

Performance Outcomes System Children with an Open Child Welfare Case County Report

Report run on August 9, 2017

Background

Two reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data and population-based county groups. 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 county aggregate 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. 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. 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 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: 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 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.
- Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 12/13 through FY 15/16.

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Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at:
<http://www.dhcs.ca.gov/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, 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 "^".

*Population-based report findings may be interpreted alongside the POS statewide 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 penetration rates 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 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 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.

***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
Alameda County as of August 9, 2017**

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 12-13	1,948		3,272	
FY 13-14	2,049	5.2%	3,464	5.9%
FY 14-15	1,954	-4.6%	3,359	-3.0%
FY 15-16	1,840	-5.8%	3,163	-5.8%
Compound Annual Growth Rate SFY**		-1.9%		-1.1%

**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
Alameda County as of August 9, 2017**

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 12-13	949	48.7%	344	17.7%	307	15.8%	348	17.9%
FY 13-14	998	48.7%	384	18.7%	298	14.5%	369	18.0%
FY 14-15	948	48.5%	395	20.2%	286	14.6%	325	16.6%
FY 15-16	913	49.6%	368	20.0%	259	14.1%	300	16.3%

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.

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Alameda County as of August 9, 2017**

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 12-13	189	9.7%	221	11.3%	418	21.5%	785	40.3%	335	17.2%
FY 13-14	195	9.5%	229	11.2%	450	22.0%	804	39.2%	371	18.1%
FY 14-15	210	10.7%	202	10.3%	430	22.0%	751	38.4%	361	18.5%
FY 15-16	157	8.5%	231	12.6%	403	21.9%	687	37.3%	362	19.7%

**Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Alameda County as of August 9, 2017**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	935	48.0%	1,013	52.0%
FY 13-14	979	47.8%	1,070	52.2%
FY 14-15	914	46.8%	1,040	53.2%
FY 15-16	864	47.0%	976	53.0%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
Alameda County as of August 9, 2017**

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	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	Penetration Rate	Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate	Children and Youth with an Open Child Welfare Case with 1 or more SMHS Visits	Certified Eligible Children and Youth with an Open Child Welfare Case	Penetration Rate
All	1,948	3,272	59.5%	2,049	3,464	59.2%	1,954	3,359	58.2%	1,840	3,163	58.2%
Children 0-2	189	404	46.8%	195	437	44.6%	210	454	46.3%	157	428	36.7%
Children 3-5	221	377	58.6%	229	394	58.1%	202	387	52.2%	231	415	55.7%
Children 6-11	418	651	64.2%	450	690	65.2%	430	677	63.5%	403	686	58.7%
Youth 12-17	785	1,188	66.1%	804	1,167	68.9%	751	1,072	70.1%	687	951	72.2%
Youth 18-20	335	652	51.4%	371	776	47.8%	361	769	46.9%	362	683	53.0%
Black	949	1,574	60.3%	998	1,656	60.3%	948	1,634	58.0%	913	1,499	60.9%
Hispanic	344	634	54.3%	384	720	53.3%	395	689	57.3%	368	677	54.4%
White	307	472	65.0%	298	488	61.1%	286	462	61.9%	259	412	62.9%
Other	348	592	58.8%	369	600	61.5%	325	574	56.6%	300	575	52.2%
Female	935	1,442	64.8%	979	1,555	63.0%	914	1,531	59.7%	864	1,466	58.9%
Male	1,013	1,830	55.4%	1,070	1,909	56.1%	1,040	1,828	56.9%	976	1,697	57.5%

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

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

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with Five or More SMHS Visits
Alameda County as of August 9, 2017**

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	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	1,631	3,272	49.8%	1,716	3,464	49.5%	1,611	3,359	48.0%	1,498	3,163	47.4%
Children 0-2	129	404	31.9%	140	437	32.0%	135	454	29.7%	95	428	22.2%
Children 3-5	181	377	48.0%	188	394	47.7%	152	387	39.3%	170	415	41.0%
Children 6-11	364	651	55.9%	385	690	55.8%	363	677	53.6%	333	686	48.5%
Children 12-17	669	1,188	56.3%	697	1,167	59.7%	663	1,072	61.8%	588	951	61.8%
Youth 18-20	288	652	44.2%	306	776	39.4%	298	769	38.8%	312	683	45.7%
Black	787	1,574	50.0%	840	1,656	50.7%	789	1,634	48.3%	750	1,499	50.0%
Hispanic	291	634	45.9%	310	720	43.1%	321	689	46.6%	296	677	43.7%
White	252	472	53.4%	251	488	51.4%	236	462	51.1%	217	412	52.7%
Other	301	592	50.8%	315	600	52.5%	265	574	46.2%	235	575	40.9%
Female	789	1,442	54.7%	824	1,555	53.0%	755	1,531	49.3%	708	1,466	48.3%
Male	842	1,830	46.0%	892	1,909	46.7%	856	1,828	46.8%	790	1,697	46.6%

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

**Utilization Report*: Approved Specialty Mental Health Services for Children and Youth with an Open Child Welfare Case
Mean Expenditures and Mean Service Quantity per Beneficiary by Fiscal Year
Alameda County as of August 9, 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	\$ 13,164.54	0	0	635	3,660	5,640	358	254	19	532	415	6	9	9	18	70	21
FY 13-14	\$ 12,739.01	2,426	2,394	590	3,703	5,163	380	255	15	396	517	15	6	9	17	81	12
FY 14-15	\$ 11,956.46	2,107	1,350	566	3,424	5,126	372	282	18	462	388	8	12	9	30	0	14
FY 15-16	\$ 13,462.09	2,392	1,544	557	3,777	4,103	363	266	31	368	348	10	14	14	17	43	15
MEAN	\$ 12,830.53	2,308	1,763	587	3,641	5,008	368	264	21	439	417	10	10	10	20	65	16

*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
Alameda County as of August 9, 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	479	24.6%	268	13.8%	215	11.0%	339	17.4%	530	27.2%	117	6.0%	1,948	100%
FY 13-14	522	25.5%	230	11.2%	214	10.4%	351	17.1%	577	28.2%	155	7.6%	2,049	100%
FY 14-15	457	23.4%	210	10.7%	216	11.1%	399	20.4%	548	28.0%	124	6.3%	1,954	100%
FY 15-16	397	21.6%	180	9.8%	193	10.5%	363	19.7%	546	29.7%	161	8.8%	1,840	100%

**Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
Alameda County as of August 9, 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 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 12-13	66	75.0%	11	12.5%	11	12.5%	0	132	6.3	0
FY 13-14	54	93.1%	^	^	^	^	0	142	5.6	0
FY 14-15	43	79.6%	^	^	^	^	0	329	10.8	0
FY 15-16	46	85.2%	^	^	^	^	0	74	4.2	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. 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.