## **Performance Outcomes System Reports**

Report run on August 3, 2016

#### 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 groups; and county-specific data. 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx</a>

#### **Purpose and Overview**

These county-specific reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. 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 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 Fiscal Years (FY) 11/12, 12/13, 13/14, and 14/15.

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** - 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; or
- Age 21 during the approved date of the service on the claim and a birth date on or after January 1st of the Fiscal Year.

#### Data Sources -

- Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 11/12 through FY 14/15.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 11/12 through FY14/15.

## **Performance Outcomes System Reports**

Report run on August 3, 2016

#### 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

#### 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, 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**

\*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

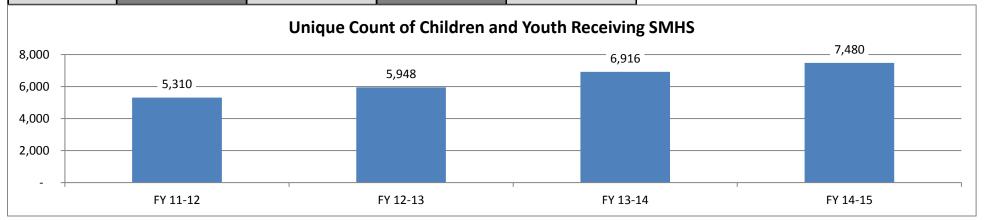
\*The *penetration rates* reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or useful. The POS methodology 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). As of now, this report only classifies youth and their service usage for FY 12/13 and FY13/14. 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 relies solely on claims data from Short Doyle/Medi-Cal II. 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."

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	5,310		204,964	
FY 12-13	5,948	12.0%	221,883	8.3%
FY 13-14	6,916	16.3%	236,919	6.8%
FY 14-15	7,480	8.2%	246,859	4.2%
Compound Annual Growth Rate SFY**		12.1%		6.4%



<sup>\*</sup>SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

<sup>\*\*</sup>SFY = State Fiscal Year which is July 1 through June 30.

Fresno County as of August 3, 2016

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %	
FY 11-12	74	1.4%	218	4.1%	618	11.6%	2,975	56.0%	1,076	20.3%	85	1.6%	264	5.0%	
FY 12-13	76	1.3%	191	3.2%	705	11.9%	3,399	57.1%	1,152	19.4%	109	1.8%	316	5.3%	
FY 13-14	60	0.9%	239	3.5%	737	10.7%	3,910	56.5%	1,378	19.9%	143	2.1%	449	6.5%	
FY 14-15	48	0.6%	304	4.1%	804	10.7%	4,220	56.4%	1,448	19.4%	198	2.6%	458	6.1%	
		Fiscal	Year 11-12 F	Race Distrib	oution			Fiscal Year 12-13 Race Distribution							
	20%		12%	Ind As Bla His W	spanic hite			1% 3%  Alaskan Native or American Indian  Asian or Pacific Islander  Black  Hispanic  White  Other  Unknown							
		Fiscal	Year 13-14 F	Race Distrib	oution			Fiscal Year 14-15 Race Distribution							
1% 4%  Alaskan Native or American Indian  Asian or Pacific Islander  Black									3%	1%		<ul><li>Alaskan Nati Indian</li><li>Asian or Pac</li><li>Black</li></ul>	ive or American ific Islander		

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

■ Hispanic

White

Other

Unknown

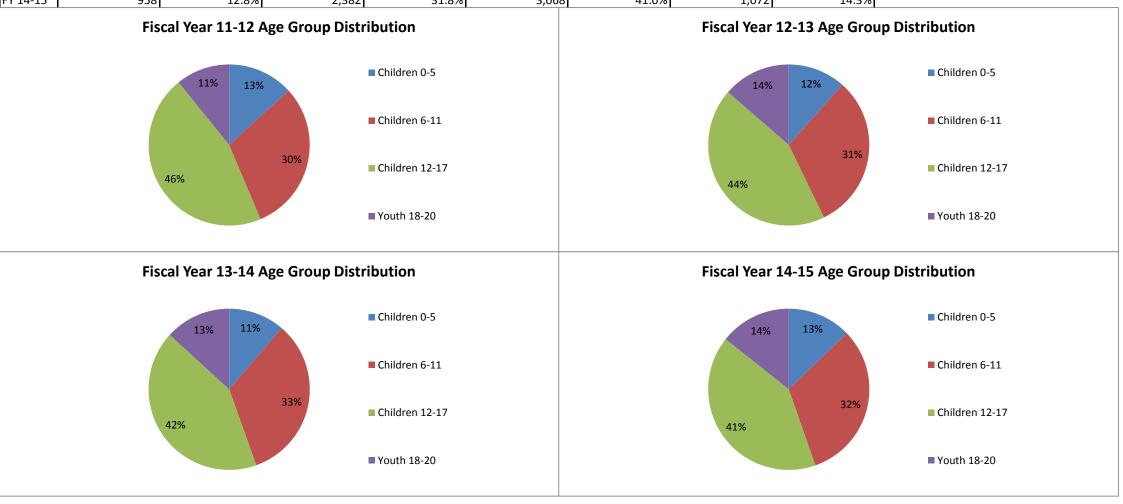
■ Hispanic

White

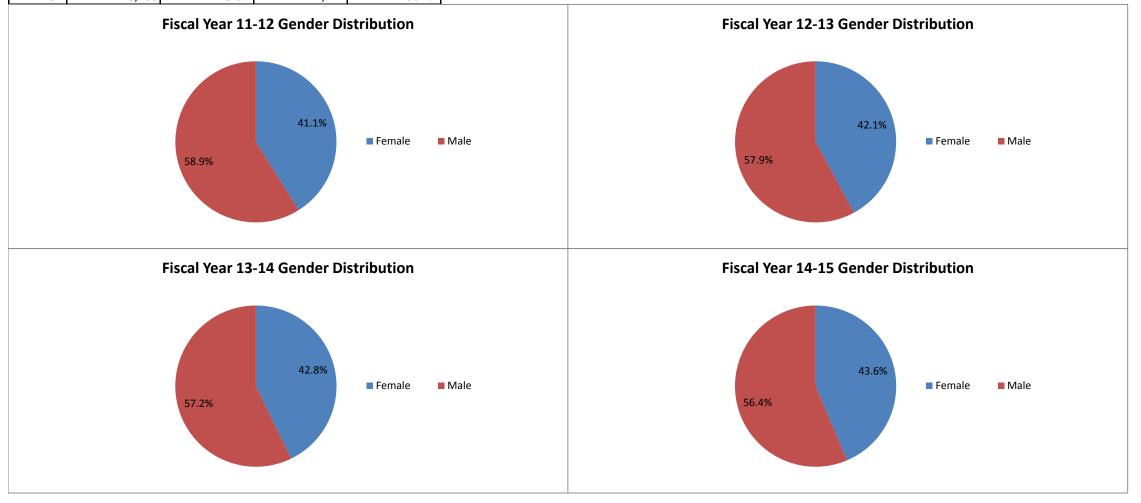
Other

Unknown

Fiscal Year	Children 0-5 Count	Children 0-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 11-12	703	13.2%	1,616	30.4%	2,417	45.5%	574	10.8%
FY 12-13	689	11.6%	1,858	31.2%	2,594	43.6%	807	13.6%
FY 13-14	781	11.3%	2,298	33.2%	2,921	42.2%	916	13.2%
FY 14-15	958	12.8%	2,382	31.8%	3,068	41.0%	1,072	14.3%



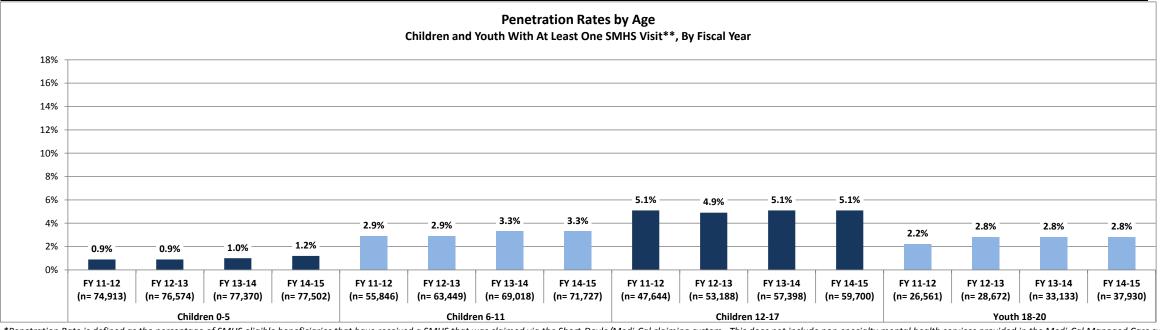
Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	2,180	41.1%	3,130	58.9%
FY 12-13	2,504	42.1%	3,444	57.9%
FY 13-14	2,957	42.8%	3,959	57.2%
FY 14-15	3,258	43.6%	4,222	56.4%



### Penetration Rates\* Report: Children and Youth With At Least One SMHS Visit\*\*

Fresno County as of August 3, 2016

		FY 11-12			FY 12-13		FY 13-14			FY 14-15			
	Children and Youth with 1	Certified Eligible	Penetration	Children and Youth with 1	Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	Children and Youth with 1 or	Certified Eligible	Penetration	
	or more SMHS		Rate	or more	Children and	Rate	more SMHS	Children and	Rate	more SMHS	Children and	Rate	
	Visits	Youth		SMHS Visits	Youth		Visits	Youth		Visits	Youth		
All	5,310	204,964	2.6%	5,948	221,883	2.7%	6,916	236,919	2.9%	7,480	246,859	3.0%	
Children 0-5	703	74,913	0.9%	689	76,574	0.9%	781	77,370	1.0%	958	77,502	1.2%	
Children 6-11	1,616	55,846	2.9%	1,858	63,449	2.9%	2,298	69,018	3.3%	2,382	71,727	3.3%	
Children 12-17	2,417	47,644	5.1%	2,594	53,188	4.9%	2,921	57,398	5.1%	3,068	59,700	5.1%	
Youth 18-20	574	26,561	2.2%	807	28,672	2.8%	916	33,133	2.8%	1,072	37,930	2.8%	
Alaskan Native or American Indian	74	1,154	6.4%	76	1,206	6.3%	60	1,261	4.8%	48	1,287	3.7%	
Asian or Pacific Islander	218	25,207	0.9%	191	27,137	0.7%	239	29,171	0.8%	304	30,249	1.0%	
Black	618	14,793	4.2%	705	15,213	4.6%	737	15,790	4.7%	804	16,235	5.0%	
Hispanic	2,975	127,938	2.3%	3,399	139,024	2.4%	3,910	147,457	2.7%	4,220	153,889	2.7%	
White	1,076	22,049	4.9%	1,152	24,031	4.8%	1,378	26,202	5.3%	1,448	27,216	5.3%	
Other	85	5,914	1.4%	109	7,012	1.6%	143	8,149	1.8%	198	9,038	2.2%	
Unknown	264	7,909	3.3%	316	8,260	3.8%	449	8,889	5.1%	458	8,945	5.1%	
Female	2,180	101,589	2.1%	2,504	110,296	2.3%	2,957	117,352	2.5%	3,258	121,917	2.7%	
Male	3,130	103,375	3.0%	3,444	111,587	3.1%	3,959	119,567	3.3%	4,222	124,942	3.4%	



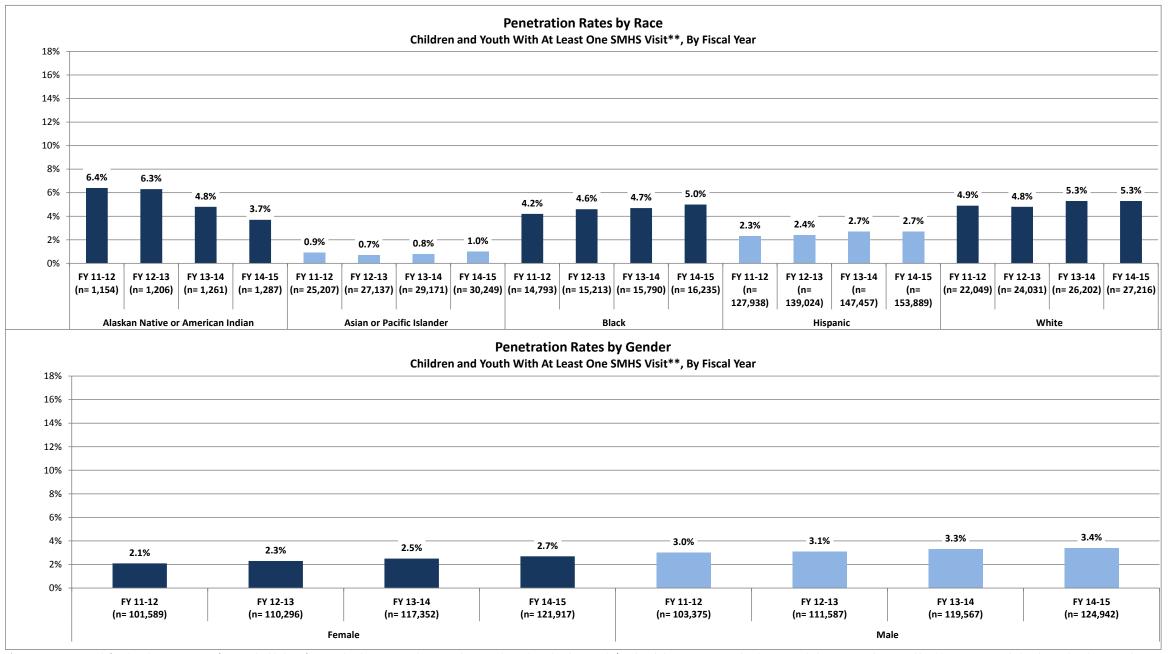
<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system.

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

<sup>\*\*</sup>Children and Youth that have received at least one SMHS in the Fiscal Year.

#### Penetration Rates\* Report: Children and Youth With At Least One SMHS Visit\*\*

Fresno County as of August 3, 2016



<sup>\*</sup>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.

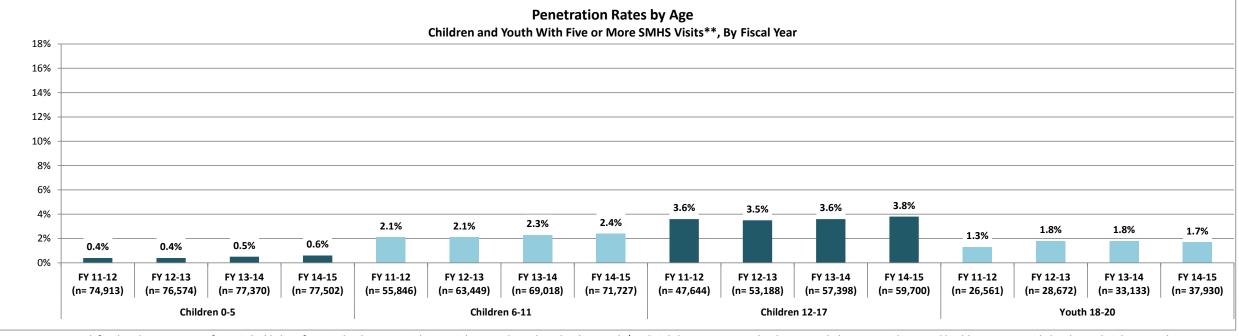
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<sup>\*\*</sup>Children and Youth that have received at least one SMHS in the Fiscal Year.

## Penetration Rates\* Report: Children and Youth with Five or More SMHS Visits\*\*

Fresno County as of August 3, 2016

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	3,594	204,964	1.8%	4,006	221,883	1.8%	4,594	236,919	1.9%	5,157	246,859	2.1%
Children 0-5	337	74,913	0.4%	305	76,574	0.4%	361	77,370	0.5%	482	77,502	0.6%
Children 6-11	1,193	55,846	2.1%	1,301	63,449	2.1%	1,579	69,018	2.3%	1,753	71,727	2.4%
Children 12-17	1,707	47,644	3.6%	1,878	53,188	3.5%	2,052	57,398	3.6%	2,259	59,700	3.8%
Youth 18-20	357	26,561	1.3%	522	28,672	1.8%	602	33,133	1.8%	663	37,930	1.7%
Alaskan Native or American Indian	55	1,154	4.8%	62	1,206	5.1%	48	1,261	3.8%	31	1,287	2.4%
Asian or Pacific Islander	131	25,207	0.5%	132	27,137	0.5%	152	29,171	0.5%	217	30,249	0.7%
Black	415	14,793	2.8%	467	15,213	3.1%	466	15,790	3.0%	549	16,235	3.4%
Hispanic	1,991	127,938	1.6%	2,261	139,024	1.6%	2,565	147,457	1.7%	2,843	153,889	1.8%
White	736	22,049	3.3%	767	24,031	3.2%	921	26,202	3.5%	1,030	27,216	3.8%
Other	67	5,914	1.1%	75	7,012	1.1%	103	8,149	1.3%	135	9,038	1.5%
Unknown	199	7,909	2.5%	242	8,260	2.9%	339	8,889	3.8%	352	8,945	3.9%
Female	1,455	101,589	1.4%	1,656	110,296	1.5%	1,969	117,352	1.7%	2,222	121,917	1.8%
Male	2,139	103,375	2.1%	2,350	111,587	2.1%	2,625	119,567	2.2%	2,935	124,942	2.3%

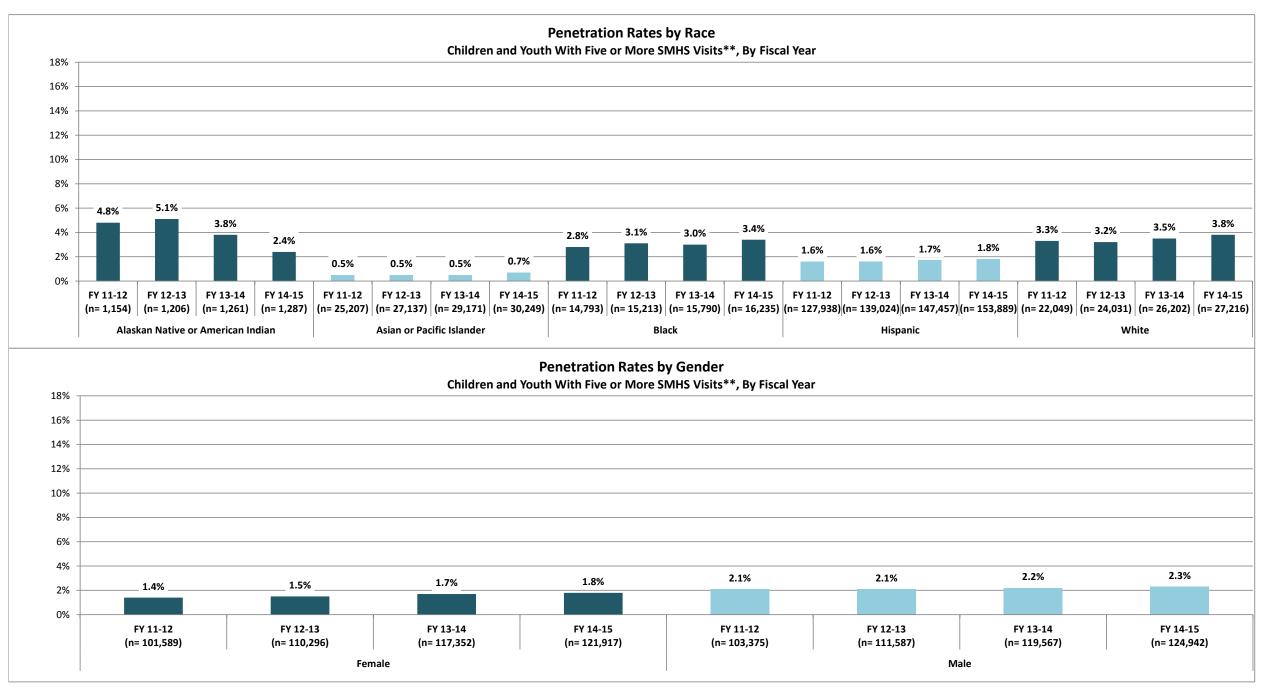


<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system. \*\*Children and Youth that have received at least five SMHS in the Fiscal Year.

Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

## Penetration Rates\* Report: Children and Youth with Five or More SMHS Visits\*\*

Fresno County as of August 3, 2016



<sup>\*</sup>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.

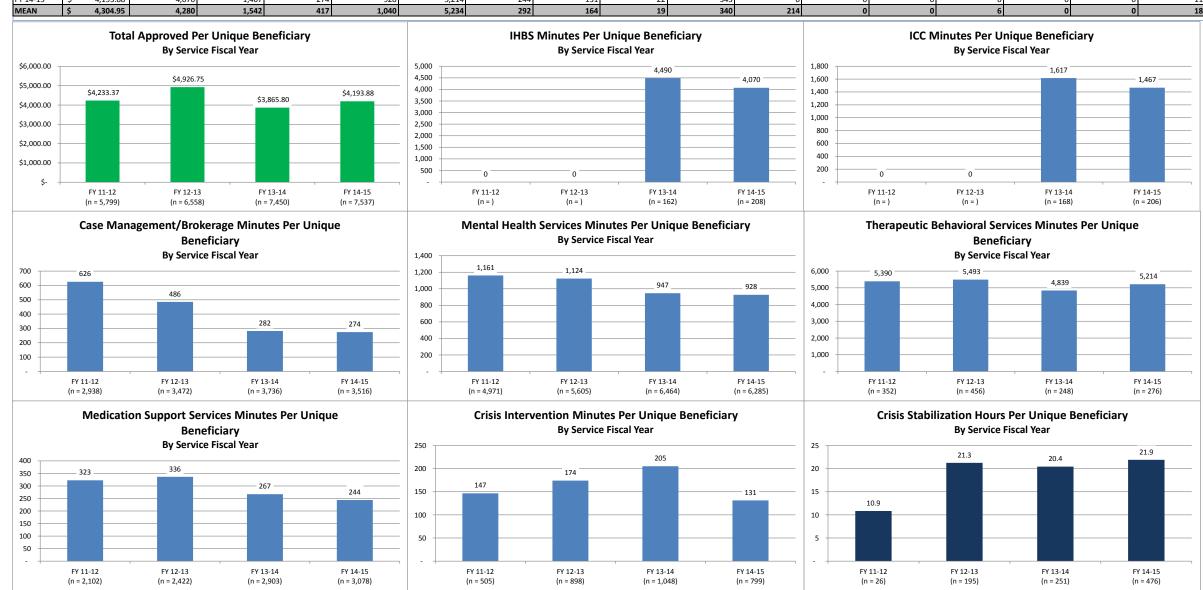
Please note: This report uses the Medi-Cal Eligibility Data System (MEDS) to obtain race/ethnicity data. The MEDS data is entered by County Welfare Departments and may differ from data maintained by County Mental Health Plans. For more information, please refer to the Measures Catalog.

<sup>\*\*</sup>Children and Youth that have received at least five SMHS in the Fiscal Year.

# Utilization Report\*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\*

Fresno County as of August 3, 2016

Fiscal Year	1	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)	Treatment	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	\$	4,233.37	0	0	626	1,161	5,390	323	147	11	227	415	0	0	6	0	0	5
FY 12-13	\$	4,926.75	0	0	486	1,124	5,493	336	174	21	360	12	0	0	7	0	0	21
FY 13-14	\$	3,865.80	4,490	1,617	282	947	4,839	267	205	20	428	0	0	0	6	0	0	34
FY 14-15	\$	4,193.88	4,070	1,467	274	928	5,214	244	131	22	343	0	0	0	6	0	0	11
MEAN	\$	4,304.95	4,280	1,542	417	1,040	5,234	292	164	19	340	214	0	0	6	0	0	18



<sup>\*</sup>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.

#### Utilization Report\*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\*

Fresno County as of August 3, 2016

10.9

FY 14-15

(n = 72)



FY 12-13

(n = )

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.

0.0

FY 14-15

(n = )

0.0

FY 13-14

(n = )

15

10

5.0

FY 11-12

(n = 21)

0.0

FY 11-12

(n = )

Page 12 of 14

FY 12-13

(n = 23)

FY 13-14

(n = 12)

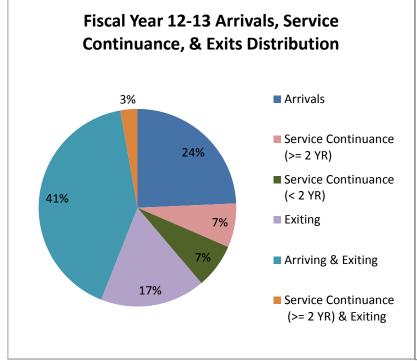
<sup>\*</sup>The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly

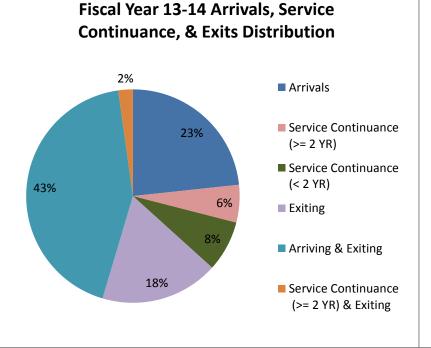
<sup>^</sup> Data has been suppressed to protect patient privacy.

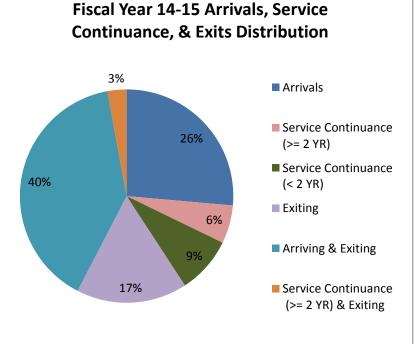
# Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

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.
<b>Service Continuance</b>	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 <b>Arrivals</b> and <b>Exiting</b> 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	Continuance	Service Continuance (<2 YR) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and		Total %
FY 12-13	1,443	24.3%	427	7.2%	437	7.3%	1,024	17.2%	2,449	41.2%	166	2.8%	5,946	100%
FY 13-14	1,609	23.3%	396	5.7%	530	7.7%	1,236	17.9%	2,988	43.2%	151	2.2%	6,910	100%
FY 14-15	1,977	26.4%	434	5.8%	641	8.6%	1,253	16.8%	2,954	39.5%	218	2.9%	7,477	100%







## Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge\*

Fresno County as of August 3, 2016

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Inpatient Discharges with	Step Down > 30  Days from	Inpatient Discharges with a	Discharges with		Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 11-12	119	91.5%	٨	^	۸	۸	^	۸	0	365	6.2	0
FY 12-13	122	85.9%	۸	^	۸	۸	11	7.7%	0	365	12.3	0
FY 13-14	158	89.3%	۸	^	۸	۸	^	۸	0	365	7.0	0
FY 14-15	199	85.8%	13	5.6%	۸	۸	^	۸	0	149	4.1	0

# CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

<sup>\*</sup> **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.

<sup>^</sup> Data has been suppressed to protect patient privacy.