

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: <http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx>

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 FY 14/15.

Performance Outcomes System Reports

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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, 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>

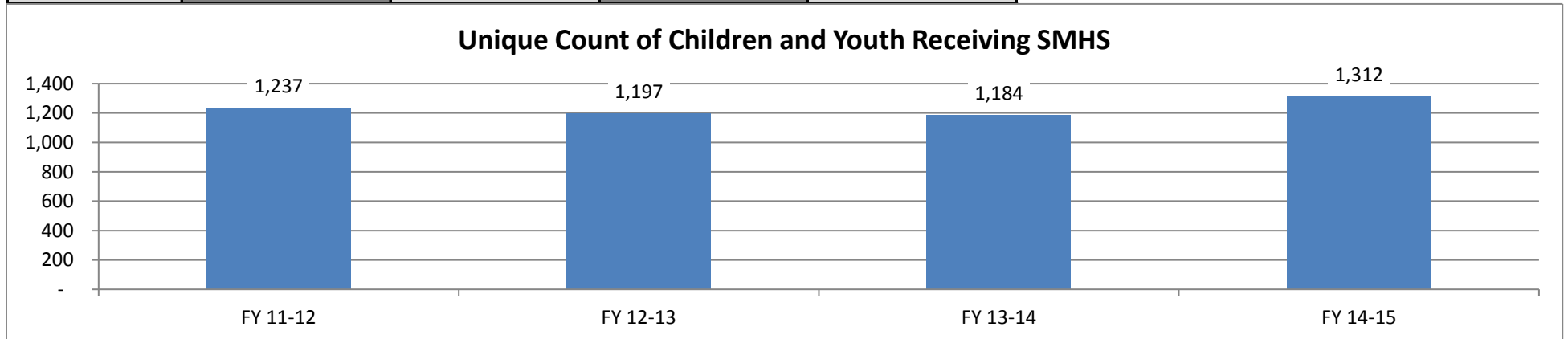
*The psychiatric emergency services/hospital data reported on in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery 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.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

Sutter/Yuba County as of August 3, 2016

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	1,237		27,206	
FY 12-13	1,197	-3.2%	28,413	4.4%
FY 13-14	1,184	-1.1%	33,661	18.5%
FY 14-15	1,312	10.8%	35,607	5.8%
Compound Annual Growth Rate SFY**		2.0%		9.4%



*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 Receiving SMHS by Fiscal Year

Sutter/Yuba 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	15	1.2%	21	1.7%	54	4.4%	290	23.4%	724	58.5%	^	^	^	^
FY 12-13	19	1.6%	17	1.4%	37	3.1%	280	23.4%	702	58.6%	0	0.0%	142	11.9%
FY 13-14	22	1.9%	22	1.9%	28	2.4%	326	27.5%	641	54.1%	^	^	^	^
FY 14-15	19	1.4%	32	2.4%	50	3.8%	381	29.0%	679	51.8%	^	^	^	^

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

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.

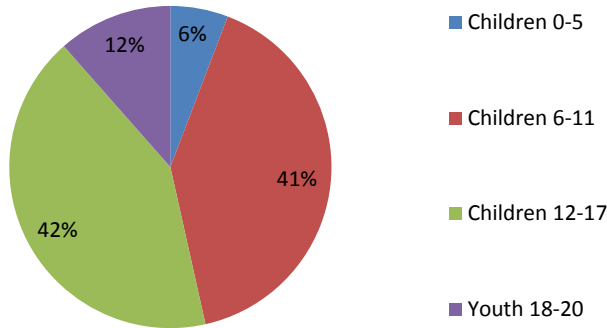
^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

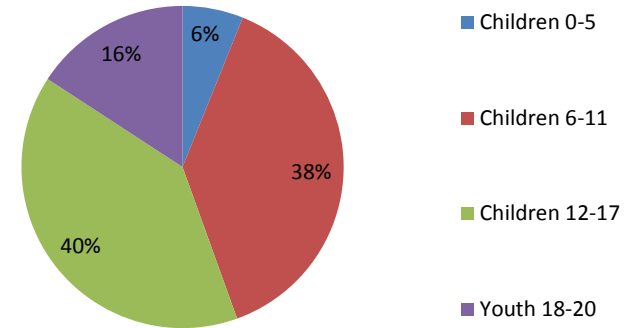
Sutter/Yuba County as of August 3, 2016

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	72	5.8%	503	40.7%	520	42.0%	142	11.5%
FY 12-13	73	6.1%	460	38.4%	475	39.7%	189	15.8%
FY 13-14	59	5.0%	428	36.1%	520	43.9%	177	14.9%
FY 14-15	65	5.0%	458	34.9%	597	45.5%	192	14.6%

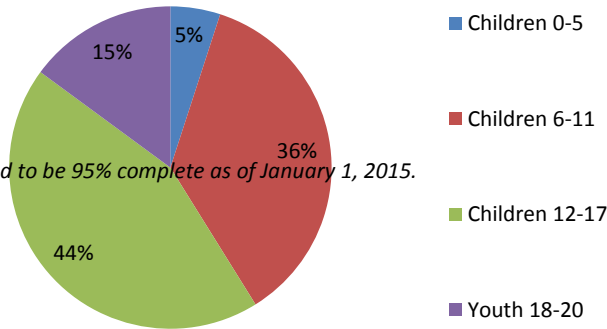
Fiscal Year 11-12 Age Group Distribution



Fiscal Year 12-13 Age Group Distribution

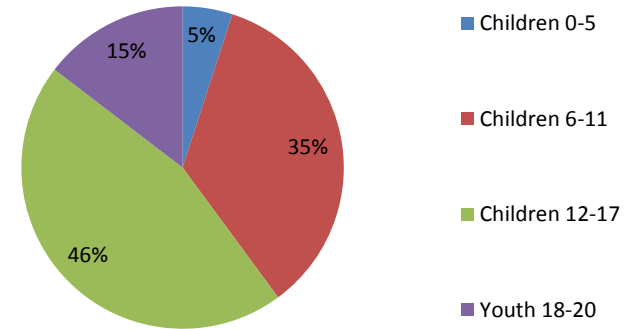


Fiscal Year 13-14 Age Group Distribution



*FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.

Fiscal Year 14-15 Age Group Distribution

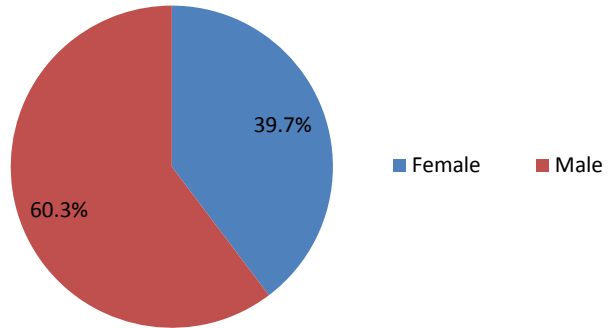


Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

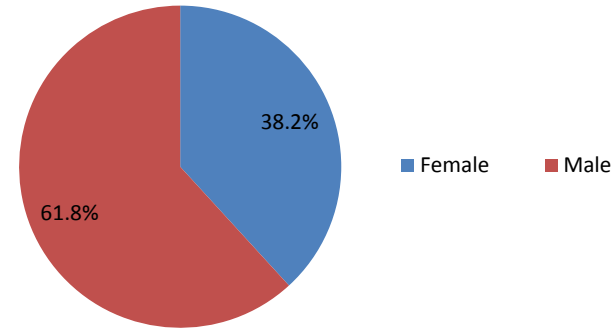
Sutter/Yuba County as of August 3, 2016

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	491	39.7%	746	60.3%
FY 12-13	457	38.2%	740	61.8%
FY 13-14	502	42.4%	682	57.6%
FY 14-15	581	44.3%	731	55.7%

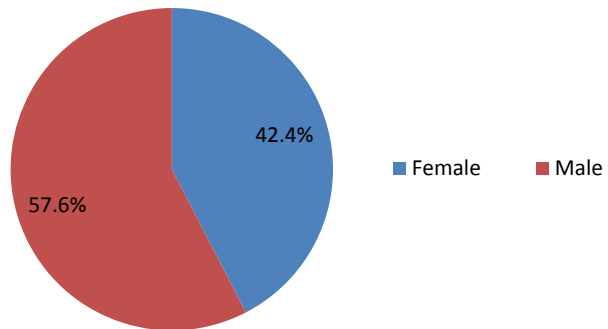
Fiscal Year 11-12 Gender Distribution



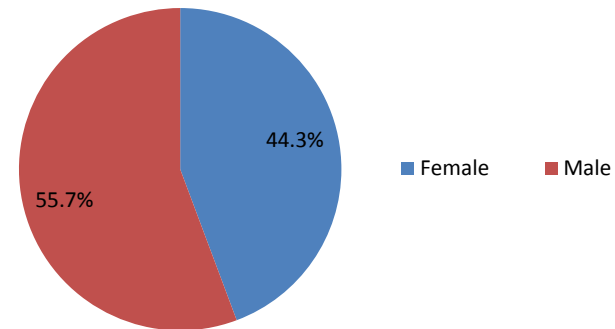
Fiscal Year 12-13 Gender Distribution



Fiscal Year 13-14 Gender Distribution



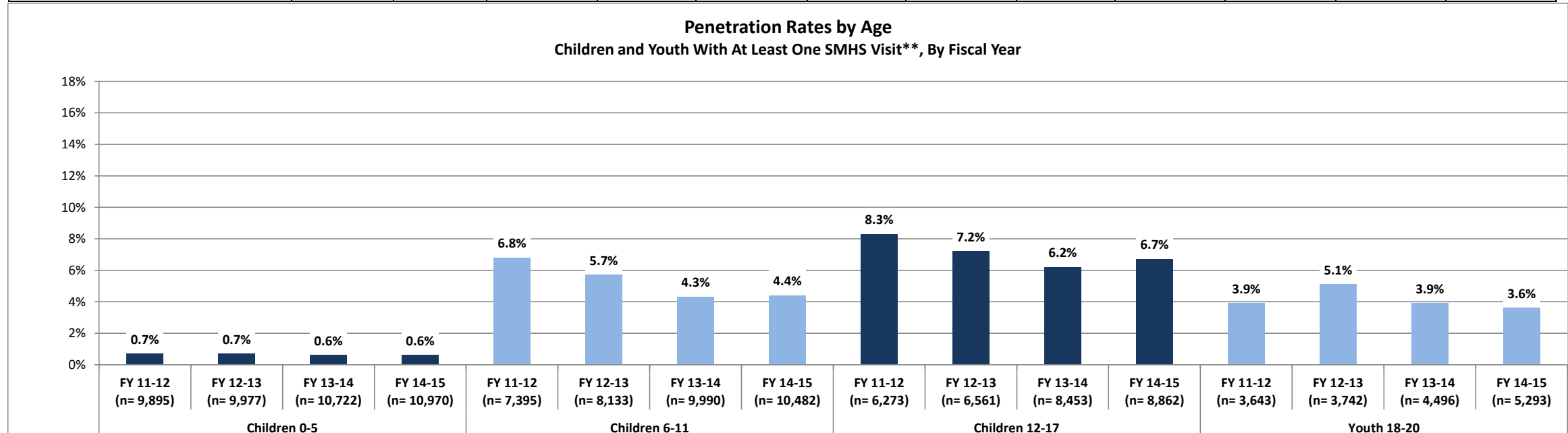
Fiscal Year 14-15 Gender Distribution



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

Sutter/Yuba County as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	1,237	27,206	4.5%	1,197	28,413	4.2%	1,184	33,661	3.5%	1,312	35,607	3.7%
Children 0-5	72	9,895	0.7%	73	9,977	0.7%	59	10,722	0.6%	65	10,970	0.6%
Children 6-11	503	7,395	6.8%	460	8,133	5.7%	428	9,990	4.3%	458	10,482	4.4%
Children 12-17	520	6,273	8.3%	475	6,561	7.2%	520	8,453	6.2%	597	8,862	6.7%
Youth 18-20	142	3,643	3.9%	189	3,742	5.1%	177	4,496	3.9%	192	5,293	3.6%
Alaskan Native or American Indian	15	232	6.5%	19	244	7.8%	22	253	8.7%	19	261	7.3%
Asian or Pacific Islander	21	3,023	0.7%	17	3,133	0.5%	22	4,186	0.5%	32	4,467	0.7%
Black	54	833	6.5%	37	819	4.5%	28	862	3.2%	50	925	5.4%
Hispanic	290	10,880	2.7%	280	11,436	2.4%	326	13,419	2.4%	381	14,134	2.7%
White	724	10,643	6.8%	702	10,897	6.4%	641	12,133	5.3%	679	12,632	5.4%
Other	^	230	^	0	220	0.0%	^	284	^	^	226	^
Unknown	^	1,365	^	142	1,664	8.5%	^	2,524	^	^	2,962	^
Female	491	13,487	3.6%	457	14,107	3.2%	502	16,591	3.0%	581	17,483	3.3%
Male	746	13,719	5.4%	740	14,306	5.2%	682	17,070	4.0%	731	18,124	4.0%



*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 one SMHS in the Fiscal Year.

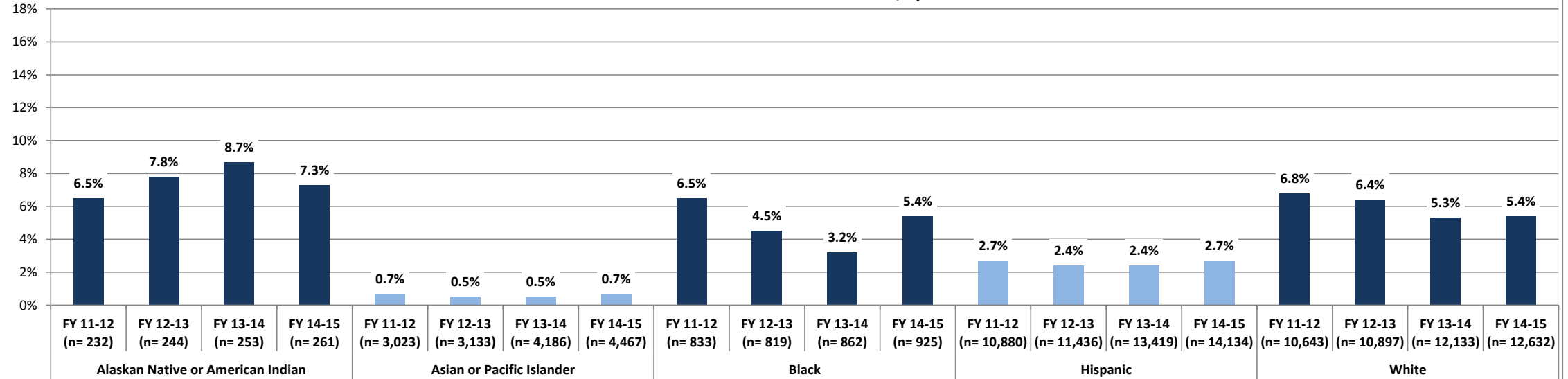
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Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**

Sutter/Yuba County as of August 3, 2016

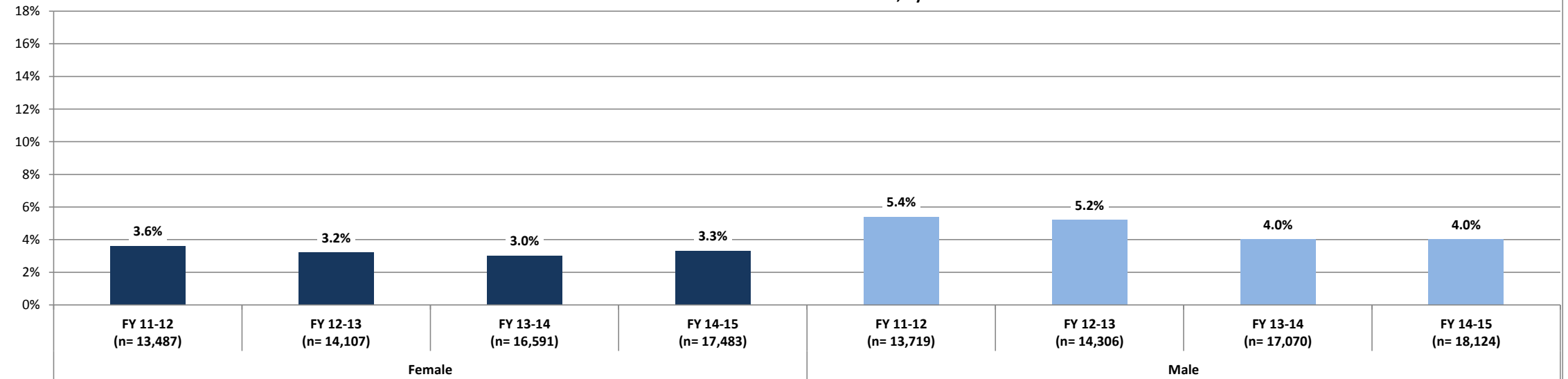
Penetration Rates by Race

Children and Youth With At Least One SMHS Visit**, By Fiscal Year



Penetration Rates by Gender

Children and Youth With At Least One SMHS Visit**, By Fiscal Year



*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 one SMHS in the Fiscal Year.

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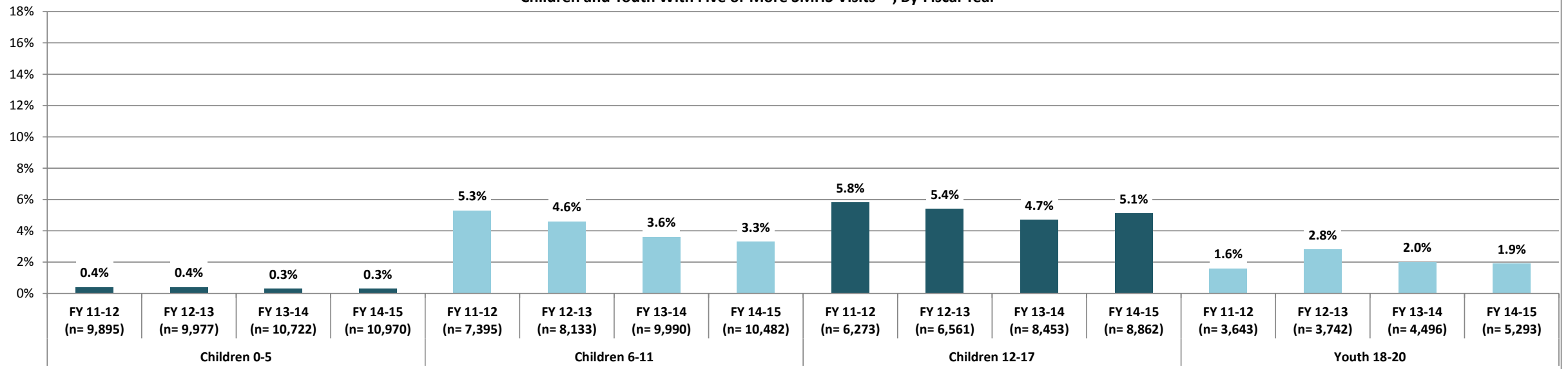
^ Data has been suppressed to protect patient privacy.

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

Sutter/Yuba 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	859	27,206	3.2%	874	28,413	3.1%	872	33,661	2.6%	933	35,607	2.6%
Children 0-5	41	9,895	0.4%	43	9,977	0.4%	34	10,722	0.3%	33	10,970	0.3%
Children 6-11	395	7,395	5.3%	371	8,133	4.6%	355	9,990	3.6%	351	10,482	3.3%
Children 12-17	365	6,273	5.8%	357	6,561	5.4%	395	8,453	4.7%	449	8,862	5.1%
Youth 18-20	58	3,643	1.6%	103	3,742	2.8%	88	4,496	2.0%	100	5,293	1.9%
Alaskan Native or American Indian	^	232	^	^	244	^	15	253	5.9%	16	261	6.1%
Asian or Pacific Islander	11	3,023	0.4%	^	3,133	^	13	4,186	0.3%	19	4,467	0.4%
Black	37	833	4.4%	25	819	3.1%	22	862	2.6%	31	925	3.4%
Hispanic	184	10,880	1.7%	193	11,436	1.7%	221	13,419	1.6%	249	14,134	1.8%
White	510	10,643	4.8%	516	10,897	4.7%	484	12,133	4.0%	501	12,632	4.0%
Other	^	230	^	0	220	0.0%	^	284	^	^	226	^
Unknown	109	1,365	8.0%	120	1,664	7.2%	^	2,524	^	^	2,962	^
Female	319	13,487	2.4%	322	14,107	2.3%	358	16,591	2.2%	413	17,483	2.4%
Male	540	13,719	3.9%	552	14,306	3.9%	514	17,070	3.0%	520	18,124	2.9%

Penetration Rates by Age
Children and Youth With Five or More SMHS Visits**, By Fiscal Year



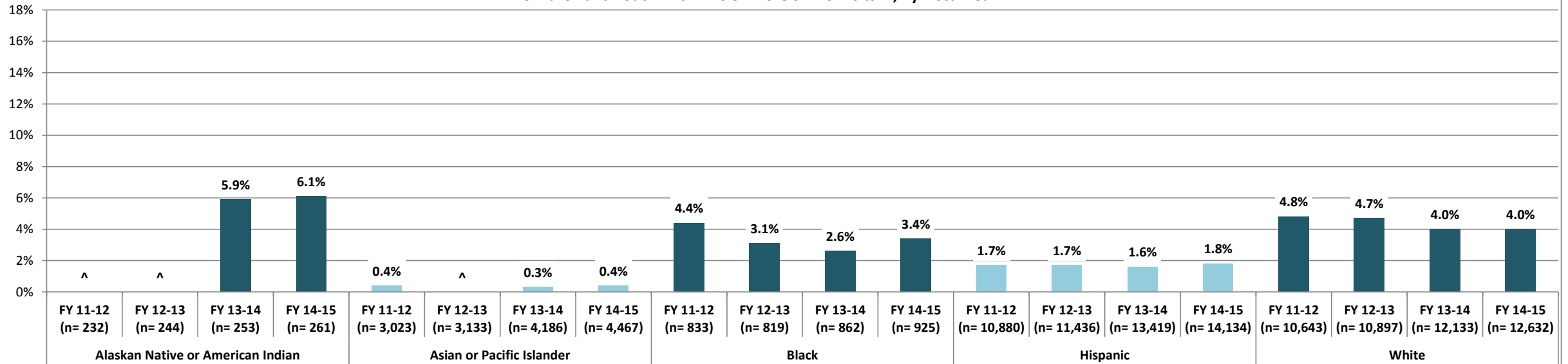
*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system.

**Children and Youth that have received at least five SMHS in the Fiscal Year.

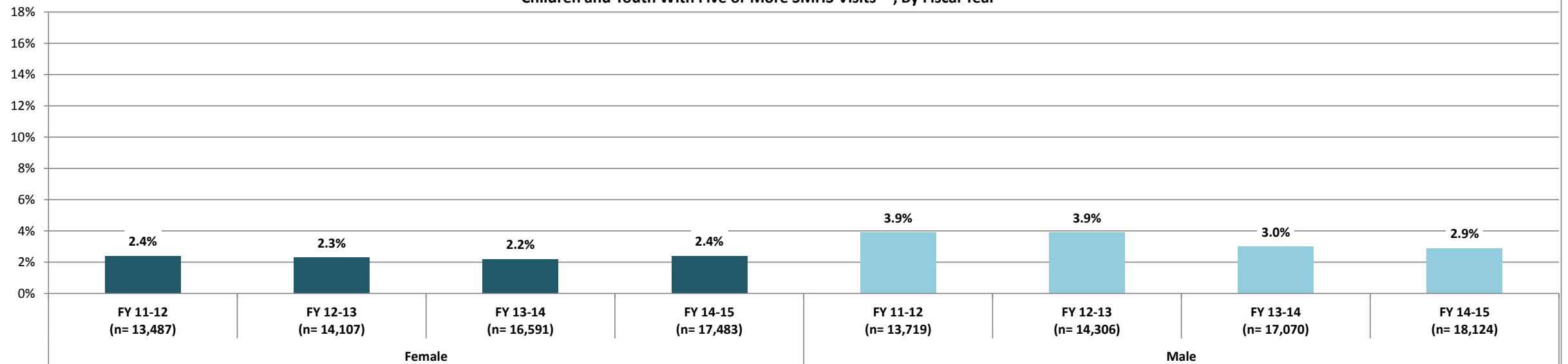
Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

Sutter/Yuba County as of August 3, 2016

Penetration Rates by Race Children and Youth With Five or More SMHS Visits**, By Fiscal Year



Penetration Rates by Gender Children and Youth With Five or More SMHS Visits**, By Fiscal Year



*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.

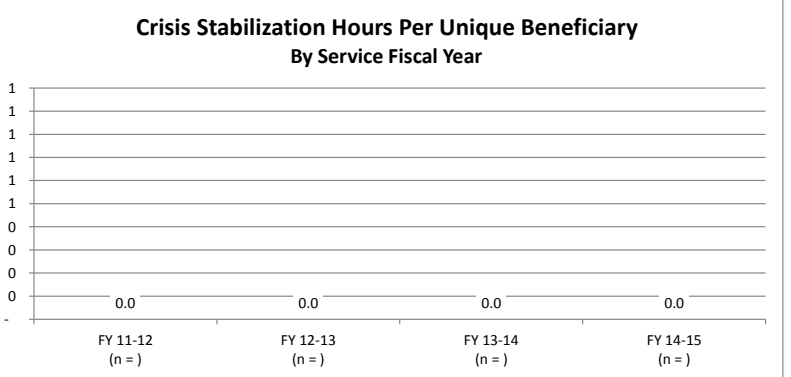
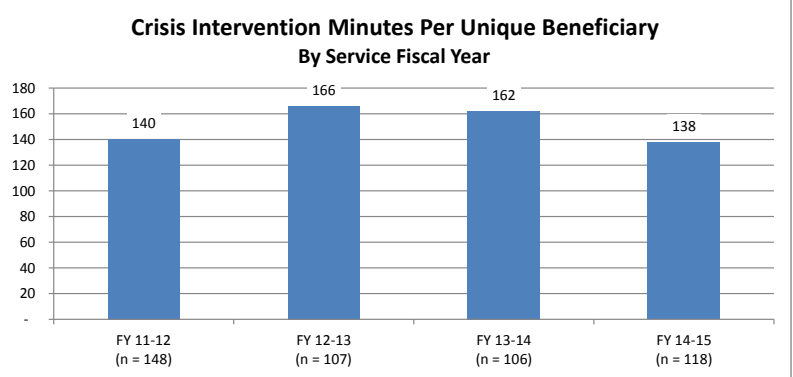
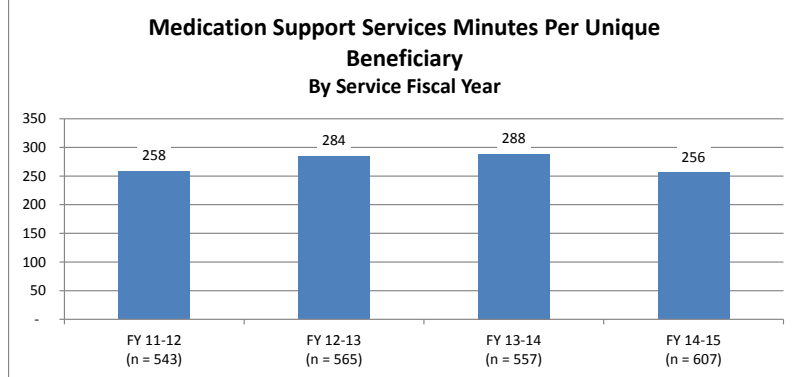
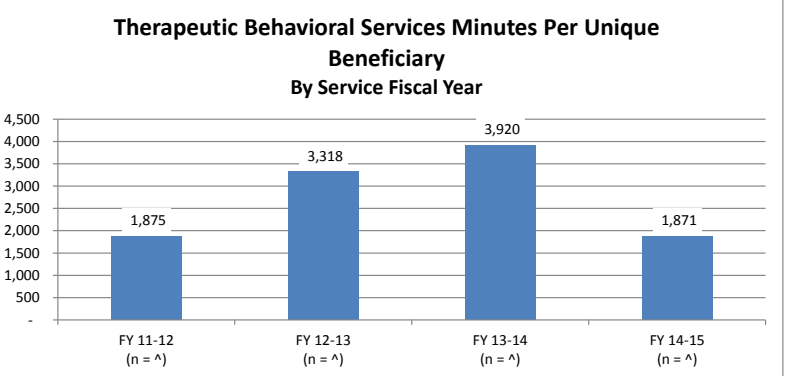
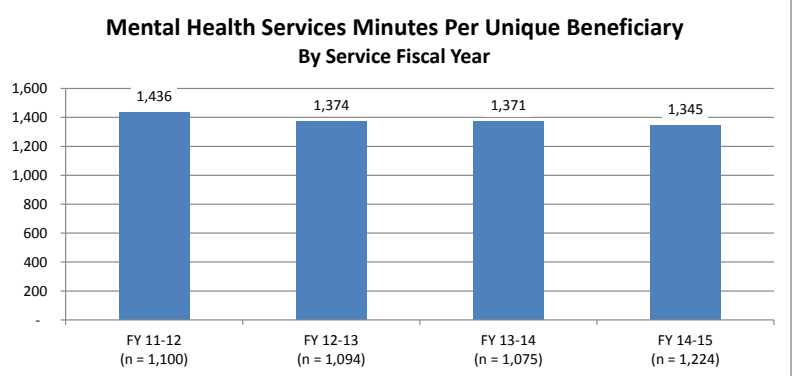
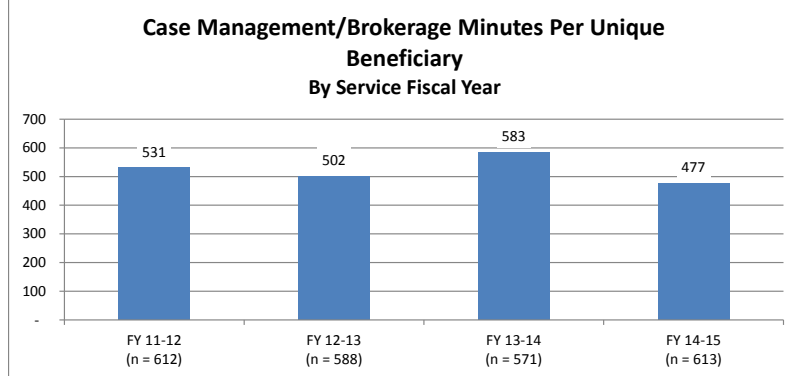
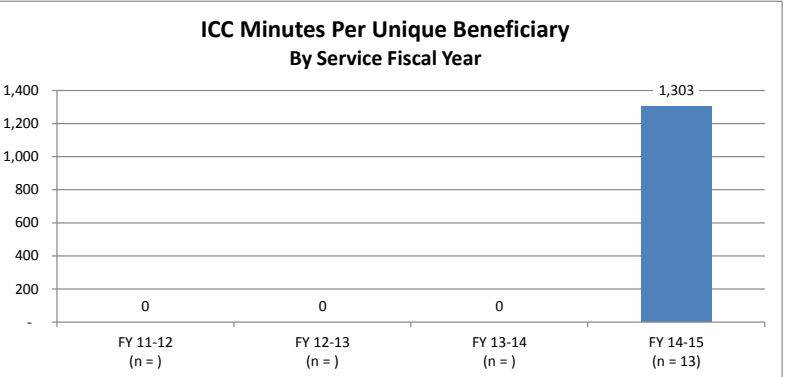
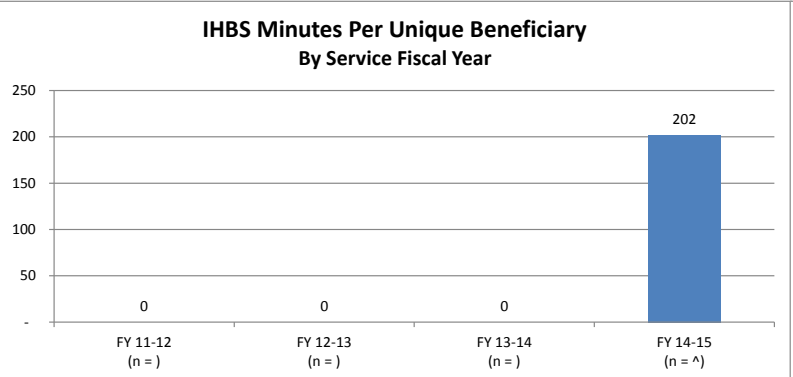
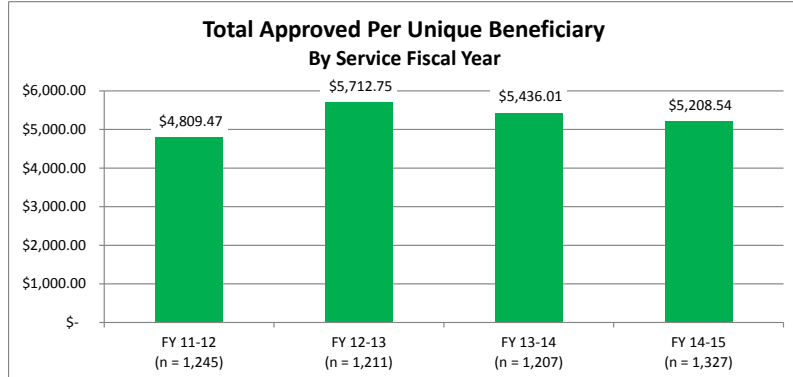
**Children and Youth that have received at least five SMHS in the Fiscal Year.

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

Sutter/Yuba County 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	\$ 4,809.47	0	0	531	1,436	1,875	258	140	0	699	861	0	0	0	0	0	10
FY 12-13	\$ 5,712.75	0	0	502	1,374	3,318	284	166	0	770	552	0	0	0	0	0	14
FY 13-14	\$ 5,436.01	0	0	583	1,371	3,920	288	162	0	678	375	0	0	0	0	0	17
FY 14-15	\$ 5,208.54	202	1,303	477	1,345	1,871	256	138	0	770	399	0	0	0	0	0	9
MEAN	\$ 5,291.69	202	1,303	523	1,382	2,746	272	152	0	729	547	0	0	0	0	0	13



*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 Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year***

Sutter/Yuba County as of August 3, 2016



*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.

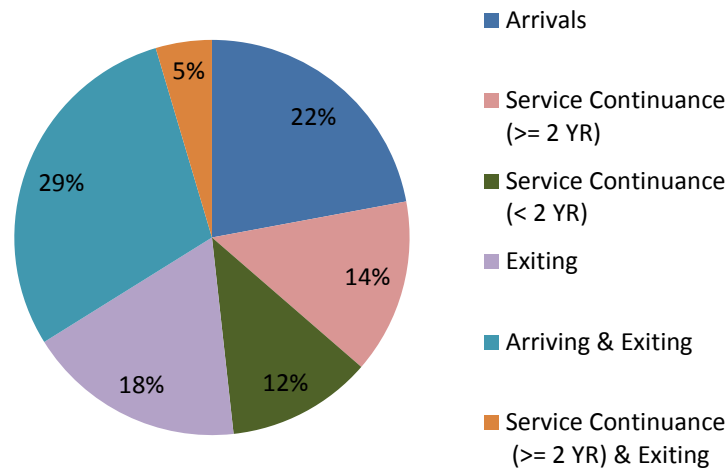
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Sutter County as of August 3, 2016

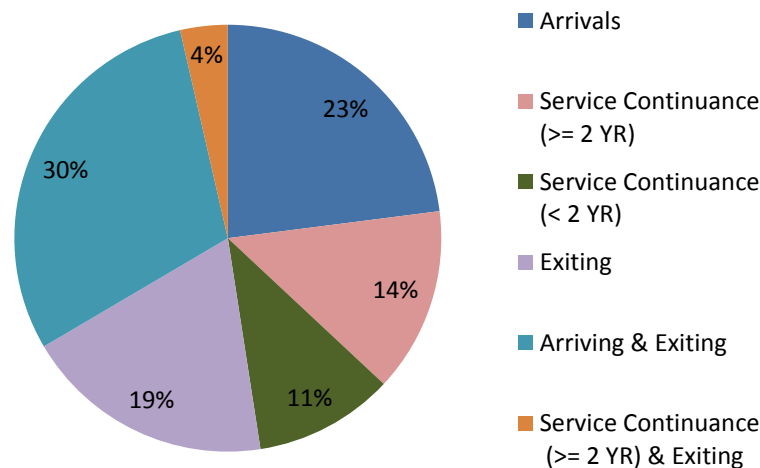
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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	136	22.1%	88	14.3%	73	11.9%	110	17.9%	180	29.3%	28	4.6%	615	100%
FY 13-14	148	23.0%	90	14.0%	68	10.6%	122	19.0%	192	29.9%	23	3.6%	643	100%
FY 14-15	167	23.3%	103	14.4%	61	8.5%	122	17.0%	228	31.8%	35	4.9%	716	100%

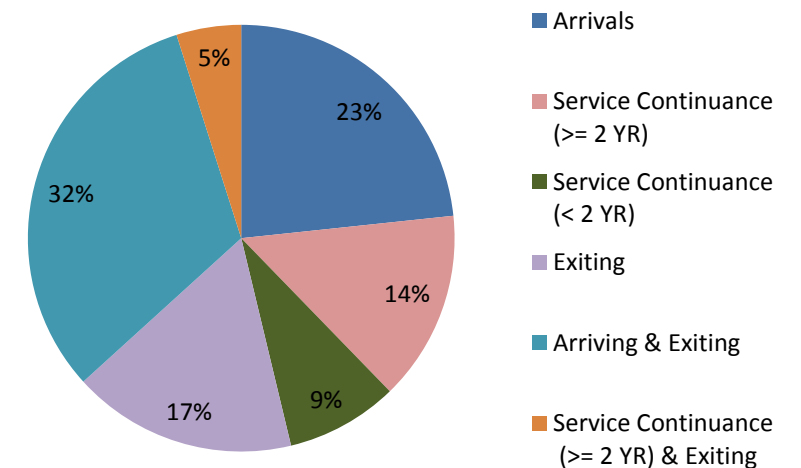
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



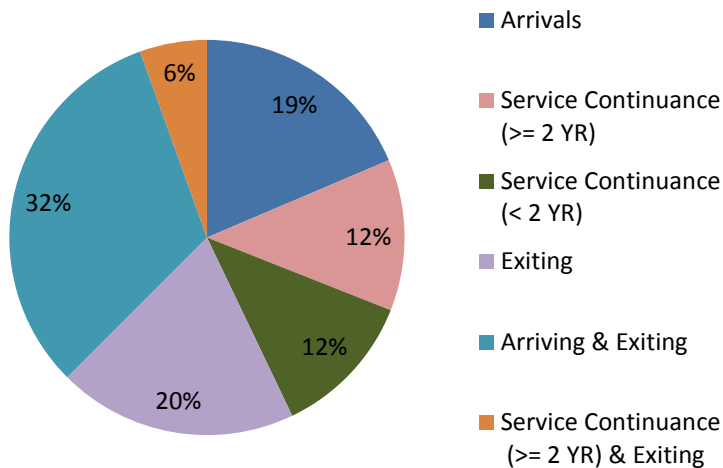
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Yuba County as of August 3, 2016

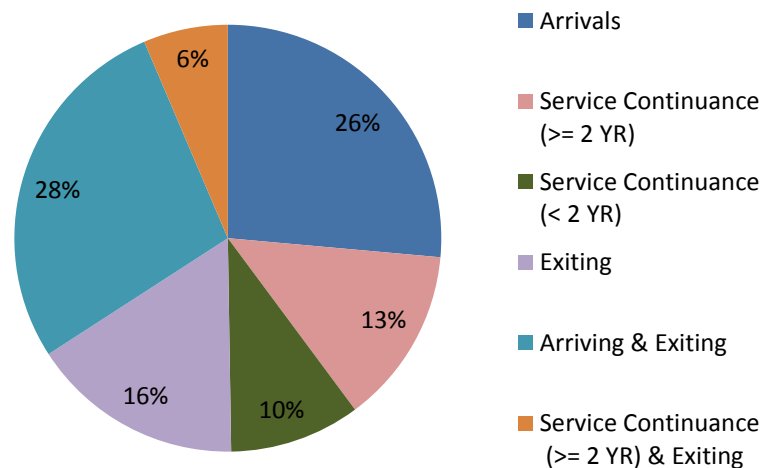
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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	108	18.6%	72	12.4%	69	11.9%	114	19.6%	186	32.0%	32	5.5%	581	100%
FY 13-14	144	26.4%	73	13.4%	54	9.9%	88	16.1%	151	27.7%	35	6.4%	545	100%
FY 14-15	155	26.0%	57	9.5%	53	8.9%	118	19.8%	179	30.0%	35	5.9%	597	100%

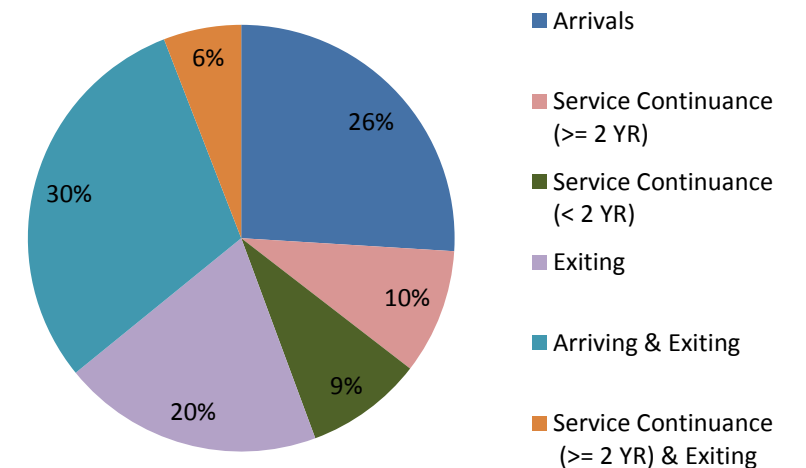
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution

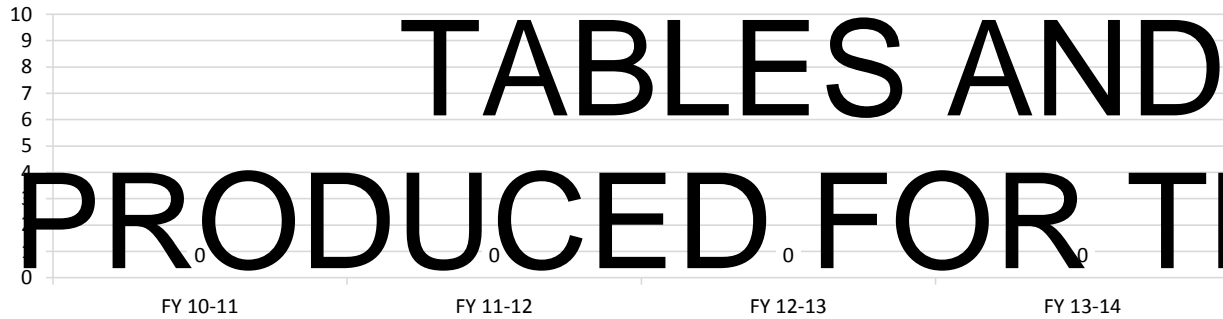


Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge

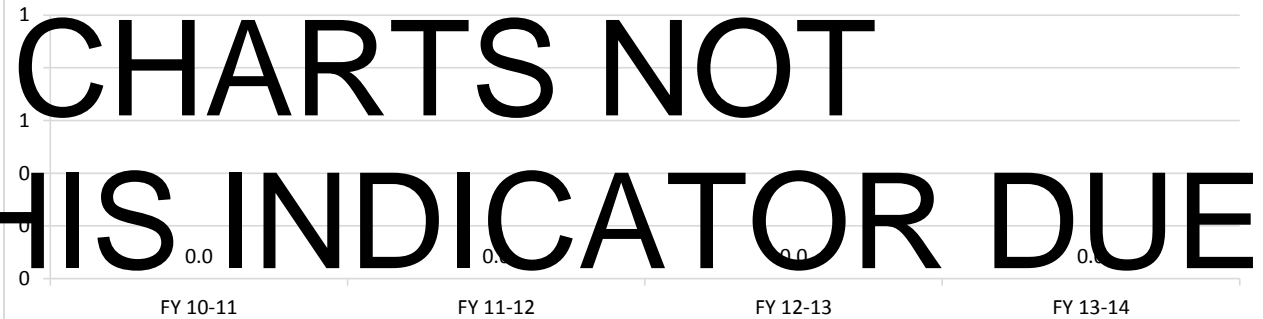
County as of August 3, 2016

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

Median Time Between Inpatient Discharge and Step Down Service in Days



Mean Time Between Inpatient Discharge and Step Down Service in Days



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

Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service



* **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.