Performance Outcomes System Children with an Open Child Welfare Case Population-based Reports

Report run on August 3, 2016

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

Population-based Open Child Welfare county grouped data is presented in this report. County groups are organized into the following four groups based on county population: small-rural, small, medium, and large counties. The counties in each group are listed on page 3 of this report and also available in the Measures Catalog. 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 Open Child Welfare cases with 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.

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; 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 FY 14/15.
- Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 11/12 through FY 14/15.

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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 "^".

Report Interpretation

*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). As of now, this report only classifies youth and their service usage for the two most recent fiscal years. 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.

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County Groupings

Counties are grouped by population, as follows:

Category:

Small Rural: Population is less than 50,000

Small: Population is 50,000-199,999

Medium: Population is 200,000-749,000

Large: Population is 750,000-3,999,999

Counties in each Category:

Small Rural: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Siskiyou, Trinity

Small: El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter, Tehama, Tuolumne, Yuba

Medium: Butte, Marin, Merced, Monterey, Placer, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Yolo

Large: Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura

Population information is provided for each county (on pages 13 and 14) of the Measures Catalog.
http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

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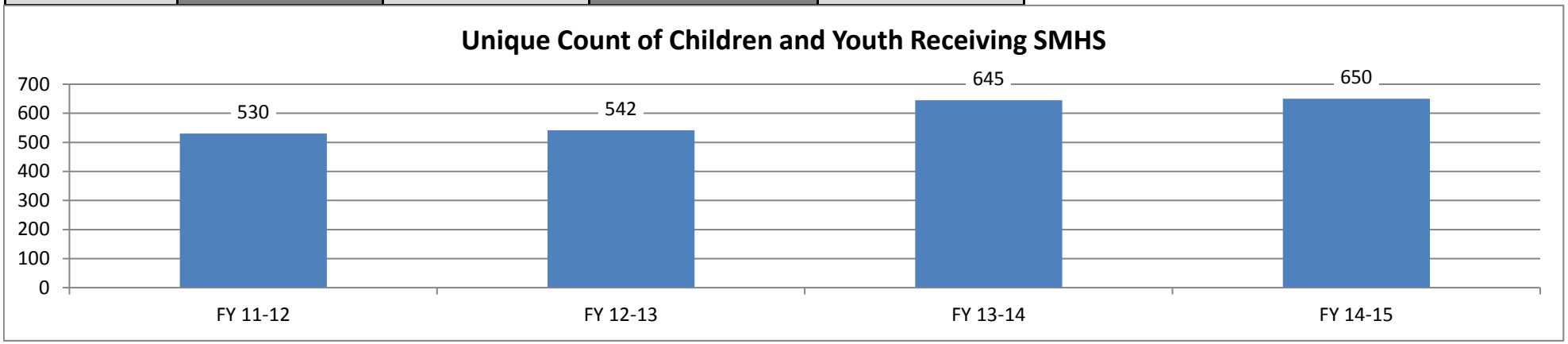
Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Small-Rural Population Counties as of August 3, 2016

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Youth Child Welfare in Medi-Cal	Year-Over-Year Percentage Change
FY 11-12	530		1,621	
FY 12-13	542	2.3%	1,600	-1.3%
FY 13-14	645	19.0%	1,696	6.0%
FY 14-15	650	0.8%	1,733	2.2%
Compound Annual Growth Rate SFY**		**7.0%**		**2.3%**

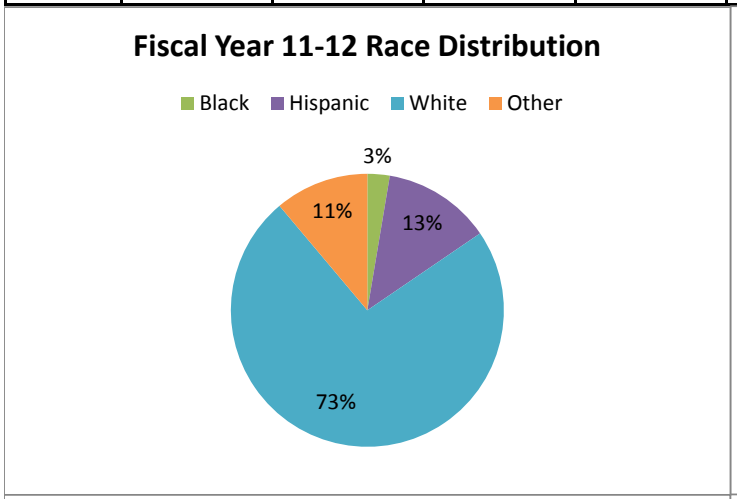


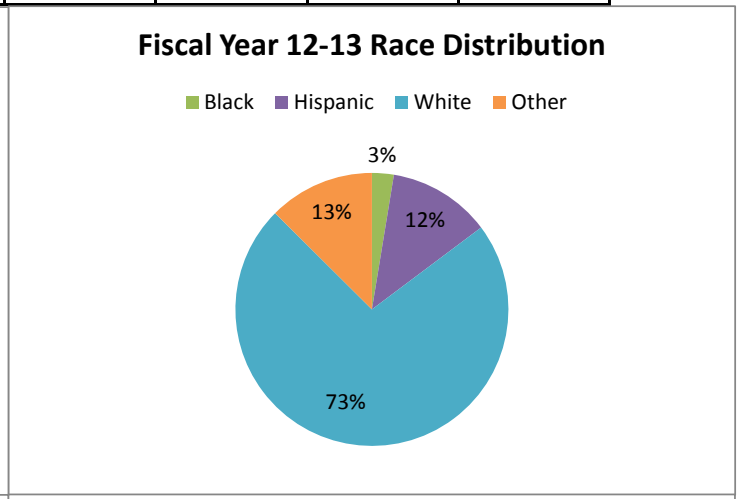
**SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.*

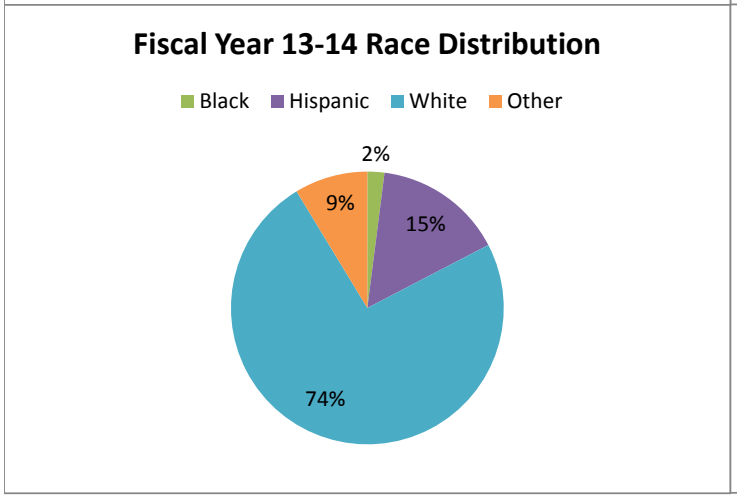
***SFY = State Fiscal Year which is July 1 through June 30.*

Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Small-Rural Population Counties as of August 3, 2016

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %
FY 11-12	14	2.6%	68	12.8%	389	73.4%	59	11.1%
FY 12-13	14	2.6%	66	12.2%	394	72.7%	68	12.5%
FY 13-14	13	2.0%	99	15.3%	477	74.0%	56	8.7%
FY 14-15	^	^	^	^	453	69.7%	^	^







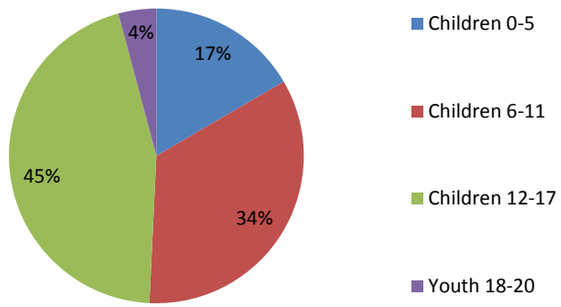
^ Data has been suppressed to protect patient privacy.

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.

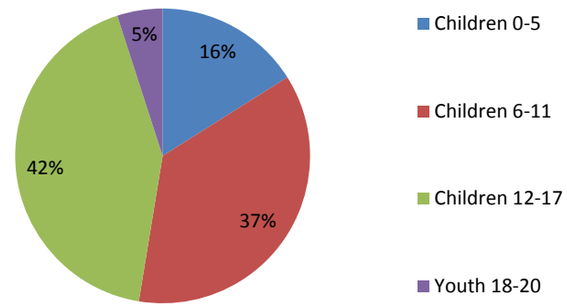
Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Small-Rural Population Counties as of August 3, 2016

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	88	16.6%	181	34.2%	239	45.1%	22	4.2%
FY 12-13	87	16.1%	198	36.5%	230	42.4%	27	5.0%
FY 13-14	123	19.1%	236	36.6%	254	39.4%	32	5.0%
FY 14-15	114	17.5%	264	40.6%	240	36.9%	32	4.9%

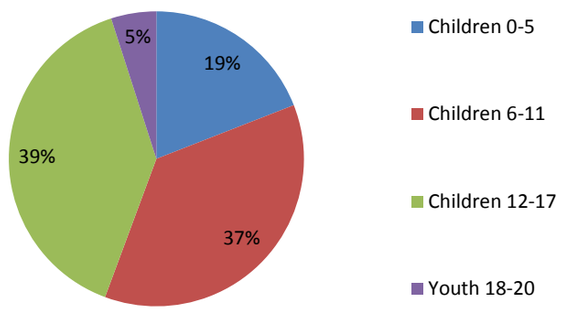
Fiscal Year 11-12 Age Group Distribution



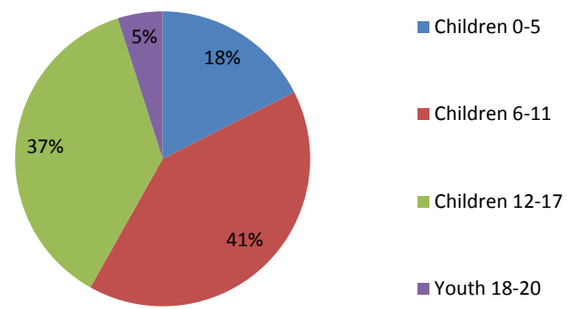
Fiscal Year 12-13 Age Group Distribution



Fiscal Year 13-14 Age Group Distribution



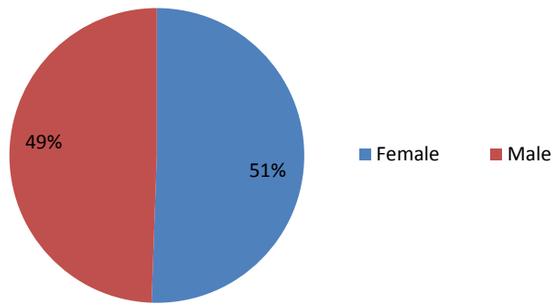
Fiscal Year 14-15 Age Group Distribution



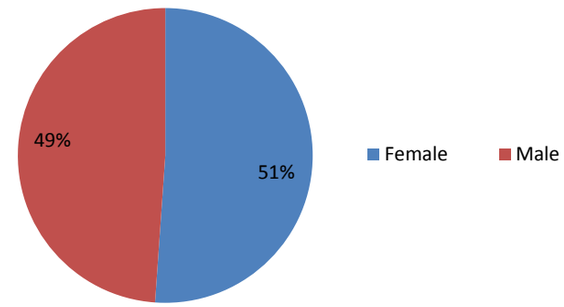
Demographics Report: Unique Count of Children and Youth with an Open Child Welfare Case Receiving SMHS by Fiscal Year
Small-Rural Population Counties as of August 3, 2016

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	268	50.6%	262	49.4%
FY 12-13	277	51.1%	265	48.9%
FY 13-14	326	50.5%	319	49.5%
FY 14-15	310	47.7%	340	52.3%

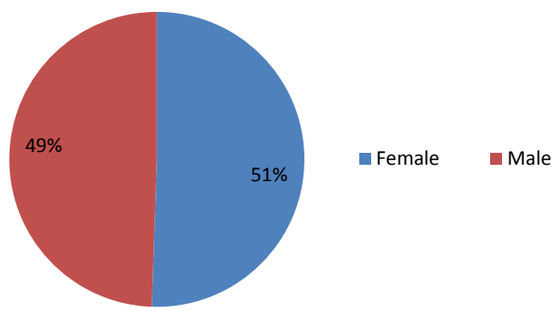
Fiscal Year 11-12 Gender Distribution



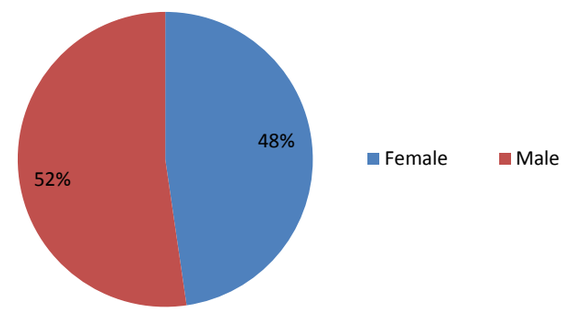
Fiscal Year 12-13 Gender Distribution



Fiscal Year 13-14 Gender Distribution

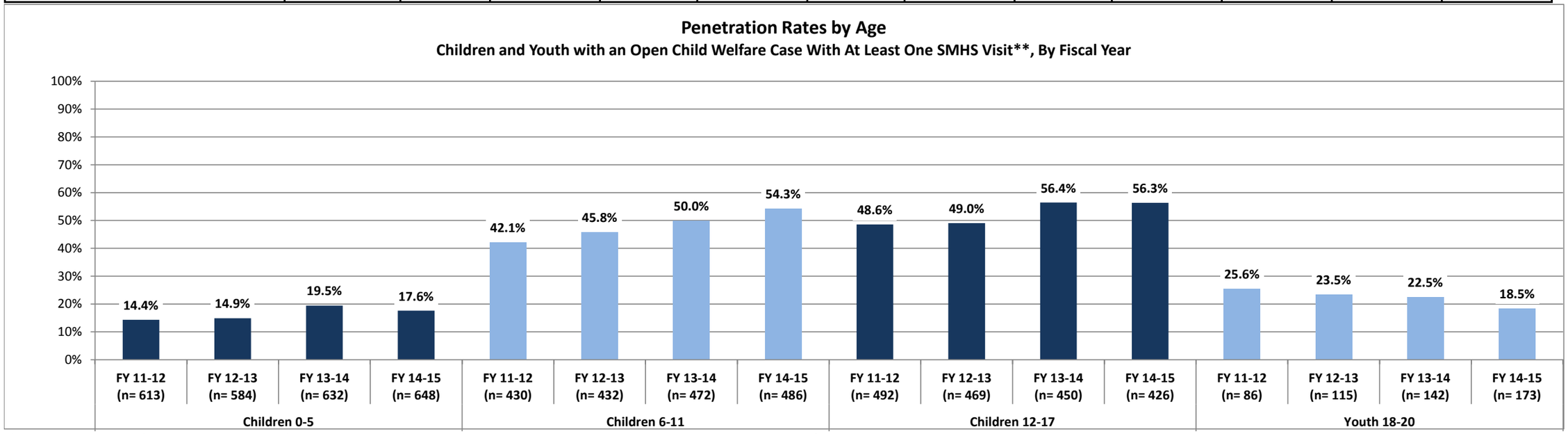


Fiscal Year 14-15 Gender Distribution



Penetration Rates* Report: Children and Youth with an Open Child Welfare Case With At Least One SMHS Visit**
Small-Rural Population Counties as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	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	**530**	**1,621**	**32.7%**	**542**	**1,600**	**33.9%**	**645**	**1,696**	**38.0%**	**650**	**1,733**	**37.5%**
Children 0-5	88	613	14.4%	87	584	14.9%	123	632	19.5%	114	648	17.6%
Children 6-11	181	430	42.1%	198	432	45.8%	236	472	50.0%	264	486	54.3%
Children 12-17	239	492	48.6%	230	469	49.0%	254	450	56.4%	240	426	56.3%
Youth 18-20	22	86	25.6%	27	115	23.5%	32	142	22.5%	32	173	18.5%
Black	14	41	34.1%	14	38	36.8%	13	30	43.3%	^	31	^
Hispanic	68	243	28.0%	66	224	29.5%	99	268	36.9%	119	278	42.8%
White	389	1,115	34.9%	394	1,090	36.1%	477	1,143	41.7%	^	1,142	^
Other	59	222	26.6%	68	248	27.4%	56	255	22.0%	^	282	^
Female	268	766	35.0%	277	798	34.7%	326	806	40.4%	310	832	37.3%
Male	262	855	30.6%	265	802	33.0%	319	890	35.8%	340	901	37.7%

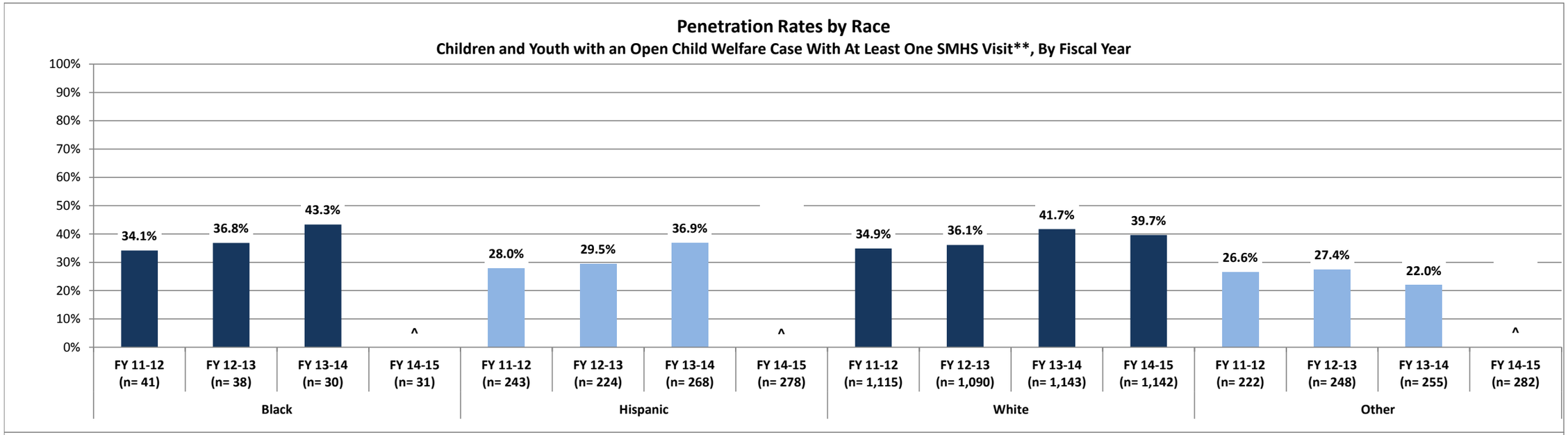


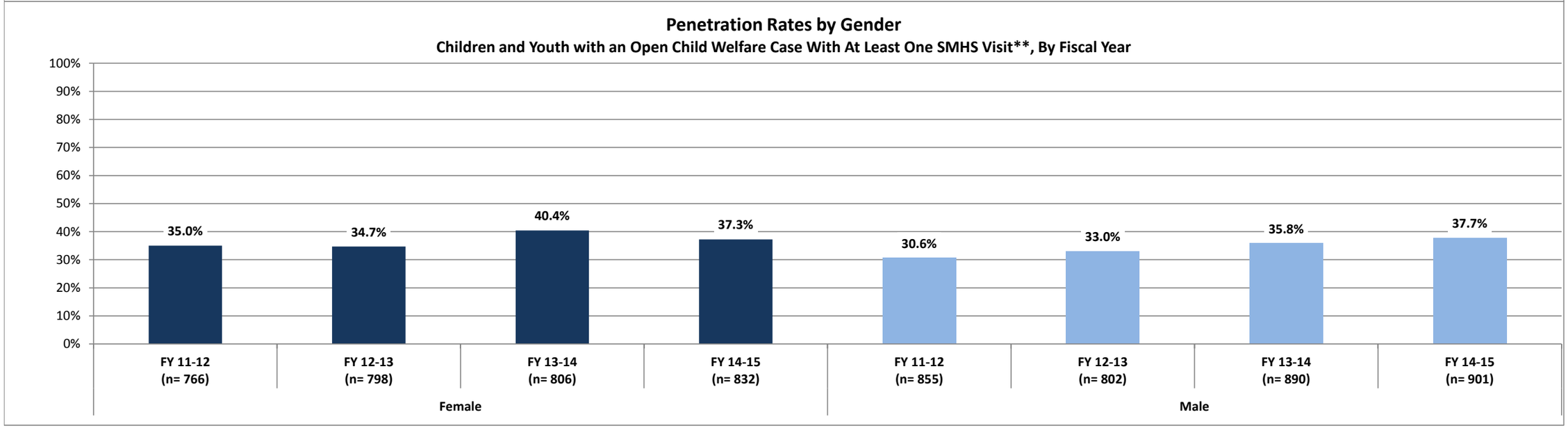
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system.*

***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 At Least One SMHS Visit**
Small-Rural Population Counties as of August 3, 2016





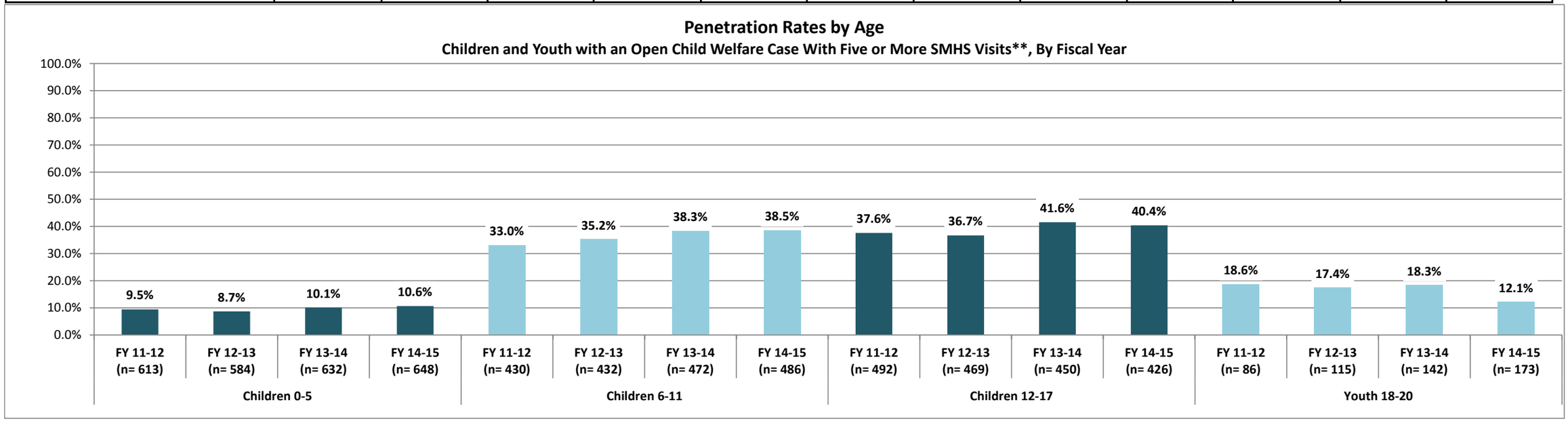
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system.*

***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**
Small-Rural Population Counties as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	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	**401**	**1,621**	**24.7%**	**395**	**1,600**	**24.7%**	**458**	**1,696**	**27.0%**	**449**	**1,733**	**25.9%**
Children 0-5	58	613	9.5%	51	584	8.7%	64	632	10.1%	69	648	10.6%
Children 6-11	142	430	33.0%	152	432	35.2%	181	472	38.3%	187	486	38.5%
Children 12-17	185	492	37.6%	172	469	36.7%	187	450	41.6%	172	426	40.4%
Youth 18-20	16	86	18.6%	20	115	17.4%	26	142	18.3%	21	173	12.1%
Black	^	41	^	12	38	31.6%	11	30	36.7%	^	31	^
Hispanic	48	243	19.8%	41	224	18.3%	64	268	23.9%	73	278	26.3%
White	295	1,115	26.5%	294	1,090	27.0%	346	1,143	30.3%	327	1,142	28.6%
Other	^	222	^	48	248	19.4%	37	255	14.5%	^	282	^
Female	207	766	27.0%	200	798	25.1%	241	806	29.9%	219	832	26.3%
Male	194	855	22.7%	195	802	24.3%	217	890	24.4%	230	901	25.5%

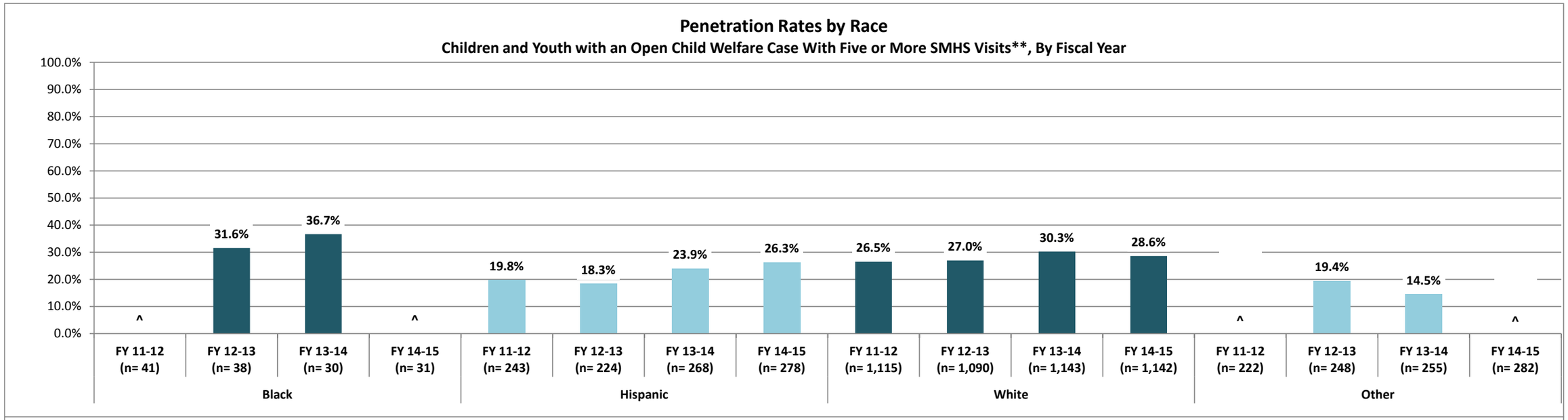


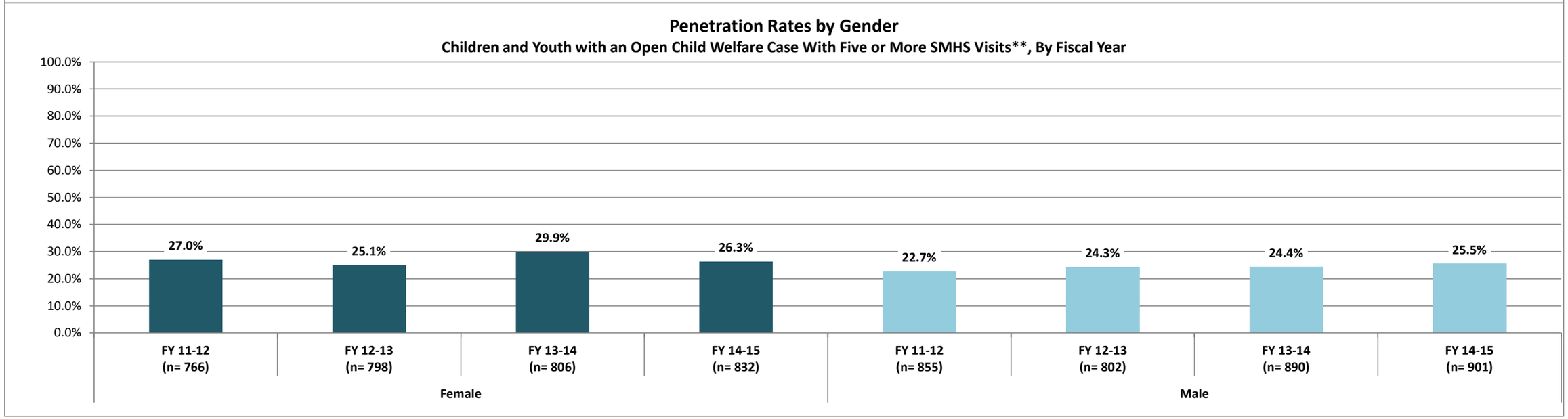
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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.

Penetration Rates* Report: Children and Youth with an Open Child Welfare Case With Five or More SMHS Visits**
Small-Rural Population Counties as of August 3, 2016





**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.*

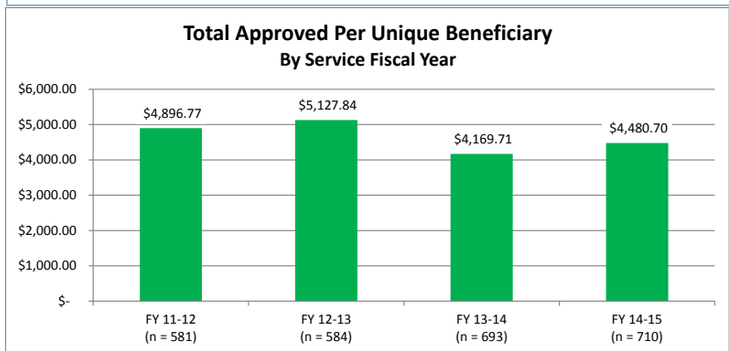
^ Data has been suppressed to protect patient privacy.

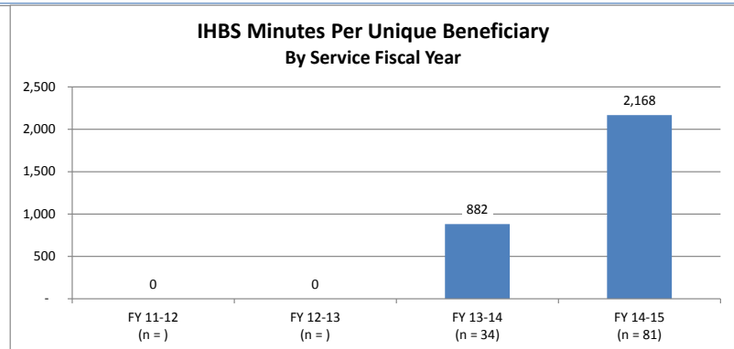
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth with an Open Child Welfare Case

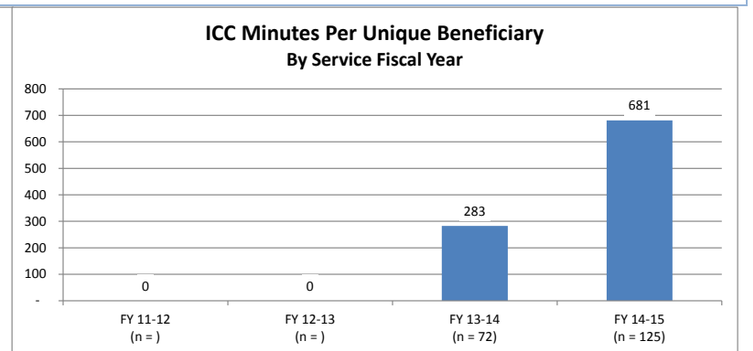
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

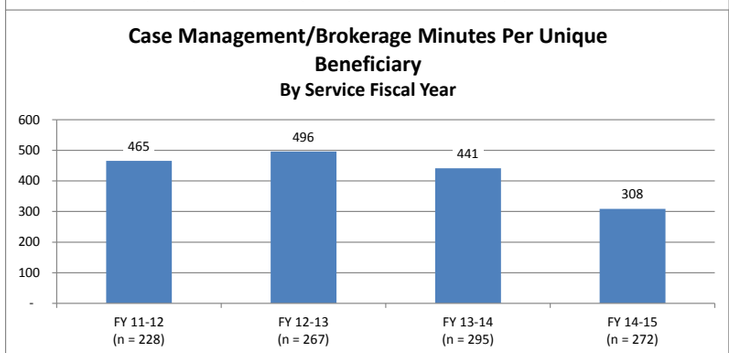
Small-Rural Population Counties as of August 3, 2016

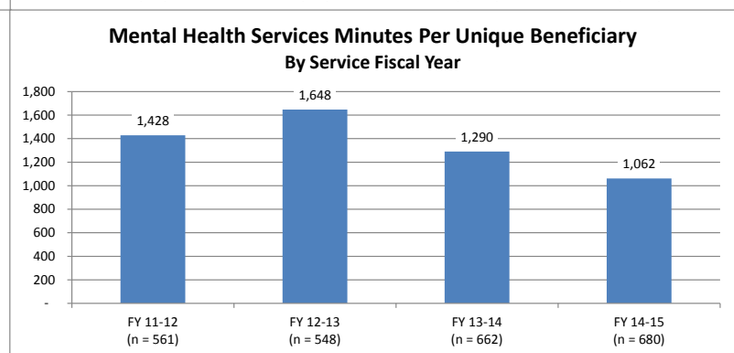
Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	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 11-12	$ 4,896.77	0	0	465	1,428	11,498	245	311	0	684	478	0	0	0	0	0	0
FY 12-13	$ 5,127.84	0	0	496	1,648	6,294	307	258	0	698	206	0	0	0	0	0	2
FY 13-14	$ 4,169.71	882	283	441	1,290	12,754	302	211	0	381	656	0	0	0	0	0	0
FY 14-15	$ 4,480.70	2,168	681	308	1,062	5,022	250	202	0	0	672	0	0	0	0	0	0
MEAN	**$ 4,668.76**	**1,525**	**482**	**428**	**1,357**	**8,892**	**276**	**245**	**0**	**588**	**503**	**0**	**0**	**0**	**0**	**0**	**2**

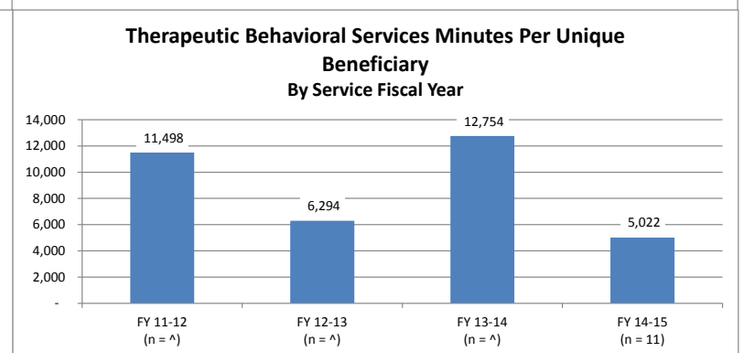


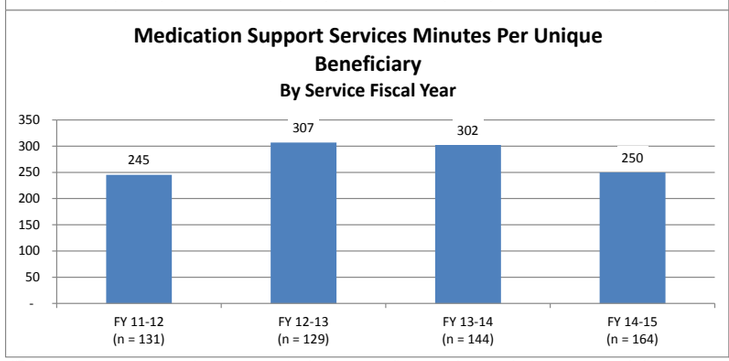


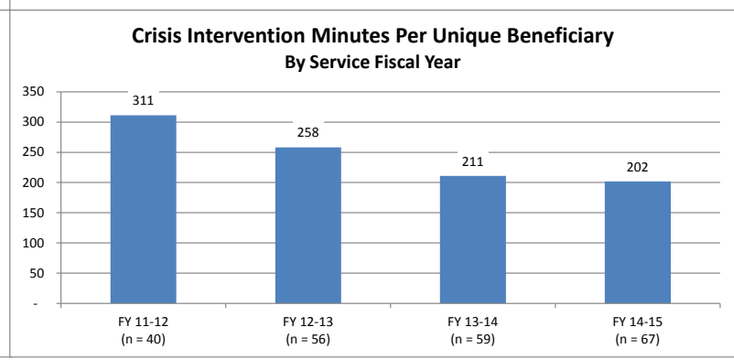


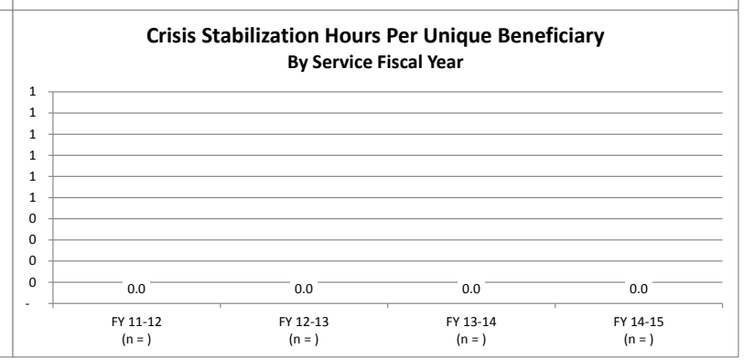












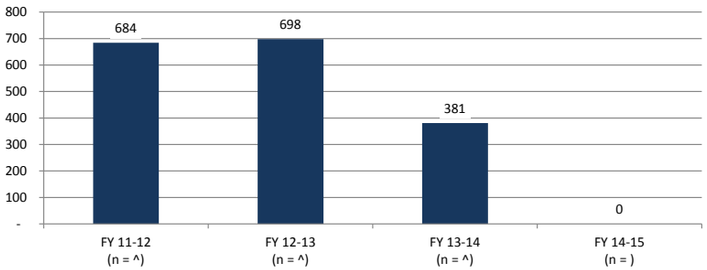
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

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.

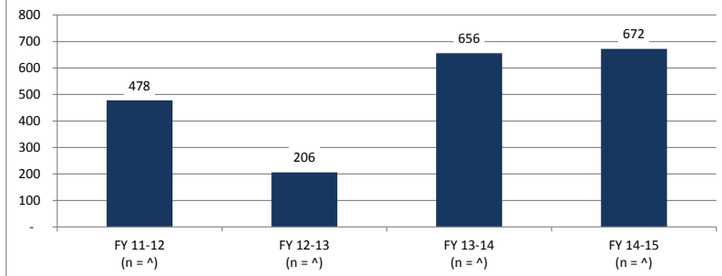
^ Data has been suppressed to protect patient privacy.

Utilization Report*: Approved Specialty Mental Health Services for Open Child Welfare Case Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
Small-Rural Population Counties as of August 3, 2016

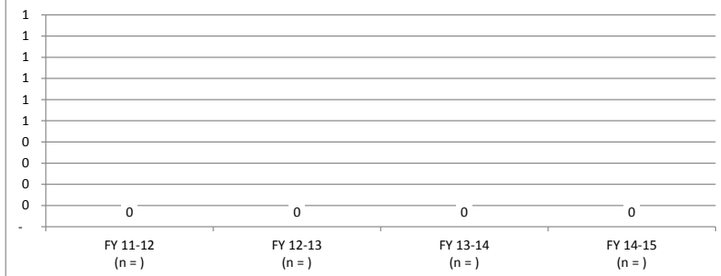
Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year



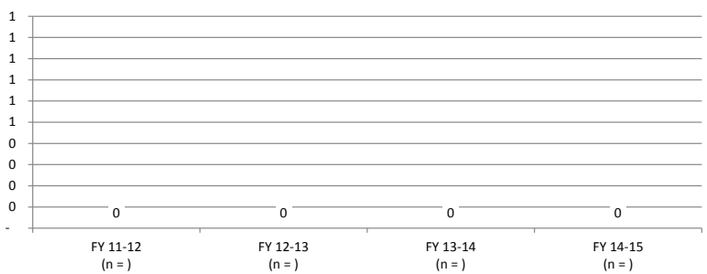
Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year



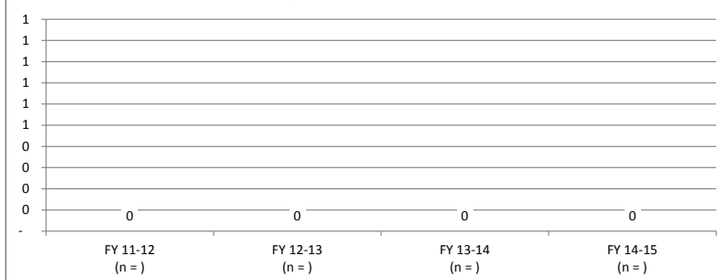
Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year



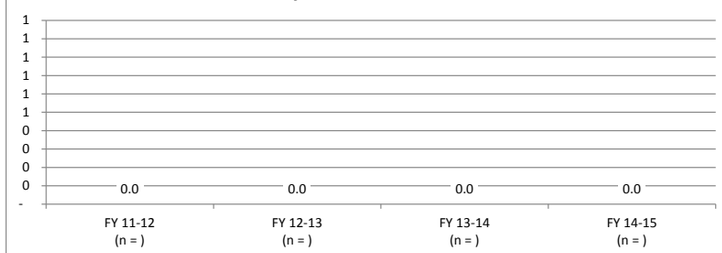
Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year



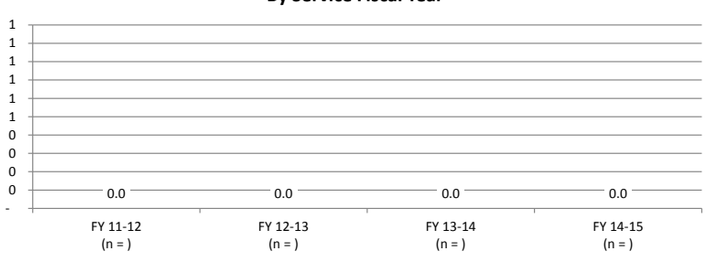
Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year



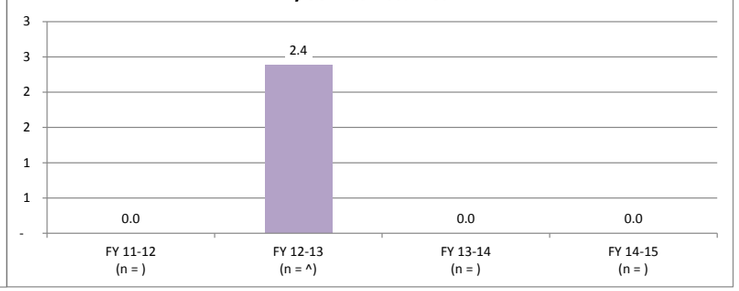
Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year



Adult Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year



Psychiatric Health Facility Days Per Unique Beneficiary
By Service Fiscal Year



**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.

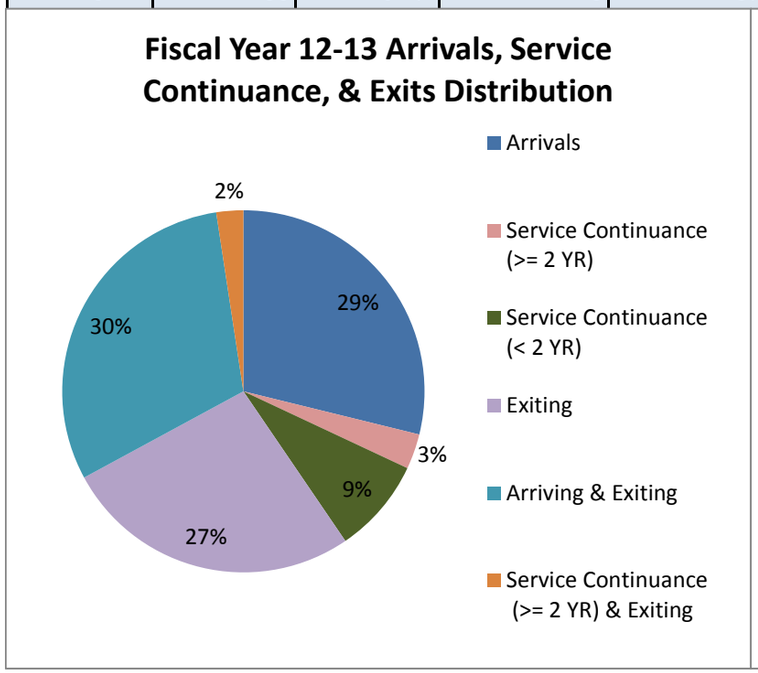
^ Data has been suppressed to protect patient privacy.

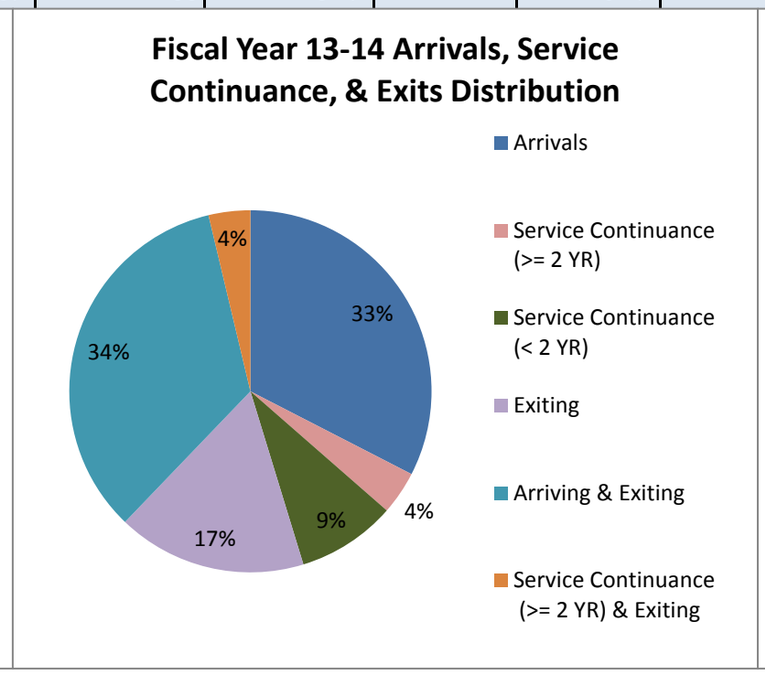
Snapshot Report: Unique Count of Children and Youth with and Open Child Welfare Case Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

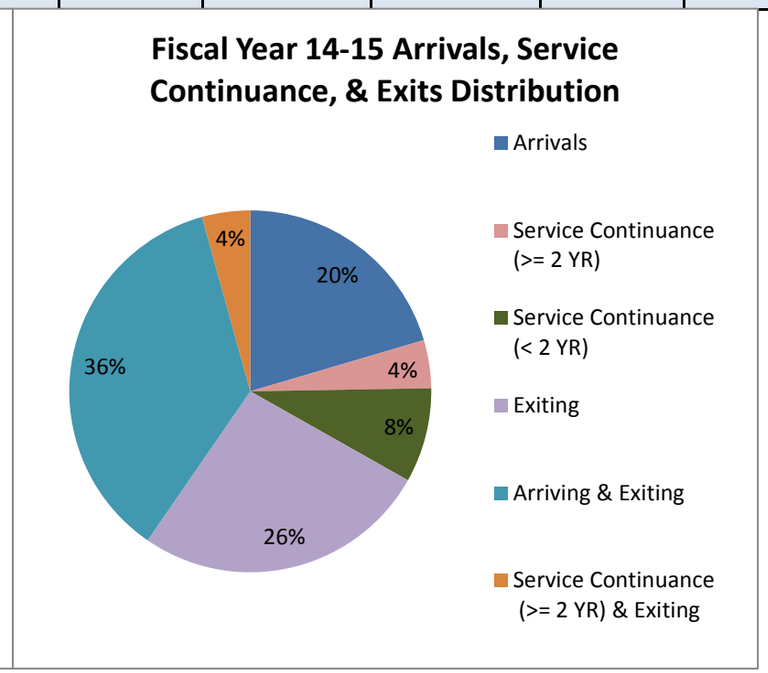
Small-Rural Population Counties as of August 3, 2016

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	156	28.8%	17	3.1%	46	8.5%	144	26.6%	165	30.5%	13	2.4%	541	100%
FY 13-14	210	32.6%	25	3.9%	57	8.8%	109	16.9%	220	34.1%	24	3.7%	645	100%
FY 14-15	133	20.4%	28	4.3%	55	8.4%	172	26.4%	235	36.1%	28	4.3%	651	100%



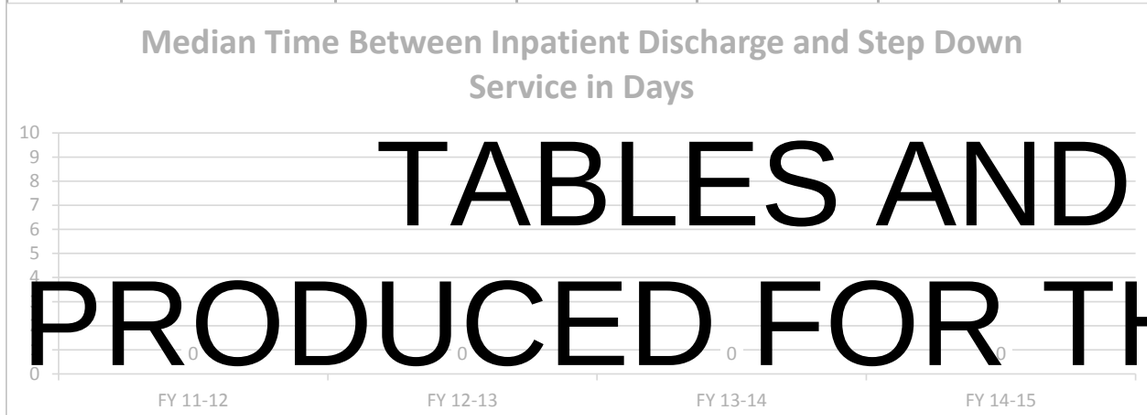


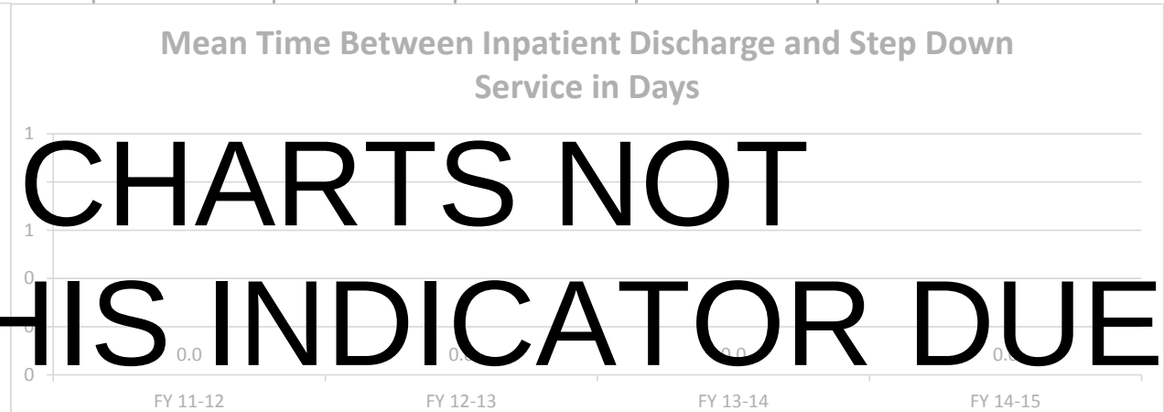


Time to Step Down Report: Children and Youth with an Open Child Welfare Case Stepping Down in SMHS Services Post Inpatient Discharge

Small-Rural Population Counties as of August 3, 2016

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 within 30 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 30 Days of Discharge	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with 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 11-12	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 12-13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 13-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0
FY 14-15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0





TABLES AND CHARTS NOT PRODUCED FOR THIS INDICATOR DUE TO SMALL CELL SIZES.

** **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.*