Target Measure	Definitions (Note: CM = care management; IP = Integrated Product; CA = Clinical Advisor)	Reporting metric and/or time period
1) Appointment Access/WAA Fidelity	1) Appointment access is defined as the number of days it takes from initial date of authorization for services to the date in which the first billable service is submitted in IP after the FOC is signed. 2) The second definition is the time interval between the date when the brief CANS is passed to the date when the initial referral is made to the WAA. 3) The third definition is the time between date of referral to WAA to date FOC is signed.	1) The mean number of days to first appointment will be calculated as the total number of days from initial date of authorization to date in which the first billable service is submitted divided by the total number of children who have had billable services provided to them. This will be reported on a quarterly basis. 2) The mean number of days from the time the brief CANS is passed to the date of initial referral will calculated as the total number of such days divided by the number of children who have been referred for services. This will be reported on a quarterly basis.
2) Emergency Department (ED) Utilization	ED utilization is recorded in IP via claims filed by the ED/hospital with Magellan.	The percentage will be calculated as the number of CSoC youth who have had one or more ED visits divided by the number of CSoC youth. The mean number of ED

		visits among CSoC children with at least one ED visits can also be reported. This measure will not capture enrollment into the CSoC program from ED's. This will be reported on a quarterly basis.
3) Utilization of Community Resources	The CSoC community based services are CPST, PSR, Independent Living, Respite, Parent and Youth training, and Case Conference	The mean will be calculated as the total number of community based services billed divided by the total number of CSoC youth and will be reported on a quarterly basis.
4) Utilization of Wraparound Facilitated Services (as evidenced by): **a) Failure to enroll within ten days of initial referral &** **b) Refusal to sign FOC within ten days of initial referral** **&** **c) Length of stay after**	Since all CSoC families will have a POC with WAA facilitated services, the interest is in the number of referred families that do not enroll and if enrolled what the average length of stay is after enrollment.	The percentage of referred families that are not enrolled (for reasons a and b) will be calculated as the number of referred families that were not enrolled divided by the number of families that were referred for services. This will be reported on a quarterly basis. Average length of stay after enrollment will also be reported (c).

enrollment		
5) Utilization of Peer Support Services	Peer support services are reported by FSO's and billed as S5110 (Parent Support and Training) or H0038 (Youth support and training) in CA.	The mean number of H0038 services provided to CSoC youth will be calculated as the number of services provided divided by the number of CSoC youth enrolled. The mean number of S5110 services provided to parents will be calculated as the total number of S5110 services provided divided by the number of CSoC enrolled. This will be reported on a quarterly basis.
6) Number of Peer Specialists Providing Services	A peer support specialist (parent and/or youth support specialist) is an individual who is so designated by the FSO. The FSO's will report the number of peer support specialists.	The number of full and part-time peer specialists and the number providing services will be reported on a quarterly basis.
7) Number of Wraparound Plans Developed per Youth Served	If the POC is approved, the agencies are authorized to provide an additional 180 days of service. At the end of this 180 day period, each POC must be re-authorized. The number of plans authorized every 180 days will be reported. These 180 day authorizations are recorded in CA by the provider.	The mean number of POC's developed per youth will be calculated as the total number of plans authorized every 180 days divided by the total number of CSoC youth enrolled. This will be reported on a quarterly basis. Those providers who develop either a very low or a very high number of treatment plans will be

		identified and will be reviewed
8) Youth Screened, Identified as At-Risk and Referred to Wraparound Agency	The number of youth screened with the brief CANS and referred to WAA's/FSO's/IA's is captured in IP and or by Magellan CSoC team.	The percentage will be calculated as the number of youth referred to WAA's divided by the number given the brief CANS. This will be reported on a quarterly basis.
9) Crisis plans developed and implemented as part of individualized service plan	The number of youth with crisis plans who have had their crisis plans implemented because of a crisis will be reported. "Implemented" means that the crisis plan was used to help stabilize the youth during a crisis. These data will be reported by WAA's/FSO's in CA using H0045. This will permit tracking the number of youth who experience crises. The crisis plan implementation will be reviewed during a chart audit of the Wraparound Agency to determine if the crisis plan was fully implemented using the full range of community resources.	The percentage will be calculated as the number of CSoC youth with crisis plans implemented as measured by H0045 divided by the total number of CSoC youth with crisis plans. This will be reported on a quarterly basis. We will audit charts of youth that have an unusual number of crisis plans implemented (e.g., more than two standard deviations above the mean). A summary of the review of the "fidelity" of the crisis plans implemented will be reported quarterly.
10) Readmissions	The re-admission rates to inpatient psychiatric hospitals or facilities. List of PRTFs. These re-admissions are coded in IP.	The percentage of CSoC youth re-admitted to in-patient facilities will be calculated as the number re-admitted divided by all CSoC youth with at

		least one in-patient admission. The mean number of readmissions among CSoC youth with at least one readmission will also be reported. This will be reported on a quarterly basis.
11) Utilization of claims paid services	Each claims based service listed below can be tracked by claims and the frequencies of such services can be reported. It is recommended that, at first, the seven most frequently occurring services be reported. • Youth Support and Training (YST) (H0038) • Parent Support and Training (PST) (S5110) • Independent Living (INL) (H2014) • Short-term Respite (S5150) • Crisis Stabilization (H0045) • Crisis Intervention (H2011) and (S9485) • Home Builders (H0036 HK, HO) • Case Conference (CCO) (99367, 99368) • Psychosocial Rehabilitation (PSR) (H2017)Community Psychiatric Support and Treatment (CPST, FFT, MST; Mental Health Programs; Integrated Mental Health and Substance Abuse Programs) (H0036) • Addiction Services (H2036, H2034) • Hospital (IP, Acute Detox) • Psychiatric Residential Treatment Facility (PRTF) (PRT, RSI) (H2013, H0011)	This will be reported on a quarterly basis.

	TGH (H0018), NMGH (T2048), TFC (S5145). • Other Licensed Practitioner • Outpatient and inpatient hospital (90801, 90802, 90806 , 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 90880, 96101, 96105, 96116, 96118, 96150, 96151, 96152, 96153, 96154, 96155, 99201, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99243, 99242, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99429, 99499, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, J0515, J2680, 90801, 90847, 90849, 90853, 90862, 90889) • Medical Physician/Psychiatric Outpatient services (J3490, H0049, H0050, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90812, 90814, 90845, 90846, 90853, 90887, 90857, 90862, 96101, 96102, 96103, 96119, 96118, 96120, 96150, 96151, 96152, 96153, 96154, 96155, 96372 • WAA community based services (H2021)	
12) Behavioral health cost per person served, per month	Claims services can report the average cost per CSoC child served per month overall and by level of care (LOC codes: 100 = inpatient; 200 = Residential; 400	A mean cost for all CSoC children will be calculated as well as the mean cost for CSoC

	= IOP; 500 OP; 370 = SA Residential ASAM III.1 HWH; 371= SA Residential ASAM III.2D; 372 = SA Residential ASAM III.3; 373 = SA Residential ASAM III.5; 374 = SA Residential ASAM III.5D (LA only); 375 = SA Residential ASAM III.7; 376 = SA Residential ASAM III.7D). PRTF does not currently have a specific outcome code and outcome code 200 is used at this time. PRTF can be identified by the HCPC service codes along with the specific modifiers.	children by level of care. The mean expenditure per month for all CSoC children will be calculated as the total expenditure divided by the total number of CSoC children. The mean expenditure by LOC per month will be calculated as the total expenditure for CSoC children in each level of care divided by the number of CSoC children in each relevant level of care. This will be reported on a quarterly basis.
13) School attendance*	The ability to report mean attendance rates depends on the willingness of the DOE to report school attendance for CSoC children. If the DOE does not provide this data, we may be able to get this data from the WAA's and the FSO's (if they are asked to collect this data from the CSoC youth and families). It will not be possible to track attendance across all possible school types and settings. Since not all CSoC children enroll at the same time, it will be difficult to calculate mean attendance rates for CSoC children that were not enrolled at the beginning of the school year.	The mean public school attendance rates will be calculated as the total number of days of school attended divided by the number of CSoC youth who enrolled at the beginning of the school year (excluding excused days). This will be reported on a semi-annual basis by DOE and on a quarterly basis by the WAA.
14) Conduct: Suspensions/ expulsions*	The number of CSoC youth who have been suspended or expelled (as defined by DOE) in a designated time period (e.g., report card periods) will be	The percentage of CSoC youth that has been suspended or expelled is defined as the number

	reported. Our ability to report suspensions/expulsions depends on the willingness of the DOE to provide this information. If DOE does not provide this information, we should be able to get such information from WAA's and the FSO's.	suspended + expelled (defined by DOE) divided by all current CSoC children. This will be reported on a semi-annually.
15) School performance*	Changes in the grade performance of CSoC youth attending DOE public schools, as indicated by changes in grade point averages on report cards, will be reported. We will not be tracking grade data on students in special ed or in alternative school settings since these students may be graded on different scales. The ability to track changes in grade performance of CSoC youth depends on the willingness of the DOE to provide grades. The WAA's are charged with collecting and reporting grades.	We will report the mean change in GPA's across sequential report cards (e.g., mean change across CSoC youth from report card 1 to report card 2; mean change from report card 2 to report card 3; etc.)
16) Decreased number of CSoC youth placed in restrictive settings, including psychiatric inpatient settings*	This variable will start off with a baseline report of the number of CSoC youth currently in restrictive settings. Restrictive settings are defined as any out-of-home placement with the exception of non-therapeutic foster home (by Magellan definition this is not a restrictive setting). Examples include inpatient hospital or substance abuse facility, detention setting, residential treatment facility, therapeutic group home, psychiatric residential treatment facility, half-way house, and therapeutic foster care home. Restrictive setting placement is documented in IP and submitted by WAA.	The number of CSoC youth in restrictive settings will be reported quarterly. The percentage will be calculated as the number of CSoC youth in restrictive settings divided by the total number of all CSoC youth and will be reported quarterly.
Items 13-16	The responsibility is with the WAA to	

	collect the necessary data and forward to Magellan on a monthly basis	
17. Utilization of Natural Supports	Presence of natural supports as listed on POCs. Wraparound agencies are charged with collecting and reporting this information.	Reporting measure will be the percentage of POCs that have natural supports implemented