

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
Riverside 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	2,306		8,368	
FY 13-14	2,574	11.6%	9,009	7.7%
FY 14-15	3,305	28.4%	9,172	1.8%
FY 15-16	3,254	-1.5%	8,607	-6.2%
Compound Annual Growth Rate SFY**		12.2%		0.9%

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

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 12-13	366	15.9%	1,104	47.9%	647	28.1%	189	8.2%
FY 13-14	399	15.5%	1,269	49.3%	710	27.6%	196	7.6%
FY 14-15	542	16.4%	1,594	48.2%	935	28.3%	234	7.1%
FY 15-16	532	16.3%	1,556	47.8%	946	29.1%	220	6.8%

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
Riverside 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	^	^	193	8.4%	870	37.7%	1,039	45.1%	^	^
FY 13-14	30	1.2%	209	8.1%	980	38.1%	1,132	44.0%	223	8.7%
FY 14-15	27	0.8%	398	12.0%	1,331	40.3%	1,266	38.3%	283	8.6%
FY 15-16	33	1.0%	435	13.4%	1,321	40.6%	1,191	36.6%	274	8.4%

^ 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
Riverside County as of August 9, 2017**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	1,045	45.3%	1,261	54.7%
FY 13-14	1,230	47.8%	1,344	52.2%
FY 14-15	1,626	49.2%	1,679	50.8%
FY 15-16	1,612	49.5%	1,642	50.5%

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case with At Least One SMHS Visit
Riverside 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	2,306	8,368	27.6%	2,574	9,009	28.6%	3,305	9,172	36.0%	3,254	8,607	37.8%
Children 0-2	^	1,798	^	30	1,930	1.6%	27	2,019	1.3%	33	1,897	1.7%
Children 3-5	193	1,586	12.2%	209	1,717	12.2%	398	1,668	23.9%	435	1,551	28.0%
Children 6-11	870	2,251	38.6%	980	2,462	39.8%	1,331	2,553	52.1%	1,321	2,387	55.3%
Youth 12-17	1,039	2,131	48.8%	1,132	2,186	51.8%	1,266	2,153	58.8%	1,191	2,013	59.2%
Youth 18-20	^	602	^	223	714	31.2%	283	779	36.3%	274	759	36.1%
Black	366	1,145	32.0%	399	1,202	33.2%	542	1,267	42.8%	532	1,218	43.7%
Hispanic	1,104	4,261	25.9%	1,269	4,593	27.6%	1,594	4,522	35.2%	1,556	4,253	36.6%
White	647	2,228	29.0%	710	2,446	29.0%	935	2,567	36.4%	946	2,359	40.1%
Other	189	734	25.7%	196	768	25.5%	234	816	28.7%	220	777	28.3%
Female	1,045	4,012	26.0%	1,230	4,298	28.6%	1,626	4,408	36.9%	1,612	4,114	39.2%
Male	1,261	4,356	28.9%	1,344	4,711	28.5%	1,679	4,764	35.2%	1,642	4,493	36.5%

*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.

^ 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
Riverside 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	1,576	8,368	18.8%	1,717	9,009	19.1%	1,901	9,172	20.7%	2,027	8,607	23.6%
Children 0-2	^	1,798	^	12	1,930	0.6%	12	2,019	0.6%	^	1,897	^
Children 3-5	112	1,586	7.1%	112	1,717	6.5%	159	1,668	9.5%	169	1,551	10.9%
Children 6-11	593	2,251	26.3%	647	2,462	26.3%	696	2,553	27.3%	805	2,387	33.7%
Children 12-17	738	2,131	34.6%	809	2,186	37.0%	854	2,153	39.7%	861	2,013	42.8%
Youth 18-20	^	602	^	137	714	19.2%	180	779	23.1%	^	759	^
Black	262	1,145	22.9%	282	1,202	23.5%	323	1,267	25.5%	371	1,218	30.5%
Hispanic	717	4,261	16.8%	833	4,593	18.1%	879	4,522	19.4%	909	4,253	21.4%
White	468	2,228	21.0%	484	2,446	19.8%	552	2,567	21.5%	622	2,359	26.4%
Other	129	734	17.6%	118	768	15.4%	147	816	18.0%	125	777	16.1%
Female	711	4,012	17.7%	817	4,298	19.0%	905	4,408	20.5%	1,010	4,114	24.6%
Male	865	4,356	19.9%	900	4,711	19.1%	996	4,764	20.9%	1,017	4,493	22.6%

*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.

^ 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
Riverside 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	\$ 4,078.46	0	0	694	1,175	10,527	230	219	13	400	388	5	15	8	0	0	0
FY 13-14	\$ 4,256.35	1,540	784	655	1,057	10,594	237	345	19	509	525	4	18	9	0	0	43
FY 14-15	\$ 3,945.93	1,903	824	808	790	8,275	261	265	21	678	304	4	17	7	26	0	0
FY 15-16	\$ 4,919.52	1,957	667	721	935	8,577	271	288	23	511	500	7	26	9	53	0	14
MEAN	\$ 4,300.07	1,800	758	720	989	9,493	250	279	19	524	429	5	19	8	39	0	28

*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
Riverside 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	554	24.0%	97	4.2%	163	7.1%	496	21.5%	933	40.5%	63	2.7%	2,306	100%
FY 13-14	761	29.6%	100	3.9%	149	5.8%	503	19.5%	1,002	38.9%	59	2.3%	2,574	100%
FY 14-15	783	23.7%	120	3.6%	230	7.0%	619	18.7%	1,489	45.1%	64	1.9%	3,305	100%
FY 15-16	675	20.7%	154	4.7%	246	7.6%	638	19.6%	1,459	44.8%	82	2.5%	3,254	100%

Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge*
Riverside 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	53	77.9%	^	^	^	^	0	309	13.8	1
FY 13-14	80	73.4%	^	^	^	^	0	130	9.5	1
FY 14-15	94	72.3%	22	16.9%	14	10.8%	0	319	11.2	2
FY 15-16	88	73.3%	18	15.0%	14	11.7%	0	311	11.6	2

* **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.