Performance Outcomes System with an Open Child Welfare Case Report
Report run on June 6, 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.

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.

*T he **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.

Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Medium Sized Counties as of June 6, 2018

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Open Child Welfare Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 13-14	6,078		15,604	
FY 14-15	6,129	0.8%	15,550	-0.3%
FY 15-16	6,204	1.2%	15,198	-2.3%
FY 16-17	5,879	-5.2%	14,666	-3.5%
Compound Annual Growth Rate SFY**		**-1.1%**		**-2.0%**

**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 with an Open Child Welfare Case Receiving SMHS by Fiscal Year

Medium Sized Counties as of June 6, 2018

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 13-14	667	11.0%	2,153	35.4%	2,348	38.6%	910	15.0%
FY 14-15	694	11.3%	2,264	36.9%	2,266	37.0%	905	14.8%
FY 15-16	683	11.0%	2,356	38.0%	2,150	34.7%	1,015	16.4%
FY 16-17	679	11.5%	2,180	37.1%	1,965	33.4%	1,055	17.9%

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

Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year

Medium Sized Counties as of June 6, 2018

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	597	9.8%	917	15.1%	1,947	32.0%	2,085	34.3%	532	8.8%
FY 14-15	557	9.1%	834	13.6%	2,070	33.8%	2,153	35.1%	515	8.4%
FY 15-16	518	8.3%	875	14.1%	2,043	32.9%	2,207	35.6%	561	9.0%
FY 16-17	501	8.5%	802	13.6%	1,941	33.0%	2,086	35.5%	549	9.3%

Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year

Medium Sized Counties as of June 6, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	2,921	48.1%	3,157	51.9%
FY 14-15	2,967	48.4%	3,162	51.6%
FY 15-16	2,988	48.2%	3,216	51.8%
FY 16-17	2,847	48.4%	3,032	51.6%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit**

Medium Sized Counties as of June 6, 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	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	Penetratio n 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	**6,078**	**15,604**	**39.0%**	**6,129**	**15,550**	**39.4%**	**6,204**	**15,198**	**40.8%**	**5,879**	**14,666**	**40.1%**
Children 0-2	597	2,986	20.0%	557	3,024	18.4%	518	3,034	17.1%	501	3,007	16.7%
Children 3-5	917	2,712	33.8%	834	2,620	31.8%	875	2,465	35.5%	802	2,421	33.1%
Children 6-11	1,947	4,256	45.7%	2,070	4,225	49.0%	2,043	4,128	49.5%	1,941	3,947	49.2%
Youth 12-17	2,085	4,057	51.4%	2,153	4,057	53.1%	2,207	3,954	55.8%	2,086	3,745	55.7%
Youth 18-20	532	1,593	33.4%	515	1,624	31.7%	561	1,617	34.7%	549	1,546	35.5%
Black	667	1,502	44.4%	694	1,522	45.6%	683	1,484	46.0%	679	1,444	47.0%
Hispanic	2,153	6,007	35.8%	2,264	6,078	37.2%	2,356	6,057	38.9%	2,180	5,724	38.1%
White	2,348	5,828	40.3%	2,266	5,648	40.1%	2,150	5,180	41.5%	1,965	4,844	40.6%
Other	910	2,267	40.1%	905	2,302	39.3%	1,015	2,477	41.0%	1,055	2,654	39.8%
Female	2,921	7,449	39.2%	2,967	7,398	40.1%	2,988	7,203	41.5%	2,847	6,976	40.8%
Male	3,157	8,155	38.7%	3,162	8,152	38.8%	3,216	7,995	40.2%	3,032	7,690	39.4%

**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.*
***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 Five or More SMHS Visits**

Medium Sized Counties as of June 6, 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	Penetration 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	Penetration 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	Penetration 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	Penetration Rate
All	4,393	15,604	28.2%	4,580	15,550	29.5%	4,509	15,198	29.7%	4,237	14,666	28.9%
Children 0-2	251	2,986	8.4%	345	3,024	11.4%	252	3,034	8.3%	209	3,007	7.0%
Children 3-5	601	2,712	22.2%	598	2,620	22.8%	574	2,465	23.3%	526	2,421	21.7%
Children 6-11	1,523	4,256	35.8%	1,564	4,225	37.0%	1,560	4,128	37.8%	1,448	3,947	36.7%
Children 12-17	1,622	4,057	40.0%	1,702	4,057	42.0%	1,711	3,954	43.3%	1,647	3,745	44.0%
Youth 18-20	396	1,593	24.9%	371	1,624	22.8%	412	1,617	25.5%	407	1,546	26.3%
Black	481	1,502	32.0%	531	1,522	34.9%	537	1,484	36.2%	547	1,444	37.9%
Hispanic	1,513	6,007	25.2%	1,639	6,078	27.0%	1,606	6,057	26.5%	1,546	5,724	27.0%
White	1,741	5,828	29.9%	1,718	5,648	30.4%	1,613	5,180	31.1%	1,413	4,844	29.2%
Other	658	2,267	29.0%	692	2,302	30.1%	753	2,477	30.4%	731	2,654	27.5%
Female	2,096	7,449	28.1%	2,218	7,398	30.0%	2,202	7,203	30.6%	2,055	6,976	29.5%
Male	2,297	8,155	28.2%	2,362	8,152	29.0%	2,307	7,995	28.9%	2,182	7,690	28.4%

**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.*

***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
Medium Sized Counties as of June 6, 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)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	$ 8,259	1,390	572	505	1,989	4,539	350	271	22	500	596	5	0	12	20	62	25
FY 14-15	$ 9,083	3,090	1,276	468	2,006	4,783	365	301	22	596	531	8	17	12	14	141	12
FY 15-16	$ 9,007	2,477	1,154	398	1,871	4,241	352	290	26	613	370	28	10	11	17	75	10
FY 16-17	$ 9,171	2,271	1,058	369	1,744	3,418	363	309	21	597	474	6	0	12	15	154	13
MEAN	**$ 8,880**	**2,307**	**1,015**	**435**	**1,902**	**4,245**	**358**	**293**	**23**	**577**	**493**	**12**	**14**	**12**	**16**	**108**	**15**

**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 with an Open Child Welfare Case Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Medium Sized Counties as of June 6, 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 &	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 13-14	1,674	27.5%	386	6.4%	593	9.8%	1,209	19.9%	1,964	32.3%	252	4.1%	6,078	100%
FY 14-15	1,624	26.5%	422	6.9%	604	9.9%	1,394	22.7%	1,831	29.9%	254	4.1%	6,129	100%
FY 15-16	1,533	24.7%	422	6.8%	551	8.9%	1,419	22.9%	1,970	31.8%	309	5.0%	6,204	100%
FY 16-17	1,376	23.4%	390	6.6%	532	9.0%	1,332	22.7%	1,962	33.4%	287	4.9%	5,879	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*

Medium Sized Counties as of June 6, 2018

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 of Discharge	Percentage of Inpatient Discharges with Step Down between 8 and 30 days of Discharge	Count of Beneficiaries with a Step Down > 30 Days from Discharge or No Step Down*	Percentage of Beneficiaries with a Step Down > 30 Days from Discharge or 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 13-14	195	77.1%	28	11.1%	30	11.9%	0	320	16.5	1
FY 14-15	224	80.0%	23	8.2%	33	11.8%	0	119	8.0	0
FY 15-16	201	78.5%	28	10.9%	27	10.5%	0	315	11.6	0
FY 16-17	213	81.9%	27	10.4%	20	7.7%	0	263	7.2	0

** **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.*