

# **Performance Outcomes System for Medi-Cal Specialty Mental Health Services for Children and Youth**



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# AGENDA

- I. Overview of Performance Outcomes System
- II. Partner/Stakeholder Collaboration
- III. Measuring Timeliness
  - I. Performance Outcomes System: Existing Data
  - II. CBHDA / DHCS Collaboration: Special Focus on Access Measures
- IV. Takeaways

# PERFORMANCE OUTCOMES SYSTEM OVERVIEW OF STATUTE

## Welfare & Institutions Code (WIC) 14707.5

### Background

- Part of Trailer Bill Language
- Enacted July 1, 2012; Amended in June 2013

### Purpose

- To develop a performance and outcomes system for Medi-Cal Specialty Mental Health Services for children and youth that will:
  - Improve outcomes at the individual and system levels
  - Inform fiscal decision making related to the purchase of services

# OBJECTIVES

- Achieve high quality and accessible mental health services for children and youth
- Provide information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Collect and analyze reliable data in a timely fashion
- Improve the continuum of care between managed care plans and mental health plans

# PERFORMANCE OUTCOMES SYSTEM DOMAINS

1. Access

2. Engagement

3. Service Appropriateness to Need

4. Service Effectiveness

5. Linkages

6. Cost-Effectiveness

7. Satisfaction

# DHCS / PERFORMANCE OUTCOMES SYSTEM STAKEHOLDER WORK GROUPS

<i>Title</i>	<i>Purpose</i>
Stakeholder Advisory Committee	Review and provide feedback on materials and concepts. Meetings have been called on an as-needed basis. (Required as per Welfare & Institutions Code (WIC) 14707.5)
Subject Matter Expert Workgroup	Advise DHCS on work products. For example, drafted and presented the Performance and Outcomes Matrix to the Stakeholder Advisory Committee, define indicators and measures, review plans submitted to Legislature.
Measures Task Force	Assist in determining what specific client and program level information is collected and analyzed by counties and providers. Identify data for measures and indicators; determine gaps in data.

Each group includes representatives of child and youth clients, family members, managed care health plans, providers, counties, and the Legislature. Also included are MHSOAC, EQRO, CBHDA, and the Planning Council.

# PERFORMANCE OUTCOMES SYSTEM: TIMELINESS MEASURES USING EXISTING DATA

- **Average length of time between first service and second service for new patients**
  - Service = any service provided, no limits at this time
  - New patient =
    - First service date in FY with no prior service date in 3 previous months
    - In addition, count clients with no previous service
  - Data Source: Short Doyle

# PERFORMANCE OUTCOMES SYSTEM TIMELINESS MEASURES (CONT'D.)

## ■ **Client/Caregiver Perceptions of Accessibility of services**

Data Source - Consumer Perception Survey :

- YSS\* for Youth item #8 “The location of services was convenient for me”
- YSS for Youth item #9 “Services were available at times that were convenient for me”
- YSS for Families\*\* item #8 “The location of services was convenient for us”
- YSS for Families item #9 “Services were available at times that were convenient for us”

\*YSS = Youth Services Survey. Youth are 13-17 and transitional age youth still receiving services in child system

\*\*YSS for Families. For parents/caregivers of youth under age 18.

# PERFORMANCE OUTCOMES SYSTEM INITIAL REPORTS USING EXISTING DATA

- Defining measures through collaborative development of Matrix with stakeholders
- Two reports (All Medi-Cal SMHS eligible youth under 21 and Foster Care Medi-Cal SMHS eligible youth) will be produced at three levels [Statewide, regional (population-based grouping of counties), and county-specific]
- 6 reports produced total:
  - Statewide: all MC SMHS eligible youth
  - Statewide: all Foster MC SMHS eligible youth
  - Population-based Mid-level: all MC SMHS eligible youth
  - Population-based Mid-level: all Foster MC SMHS eligible youth
  - County-specific: all MC SMHS eligible youth
  - County-specific: all Foster MC SMHS eligible youth

# PERFORMANCE OUTCOMES SYSTEM

## TIMELINESS MEASURE - POSTED

- **Time to Step Down Report:** Children and youth stepping down in SMHS services, post inpatient discharge
  - Median Time between inpatient discharge and step down service in days
  - Mean time between inpatient discharge and step down service in days
  - Percentage of beneficiaries by time between inpatient discharge and step down service

Definition: Total number of days elapsed between inpatient discharge and second contact, in a fiscal year.

Data Source: Short Doyle

# WHERE ARE THE DATA?

- The first statewide POS report that provides information on all Medi-Cal SMHS eligible children/youth under 21 years of age is available here: <http://www.dhcs.ca.gov/individuals/Documents/FebPOSFinal.pdf>
- For more detailed information on the methodology used to construct the measures that are reported on, go to the “Measures Catalog” available here: [http://www.dhcs.ca.gov/individuals/Documents/POS%20Measures%20Catalog\\_2.17.15.pdf](http://www.dhcs.ca.gov/individuals/Documents/POS%20Measures%20Catalog_2.17.15.pdf)
- Or, go to the DHCS website: [dhcs.ca.gov](http://dhcs.ca.gov)
  - Search POS and select POS
  - Arrive at home page and select POS Reports and Measures Catalog

# CBHDA / DHCS COLLABORATION

## SPECIAL FOCUS ON ACCESS MEASURES

- In response to CMS concerns on areas needing improvement in the Specialty Mental Health Services Waiver, DHCS and CBHDA formed a Metrics Work Group; CBHDA proposed measurements for DHCS review, which are primarily related to access to services.
  - Priorities were jointly established
  - Review process is on-going
  - Indicators and their definitions are under discussion
  - Data sources and methods of data capture will be identified
  - Indicators and measures will eventually be reported as part of Performance Outcomes System as part of the efforts for comprehensive data reporting

# MEASURING TIMELINESS

## Regulations:

- California Code - 28 CCR § 1300.67.2.2
  - § 1300.67.2.2. Timely Access to Non-Emergency Health Care Services.
- Knox-Keene Health Care Service Plan Act of 1975 – applies to Managed Care (Mental Health Plans are not subject to Knox-Keene)
  - Requires health plans to meet time-elapsd standards for provision of services, including wait time standards for appointments, customer service and triage

## Challenges:

- Lack of standardization between counties
  - Mental Health Plans establish their own standards, select their own tools and measures to track client interactions (first contact, first service, assessment etc.)
  - Comparing performance compliance across counties – a county with a 30 day standard is in compliance more often than one with a 10 day standard
- Specialty Mental Health Services Waiver
  - CMS has expressed concerns relative to timeliness

# DRAFT TIMELINESS MEASURES UNDER REVIEW BY CBHDA / DHCS

## Proposed Measures – Still under discussion:

- CBHDA/Metrics Workgroup proposed measures:
  1. Percentage of non-urgent mental health services (MHS) appointments offered within 10 or 15\* business days of the initial request for an appointment
  2. Number and percentage of acute psychiatric discharge episodes that are followed by a psychiatric readmission within 30 days during a one year period. The year is defined as January 1-November 30.
  3. Percentage of acute (psych inpatient and PHF) discharges that receive a follow up outpatient contact or IMD admission within 7 days of discharge
  4. Percentage of acute(psych inpatient and PHF) discharges that receive a follow up outpatient contact or IMD admission within 30 days of discharge.
  5. Percentage of TARs approved or denied within 14 calendar days of receipt

*\*CBHDA and DHCS continue to discuss appointments offered within a certain number of business days. Currently, discussions are to begin with 15 days and allow for a transition period to 10 days.*

*PHF – Psychiatric health facility, IMD – Institutions for Mental Disease, TAR – Treatment Authorization Requests*

# TAKE AWAYS

- Timeliness measures are being established by CBHDA/DHCS and the Performance Outcomes System stakeholders and DHCS
  - Measures are drafted, definitions and data sources are being defined
  - Performance Outcomes System is currently focused on measures with data that exists in current systems
  - CBHDA/DHCS measures may require the counties to submit new data to DHCS
- Eventually, CBHDA / DHCS measures will be incorporated into Performance Outcomes System

# QUESTIONS?



THANK YOU FOR YOUR TIME!



For questions contact: [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)