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
Small-Rural 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	650		1,715	
FY 14-15	646	-0.6%	1,747	1.9%
FY 15-16	578	-10.5%	1,669	-4.5%
FY 16-17	521	-9.9%	1,535	-8.0%
Compound Annual Growth Rate SFY**		**-7.1%**		**-3.6%**

**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

Small-Rural Sized Counties as of June 6, 2018

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 13-14	12	1.8%	105	16.2%	472	72.6%	61	9.4%
FY 14-15	^	^	123	19.0%	433	67.0%	^	^
FY 15-16	^	^	86	14.9%	406	70.2%	^	^
FY 16-17	14	2.7%	70	13.4%	359	68.9%	78	15.0%

^ Data has been suppressed to protect patient privacy.

*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

Small-Rural 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	18	2.8%	92	14.2%	244	37.5%	250	38.5%	46	7.1%
FY 14-15	^	^	93	14.4%	263	40.7%	243	37.6%	^	^
FY 15-16	16	2.8%	78	13.5%	239	41.3%	207	35.8%	38	6.6%
FY 16-17	^	^	68	13.1%	209	40.1%	199	38.2%	^	^

^ Data has been suppressed to protect patient privacy.

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

Small-Rural Sized Counties as of June 6, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	327	50.3%	323	49.7%
FY 14-15	308	47.7%	338	52.3%
FY 15-16	273	47.2%	305	52.8%
FY 16-17	255	48.9%	266	51.1%

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

Small-Rural 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	**650**	**1,715**	**37.9%**	**646**	**1,747**	**37.0%**	**578**	**1,669**	**34.6%**	**521**	**1,535**	**33.9%**
Children 0-2	18	319	5.6%	^	300	^	16	331	4.8%	^	310	^
Children 3-5	92	297	31.0%	93	332	28.0%	78	308	25.3%	68	276	24.6%
Children 6-11	244	486	50.2%	263	512	51.4%	239	474	50.4%	209	441	47.4%
Youth 12-17	250	454	55.1%	243	428	56.8%	207	394	52.5%	199	369	53.9%
Youth 18-20	46	159	28.9%	^	175	^	38	162	23.5%	^	139	^
Black	12	32	37.5%	^	34	^	^	30	^	14	27	51.9%
Hispanic	105	284	37.0%	123	297	41.4%	86	243	35.4%	70	205	34.1%
White	472	1,145	41.2%	433	1,133	38.2%	406	1,089	37.3%	359	995	36.1%
Other	61	254	24.0%	^	283	^	^	307	^	78	308	25.3%
Female	327	812	40.3%	308	838	36.8%	273	803	34.0%	255	745	34.2%
Male	323	903	35.8%	338	909	37.2%	305	866	35.2%	266	790	33.7%

**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.*

***Children and Youth with an Open Child Welfare Case that have received at least one SMHS in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits**

Small-Rural 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	448	1,715	26.1%	440	1,747	25.2%	356	1,669	21.3%	319	1,535	20.8%
Children 0-2	^	319	^	^	300	^	^	331	^	^	310	^
Children 3-5	48	297	16.2%	55	332	16.6%	42	308	13.6%	31	276	11.2%
Children 6-11	186	486	38.3%	186	512	36.3%	158	474	33.3%	132	441	29.9%
Children 12-17	176	454	38.8%	173	428	40.4%	138	394	35.0%	135	369	36.6%
Youth 18-20	^	159	^	^	175	^	^	162	^	^	139	^
Black	^	32	^	^	34	^	^	30	^	^	27	^
Hispanic	65	284	22.9%	78	297	26.3%	52	243	21.4%	41	205	20.0%
White	335	1,145	29.3%	308	1,133	27.2%	248	1,089	22.8%	222	995	22.3%
Other	^	254	^	^	283	^	^	307	^	^	308	^
Female	235	812	28.9%	215	838	25.7%	172	803	21.4%	161	745	21.6%
Male	213	903	23.6%	225	909	24.8%	184	866	21.2%	158	790	20.0%

**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.*

^ 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
Small-Rural 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	$ 5,185	658	350	479	1,466	9,338	322	282	18	352	656	0	0	15	0	0	0
FY 14-15	$ 5,398	2,401	656	310	1,191	5,065	334	255	8	0	537	0	0	17	0	0	0
FY 15-16	$ 5,354	2,823	637	307	1,148	4,171	419	268	24	258	0	0	0	24	0	0	20
FY 16-17	$ 6,302	2,441	616	314	1,269	7,194	300	332	18	1,198	0	2	0	11	0	0	35
MEAN	**$ 5,560**	**2,081**	**564**	**353**	**1,268**	**6,442**	**344**	**284**	**17**	**603**	**597**	**2**	**0**	**17**	**0**	**0**	**27**

**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 with an Open Child Welfare Case Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Small-Rural 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	209	32.2%	22	3.4%	59	9.1%	116	17.8%	220	33.8%	24	3.7%	650	100%
FY 14-15	133	20.6%	26	4.0%	58	9.0%	178	27.6%	231	35.8%	20	3.1%	646	100%
FY 15-16	140	24.2%	28	4.8%	44	7.6%	123	21.3%	219	37.9%	24	4.2%	578	100%
FY 16-17	120	23.0%	26	5.0%	47	9.0%	106	20.3%	194	37.2%	28	5.4%	521	100%

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

Small-Rural 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	28	68.3%	^	^	^	^	0	152	14.7	1
FY 14-15	18	72.0%	^	^	^	^	0	182	18.5	1
FY 15-16	16	94.1%	^	^	^	^	0	30	2.7	0
FY 16-17	14	66.7%	^	^	^	^	0	83	9.4	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.*
^ Data has been suppressed to protect patient privacy.