### Performance Outcomes Adult Specialty Mental Health Services Report Report Date September, 2016

### 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) 11/12, 12/13, 13/14, and 14/15.

### Definitions

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

- Age 22 or older 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 July 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 14/15.

### Performance Outcomes Adult Specialty Mental Health Services Report Report Date September, 2016

### **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: <a href="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</a>

### 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 FY14/15. 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

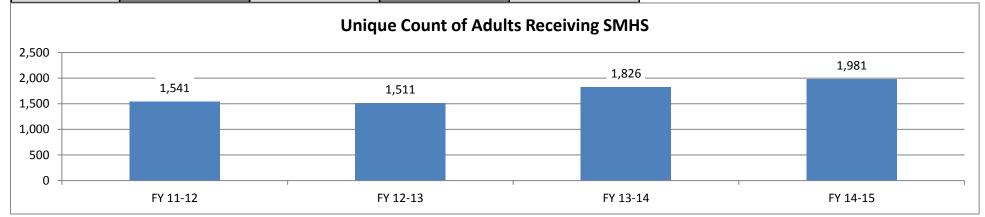
\*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and 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 the hospital from which the patient is discharged and receives step-down services.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

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

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	1,541		16,541	
FY 12-13	1,511	-1.9%	16,645	0.6%
FY 13-14	1,826	20.8%	26,993	62.2%
FY 14-15	1,981	8.5%	33,938	25.7%
Compound Annual Growth Rate SFY**		8.7%		27.1%

## Humboldt County



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

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

The Measures Catalog may be found at: http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\_Sept15Reporting\_Final\_1.11.15.pdf

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

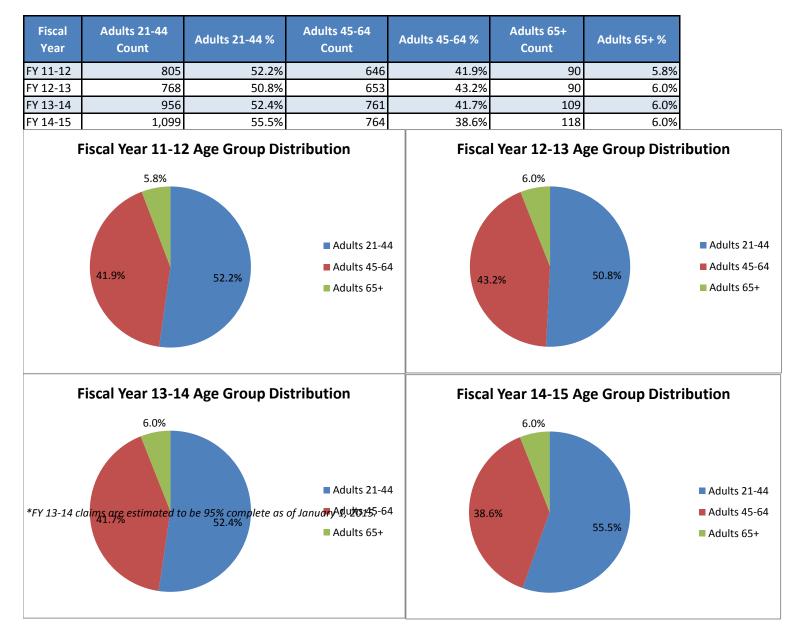
Humboldt County

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 %
Y 11-12	68	4.4%	42	2.7%	33	2.1%	46	3.0%	1,205	78.2%	11	0.7%	136	8.8%
Y 12-13	63	4.2%	42	2.8%	32	2.1%	49	3.2%	1,131	74.9%	^	٨	۸	۸
Y 13-14	69	3.8%	53	2.9%	39	2.1%	76	4.2%	1,323	72.5%	^	۸	^	٨
Y 14-15	94	4.7%	45	2.3%	46	2.3%	93	4.7%	1,417	71.5%	16	0.8%	270	13.69
		Fiscal Y	/ear 11-12 R	Race Distrib	ution				Fis	cal Year 12	-13 Race Di	stribution		
	1%		9% 2% 3%	Inc	askan Native or A lian ian or Pacific Isla				^ ^	<sup>3%</sup> 2% 4% <sup>3%</sup>		Alaskan Nati Indian Asian or Pac	ive or American ific Islander	
					ick							Black		
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		78%		Ot	her					75%		Other		
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		Fiscal Y	CHAR /ear 13-14 R	<b>I D INC</b> Race Distrib	ution	JUUCI			SMAL Fis	L CEL cal Year 14	L SIZE	<b>D.</b> stribution		
	۸	39 ^ 4%	<sup>%</sup> 2% 4%	Inc	askan Native or A lian ian or Pacific Isla				1% 14%	2% 2% 5% 5%	%	Alaskan Nati Indian Asian or Pac	ive or American ific Islander	
				Bla	ick							Black		
FY 13-14 c	laims are estima	ted to be 95% c	omplete as of Ja	His nuary 1, 2015.	spanic							Hispanic		
					nite							White		
		73%		Ot	her					72%		Other		

^ Data has been suppressed to protect patient privacy.

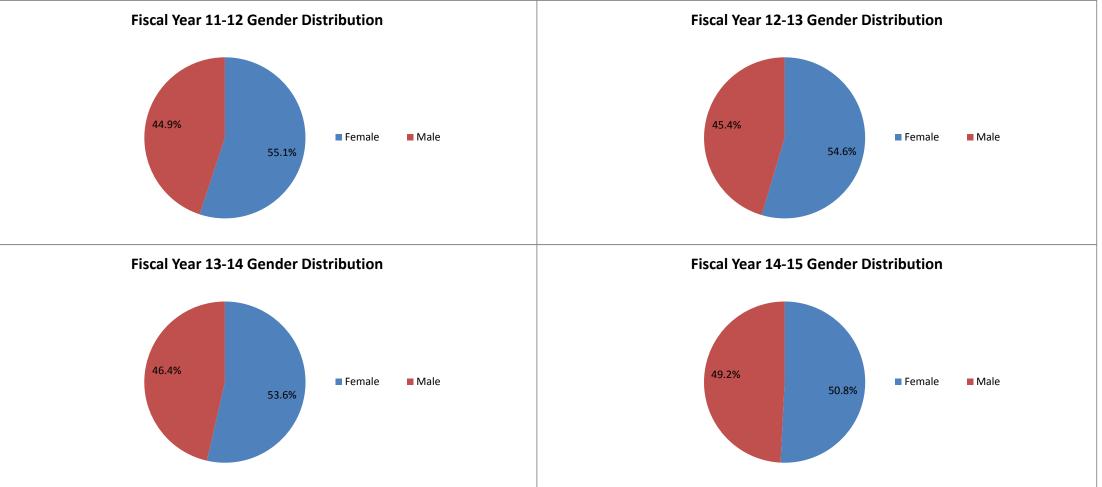
# Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Humboldt County



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

Fiscal Year	Female Count	Female %	Male Count	Male %		
FY 11-12	849	55.1%	692	44.9%		
FY 12-13	825	54.6%	686	45.4%		
FY 13-14	979	53.6%	847	46.4%		
FY 14-15	1,007	50.8%	974	49.2%		



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

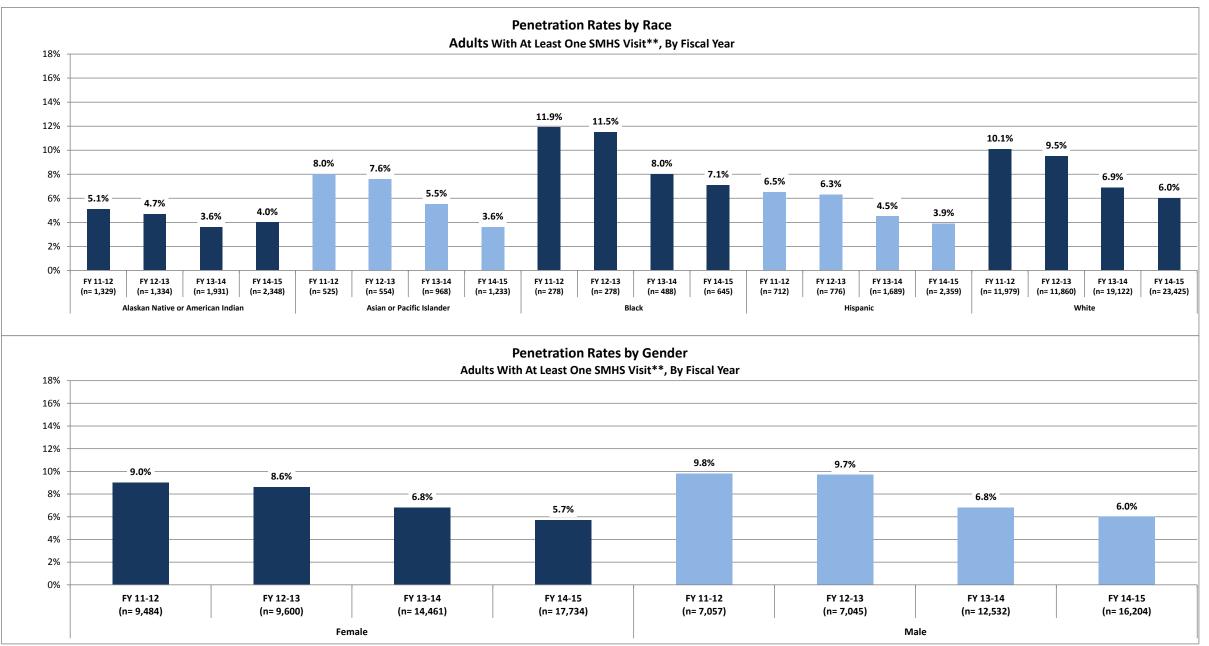
FY 11-12 FY 13-14 FY 12-13 FY 14-15 Certified Adults with 1 Certified Adults with 1 Adults with 1 or Adults with 1 or Penetration **Certified Eligible** Penetration Penetration Certified Penetration or more SMHS or more SMHS more SMHS Eligible Eligible more SMHS Rate Adults Rate **Eligible Adults** Rate Rate Visits Adults Visits Visits Adults Visits All 6.8% 1,541 16,541 9.3% 1,511 16,645 9.1% 1,826 26,993 1,981 33,938 5.8% 768 9.5% 5.5% Adults 21-44 805 7.974 10.1% 8,103 956 15,109 6.3% 1,099 20.109 Adults 45-64 646 6,105 10.6% 653 6,024 10.8% 761 9,210 8.3% 764 10,935 7.0% 90 2,462 90 2,518 109 2,674 4.1% 118 2.894 4.1% Adults 65+ 3.7% 3.6% 68 63 1,334 4.7% 69 94 4.0% Alaskan Native or American Indian 1,329 5.1% 1,931 3.6% 2,348 42 53 45 Asian or Pacific Islander 525 8.0% 42 554 7.6% 968 5.5% 1,233 3.6% 33 32 Black 278 11.9% 278 11.5% 39 488 8.0% 46 645 7.1% 46 712 6.5% 49 776 6.3% 76 1.689 4.5% 93 2.359 3.9% Hispanic 1,205 11,979 9.5% 6.0% White 10.1% 1,131 11,860 1,323 19,122 6.9% 1,417 23,425 107 ۸ Λ ۸ ۸ 253 6.3% Other 11 10.3% 96 183 16 Unknown 136 1,611 8.4% Λ 1,747 ۸ Λ 2,612 ۸ 270 3,675 7.3% Female 849 9,484 9.0% 825 9,600 8.6% 979 14,461 6.8% 1,007 17,734 5.7% 692 7,057 686 7.045 9.7% 847 12,532 6.8% 974 16.204 Male 9.8% 6.0%

#### **Penetration Rates by Age** Adults With At Least One SMHS Visit\*\*, By Fiscal Year 18% 16% 14% 12% 10.8% 10.6% 10.1% 9.5% 10% 8.3% 8% 7.0% 6.3% 5.5% 6% 4.1% 4.1% 3.7% 3.6% 4% 2% 0% FY 11-12 FY 12-13 FY 13-14 FY 14-15 FY 11-12 FY 12-13 FY 13-14 FY 14-15 FY 11-12 FY 12-13 FY 13-14 FY 14-15 (n= 7,974) (n= 8,103) (n= 15,109) (n= 20,109) (n= 6,105) (n= 6,024) (n= 9,210) (n= 10,935) (n= 2,462) (n= 2,518) (n= 2,674) (n= 2,894) Adults 21-44 Adults 45-64 Adults 65+

\*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 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 decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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



\*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 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 decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

^ Data has been suppressed to protect patient privacy.

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

		FY 11-12			FY 12-13		FY 13-14			FY 14-15		
	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate
All	1,086	16,541	6.6%	1,068	16,645	6.4%	1,193	26,993	4.4%	1,194	33,938	3.5%
Adults 21-44	533	7,974	6.7%	492	8,103	6.1%	575	15,109	3.8%	614	20,109	3.1%
Adults 45-64	484	6,105	7.9%	497	6,024	8.3%	535	9,210	5.8%	503	10,935	4.6%
Adults 65+	69	2,462	2.8%	79	2,518	3.1%	83	2,674	3.1%	77	2,894	2.7%
Alaskan Native or American Indian	41	1,329	3.1%	42	1,334	3.1%	40	1,931	2.1%	46	2,348	2.0%
Asian or Pacific Islander	33	525	6.3%	30	554	5.4%	38	968	3.9%	26	1,233	2.19
Black	18	278	6.5%	22	278	7.9%	22	488	4.5%	23	645	3.6%
Hispanic	35		4.9%	34	776	4.4%	46	1,689	2.7%	51	2,359	2.29
White	846	,	7.1%	795	11,860	6.7%		19,122	4.5%	861	23,425	3.7%
Other	۸	107	۸	۸	96	^	^	183	۸	۸	253	۸
Unknown	۸	1,611	۸	۸	1,747	^	^	2,612	۸	۸	3,675	۸
Female	595	9,484	6.3%	587	9,600	6.1%	649	14,461	4.5%	626	17,734	3.5%
			7.00/	481	7,045	6.8%	544	12,532	4.3%	568	16,204	3.5%
Male	491	7,057	7.0%	P	enetration Ra ve or More SMF	tes by Age		12,332	4.3%	508	10,204	
18% 16% 14%	491	7,057	7.0%	P	enetration Ra	tes by Age			4.3%		10,204	
18%     16%     14%     12%     10%	491	/,057	7.0%	P	enetration Ra	tes by Age			4.3%		10,204	
18%     16%     14%     12%     10%     8%	6.1%	/,057	7.0%	Pe Adults With Fi	enetration Ra ve or More SMF	tes by Age IS Visits**, By F			4.3%		10,204	
18%   16%   14%   12%   10%			7.0%	Pe Adults With Fi	enetration Ra ve or More SMF	tes by Age			4.3%		10,204	
18%     16%     14%     12%     10%     8%     6.7%		3.8%	3.1%	Pe Adults With Fi	enetration Ra ve or More SMF	tes by Age IS Visits**, By F	iscal Year	%	2.8%			2.7%
18%     16%     14%     12%     10%     8%     6%				Pe Adults With Fi	enetration Ra ve or More SMF	tes by Age IS Visits**, By F	iscal Year	%				
18%     16%     14%     12%     10%     8%     6.7%     6%     4%     2%     0%     FY 11-12	6.1%			Pe Adults With Fi	enetration Ra ve or More SMF	tes by Age IS Visits**, By F	4 FY 14	%2 2 	2.8%			

\*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 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 decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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

**Penetration Rates by Race** Adults With Five or More SMHS Visits\*\*, By Fiscal Year 18% 16% 14% 12% 10% 7.9% 8% 7.1% 6.7% 6.5% 6.3% 5 4% 6% 4 9% 4.5% 4.4% 4.5% 3.9% 3.6% 3.7% 4% - 3.1% - 3.1% 2.7% 2.2% 2.1% 2.1% 2.0% 2% 0% FY 12-13 FY 14-15 FY 11-12 FY 12-13 FY 13-14 FY 14-15 FY 11-12 FY 13-14 (n= 488) (n= 11,860) (n= 19,122) (n= 1,329) (n= 1,334) (n= 1,931) (n= 2,348) (n= 525) (n= 554) (n= 968) (n= 1,233) (n= 278) (n= 278) (n= 645) (n= 712) (n= 776) (n= 1,689) (n= 2,359) (n= 11,979) (n= 23,425) Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic White **Penetration Rates by Gender** Adults With Five or More SMHS Visits\*\*, By Fiscal Year 18% 16% 14% 12% 10% 8% 7.0% 6.8% 6.3% 6.1% 6% 4.5% 4.3% 3.5% 3.5% 4% 2% 0% FY 13-14 FY 11-12 FY 12-13 FY 13-14 FY 14-15 FY 11-12 FY 12-13 FY 14-15 (n= 9,484) (n= 9,600) (n= 14,461) (n= 17,734) (n= 7,057) (n= 7,045) (n= 12,532) (n= 16,204) Male Female

\*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.

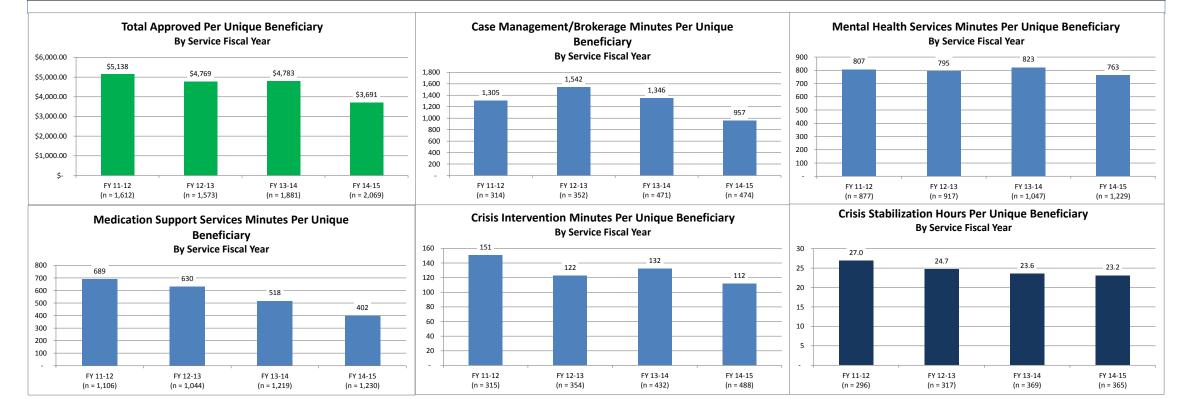
\*\*Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

^ 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\* Humboldt County

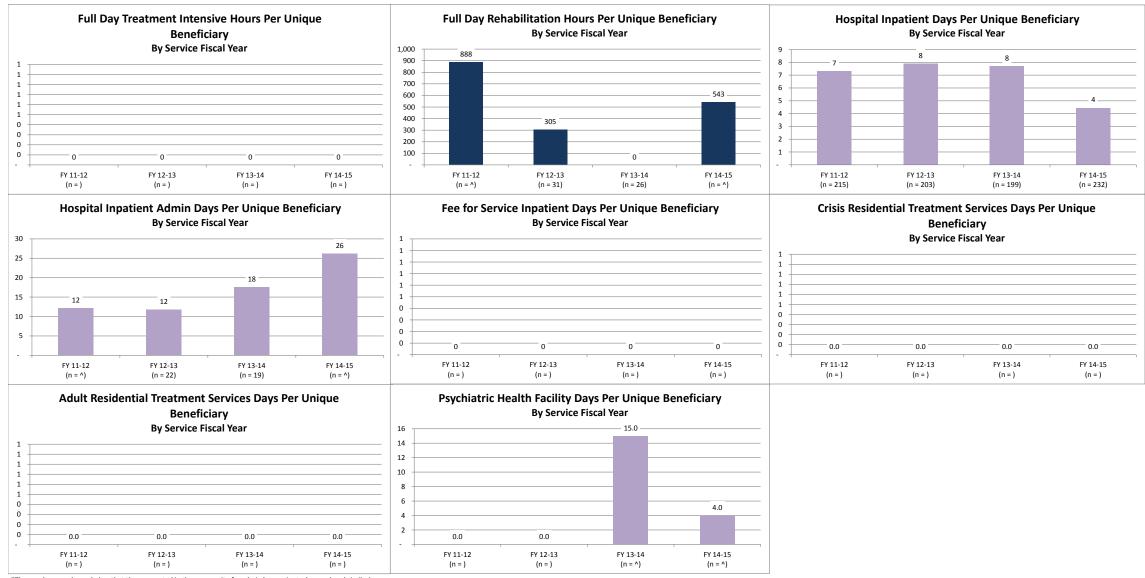
Fiscal Year		Case Management/ Brokerage (Minutes)				Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 11-12	5,138	1,305	807	689	151	27	0	888	7	12	0	0	0	0
FY 12-13	4,769	1,542	795	630	122	25	0	305	8	12	0	0	0	0
FY 13-14	4,783	1,346	823	518	132	24	0	0	8	18	0	0	0	15
FY 14-15	3,691	957	763	402	112	23	0	543	4	26	0	0	0	4
MEAN	\$ 4,595.19	1,288	797	560	129	25	0	579	7	17	0	0	0	10



\*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 adults that received the SMHS represented in their respective graph by Fiscal Year.

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



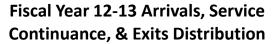
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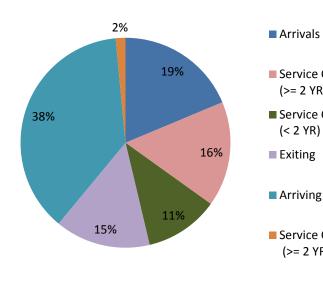
Please note that (n) values listed at the bottom of each bar graph represent the actual number of adults that received the SMHS represented in their respective graph by Fiscal Year. ^ Data has been suppressed to protect patient privacy.

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

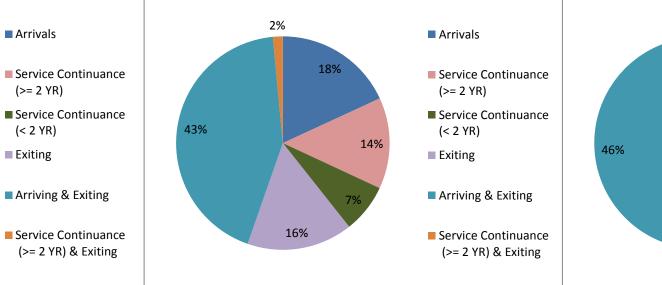
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 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 (>= 2 YR) Count	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	284	18.7%	246	16.2%	174	11.4%	224	14.7%	570	37.5%	23	1.5%	1,521	100%
FY 13-14	332	18.1%	253	13.8%	135	7.4%	293	16.0%	789	43.1%	28	1.5%	1,830	100%
FY 14 - 15	344	17.5%	226	11.5%	147	7.5%	289	14.7%	909	46.3%	50	2.5%	1,965	100%

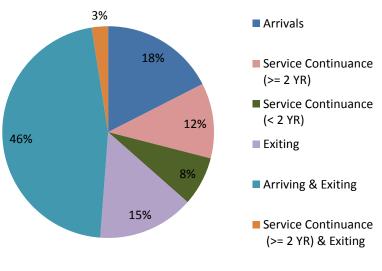




# Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



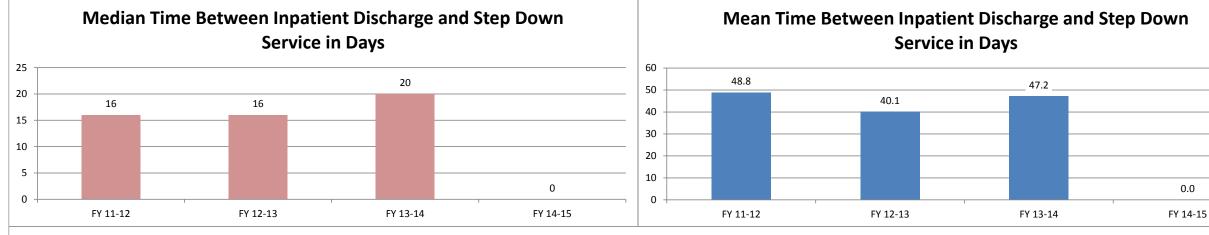
# Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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

**Humboldt County** 

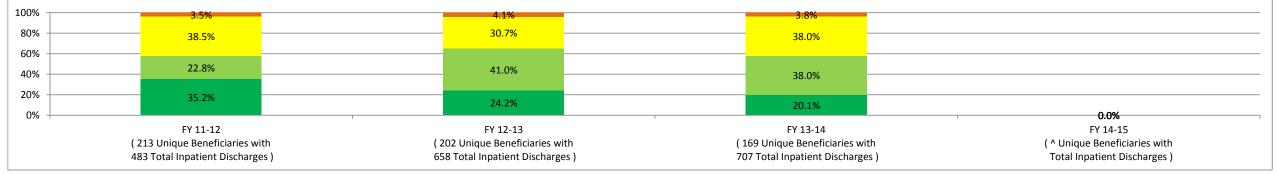
Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge <sup>a</sup>	Inpatient Discharges with	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Inpatient Discharges with	Step Down > 30 Days from	Inpatient Discharges with a	Discharges with		Minimum Number of 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	170	35.2%	110	22.8%	186	38.5%	17	3.5%	0	365	48.8	16
FY 12-13	159	24.2%	270	41.0%	202	30.7%	27	4.1%	0	365	40.1	16
FY 13-14	142	20.1%	269	38.0%	269	38.0%	27	3.8%	0	365	47.2	20
FY 14-15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	0



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

0.0

Within 7 Days Within 8 - 30 Days 31 Days + No Step Down



<sup>a</sup> Adults aged 22-64 receiving inpatient services from Institution for Mental Disease (IMD) facilities not included in count of inpatient discharges.

<sup>b</sup> 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.