

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
Fresno 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	1,141		3,406	
FY 13-14	1,181	3.5%	3,668	7.7%
FY 14-15	1,419	20.2%	3,855	5.1%
FY 15-16	1,958	38.0%	3,871	0.4%
Compound Annual Growth Rate SFY**		19.7%		4.4%

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

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 12-13	164	14.4%	567	49.7%	220	19.3%	190	16.7%
FY 13-14	187	15.8%	602	51.0%	234	19.8%	158	13.4%
FY 14-15	246	17.3%	719	50.7%	275	19.4%	179	12.6%
FY 15-16	312	15.9%	1,055	53.9%	395	20.2%	196	10.0%

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
Fresno 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	55	4.8%	129	11.3%	394	34.5%	467	40.9%	96	8.4%
FY 13-14	58	4.9%	162	13.7%	425	36.0%	435	36.8%	101	8.6%
FY 14-15	114	8.0%	237	16.7%	508	35.8%	464	32.7%	96	6.8%
FY 15-16	305	15.6%	321	16.4%	706	36.1%	530	27.1%	96	4.9%

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

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	551	48.3%	590	51.7%
FY 13-14	566	47.9%	615	52.1%
FY 14-15	673	47.4%	746	52.6%
FY 15-16	945	48.3%	1,013	51.7%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
Fresno 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	1,141	3,406	33.5%	1,181	3,668	32.2%	1,419	3,855	36.8%	1,958	3,871	50.6%
Children 0-2	55	623	8.8%	58	770	7.5%	114	784	14.5%	305	750	40.7%
Children 3-5	129	580	22.2%	162	636	25.5%	237	719	33.0%	321	708	45.3%
Children 6-11	394	944	41.7%	425	1,021	41.6%	508	1,074	47.3%	706	1,140	61.9%
Youth 12-17	467	948	49.3%	435	881	49.4%	464	915	50.7%	530	920	57.6%
Youth 18-20	96	311	30.9%	101	360	28.1%	96	363	26.4%	96	353	27.2%
Black	164	466	35.2%	187	503	37.2%	246	561	43.9%	312	576	54.2%
Hispanic	567	1,754	32.3%	602	1,981	30.4%	719	2,060	34.9%	1,055	2,107	50.1%
White	220	584	37.7%	234	644	36.3%	275	688	40.0%	395	707	55.9%
Other	190	602	31.6%	158	540	29.3%	179	546	32.8%	196	481	40.7%
Female	551	1,652	33.4%	566	1,745	32.4%	673	1,847	36.4%	945	1,880	50.3%
Male	590	1,754	33.6%	615	1,923	32.0%	746	2,008	37.2%	1,013	1,991	50.9%

*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
Fresno 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	783	3,406	23.0%	717	3,668	19.5%	1,024	3,855	26.6%	1,226	3,871	31.7%
Children 0-2	11	623	1.8%	^	770	^	40	784	5.1%	58	750	7.7%
Children 3-5	62	580	10.7%	58	636	9.1%	147	719	20.4%	176	708	24.9%
Children 6-11	271	944	28.7%	269	1,021	26.3%	395	1,074	36.8%	515	1,140	45.2%
Children 12-17	368	948	38.8%	316	881	35.9%	374	915	40.9%	407	920	44.2%
Youth 18-20	71	311	22.8%	^	360	^	68	363	18.7%	70	353	19.8%
Black	119	466	25.5%	119	503	23.7%	169	561	30.1%	205	576	35.6%
Hispanic	373	1,754	21.3%	350	1,981	17.7%	539	2,060	26.2%	659	2,107	31.3%
White	146	584	25.0%	141	644	21.9%	196	688	28.5%	241	707	34.1%
Other	145	602	24.1%	107	540	19.8%	120	546	22.0%	121	481	25.2%
Female	369	1,652	22.3%	343	1,745	19.7%	485	1,847	26.3%	580	1,880	30.9%
Male	414	1,754	23.6%	374	1,923	19.4%	539	2,008	26.8%	646	1,991	32.4%

*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 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 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
Fresno 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	\$ 6,886.31	0	0	870	1,781	5,495	284	215	18	606	0	0	0	11	0	0	28
FY 13-14	\$ 6,026.36	4,688	1,744	327	1,070	4,762	226	327	15	544	0	1	0	12	0	0	16
FY 14-15	\$ 6,921.53	4,119	1,494	443	1,364	4,870	248	207	21	218	0	0	0	19	0	0	11
FY 15-16	\$ 5,788.23	946	360	666	1,502	4,633	215	281	38	549	840	0	0	9	0	0	12
MEAN	\$ 6,405.61	3,251	1,200	576	1,429	4,940	244	233	23	479	840	1	0	13	0	0	17

*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
Fresno 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	274	24.0%	95	8.3%	95	8.3%	248	21.7%	370	32.4%	59	5.2%	1,141	100%
FY 13-14	287	24.3%	82	6.9%	114	9.7%	222	18.8%	428	36.2%	48	4.1%	1,181	100%
FY 14-15	508	35.8%	85	6.0%	133	9.4%	227	16.0%	415	29.2%	51	3.6%	1,419	100%
FY 15-16	572	29.2%	98	5.0%	153	7.8%	428	21.9%	656	33.5%	51	2.6%	1,958	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
Fresno 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	20	64.5%	^	^	^	^	0	86	11.0	1
FY 13-14	29	80.6%	^	^	^	^	0	104	10.2	1
FY 14-15	44	81.5%	^	^	^	^	0	283	12.7	0
FY 15-16	21	75.0%	^	^	^	^	0	124	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. 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.