Performance Outcomes System

Report run on March 13, 2018

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 SMH' 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 - 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.

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 FY16/17.

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/POS_MeasuresCatalog_Sept2016.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, 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.

***New Age Methodology** for Identifying Children under 21 (POS reports posted after to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).

*The **penetration rates** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number of youth who received one or more SMHS' 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. Penetration rates provide a measure of initial contact with the specialty mental health system.

*The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). 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

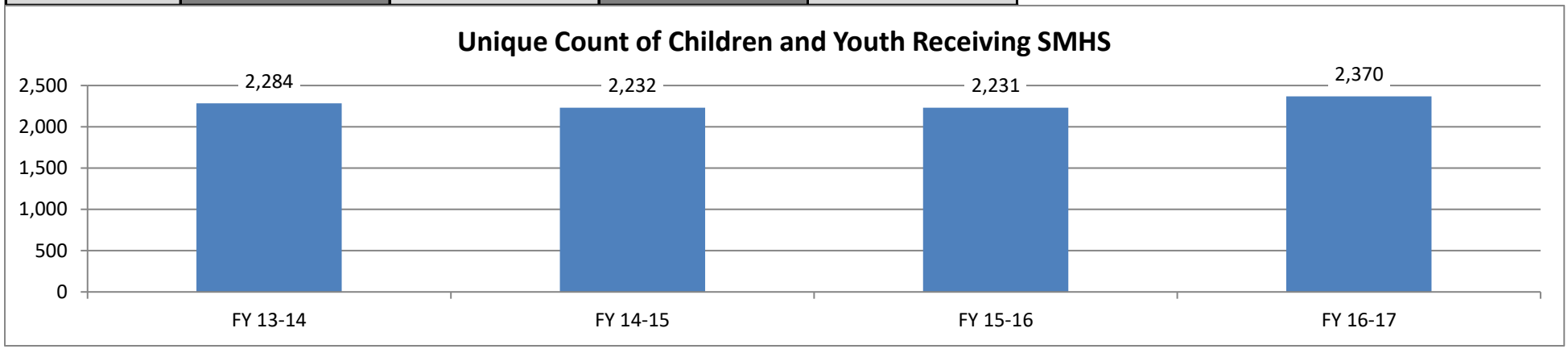
*The psychiatric emergency services/hospital data reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed 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 beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

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

Santa Barbara County as of March 13, 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	2,284		68,469	
FY 14-15	2,232	-2.3%	71,924	5.0%
FY 15-16	2,231	0.0%	76,468	6.3%
FY 16-17	2,370	6.2%	78,452	2.6%
Compound Annual Growth Rate SFY**		**1.2%**		**4.6%**



**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

Santa Barbara County as of March 13, 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	^	^	32	1.4%	69	3.0%	525	23.0%	1,404	61.5%	^	^	108	4.7%
FY 14-15	^	^	28	1.3%	66	3.0%	488	21.9%	1,406	63.0%	^	^	81	3.6%
FY 15-16	^	^	30	1.3%	59	2.6%	470	21.1%	1,401	62.8%	^	^	67	3.0%
FY 16-17	^	^	28	1.2%	47	2.0%	472	19.9%	1,460	61.6%	^	^	76	3.2%

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

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.

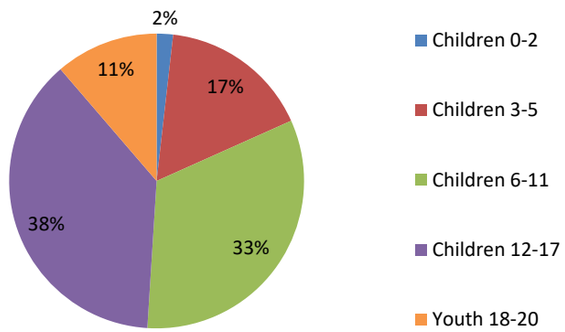
^ Data has been suppressed to protect patient privacy.

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

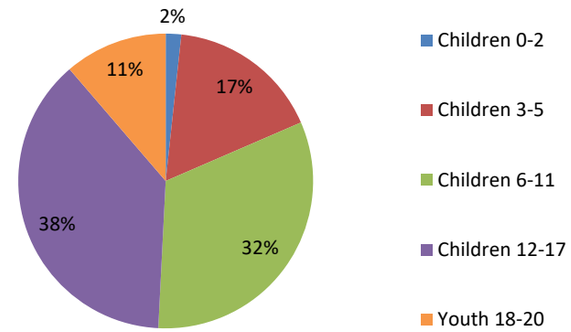
Santa Barbara County as of March 13, 2018

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	42	1.8%	376	16.5%	746	32.7%	861	37.7%	259	11.3%
FY 14-15	37	1.7%	376	16.8%	721	32.3%	846	37.9%	252	11.3%
FY 15-16	74	3.3%	343	15.4%	680	30.5%	863	38.7%	271	12.1%
FY 16-17	106	4.5%	326	13.8%	640	27.0%	994	41.9%	304	12.8%

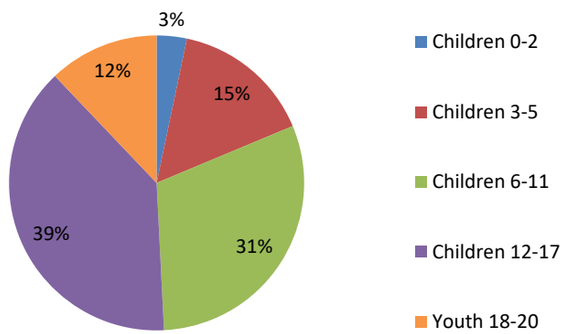
Fiscal Year 13-14 Age Group Distribution



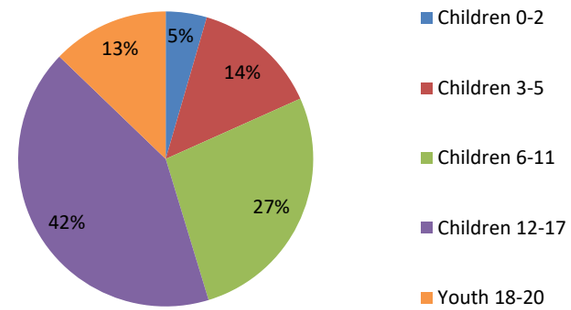
Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution



Fiscal Year 16-17 Age Group Distribution

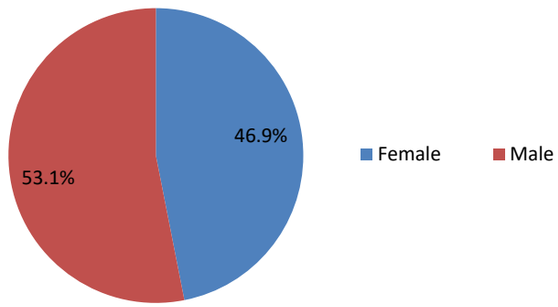


Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

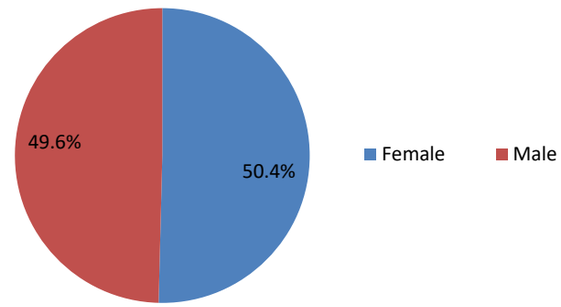
Santa Barbara County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	1,071	46.9%	1,213	53.1%
FY 14-15	1,125	50.4%	1,107	49.6%
FY 15-16	1,091	48.9%	1,140	51.1%
FY 16-17	1,151	48.6%	1,219	51.4%

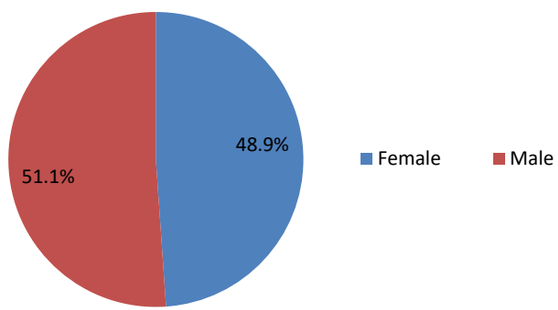
Fiscal Year 13-14 Gender Distribution



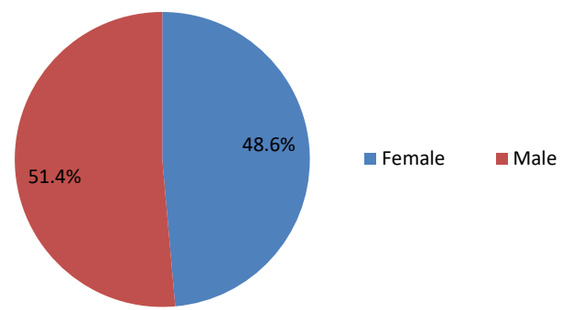
Fiscal Year 14-15 Gender Distribution



Fiscal Year 15-16 Gender Distribution



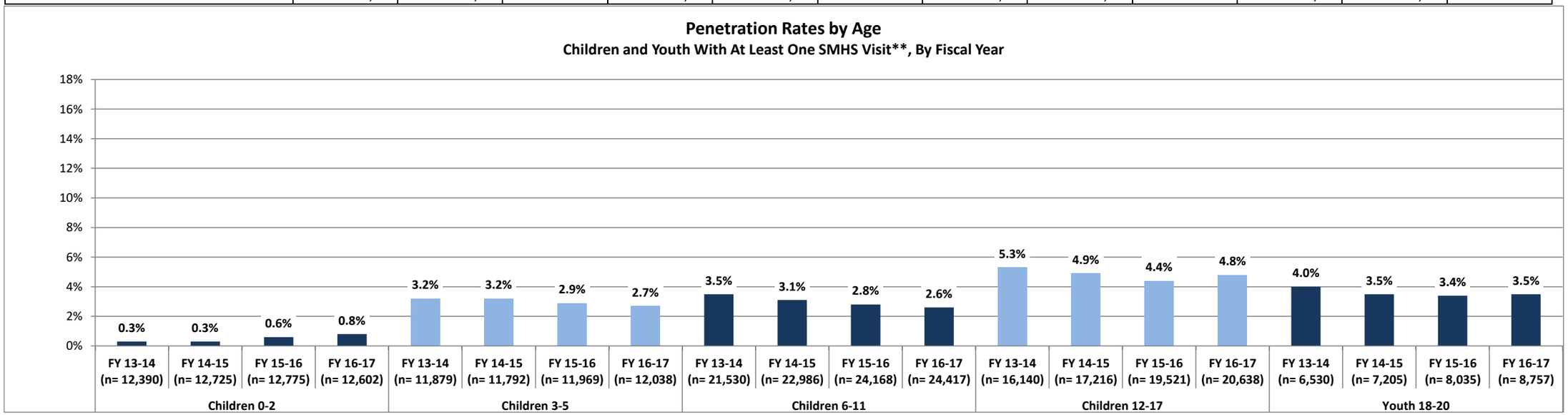
Fiscal Year 16-17 Gender Distribution



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

Santa Barbara County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	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	**2,284**	**68,469**	**3.3%**	**2,232**	**71,924**	**3.1%**	**2,231**	**76,468**	**2.9%**	**2,370**	**78,452**	**3.0%**
Children 0-2	42	12,390	0.3%	37	12,725	0.3%	74	12,775	0.6%	106	12,602	0.8%
Children 3-5	376	11,879	3.2%	376	11,792	3.2%	343	11,969	2.9%	326	12,038	2.7%
Children 6-11	746	21,530	3.5%	721	22,986	3.1%	680	24,168	2.8%	640	24,417	2.6%
Children 12-17	861	16,140	5.3%	846	17,216	4.9%	863	19,521	4.4%	994	20,638	4.8%
Youth 18-20	259	6,530	4.0%	252	7,205	3.5%	271	8,035	3.4%	304	8,757	3.5%
Alaskan Native or American Indian	^	151	^	^	151	^	^	153	^	^	146	^
Asian or Pacific Islander	32	1,306	2.5%	28	1,389	2.0%	30	1,410	2.1%	28	1,368	2.0%
Black	69	909	7.6%	66	915	7.2%	59	897	6.6%	47	878	5.4%
Hispanic	525	15,530	3.4%	488	15,485	3.2%	470	16,007	2.9%	472	16,391	2.9%
White	1,404	45,366	3.1%	1,406	48,338	2.9%	1,401	51,827	2.7%	1,460	53,111	2.7%
Other	^	2,286	^	^	2,441	^	^	2,748	^	^	3,176	^
Unknown	108	2,921	3.7%	81	3,205	2.5%	67	3,426	2.0%	76	3,382	2.2%
Female	1,071	33,677	3.2%	1,125	35,460	3.2%	1,091	37,575	2.9%	1,151	38,549	3.0%
Male	1,213	34,792	3.5%	1,107	36,464	3.0%	1,140	38,893	2.9%	1,219	39,903	3.1%

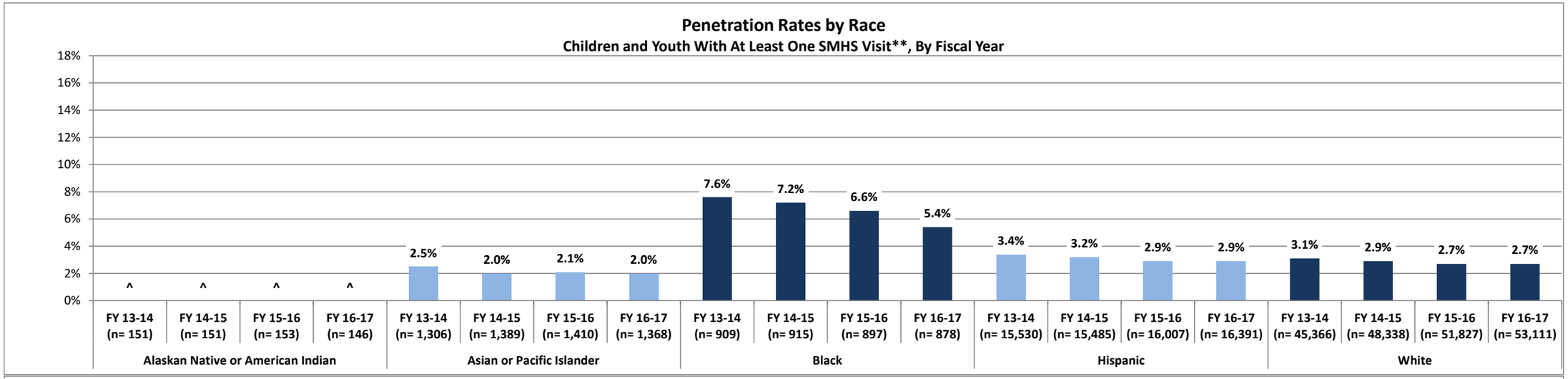


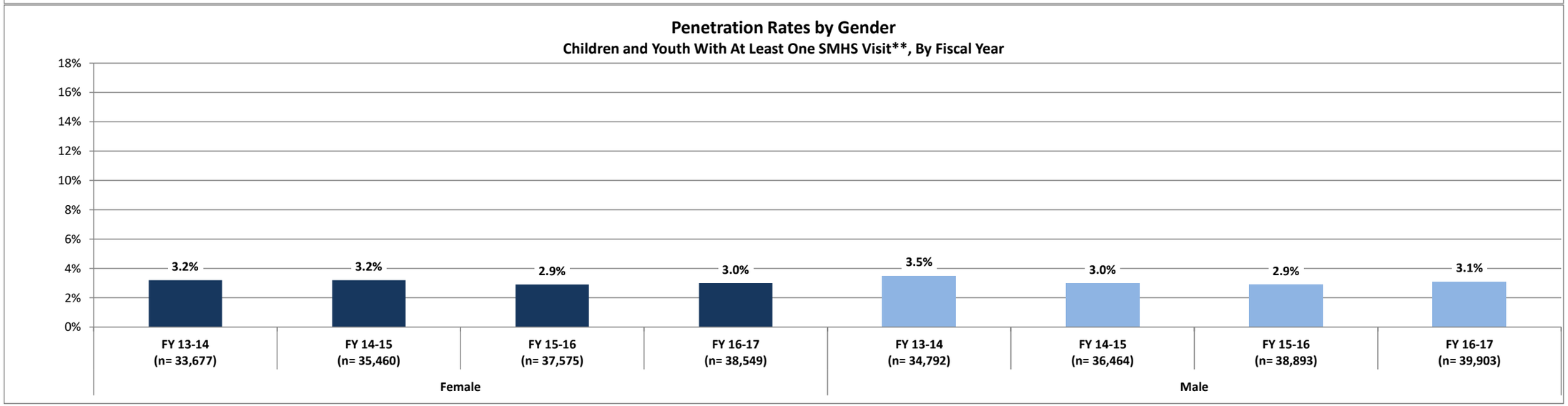
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth that have received 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: Children and Youth with At Least One SMHS Visit**

Santa Barbara County as of March 13, 2018





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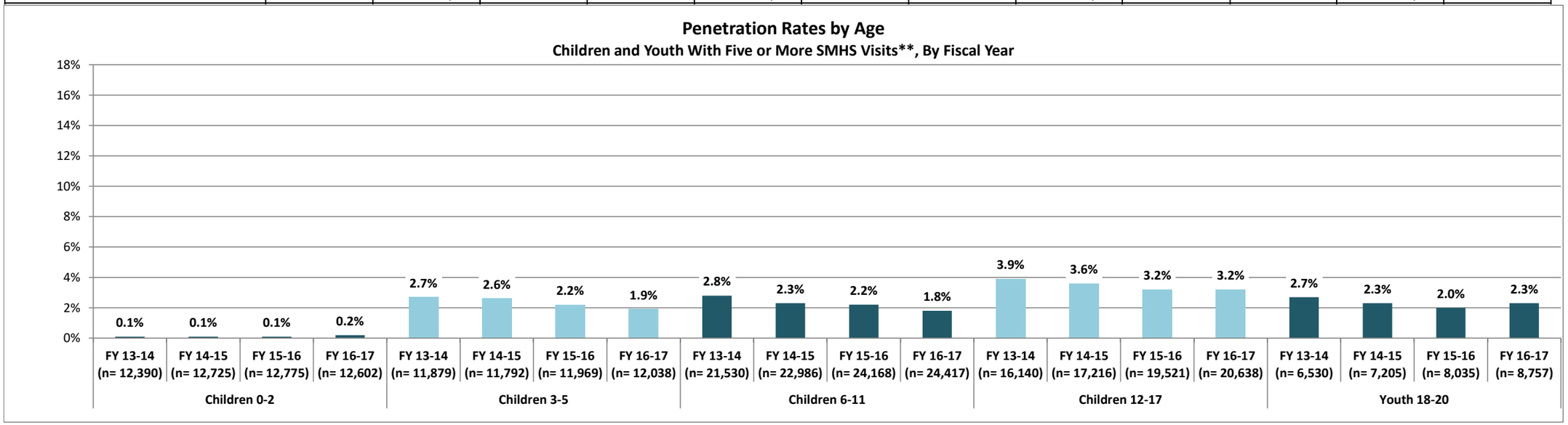
***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

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

Santa Barbara County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	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	**1,724**	**68,469**	**2.5%**	**1,649**	**71,924**	**2.3%**	**1,580**	**76,468**	**2.1%**	**1,537**	**78,452**	**2.0%**
Children 0-2	16	12,390	0.1%	16	12,725	0.1%	15	12,775	0.1%	19	12,602	0.2%
Children 3-5	316	11,879	2.7%	309	11,792	2.6%	267	11,969	2.2%	223	12,038	1.9%
Children 6-11	593	21,530	2.8%	536	22,986	2.3%	522	24,168	2.2%	439	24,417	1.8%
Children 12-17	623	16,140	3.9%	625	17,216	3.6%	616	19,521	3.2%	658	20,638	3.2%
Youth 18-20	176	6,530	2.7%	163	7,205	2.3%	160	8,035	2.0%	198	8,757	2.3%
Alaskan Native or American Indian	^	151	^	^	151	^	^	153	^	^	146	^
Asian or Pacific Islander	26	1,306	2.0%	24	1,389	1.7%	21	1,410	1.5%	16	1,368	1.2%
Black	51	909	5.6%	47	915	5.1%	41	897	4.6%	30	878	3.4%
Hispanic	403	15,530	2.6%	364	15,485	2.4%	312	16,007	1.9%	313	16,391	1.9%
White	1,058	45,366	2.3%	1,025	48,338	2.1%	1,000	51,827	1.9%	954	53,111	1.8%
Other	^	2,286	^	^	2,441	^	^	2,748	^	^	3,176	^
Unknown	81	2,921	2.8%	69	3,205	2.2%	57	3,426	1.7%	50	3,382	1.5%
Female	787	33,677	2.3%	814	35,460	2.3%	758	37,575	2.0%	727	38,549	1.9%
Male	937	34,792	2.7%	835	36,464	2.3%	822	38,893	2.1%	810	39,903	2.0%

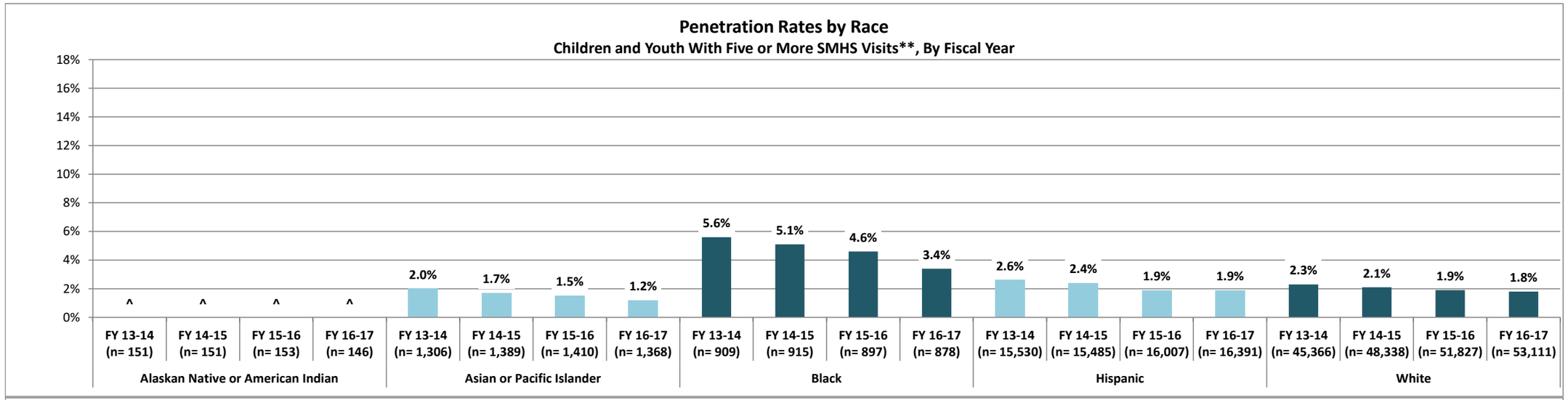


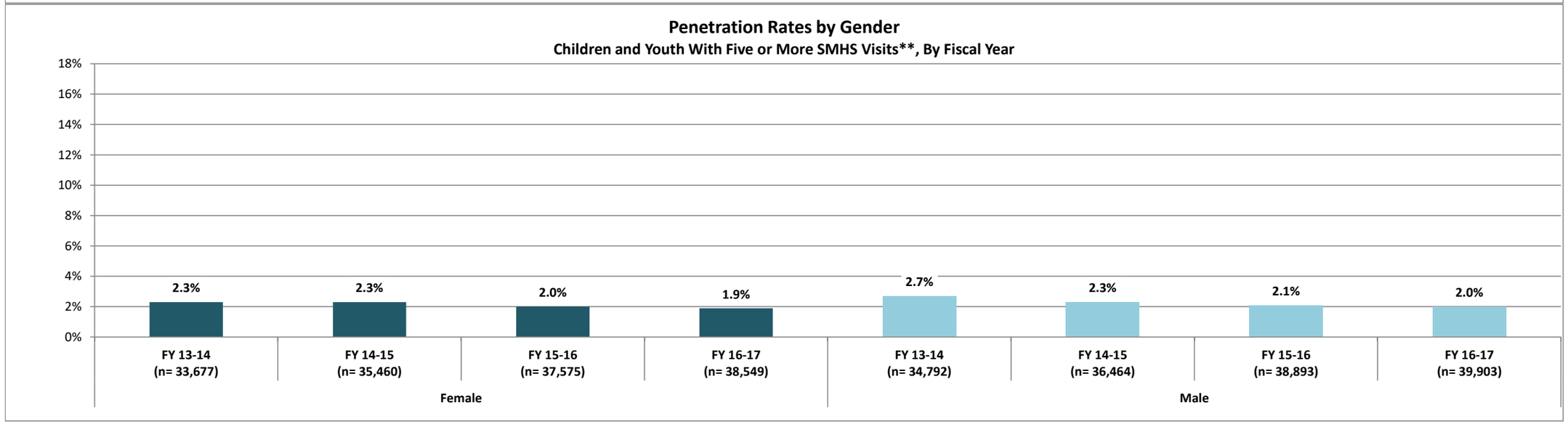
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth 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: Children and Youth with Five or More SMHS Visits**

Santa Barbara County as of March 13, 2018





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***Children and Youth 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.*

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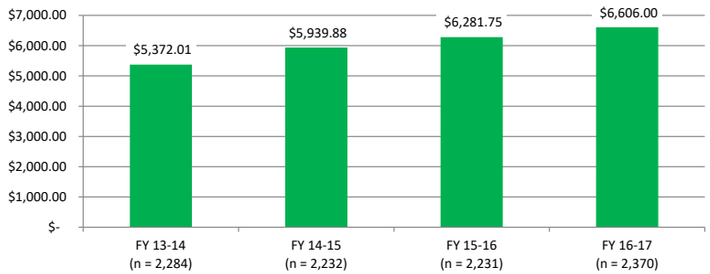
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

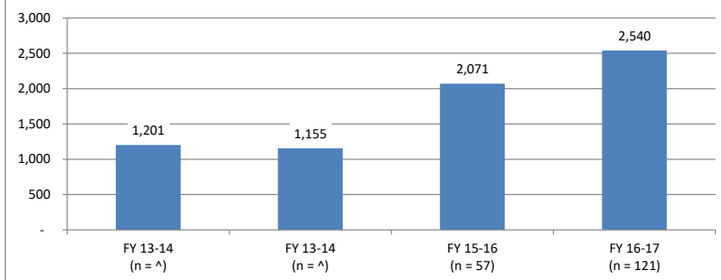
Santa Barbara County as of March 13, 2018

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 13-14	$ 5,372.01	1,201	339	314	1,697	6,722	537	249	5	588	1,392	9	0	8	16	0	1
FY 14-15	$ 5,939.88	1,155	1,002	340	1,586	5,390	483	295	16	0	78	16	14	8	7	0	1
FY 15-16	$ 6,281.75	2,071	1,371	307	1,593	5,035	473	265	24	192	654	8	52	11	14	0	1
FY 16-17	$ 6,606.00	2,540	889	240	1,330	3,446	393	223	18	951	678	8	2	9	10	0	1
MEAN	**$ 6,049.91**	**1,742**	**900**	**300**	**1,551**	**5,148**	**471**	**258**	**16**	**577**	**701**	**10**	**23**	**9**	**12**	**0**	**1**

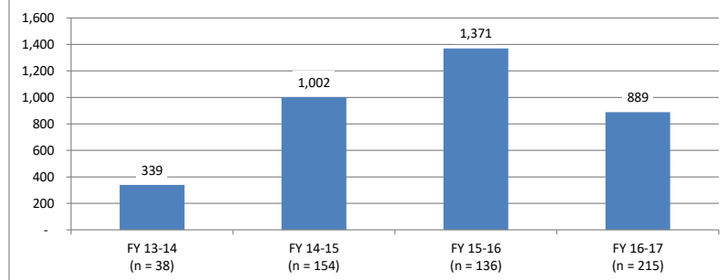
Total Approved Per Unique Beneficiary
By Service Fiscal Year



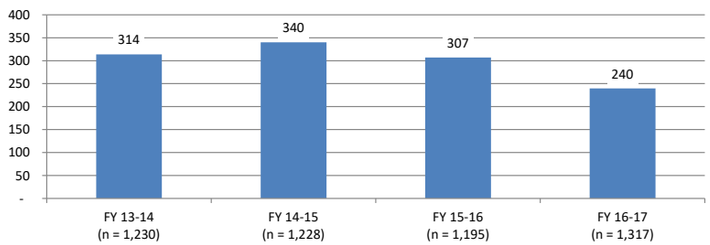
IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year



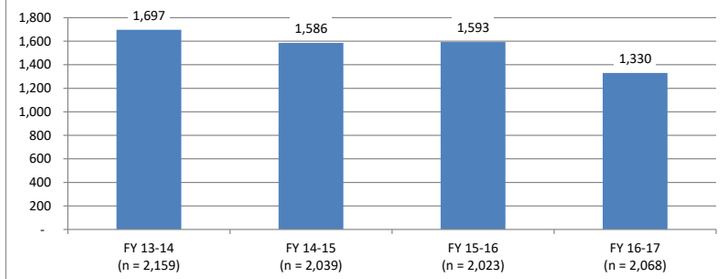
ICC Minutes Per Unique Beneficiary
By Service Fiscal Year



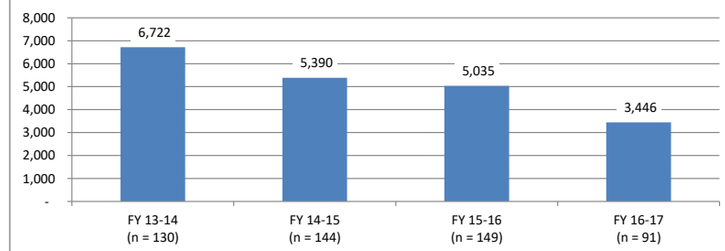
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



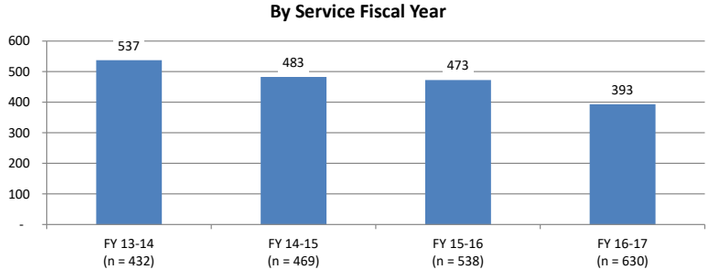
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



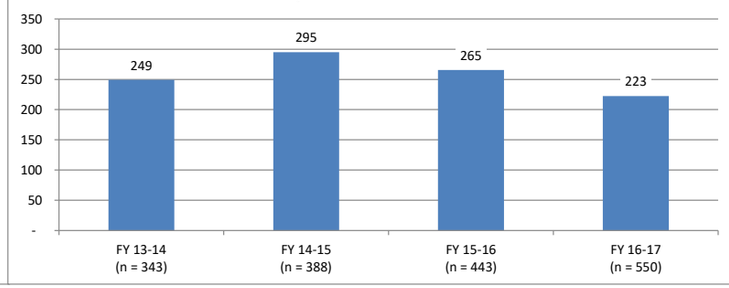
Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year



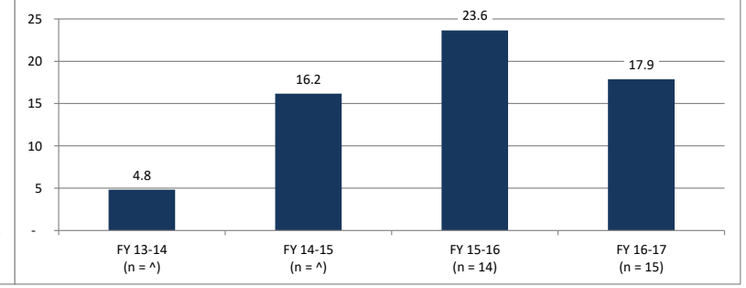
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



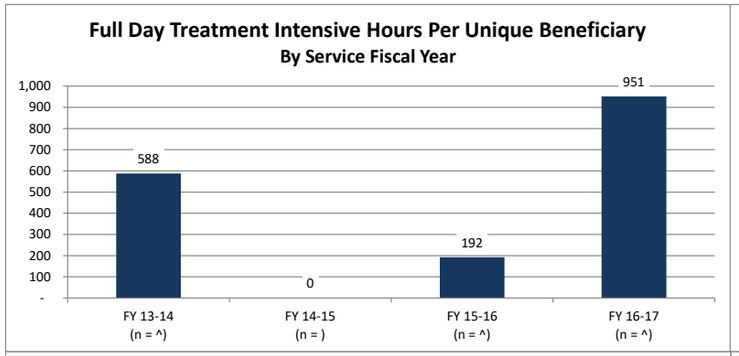
Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

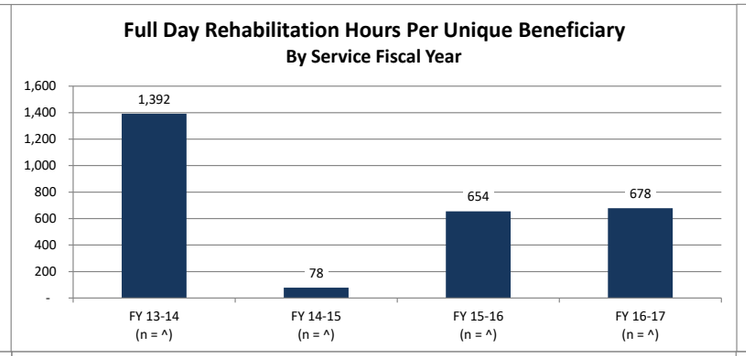


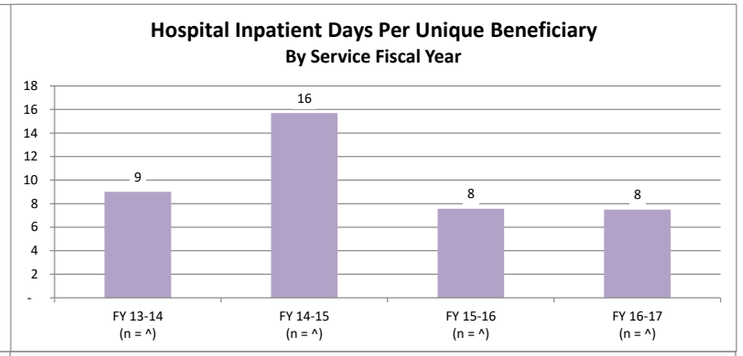
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

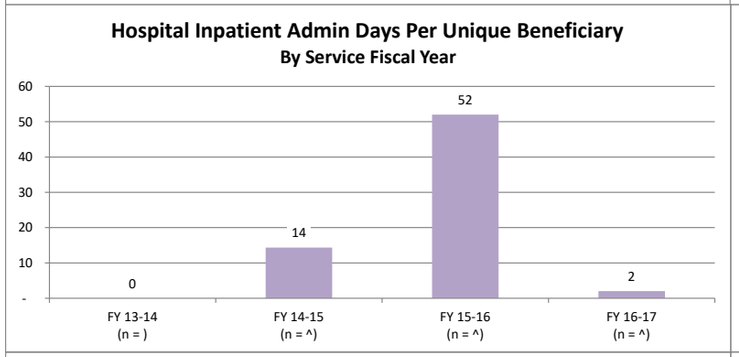
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

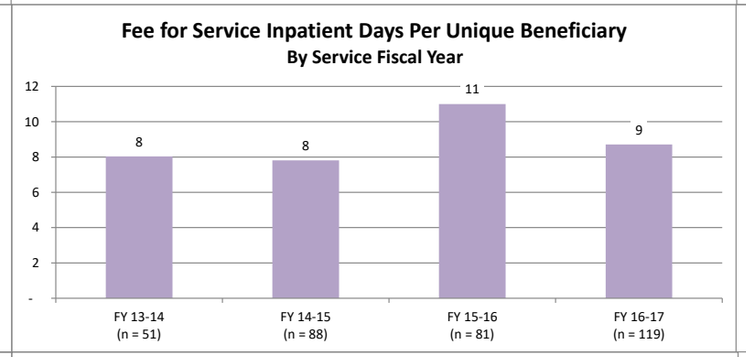
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
Santa Barbara County as of March 13, 2018

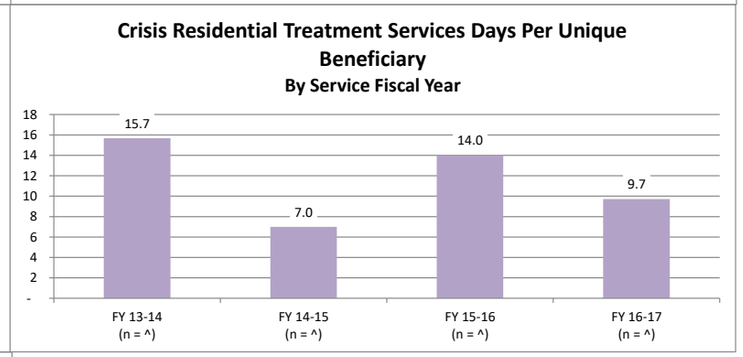


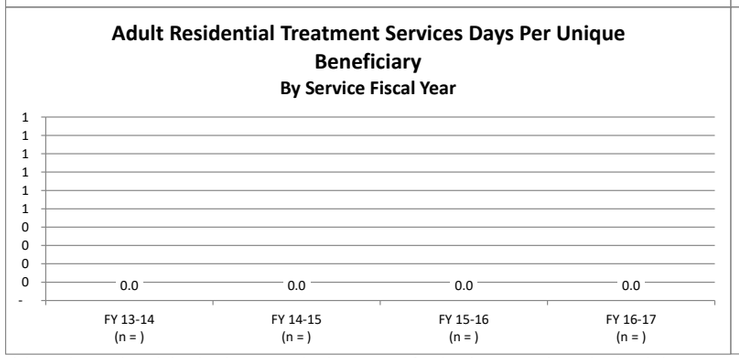


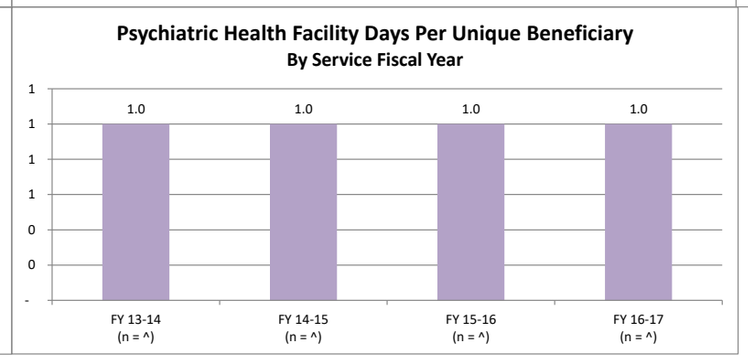












**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

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.

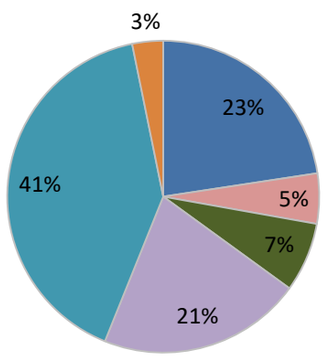
Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

Santa Barbara County as of March 13, 2018

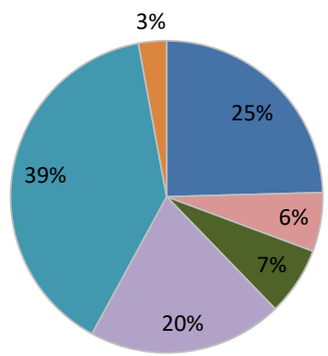
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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 13-14	517	22.6%	119	5.2%	164	7.2%	481	21.1%	929	40.7%	74	3.2%	2,284	100%
FY 14-15	549	24.6%	136	6.1%	158	7.1%	451	20.2%	874	39.2%	64	2.9%	2,232	100%
FY 15-16	493	22.1%	152	6.8%	162	7.3%	450	20.2%	892	40.0%	82	3.7%	2,231	100%
FY 16-17	525	22.2%	158	6.7%	138	5.8%	435	18.4%	1,026	43.3%	88	3.7%	2,370	100%

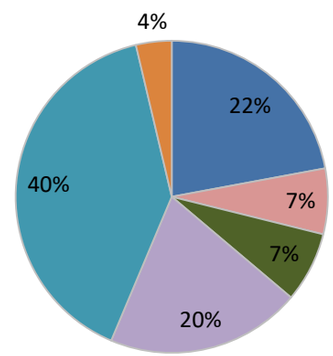
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



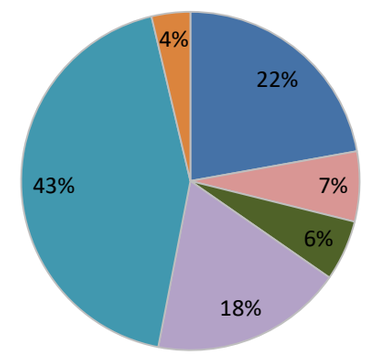
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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



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



- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

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

Santa Barbara County as of March 13, 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	45	57.0%	^	^	15	19.0%	^	^	0	245	22.8	4
FY 14-15	86	72.3%	13	10.9%	^	^	^	^	0	266	14.8	3
FY 15-16	107	83.6%	12	9.4%	^	^	^	^	0	78	3.2	0
FY 16-17	111	79.3%	^	^	^	^	12	8.6%	0	242	7.0	1

CHARTS NOT PRODUCED 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.*

^ Data has been suppressed to protect patient privacy.