-16	^	^	65	8.1%	298	37.0%	346	42.9%	^	^

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

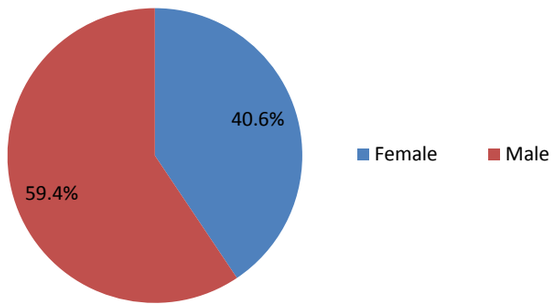
^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

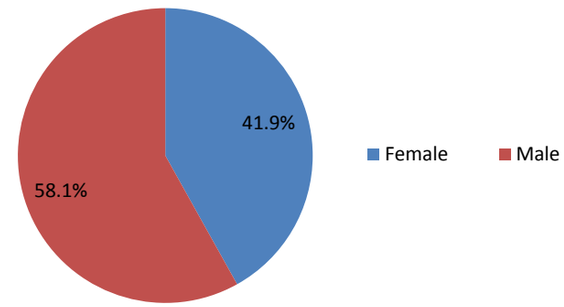
Napa County as of August 3, 2017

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	288	40.6%	421	59.4%
FY 13-14	321	41.9%	445	58.1%
FY 14-15	316	41.0%	455	59.0%
FY 15-16	348	43.2%	458	56.8%

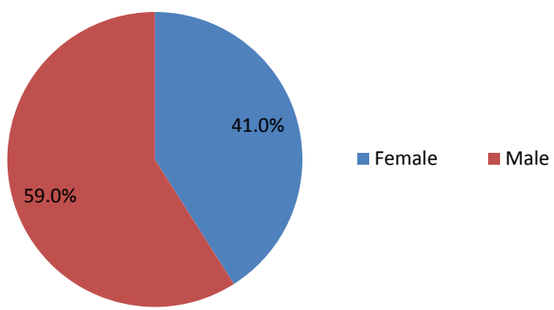
Fiscal Year 12-13 Gender Distribution



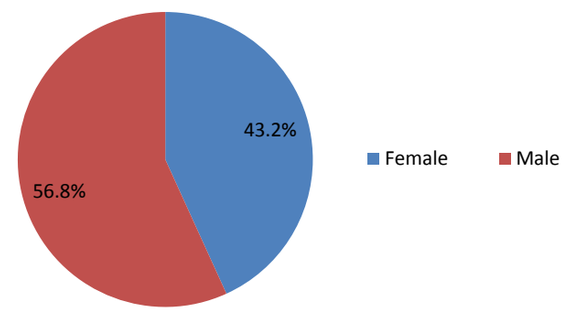
Fiscal Year 13-14 Gender Distribution



Fiscal Year 14-15 Gender Distribution



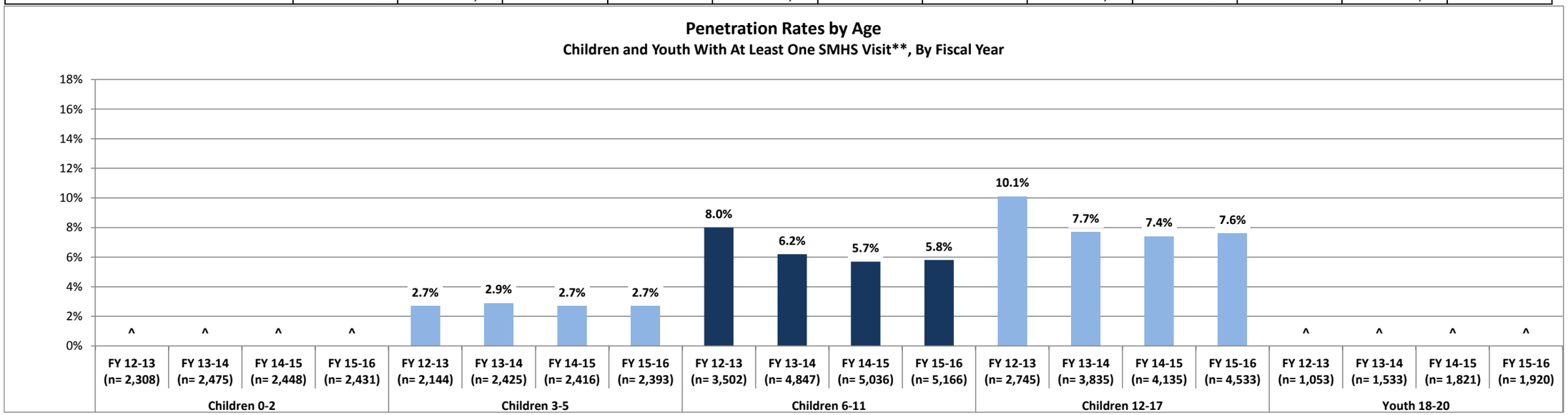
Fiscal Year 15-16 Gender Distribution



Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

Napa County as of August 3, 2017

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	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	**709**	**11,752**	**6.0%**	**766**	**15,115**	**5.1%**	**771**	**15,856**	**4.9%**	**806**	**16,443**	**4.9%**
Children 0-2	^	2,308	^	^	2,475	^	^	2,448	^	^	2,431	^
Children 3-5	57	2,144	2.7%	71	2,425	2.9%	66	2,416	2.7%	65	2,393	2.7%
Children 6-11	280	3,502	8.0%	300	4,847	6.2%	287	5,036	5.7%	298	5,166	5.8%
Children 12-17	276	2,745	10.1%	297	3,835	7.7%	304	4,135	7.4%	346	4,533	7.6%
Youth 18-20	^	1,053	^	^	1,533	^	^	1,821	^	^	1,920	^
Alaskan Native or American Indian	^	18	^	^	17	^	^	20	^	^	23	^
Asian or Pacific Islander	^	390	^	11	505	2.2%	^	550	^	^	589	^
Black	12	201	6.0%	13	223	5.8%	16	237	6.8%	13	250	5.2%
Hispanic	352	7,820	4.5%	396	10,080	3.9%	425	10,635	4.0%	485	11,256	4.3%
White	272	2,563	10.6%	281	3,230	8.7%	280	3,433	8.2%	248	3,404	7.3%
Other	12	150	8.0%	^	221	^	^	179	^	^	120	^
Unknown	51	610	8.4%	53	839	6.3%	39	802	4.9%	44	801	5.5%
Female	288	5,765	5.0%	321	7,367	4.4%	316	7,679	4.1%	348	7,974	4.4%
Male	421	5,987	7.0%	445	7,748	5.7%	455	8,177	5.6%	458	8,469	5.4%



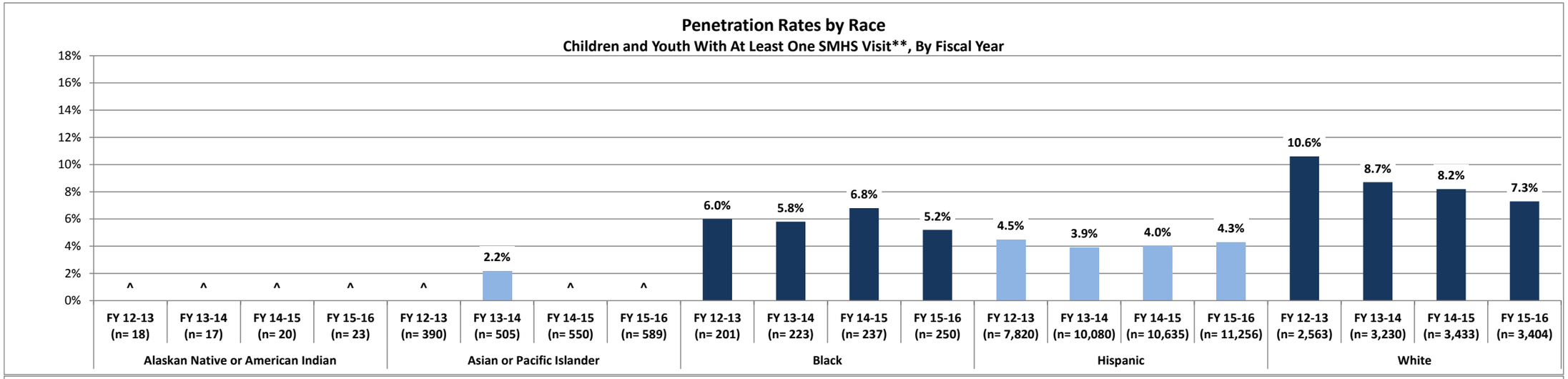
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

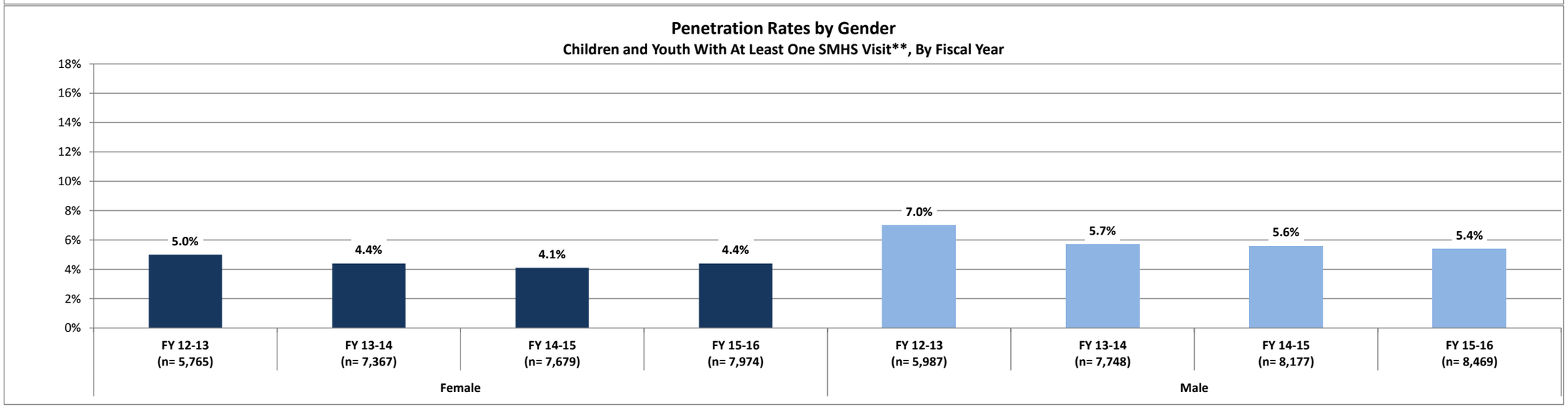
***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

Napa County as of August 3, 2017





**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.*

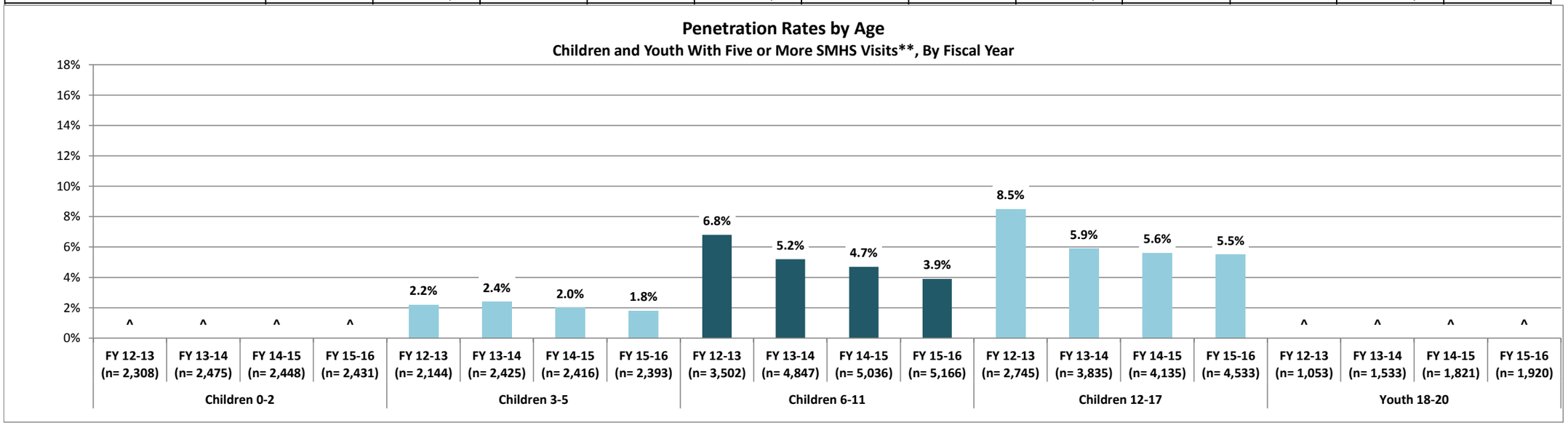
***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

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

Napa County as of August 3, 2017

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**590**	**11,752**	**5.0%**	**607**	**15,115**	**4.0%**	**594**	**15,856**	**3.7%**	**562**	**16,443**	**3.4%**
Children 0-2	^	2,308	^	^	2,475	^	^	2,448	^	^	2,431	^
Children 3-5	48	2,144	2.2%	57	2,425	2.4%	48	2,416	2.0%	43	2,393	1.8%
Children 6-11	239	3,502	6.8%	250	4,847	5.2%	239	5,036	4.7%	202	5,166	3.9%
Children 12-17	233	2,745	8.5%	228	3,835	5.9%	233	4,135	5.6%	251	4,533	5.5%
Youth 18-20	^	1,053	^	^	1,533	^	^	1,821	^	^	1,920	^
Alaskan Native or American Indian	^	18	^	^	17	^	^	20	^	^	23	^
Asian or Pacific Islander	^	390	^	^	505	^	^	550	^	^	589	^
Black	^	201	^	^	223	^	12	237	5.1%	^	250	^
Hispanic	294	7,820	3.8%	307	10,080	3.0%	320	10,635	3.0%	330	11,256	2.9%
White	226	2,563	8.8%	230	3,230	7.1%	218	3,433	6.4%	186	3,404	5.5%
Other	12	150	8.0%	^	221	^	^	179	^	^	120	^
Unknown	42	610	6.9%	43	839	5.1%	35	802	4.4%	27	801	3.4%
Female	231	5,765	4.0%	260	7,367	3.5%	245	7,679	3.2%	246	7,974	3.1%
Male	359	5,987	6.0%	347	7,748	4.5%	349	8,177	4.3%	316	8,469	3.7%



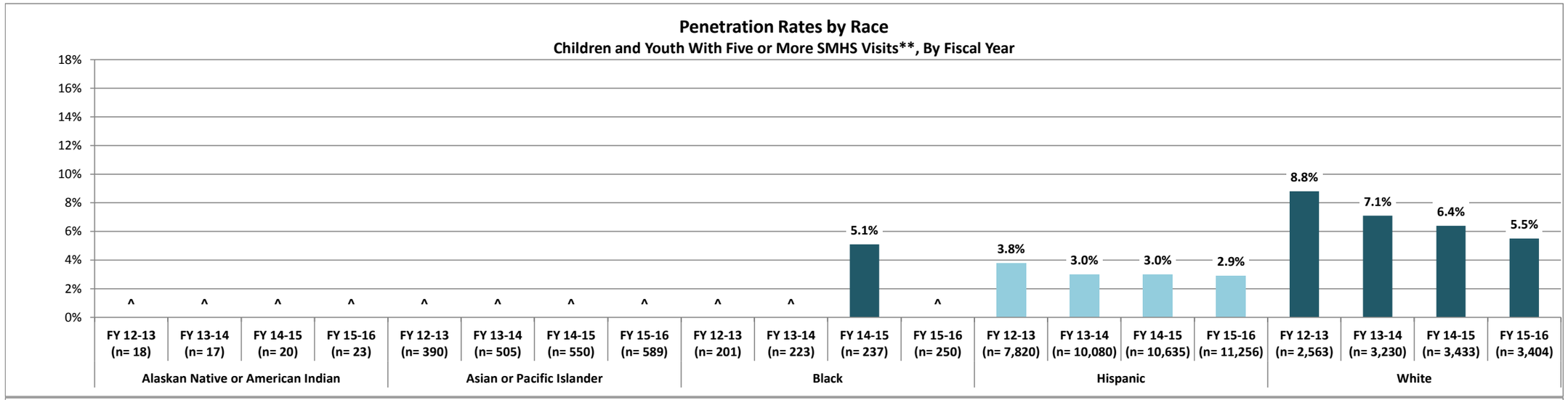
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

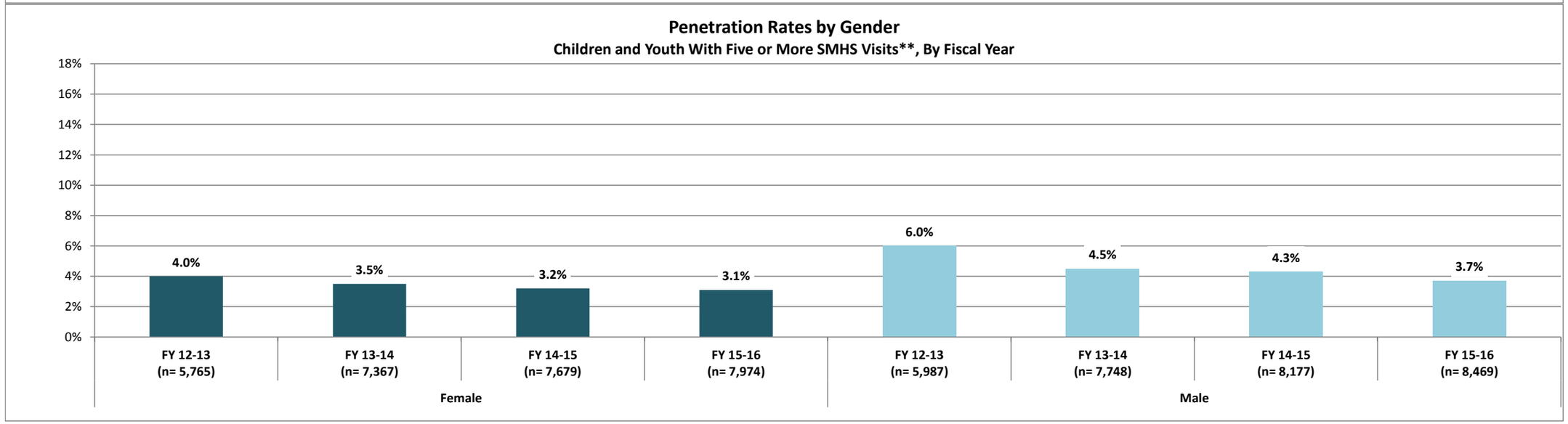
***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

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

Napa County as of August 3, 2017





**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.*

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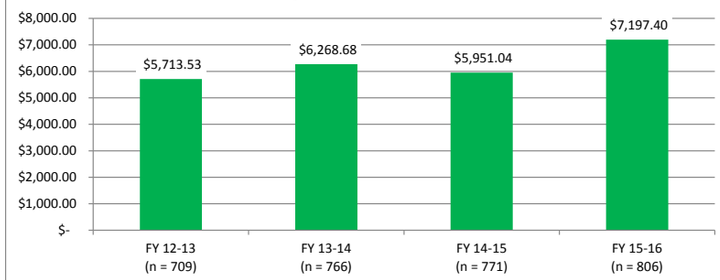
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

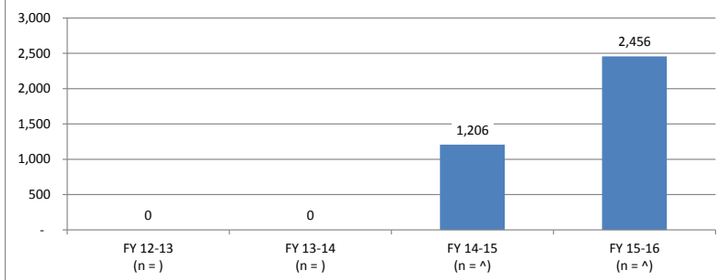
Napa County as of August 3, 2017

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	$ 5,713.53	0	0	318	1,838	4,996	300	157	6	480	363	0	0	11	14	53	32
FY 13-14	$ 6,268.68	0	0	217	1,709	3,821	204	244	14	478	906	33	1	9	28	90	0
FY 14-15	$ 5,951.04	1,206	875	266	1,586	4,430	285	189	13	0	0	0	0	10	6	0	6
FY 15-16	$ 7,197.40	2,456	2,032	235	1,568	5,049	287	232	21	888	0	0	0	10	15	95	4
MEAN	**$ 6,282.66**	**1,831**	**1,454**	**259**	**1,675**	**4,574**	**269**	**205**	**13**	**615**	**635**	**33**	**1**	**10**	**16**	**79**	**14**

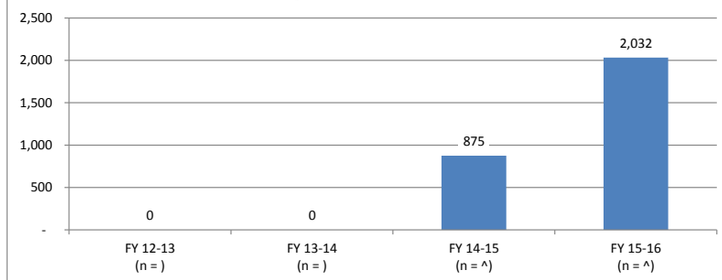
Total Approved Per Unique Beneficiary
By Service Fiscal Year



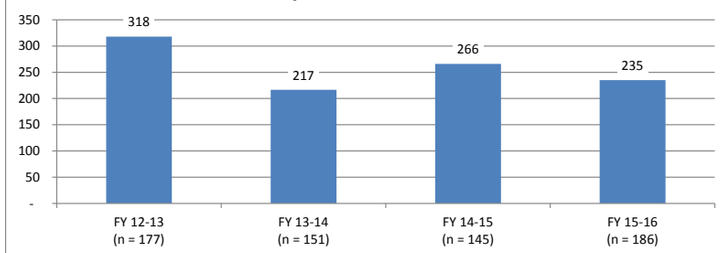
IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year



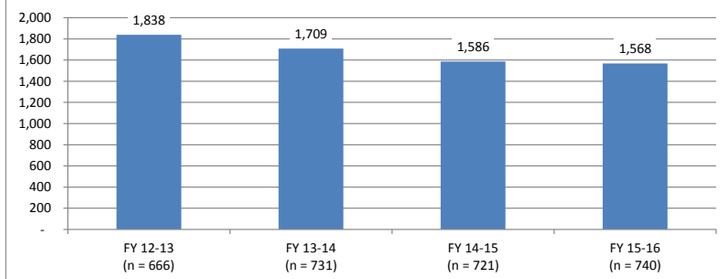
ICC Minutes Per Unique Beneficiary
By Service Fiscal Year



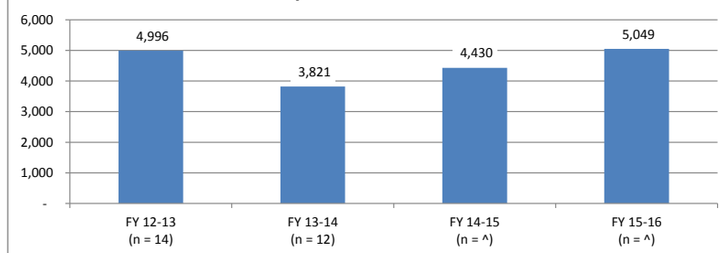
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



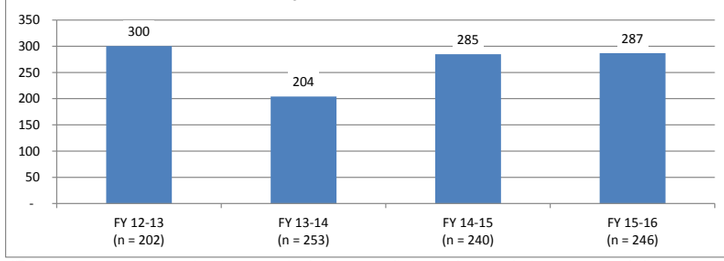
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



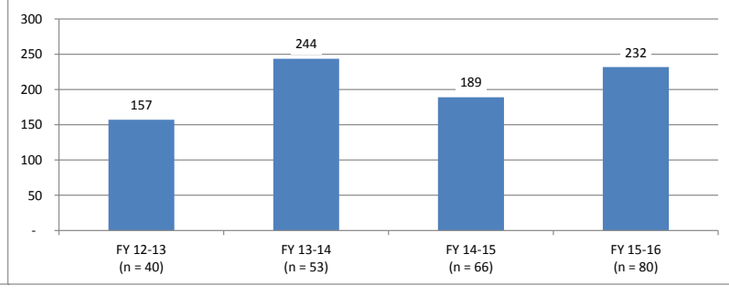
Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year



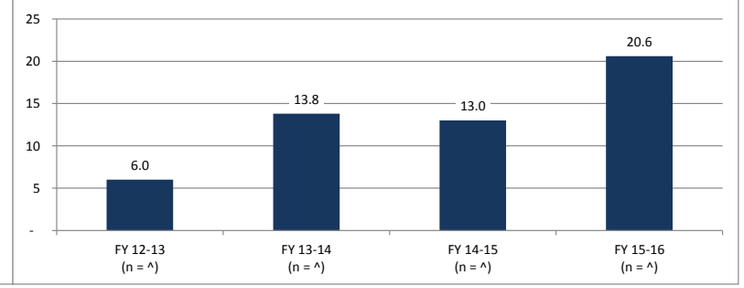
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

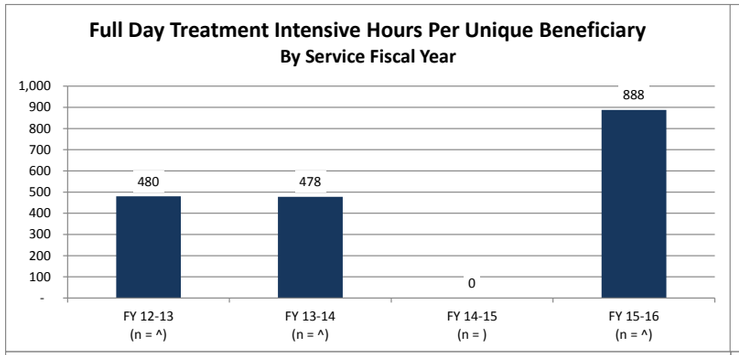


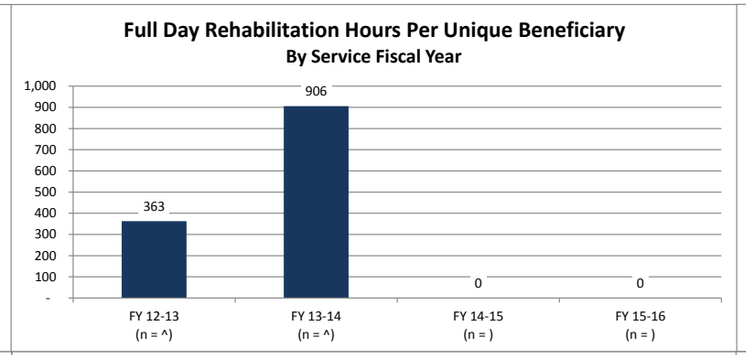
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

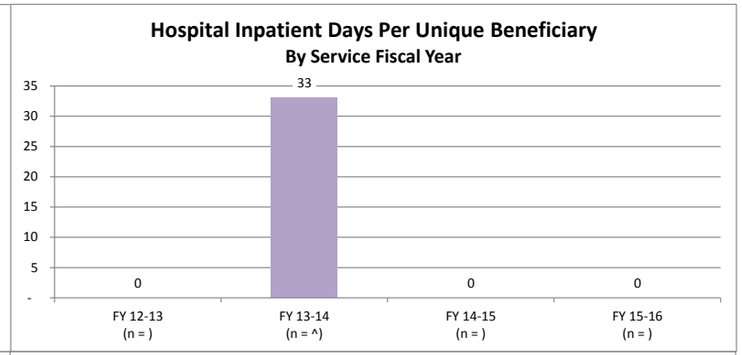
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

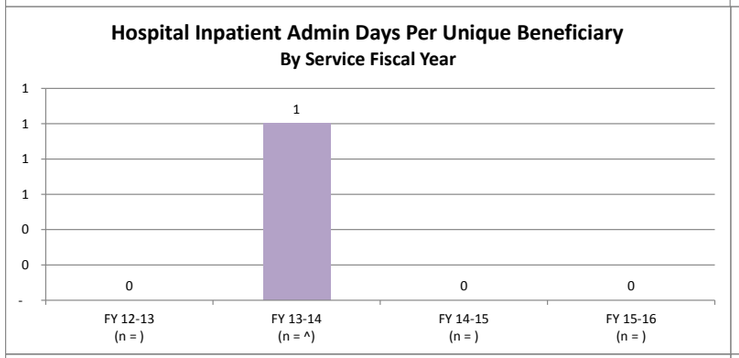
^ Data has been suppressed to protect patient privacy.

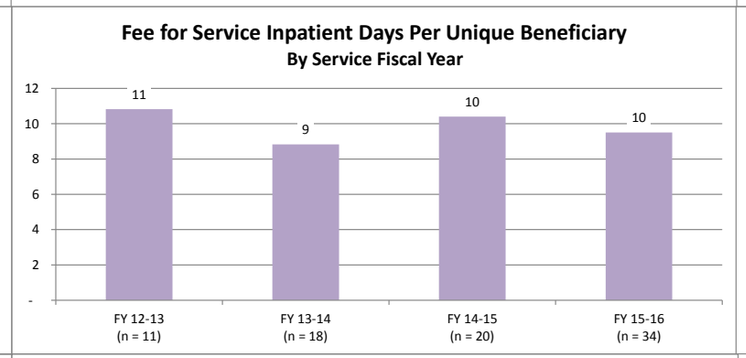
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
Napa County as of August 3, 2017

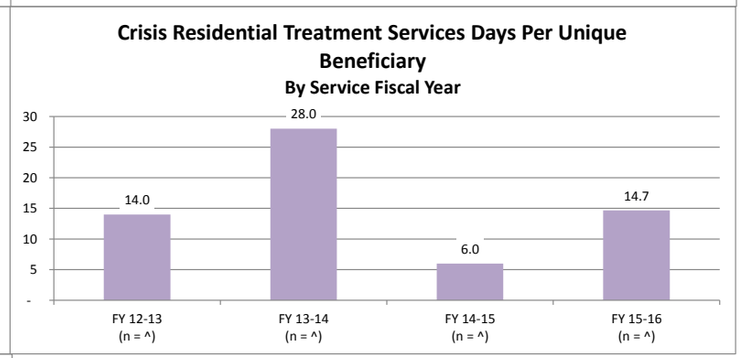


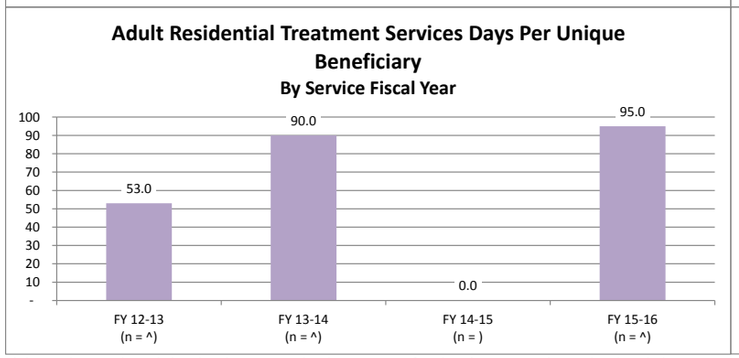


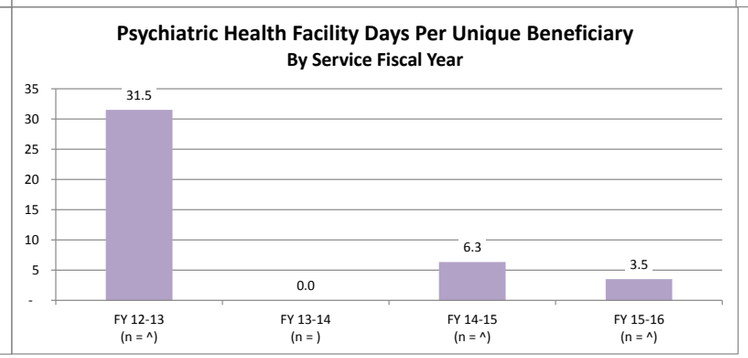












**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

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.

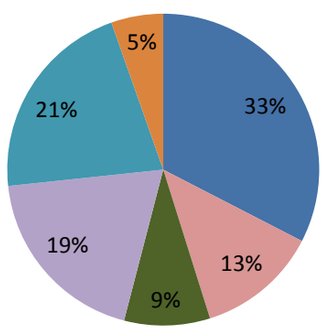
Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

Napa County as of August 3, 2017

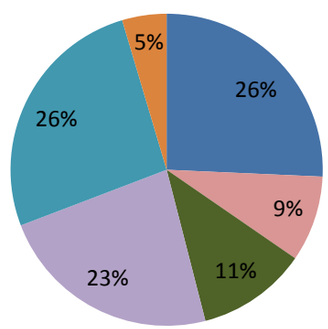
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	231	32.6%	89	12.6%	63	8.9%	137	19.3%	151	21.3%	38	5.4%	709	100%
FY 13-14	197	25.7%	68	8.9%	87	11.4%	178	23.2%	201	26.2%	35	4.6%	766	100%
FY 14-15	234	30.4%	58	7.5%	103	13.4%	146	18.9%	204	26.5%	26	3.4%	771	100%
FY 15-16	146	18.1%	66	8.2%	76	9.4%	200	24.8%	276	34.2%	42	5.2%	806	100%

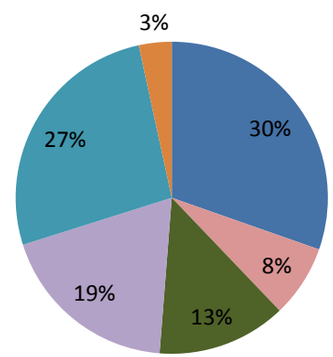
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



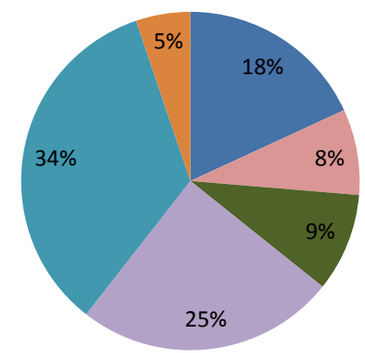
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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



- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

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

Napa County as of August 3, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 12-13	^	^	^	^	^	^	^	^	0	259	27.1	3
FY 13-14	14	60.9%	^	^	^	^	^	^	0	229	20.3	3
FY 14-15	17	63.0%	^	^	^	^	^	^	0	125	13.9	6
FY 15-16	24	58.5%	^	^	^	^	^	^	0	125	13.7	5

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

** **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.