

## Performance Outcomes Adult Specialty Mental Health Services Report

### Report Date March 22, 2018

#### Background

This report measures the effectiveness of adult specialty mental health services. It models reports developed to measure Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services as mandated by Welfare and Institutions Code Section 14707.5. The intent of these reports is to improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop a Performance Measurement Paradigm, and to design 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>.

#### Overview

Three reports will be provided: statewide aggregate data; population-based county groups; and county-specific data. These aggregate reports provide adult information on the initial indicators that were developed for the Performance Outcomes System. DHCS plans to move to annual reporting of these data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of adults 21\* and older 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. Utilization of services reports are shown in terms of dollars, as well as by service in time increments. Two types of penetration information are provided; both penetration rate tables are also broken out by demographic characteristics. The snapshot table provides a point-in-time view of adults 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 stepdown services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for Fiscal Years (FY) 13/14, 14/15, 15/16, and 16/17.

#### Definitions

**\*Population** - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

- Age 21 or older during the approved date of service on the claim.

#### Data Sources -

• Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 13/14 through FY 16/17.

• Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY 16/17.

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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/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\\_Sept15Reporting\\_Final\\_1.11.15.pdf](http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf)

**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, these data are represented as follows: 1) Data that are missing is indicated as "-" 2) Data that have been suppressed due to privacy concerns is indicated as "^".

**Report Highlights**

\*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 makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor 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 adults who received a number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible adults 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 adults' movement through the SMHS system. The report uses five general categories to classify if an adult is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). As of now, this report only classifies adults and their service usage for FY 12/13 through FY15/16. Eventually the snapshot data will be used along with measures of service effectiveness to identify whether adults 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 measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. 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 on the county of fiscal responsibility for the patient who receives step-down services.

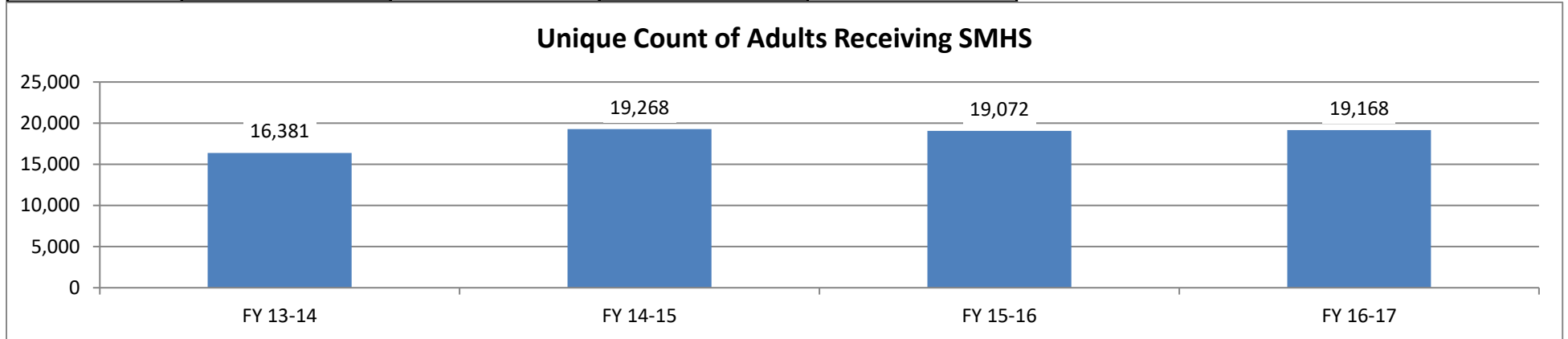
**Please contact [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov) for any questions regarding this report.**

# Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Small Sized Counties as of March 22, 2018

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	16,381		297,848	
FY 14-15	19,268	17.6%	365,097	22.6%
FY 15-16	19,072	-1.0%	396,170	8.5%
FY 16-17	19,168	0.5%	409,460	3.4%
<b>Compound Annual Growth Rate SFY**</b>		<b>5.4%</b>		<b>11.2%</b>

### Unique Count of Adults Receiving SMHS



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

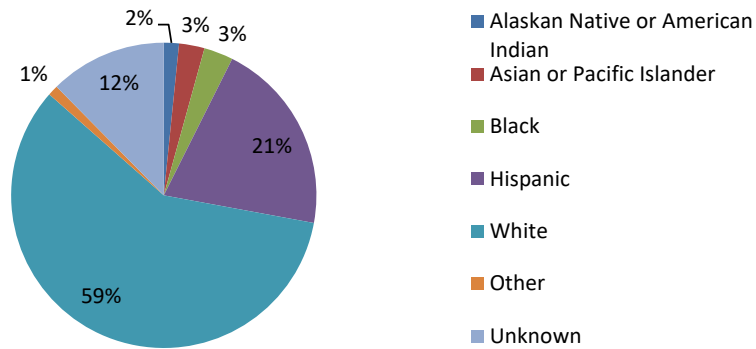
\*\*SFY = State Fiscal Year which is July 1 through June 30.

## Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

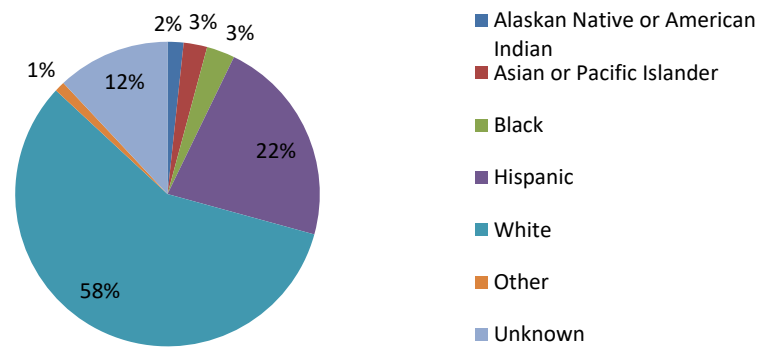
Small Sized Counties as of March 22, 2018

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 13-14	259	1.6%	440	2.7%	507	3.1%	3,366	20.5%	9,595	58.6%	181	1.1%	2,033	12.4%
FY 14-15	320	1.7%	479	2.5%	581	3.0%	4,254	22.1%	11,117	57.7%	208	1.1%	2,309	12.0%
FY 15-16	313	1.6%	451	2.4%	543	2.8%	4,561	23.9%	10,690	56.1%	196	1.0%	2,318	12.2%
FY 16-17	318	1.7%	439	2.3%	592	3.1%	4,891	25.5%	10,453	54.5%	188	1.0%	2,287	11.9%

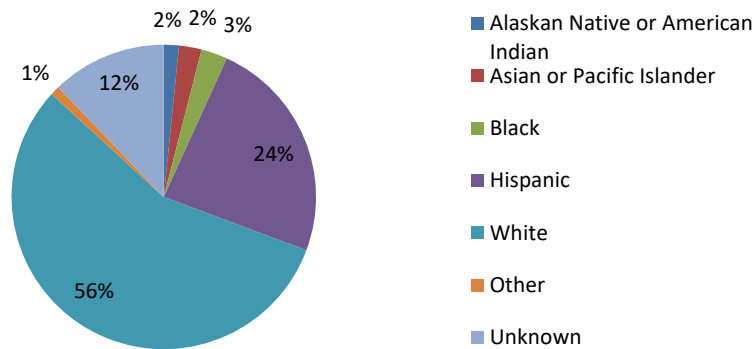
**Fiscal Year 13-14 Race Distribution**



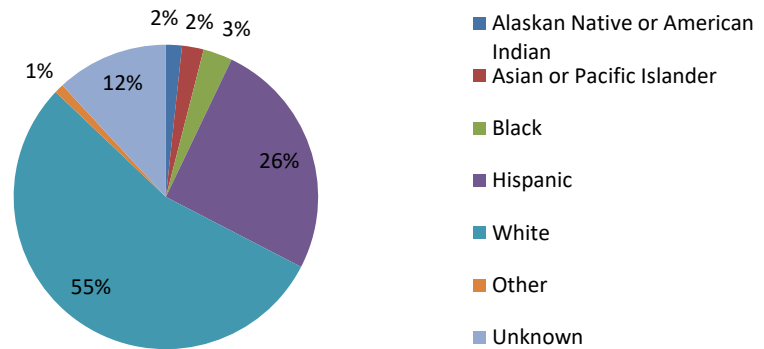
**Fiscal Year 14-15 Race Distribution**



**Fiscal Year 15-16 Race Distribution**



**Fiscal Year 16-17 Race Distribution**



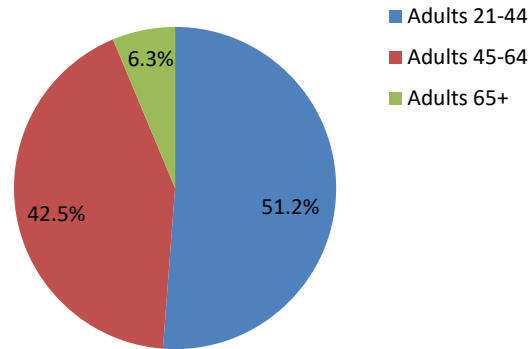
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

## Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

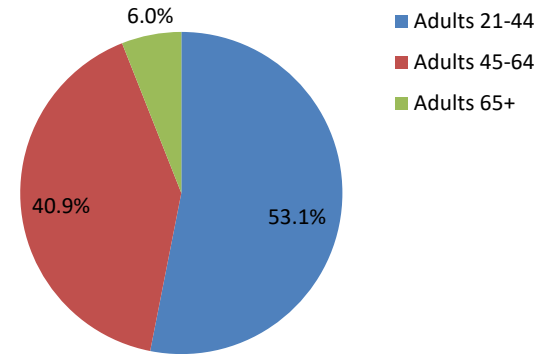
Small Sized Counties as of March 22, 2018

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	8,391	51.2%	6,966	42.5%	1,024	6.3%
FY 14-15	10,224	53.1%	7,883	40.9%	1,161	6.0%
FY 15-16	10,286	53.9%	7,656	40.1%	1,130	5.9%
FY 16-17	10,351	54.0%	7,534	39.3%	1,283	6.7%

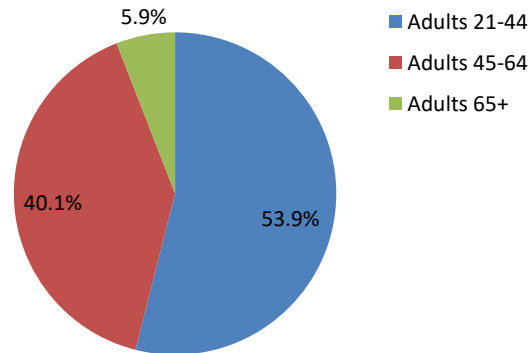
**Fiscal Year 13-14 Age Group Distribution**



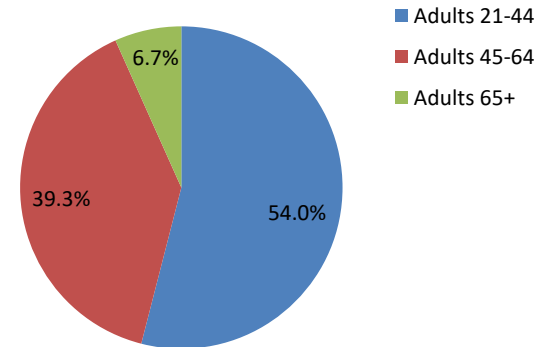
**Fiscal Year 14-15 Age Group Distribution**



**Fiscal Year 15-16 Age Group Distribution**



**Fiscal Year 16-17 Age Group Distribution**

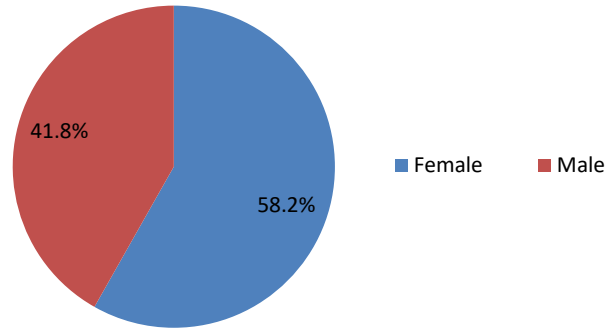


## Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

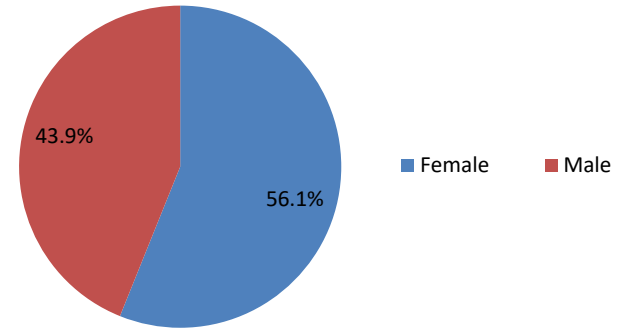
Small Sized Counties as of March 22, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	9,532	58.2%	6,849	41.8%
FY 14-15	10,809	56.1%	8,459	43.9%
FY 15-16	10,569	55.4%	8,503	44.6%
FY 16-17	10,500	54.8%	8,668	45.2%

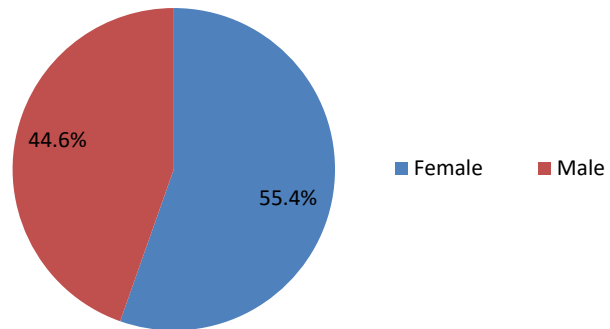
**Fiscal Year 13-14 Gender Distribution**



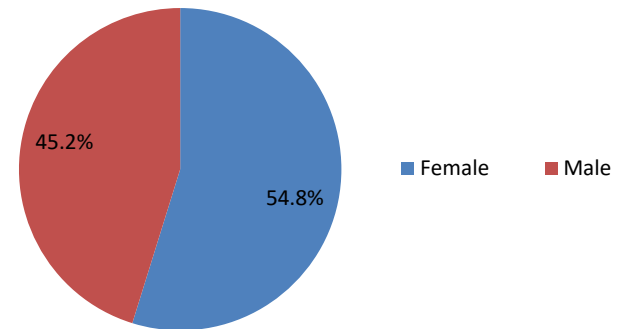
**Fiscal Year 14-15 Gender Distribution**



**Fiscal Year 15-16 Gender Distribution**



**Fiscal Year 16-17 Gender Distribution**

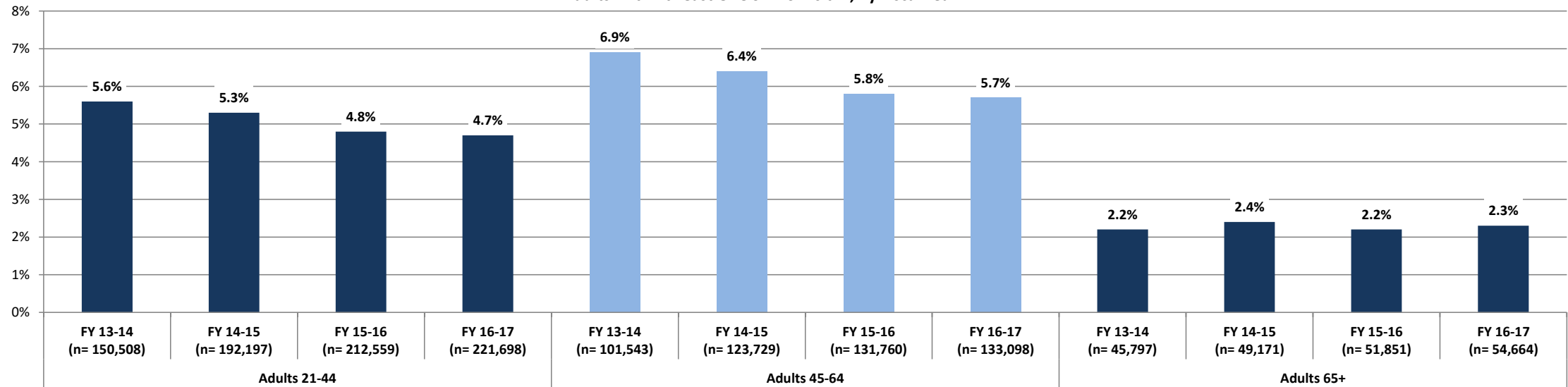


## Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\*

Small Sized Counties as of March 22, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Adults and Older Adults with 1 or more SMHS	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
<b>All</b>	<b>16,381</b>	<b>297,848</b>	<b>5.5%</b>	<b>19,268</b>	<b>365,097</b>	<b>5.3%</b>	<b>19,072</b>	<b>396,170</b>	<b>4.8%</b>	<b>19,168</b>	<b>409,460</b>	<b>4.7%</b>
Adults 21-44	8,391	150,508	5.6%	10,224	192,197	5.3%	10,286	212,559	4.8%	10,351	221,698	4.7%
Adults 45-64	6,966	101,543	6.9%	7,883	123,729	6.4%	7,656	131,760	5.8%	7,534	133,098	5.7%
Adults 65+	1,024	45,797	2.2%	1,161	49,171	2.4%	1,130	51,851	2.2%	1,283	54,664	2.3%
Alaskan Native or American Indian	259	6,471	4.0%	320	7,631	4.2%	313	8,293	3.8%	318	8,498	3.7%
Asian or Pacific Islander	440	11,334	3.9%	479	14,150	3.4%	451	15,914	2.8%	439	16,697	2.6%
Black	507	6,366	8.0%	581	7,559	7.7%	543	7,994	6.8%	592	8,344	7.1%
Hispanic	3,366	92,422	3.6%	4,254	116,714	3.6%	4,561	129,195	3.5%	4,891	136,067	3.6%
White	9,595	154,175	6.2%	11,117	185,088	6.0%	10,690	197,360	5.4%	10,453	200,953	5.2%
Other	181	3,447	5.3%	208	4,537	4.6%	196	4,722	4.2%	188	4,391	4.3%
Unknown	2,033	23,633	8.6%	2,309	29,418	7.8%	2,318	32,692	7.1%	2,287	34,510	6.6%
Female	9,532	168,153	5.7%	10,809	200,136	5.4%	10,569	215,233	4.9%	10,500	222,311	4.7%
Male	6,849	129,695	5.3%	8,459	164,961	5.1%	8,503	180,937	4.7%	8,668	187,149	4.6%

**Penetration Rates by Age**  
Adults With At Least One SMHS Visit\*\*, By Fiscal Year

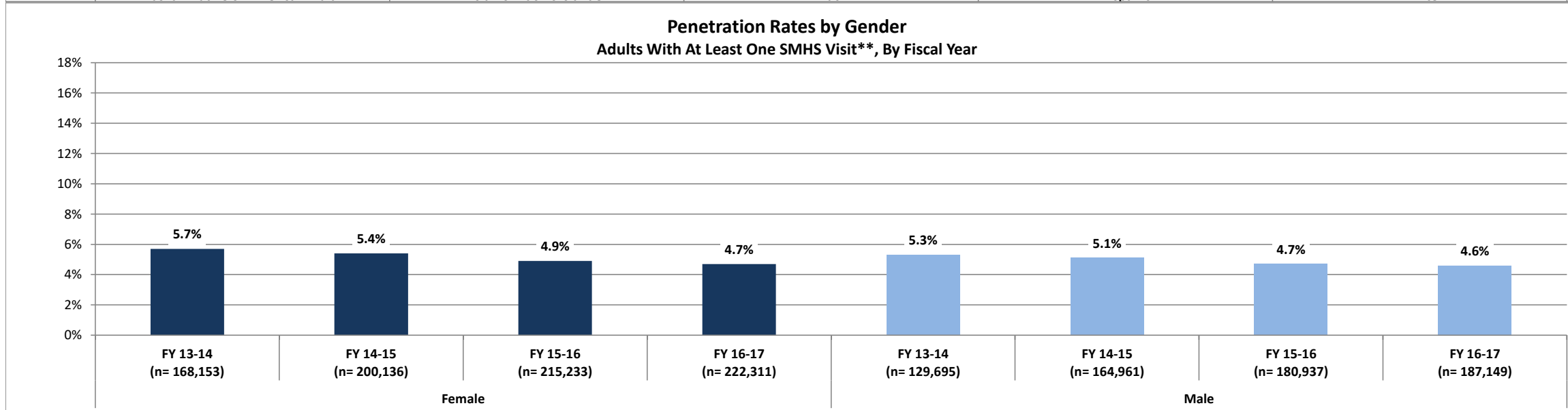
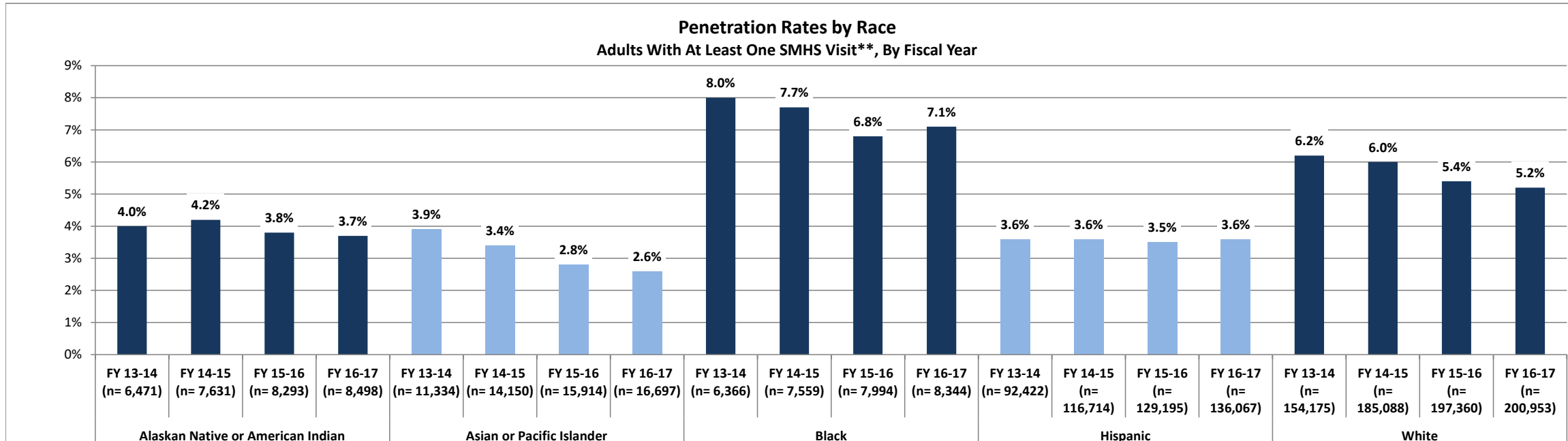


\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

\*\*Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

# Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\*

Small Sized Counties as of March 22, 2018



\*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.

\*\*Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.



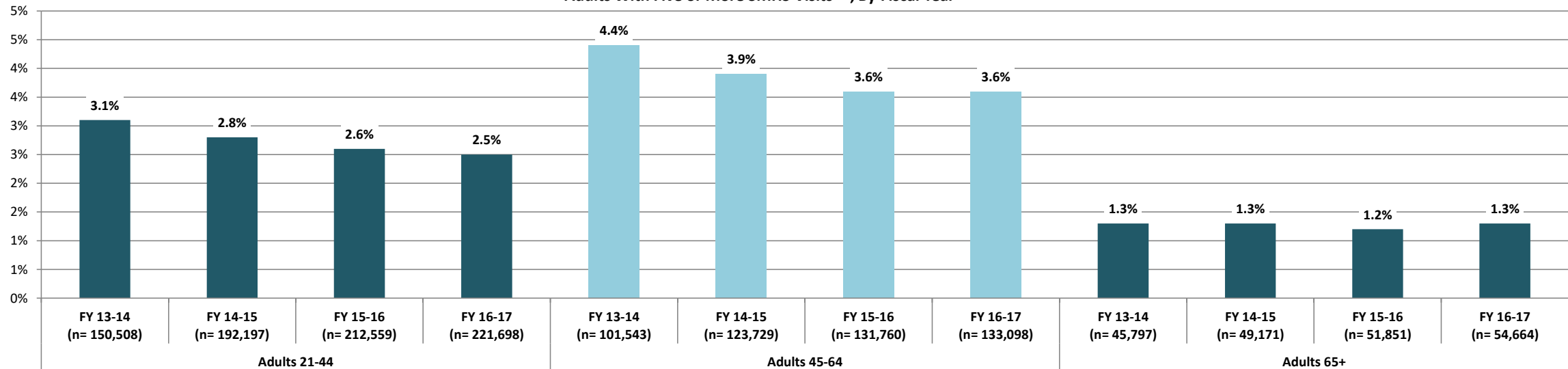
## Penetration Rates\* Report: Adults with Five or More SMHS Visits\*\*

Small Sized Counties as of March 22, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
<b>All</b>	<b>9,663</b>	<b>297,848</b>	<b>3.2%</b>	<b>10,836</b>	<b>365,097</b>	<b>3.0%</b>	<b>10,810</b>	<b>396,170</b>	<b>2.7%</b>	<b>10,952</b>	<b>409,460</b>	<b>2.7%</b>
Adults 21-44	4,614	150,508	3.1%	5,350	192,197	2.8%	5,422	212,559	2.6%	5,460	221,698	2.5%
Adults 45-64	4,435	101,543	4.4%	4,840	123,729	3.9%	4,779	131,760	3.6%	4,755	133,098	3.6%
Adults 65+	614	45,797	1.3%	646	49,171	1.3%	609	51,851	1.2%	737	54,664	1.3%
Alaskan Native or American Indian	138	6,471	2.1%	158	7,631	2.1%	158	8,293	1.9%	136	8,498	1.6%
Asian or Pacific Islander	244	11,334	2.2%	246	14,150	1.7%	262	15,914	1.6%	253	16,697	1.5%
Black	304	6,366	4.8%	329	7,559	4.4%	293	7,994	3.7%	324	8,344	3.9%
Hispanic	1,964	92,422	2.1%	2,427	116,714	2.1%	2,613	129,195	2.0%	2,883	136,067	2.1%
White	5,630	154,175	3.7%	6,106	185,088	3.3%	5,990	197,360	3.0%	5,817	200,953	2.9%
Other	102	3,447	3.0%	110	4,537	2.4%	91	4,722	1.9%	93	4,391	2.1%
Unknown	1,281	23,633	5.4%	1,460	29,418	5.0%	1,403	32,692	4.3%	1,446	34,510	4.2%
Female	5,651	168,153	3.4%	6,213	200,136	3.1%	6,081	215,233	2.8%	5,988	222,311	2.7%
Male	4,012	129,695	3.1%	4,623	164,961	2.8%	4,729	180,937	2.6%	4,964	187,149	2.7%

### Penetration Rates by Age

Adults 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 Medi-Cal Managed Care system.

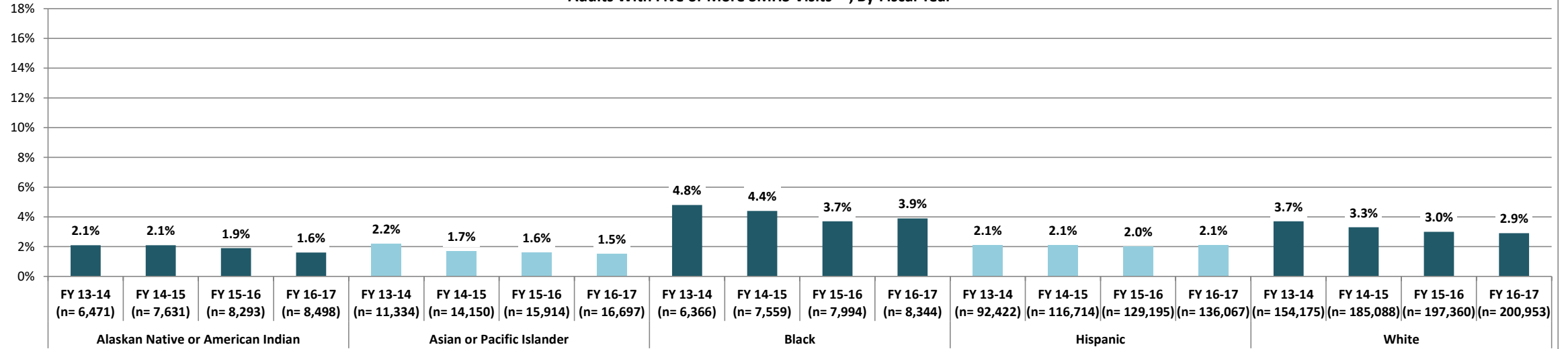
\*\*Adults and Older Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

# Penetration Rates\* Report: Adults with Five or More SMHS Visits\*\*

Small Sized Counties as of March 22, 2018

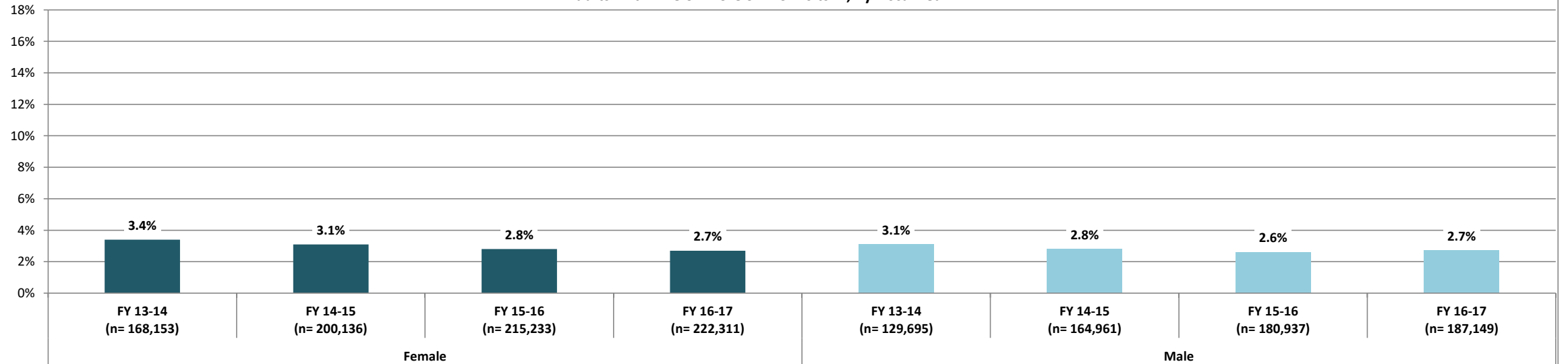
## Penetration Rates by Race

Adults With Five or More SMHS Visits\*\*, By Fiscal Year



## Penetration Rates by Gender

Adults With Five or More SMHS Visits\*\*, By Fiscal Year



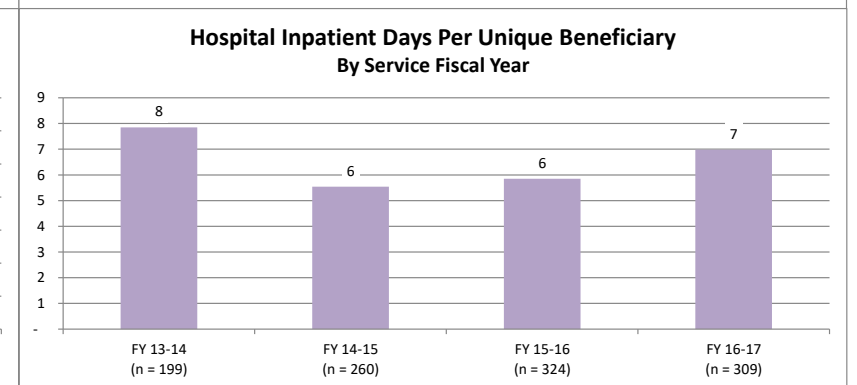
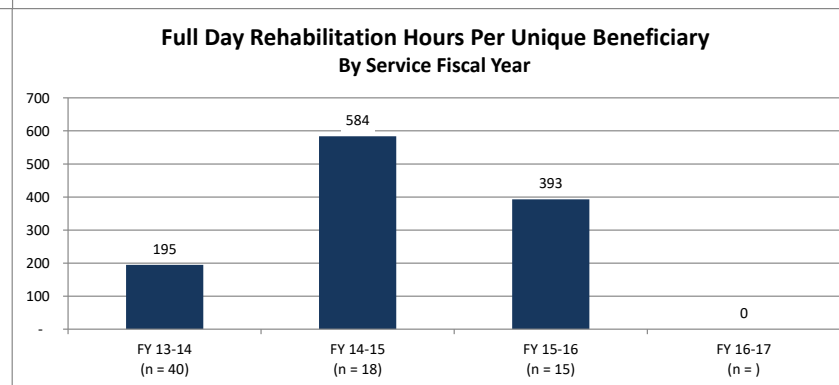
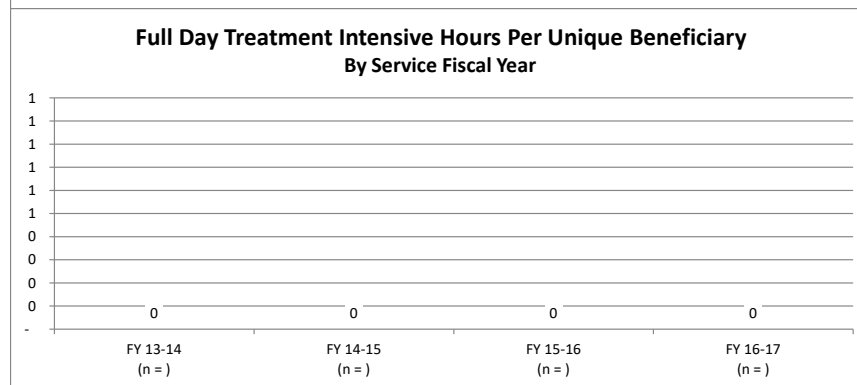
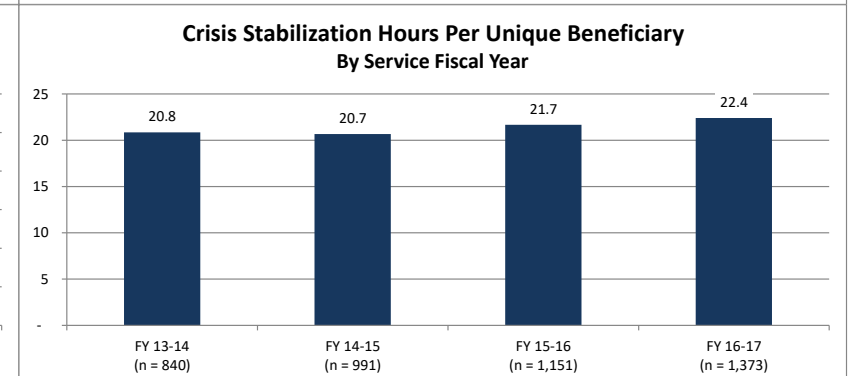
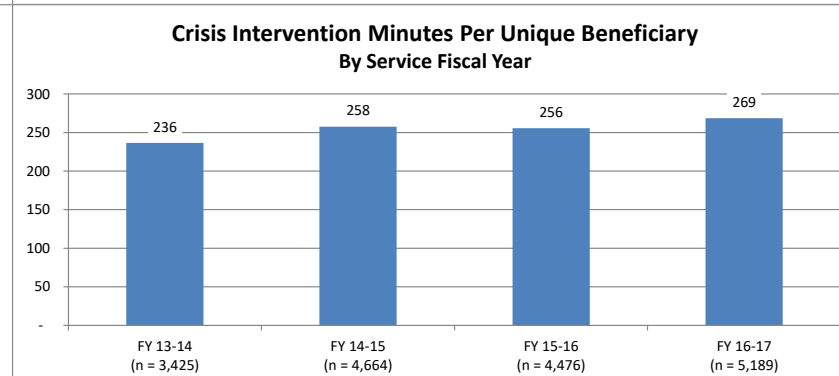
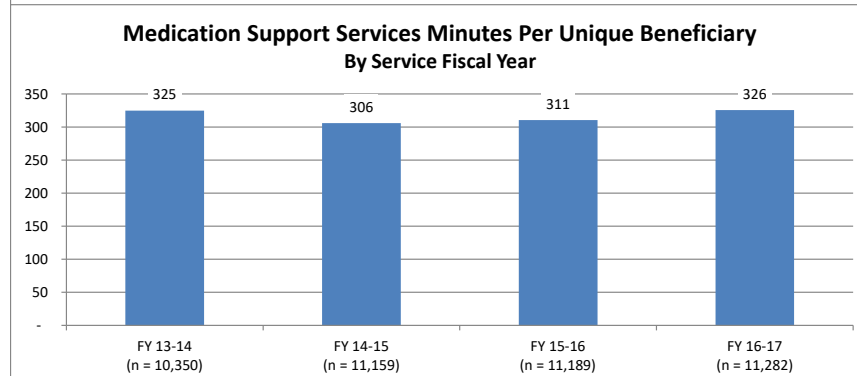
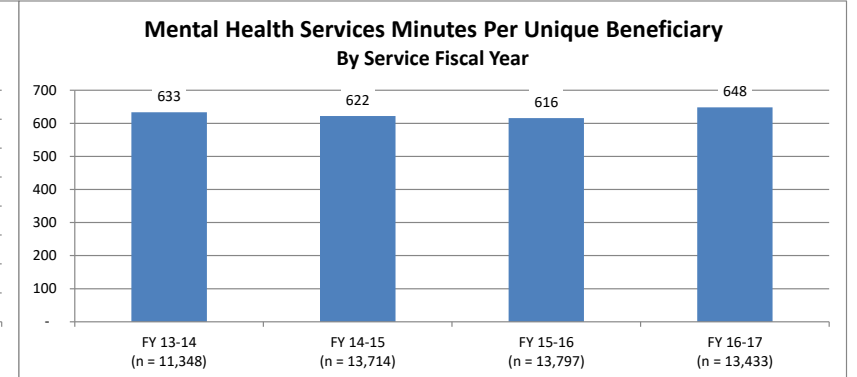
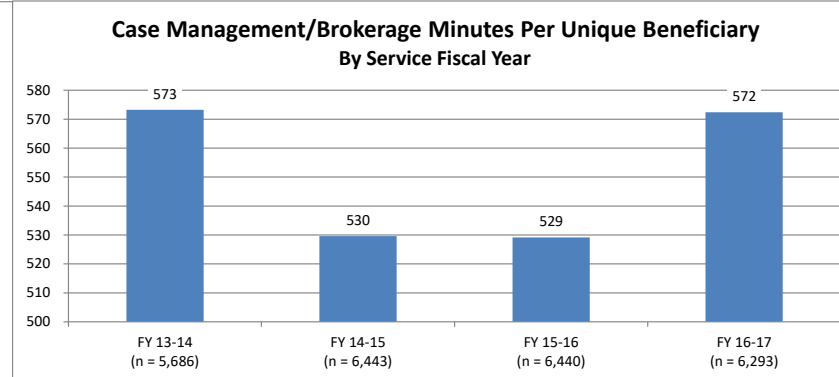
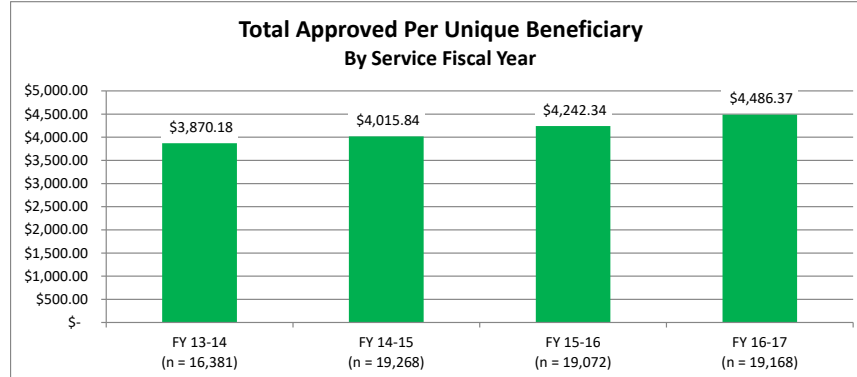
\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

\*\*Adults and Older Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Small Sized Counties as of March 22, 2018

Fiscal Year	SDMC Total Approved	Case Management/ Brokerage (Minutes)	Mental Health 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 13-14	\$ 3,870	573	633	325	236	21	0	195	8	20	10	20	77	12
FY 14-15	\$ 4,016	530	622	306	258	21	0	584	6	63	10	21	75	11
FY 15-16	\$ 4,242	529	616	311	256	22	0	393	6	27	11	21	85	10
FY 16-17	\$ 4,486	572	648	326	269	22	0	0	7	44	10	20	95	10
MEAN	\$ 4,154	551	630	317	255	21	0	390	7	38	10	20	83	11

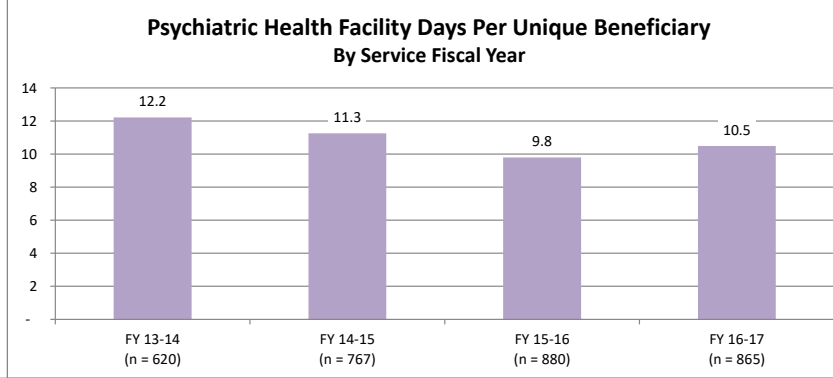
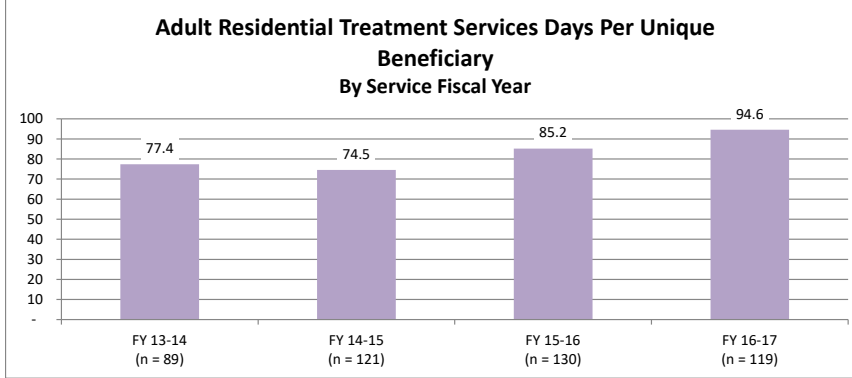
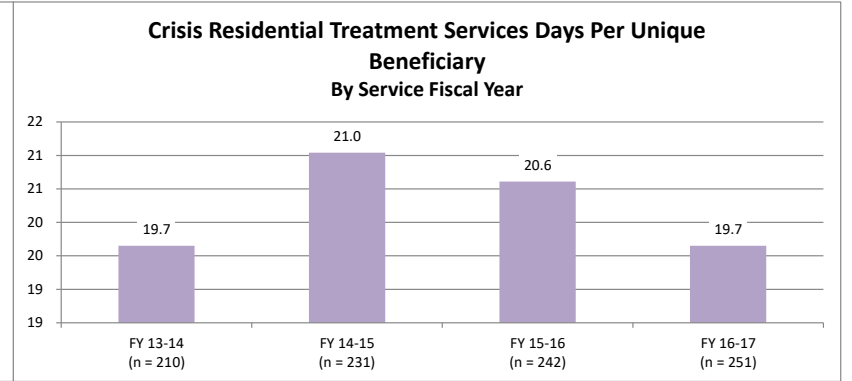
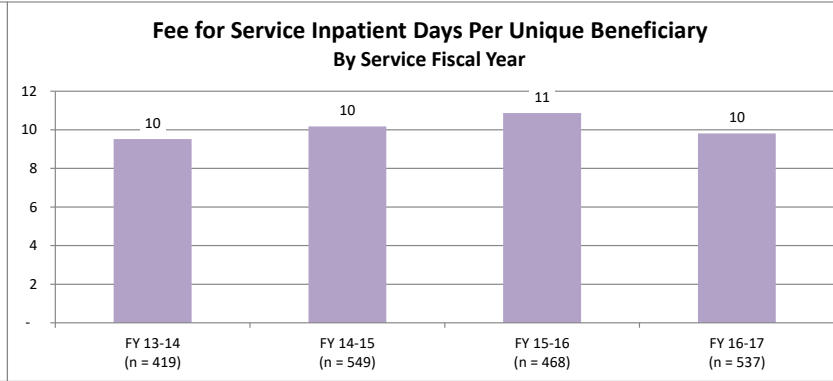
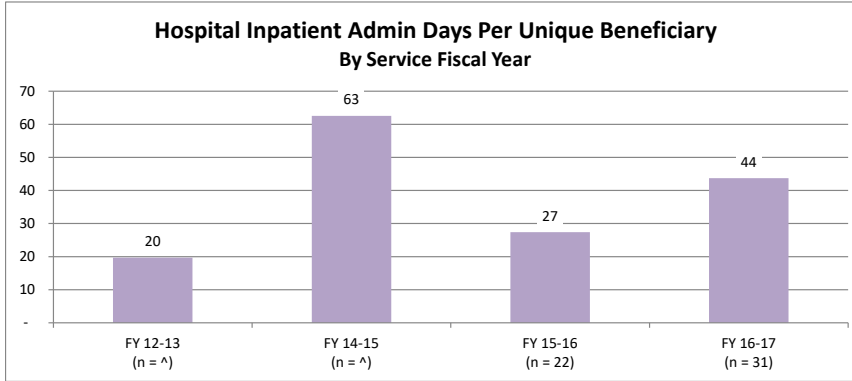


\*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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 Adults**  
**Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\***  
 Small Sized Counties as of March 22, 2018



\*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.

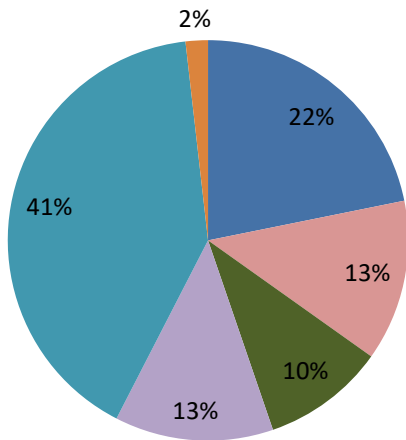
## Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Small Sized Counties as of March 22, 2018

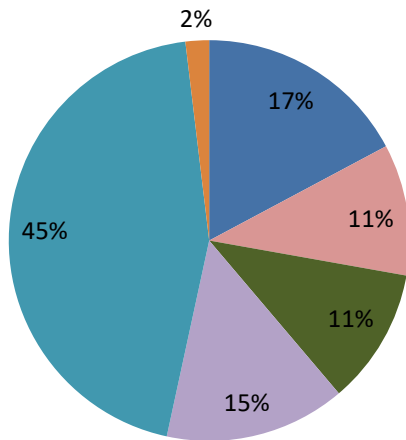
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years ( $\geq 2$ YR) or a period of 1 to 2 years ( $< 2$ YR).
Exiting	Adults 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 Adults met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Adults 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 ( $\geq 2$ YR) Count	Service Continuance ( $\geq 2$ YR) %	Service Continuance ( $< 2$ YR) Count	Service Continuance ( $< 2$ YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance ( $\geq 2$ YR) & Exiting Count	Service Continuance ( $\geq 2$ YR) and Exiting %	Total Count	Total %
FY 13-14	3,577	21.8%	2,131	13.0%	1,624	9.9%	2,096	12.8%	6,657	40.6%	296	1.8%	16,381	100%
FY 14-15	3,308	17.2%	2,041	10.6%	2,128	11.0%	2,807	14.6%	8,622	44.7%	362	1.9%	19,268	100%
FY 15-16	3,084	16.2%	2,096	11.0%	1,951	10.2%	3,048	16.0%	8,542	44.8%	351	1.8%	19,072	100%
FY 16-17	3,155	16.5%	2,077	10.8%	1,888	9.8%	2,751	14.4%	8,837	46.1%	460	2.4%	19,168	100%

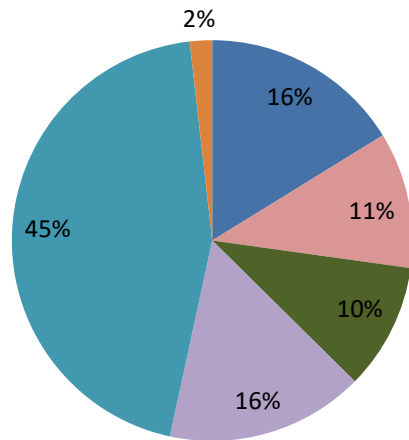
**Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution**



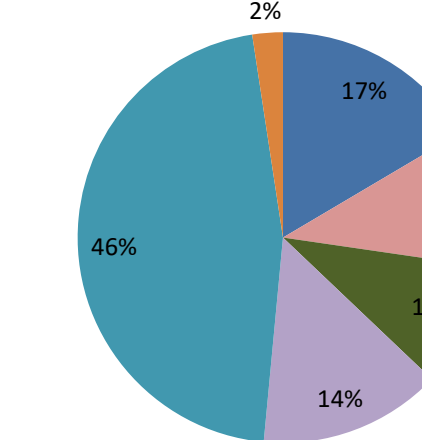
**Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution**



**Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution**



**Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution**



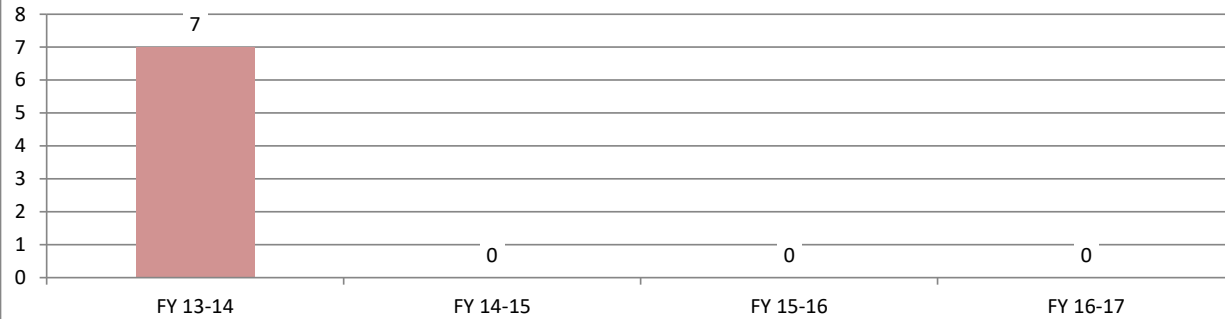
- Arrivals
- Service Continuance ( $\geq 2$  YR)
- Service Continuance ( $< 2$  YR)
- Exiting
- Arriving & Exiting
- Service Continuance ( $\geq 2$  YR) & Exiting

## Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge\*

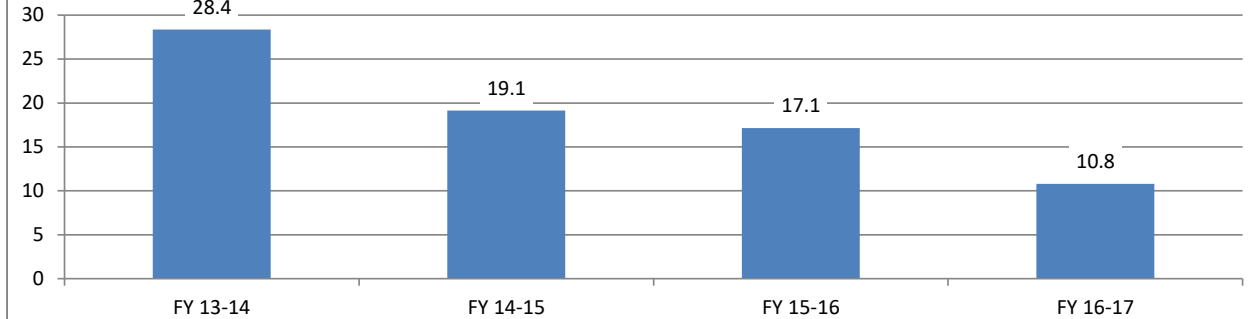
Small Sized Counties as of March 22, 2018

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 Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	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 13-14	590	48.9%	269	22.3%	290	24.0%	58	4.8%	0	356	28.4	7
FY 14-15	569	69.7%	74	9.1%	88	10.8%	85	10.4%	0	346	19.1	0
FY 15-16	490	69.5%	67	9.5%	79	11.2%	69	9.8%	0	365	17.1	0
FY 16-17	573	71.9%	71	8.9%	52	6.5%	101	12.7%	0	344	10.8	0

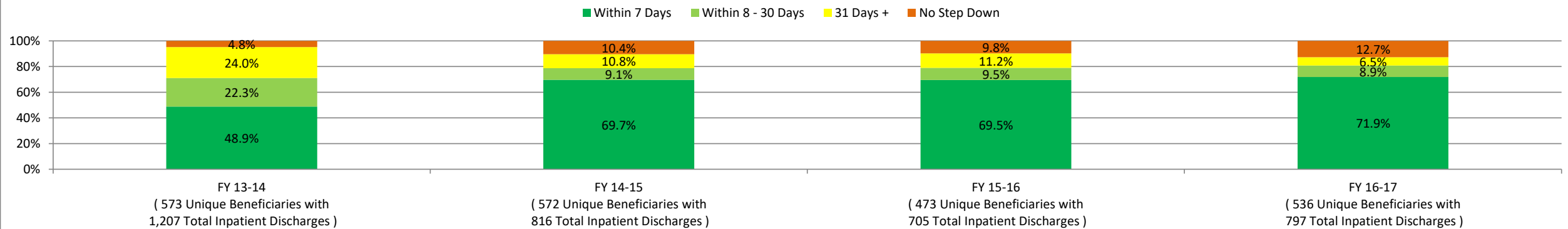
### Median Time Between Inpatient Discharge and Step Down Service in Days



### Mean Time Between Inpatient Discharge and Step Down Service in Days



### 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.