Under the Settlement Agreement and the Implementation Plan, Department of Health Care Services and Department of Social Services are working to adopt statewide use of a data-informed system of performance oversight, accountability and communication that efficiently monitors, measures, and evaluates access, quality, satisfaction, effectiveness, costs, and outcomes at the individual, program and system levels.

The matrix below was guided by the ongoing work of the Performance and Outcomes System (POS). In an effort to leverage existing resources, the State seeks to maximize the efforts of the POS workgroup by integrating Katie A. outcomes. The matrix is divided into six domains, five of which are from the POS: access, engagement, services appropriate to need, effectiveness, and linkages, while the sixth, culturally appropriate services, was identified as an objective for the Core Practice Model (CPM). The matrix is further divided into outcomes that were outlined in the CPM and the Implementation Plan, the analytical question, potential data elements or variables that can address the question, and the data system that may house those elements or variables

Please review the matrix and submit comments and feedback no later than February 24, 2014 to the Katie A. mailbox at KatieA@dhcs.ca.gov.

For more information on Katie A. Implementation: <http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx>

For more information on the POS: <http://www.dhcs.ca.gov/individuals/Pages/PerformanceandOutcomesSystemforMedi-CalSpecialtyMentalHealthServices-StakeholderAdvisoryCommittee.aspx> To see the draft matrix that the POS project is refining look [here](http://www.dhcs.ca.gov/individuals/Documents/Matrix%20EPSDT%20POS%204-26-13.pdf)

| **Domain** | **Outcome** | **Question** | **Data Elements** | **Data Source(s)** |
| --- | --- | --- | --- | --- |
| Access | Subclass members have been appropriately identified | What proportion of the class members have been identified as subclass members? | Total number of subclass membersTotal number of class members | Semi-Annual Progress Report |
| Subclass members have access to services | What proportion of subclass members receives services? | Total Number receiving servicesTotal Number Not Receiving Services | Semi-Annual Progress Report |
| What types of services have they received? | Number currently receiving:ICCIHBSWraparound consistent with CPMOther intensive mental health services, such as TBS, ITFC, MTFC, EPSDT | Semi-Annual Progress Report |
| Barriers to access are identified and plans for remediation exist | Of those subclass members who did not receive services, what barriers did they encounter? | Analysis to identify gaps between the needs of the subclass and services provided. | Service Delivery Plan |
| Are plans and strategies in place to resolve or eliminate barriers that may arise and impede access to services? | Analysis of County Implementation Plans, or analysis of SIPs and CSAs | C-CFSR/CAEQRO |
| Class members have timely access to care | How much time has passed between needs assessment and delivered service? | Number of days between assessment and delivered service(s) | Needs assessments are currently documented in CWS/CMS in the case plan notes as in a narrativeDelivered service – Short Doyle? |
| Engagement | Parent/Family voice, choice, and preference are assured throughout the process | What proportion of cases involves caregivers and children in case planning and service delivery? | Number of cases in which parents were involved in service planningNumber of cases in which age-appropriate children were involved in case planning | CWS/CMS – Case plan notesIf TDMs were conducted, ETO database for ~20 counties  |
| How do caregivers and children perceive the quality of the collaboration? | Client perception of collaborative service delivery | POS |
| Collaborative Assessment of Environmental Factors | Are caregivers and children’s strengths and needs integrated into treatment? |  | POS |
| Services are maintained |  | Number of face-to-face contacts in first 30 days of service Number of days since last face-to-face | POSCWS/CMS  |
| Barriers to engagement are identified and plans for remediation exist | Are plans and strategies in place to resolve or eliminate barriers that may arise and impede engagement with services? |  | C-CFSREQRO |
| Services are appropriate to need | Services are needs based rather than service based | What proportion of subclass (class) members were screened, assessed, or otherwise their needs were determined? | Number of subclass members screened and assessed |  |
| Are caregivers and children’s strengths and needs integrated into treatment? |  |  |
|  Is the treatment consistent with the treatment plan? |  |  |
| Are the services identified in the treatment adequate? | Measure for the quantity, duration, and frequency of serviceMeasure treatment intensity |  |
| Have there been changes in the needs or status of the child and if so, have the plan of care been adjusted as necessary?  |  |  |
| Medications, including psychotropic medications are appropriate to the child’s need | Is the prescription and use of medication consistent with the child’s diagnosis? | Verification of diagnosis with prescription | POS via Pharmacy Claims data |
| Services are culturally appropriate | Services are culturally competent and respectful of the culture of children and their families | Does the screening and assessment account for the children and caregiver’s culture? |  |  |
| Services and supports are provided in the child and family’s community | Have reasonable efforts been made to provide services within reasonable proximity to the child and caregivers/ home? | Miles between home and provider | CWS/CMS |
| Have existing connections with families, schools, friends, and other informal supports been maintained? |  |  |
| Effectiveness | Children are protected from abuse and neglect, and maintained in their homes | Do children have freedom from abuse and neglect? | Number of children without a substantiated report of maltreatment while receiving services, in-or-out-of homeThe proportion of children that did not have another substantiated report of maltreatment following the initial report. | CWS/CMS |
| Are children safely maintained in their homes when possible? | Number of children who remain in their families of origin |
| Children have stability and permanency in their living situation | What effect does the treatment have on the child’s permanency goals? | Length of stay in foster careNumber placement moves, account for positive vs. negative movesRe-entry Of those children who are removed from their homes, the number of days between removal and reunification | CWS/CMS |
| Child SymptomologyChild-level functioning | What effect has the service had on reducing symptoms and improving functioning? | Proportion of subclass members exhibiting clinically significant improvementProportion of subclass members moving to lower levels of care | POS |
|  | Increased natural supports and social integration | To what extent are caregiver strengths and needs assessed and integrated into treatment? | Items from the CANS, CALOCUS, CAFAS | POS via |
| Family mental health/substance abuse and relationship status |
| Linkages | Care coordination | To what extent is the treatment plan coordinated with other agencies? | Treatment plan indicates coordination with other agencies as needed Client perceptions of service availability, access post-discharge | POS via Direct Measures such as Services Assessment |