

Department of Health Care Services

Medi-Cal Specialty Mental Health Services

May Estimate

Policy Change Supplement

For Fiscal Years
2015-16 and 2016-17

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Executive Summary

The Medi-Cal Specialty Mental Health Services (SMHS) Supplement is required by Welfare and Institutions Code, Section 14100.51, to be submitted to the Legislature each year, by January 10 and concurrently with the release of the May Revision. This supplemental information provides children's and adults' caseloads and FY 2016-17 forecasts by service type, explanations of changes to these forecasts, fiscal charts containing children's and adults' claim costs and unduplicated client counts, and summary fiscal charts for the current-year and budget-year.

Specialty Mental Health Services, PC 70 and 71

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be \$1.834 billion for the current year and grow by 0.6% to \$1.945 billion for budget year. The unduplicated number of children receiving specialty mental health services from Short-Doyle Medi-Cal (SD/MC) and Fee-For-Service Medi-Cal (FFS/MC) is projected to grow 4.8% from 292,846 in the current year to 306,913 in the budget year.

Adult services are also expected to grow from a current year projection of \$1.234 billion to about \$1.302 billion in budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers and FFS/MC providers is projected to increase 1.07% from 251,047 in the current year to 253,735 in the budget year. These numbers do not include claims from the Affordable Care Act (ACA) optional expansion DHCS does not have enough historical claims to build into the forecast.

The SMHS Supplement contains data on the actual utilization of SMHS by Medi-Cal beneficiaries enrolled under the ACA Optional Expansion. The cost of approved claims for FY 2013-14 submitted through December 31, 2015 for specialty mental health services provided to Medi-Cal beneficiaries enrolled under the ACA Optional Expansion was \$177 million, which was 12% of approved claims for all beneficiaries during that same period of time. The number of beneficiaries served in FY 2013-14 who enrolled under the ACA Optional Expansion was 65,018, which was 20% of total beneficiaries served during that same period of time.

Service Descriptions

Overview

The Medi-Cal Specialty Mental Health Services Program is “carved-out” of the broader Medi-Cal program and is also administered by the Department of Health Care Services (Department) under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS). The Department contracts with a Mental Health Plan (MHP) in each county to provide or arrange for the provision of Medi-Cal specialty mental health services. All MHPs are county mental health departments.

Specialty mental health services are Medi-Cal entitlement services for adults and children that meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. MHPs must certify that they incurred a cost before seeking federal reimbursement through claims to the State. MHPs are responsible for the non-federal share of Medi-Cal specialty mental health services. Mental health services for Medi-Cal beneficiaries who do not meet the criteria for specialty mental health services are provided under the broader Medi-Cal program either through managed care plans (by primary care providers within their scope of practice) or fee-for-service. Children’s specialty mental health services are provided under the federal requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, which is available to full-scope beneficiaries under age 21.

The following Medi-Cal specialty mental health services are provided for children and adults:

<u>Services</u>	<u>Children</u>	<u>Adult</u>
Adult Crisis Residential Services*	X	X
Adult Residential Treatment Services*	X	X
Crisis Intervention	X	X
Crisis Stabilization	X	X
Day Rehabilitation	X	X
Day Treatment Intensive	X	X
Intensive Care Coordination*	X	
Intensive Home Based Services*	X	
Medication Support	X	X
Psychiatric Health Facility Services	X	X
Psychiatric Inpatient Hospital Services	X	X
Targeted Case Management	X	X
Therapeutic Behavioral Services	X	
Therapy and Other Service Activities	X	X

*Includes Children Age 18 through 20

Service Descriptions

Adult Crisis Residential Services (CRS)

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Adult Residential Treatment Services

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Intervention

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Crisis Stabilization

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitation (Half-Day & Full-Day)

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Treatment Intensive (Half-Day & Full-Day)

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Intensive Care Coordination (ICC)

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems to allow the child/youth to be served in his/her community. The CFT is comprised of – as appropriate, both formal supports, such as the ICC coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals.

Intensive Home Based Services (IHBS)

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family's ability to help the child/youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the Core Practice Model (CPM) by the Child and Family Team (CFT) in coordination with the family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

Medication Support

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and

alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

A Psychiatric Health Facility is a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric inpatient hospital service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and FFS/MC hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS)

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Therapy and Other Service Activities (formerly referred to as Mental Health Services)

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution and use of expenditures of each service activity varies over time with changes in client needs.

Litigation and the Specialty Mental Health Services Program

Katie A. v. Bonta

The Katie A. v. Bonta lawsuit Settlement Agreement – in place since December 2011 - outlines a series of actions that are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a

coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specifies that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). County MHPs are required to provide ICC and, when medically necessary, IHBS services to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. MHPs provide ICC and IHBS and claim federal reimbursement through the SDMC claiming system.

The Department's Mental Health Services Division (MHSD) Information Notice 13-11 instructed counties of the SDMC system changes required to support the implementation of ICC and IHBS which included submitting claims with a Demonstration Project Identifier (DPI) of "KTA" and procedure codes (T1017, HK) for Intensive Care Coordination and (H2015, HK) for Intensive Home Based Services.

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This May budget estimate contains actual claims data for ICC and IHBC claims received through December 31, 2015. At present there is not enough data to generate budget forecasts for ICC and IHBS services.

Emily Q. v. Bonta

In 1998, a federal class action lawsuit, Emily Q. v. Bonta was filed with the Federal District Court on behalf of children with intensive mental health needs and who were eligible for Medi-Cal mental health benefits, but were denied specific Therapeutic Behavioral Services (TBS). In 1999, the district court issued a preliminary injunction requiring that a certified state-wide class of current and future beneficiaries of the Medicaid program below the age of 21 in California who: are placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility for the treatment of mental health needs; are being considered for placement in these facilities; or have undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months. In 2001, the district court issued a permanent injunction favoring the plaintiffs and in 2004, the court approved a plan to increase the usage of TBS including increased monitoring and a special master was appointed. Pursuant to the Court agreement, the Department continues to perform specific activities related to the Emily Q lawsuit.

TBS is a short-term, intensive one-to-one behavioral mental health intervention that can help children, youth, parents, caregivers, and school personnel learn new ways of reducing and managing challenging behaviors. TBS can avert the need for a higher level of care (or more restrictive placement) or help a child make a successful transition to a lower level of care.

Department of Health Care Services May 2016 Estimate		Specialty Mental Health Services Program Children and Adults Service Costs - Cash Comparison: FY 2015-16						Specialty Mental Health Services Policy Change Supplement	
Children			Nov 2015 Est for FY 2015-16		May 2016 Est for FY 2015-16		DIFFERENCE		
POLICY CHANGE TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	71	SMHS FOR CHILDREN	\$ 41,899	\$ 974,791	\$ 39,890	\$ 968,771	\$ (2,009)	\$ (6,020)	
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 111,038	\$ -	\$ -	\$ -	\$ (111,038)	
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ 35,954	\$ -	\$ 18,458	\$ -	\$ (17,496)	
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 53,804	\$ -	\$ 28,516	\$ -	\$ (25,288)	
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ 1,520	\$ -	\$ -	\$ -	\$ (1,520)	
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 2,044	\$ (2,044)	\$ 2,330	\$ (2,330)	\$ 286	\$ (286)	
Regular	79	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	80	CHART REVIEW	\$ -	\$ (298)	\$ -	\$ (678)	\$ -	\$ (380)	
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 14,282	\$ (48,700)	\$ 29,877	\$ (49,762)	\$ 15,595	\$ (1,062)	
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 49,579	\$ -	\$ 21,815	\$ -	\$ (27,764)	
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 9,841	\$ -	\$ 9,850	\$ -	\$ 9	
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 3,406	\$ -	\$ 3,406	\$ -	\$ -	
Other	11	SMH MAA	\$ -	\$ 9,822	\$ -	\$ 7,682	\$ -	\$ (2,140)	
Other	9	COUNTY UR & QA ADMIN	\$ 374	\$ 10,424	\$ 374	\$ 10,424	\$ (0)	\$ (0)	
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 346	\$ -	\$ (340)	\$ -	\$ (686)	
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Children			\$ 58,599	\$ 1,209,483	\$ 72,470	\$ 1,015,812	\$ 13,871	\$ (193,671)	

Adults			Nov 2015 Est for FY 2015-16		May 2016 Est for FY 2015-16		DIFFERENCE	
POLICY CHANGE TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ 70,411	\$ 839,574	\$ 70,099	\$ 1,193,595	\$ (312)	\$ 354,021
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 121,253	\$ -	\$ -	\$ -	\$ (121,253)
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ 2,263	\$ (0)	\$ -	\$ (0)	\$ (2,263)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 2,368	\$ (2,368)	\$ 2,082	\$ (2,082)	\$ (286)	\$ 286
Regular	79	IMD ANCILLARY SERVICES	\$ 4,000	\$ (4,000)	\$ -	\$ -	\$ (4,000)	\$ 4,000
Regular	80	CHART REVIEW	\$ -	\$ (840)	\$ -	\$ (1,085)	\$ -	\$ (245)
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 15,595	\$ (53,180)	\$ -	\$ (52,118)	\$ (15,595)	\$ 1,062
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 28,730	\$ -	\$ 12,641	\$ -	\$ (16,089)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 14,159	\$ -	\$ 14,150	\$ -	\$ (9)
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 103,331	\$ -	\$ 103,331	\$ -	\$ -
Other	11	SMH MAA	\$ -	\$ 5,941	\$ -	\$ 4,769	\$ -	\$ (1,172)
Other	9	COUNTY UR & QA ADMIN	\$ 226	\$ 6,305	\$ 226	\$ 6,305	\$ 0	\$ 0
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 8,422	\$ -	\$ (485)	\$ -	\$ (8,907)
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Adults			\$ 92,600	\$ 1,069,590	\$ 72,407	\$ 1,279,021	\$ (20,193)	\$ 209,431

Department of Health Care Services May 2016 Estimate	Specialty Mental Health Services Program Children and Adults Service Costs - Cash Comparison: FY 2015-16	Specialty Mental Health Services Policy Change Supplement
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Healthy Families Program								
POLICY CHANGE			Nov 2015 Est for FY 2015-16		May 2016 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (2,277)	\$ -	\$ (2,277)	\$ -	\$ -
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	11	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	9	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 790	\$ -	\$ 949	\$ -	\$ 159
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Healthy Families Program			\$ -	\$ (1,482)	\$ -	\$ (1,323)	\$ -	\$ 159

Grand Total								
POLICY CHANGE			Nov 2015 Est for FY 2015-16		May 2016 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	\$ 41,899	\$ 974,791	\$ 39,890	\$ 968,771	\$ (2,009)	\$ (6,020)
Base	70	SMHS FOR ADULTS	\$ 70,411	\$ 839,574	\$ 70,099	\$ 1,193,595	\$ (312)	\$ 354,021
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 232,291	\$ -	\$ -	\$ -	\$ (232,291)
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ 35,954	\$ -	\$ 18,458	\$ -	\$ (17,496)
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 53,804	\$ -	\$ 28,516	\$ -	\$ (25,288)
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ 3,783	\$ (0)	\$ -	\$ (0)	\$ (3,783)
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 4,412	\$ (4,412)	\$ 4,412	\$ (4,412)	\$ -	\$ -
Regular	79	IMD ANCILLARY SERVICES *	\$ 4,000	\$ (4,000)	\$ -	\$ -	\$ (4,000)	\$ 4,000
Regular	80	CHART REVIEW	\$ -	\$ (1,138)	\$ -	\$ (1,763)	\$ -	\$ (625)
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 29,877	\$ (104,157)	\$ 29,877	\$ (104,157)	\$ -	\$ -
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 78,309	\$ -	\$ 34,456	\$ -	\$ (43,853)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 24,000	\$ -	\$ 24,000	\$ -	\$ -
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 106,737	\$ -	\$ 106,737	\$ -	\$ -
Other	11	SMH MAA	\$ -	\$ 15,763	\$ -	\$ 12,451	\$ -	\$ (3,312)
Other	9	COUNTY UR & QA ADMIN	\$ 600	\$ 16,729	\$ 600	\$ 16,729	\$ -	\$ -
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 9,558	\$ -	\$ 124	\$ -	\$ (9,434)
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total			\$ 151,199	\$ 2,277,591	\$ 144,878	\$ 2,293,510	\$ (6,321)	\$ 15,919

* IMD Ancillary Services policy change has been moved to the Info Only section.

Department of Health Care Services			Specialty Mental Health Services Program				Specialty Mental Health Services	
May 2016 Estimate (In thousands)			Children and Adults Service Costs - Cash Comparison: FY 2015-16 vs FY 2016-17				Policy Change Supplement	
Children			May 2016 Est for FY 2015-16		May 2016 Est for FY 2016-17		DIFFERENCE	
POLICY CHANGE			GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	\$ 39,890	\$ 968,771	\$ 41,508	\$ 1,049,881	\$ 1,618	\$ 81,110
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 181,031	\$ -	\$ 181,031
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ 18,458	\$ -	\$ 24,856	\$ -	\$ 6,398
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 28,516	\$ -	\$ 28,516	\$ -	\$ -
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ -	\$ 1,323	\$ 383	\$ 1,323	\$ 383
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 2,330	\$ (2,330)	\$ 143	\$ (143)	\$ (2,187)	\$ 2,187
Regular	79	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	CHART REVIEW	\$ -	\$ (678)	\$ -	\$ (441)	\$ -	\$ 237
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 29,877	\$ (49,762)	\$ 741	\$ (31,383)	\$ (29,136)	\$ 18,379
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 21,815	\$ -	\$ 21,815	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 9,850	\$ -	\$ 10,466	\$ -	\$ 616
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ 6,777	\$ 5,262	\$ 6,777	\$ 5,262
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 3,406	\$ 2	\$ 3,726	\$ 2	\$ 320
Other	11	SMH MAA	\$ -	\$ 7,682	\$ -	\$ 7,255	\$ -	\$ (427)
Other	9	COUNTY UR & QA ADMIN	\$ 374	\$ 10,424	\$ 134	\$ 10,534	\$ (240)	\$ 110
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (340)	\$ -	\$ 6,526	\$ -	\$ 6,866
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ 6,818	\$ 6,819	\$ 6,818	\$ 6,819
Total Children			\$ 72,470	\$ 1,015,812	\$ 57,445	\$ 1,325,103	\$ (15,025)	\$ 309,291

Adults			May 2016 Est for FY 2015-16		May 2016 Est for FY 2016-17		DIFFERENCE	
POLICY CHANGE			GF	FFP	GF	FFP	GF	FFP
Base	71	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ 70,099	\$ 1,193,595	\$ 90,578	\$ 1,320,052	\$ 20,479	\$ 126,457
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 226,804	\$ -	\$ 226,804
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	198	LATE CLAIMS FOR SMHS	\$ (0)	\$ -	\$ 1,323	\$ 569	\$ 1,323	\$ 569
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 2,082	\$ (2,082)	\$ 127	\$ (127)	\$ (1,955)	\$ 1,955
Regular	79	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	CHART REVIEW	\$ -	\$ (1,085)	\$ -	\$ (707)	\$ -	\$ 378
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (52,118)	\$ -	\$ (32,430)	\$ -	\$ 19,688
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 12,641	\$ -	\$ 12,641	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 14,150	\$ -	\$ 15,034	\$ -	\$ 884
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 103,331	\$ 48	\$ 105,615	\$ 48	\$ 2,284
Other	11	SMH MAA	\$ -	\$ 4,769	\$ -	\$ 4,495	\$ -	\$ (274)
Other	9	COUNTY UR & QA ADMIN	\$ 226	\$ 6,305	\$ 81	\$ 6,371	\$ (145)	\$ 66
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (485)	\$ -	\$ 6,457	\$ -	\$ 6,942
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Adults			\$ 72,407	\$ 1,279,021	\$ 92,157	\$ 1,664,775	\$ 19,750	\$ 385,754

(1) The SF amounts for PC 70 and PC 71 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

Department of Health Care Services		Specialty Mental Health Services Program				Specialty Mental Health Services			
May 2016 Estimate		Children and Adults Service Costs - Cash Comparison: FY 2015-16 vs. FY 2016-17				Policy Change Supplement			
(In thousands)									
Healthy Families Program									
POLICY CHANGE			May 2016 Est for FY 2015-16		May 2016 Est for FY 2016-17		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	71	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ (5)
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	198	LATE CLAIMS FOR SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (2,277)	\$ -	\$ (234)	\$ -	\$ -	\$ 2,043
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	11	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	9	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 949	\$ -	\$ 194	\$ -	\$ -	\$ (755)
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Healthy Families Program			\$ -	\$ (1,323)	\$ -	\$ (40)	\$ -	\$ -	\$ 1,283

Grand Total									
POLICY CHANGE			May 2016 Est for FY 2015-16		May 2016 Est for FY 2016-17		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	71	SMHS FOR CHILDREN	\$ 39,890	\$ 968,771	\$ 41,508	\$ 1,049,881	\$ 1,618	\$ 81,110	
Base	70	SMHS FOR ADULTS	\$ 70,099	\$ 1,193,595	\$ 90,578	\$ 1,320,052	\$ 20,479	\$ 126,457	
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 407,835	\$ -	\$ 407,835	
Regular	77	HEALTHY FAMILIES - SED	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ (5)
Regular	75	KATIE A. V. DIANA BONTA	\$ -	\$ 18,458	\$ -	\$ 24,856	\$ -	\$ 6,398	
Regular	74	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 28,516	\$ -	\$ 28,516	\$ -	\$ -	
Regular	198	LATE CLAIMS FOR SMHS	\$ (0)	\$ -	\$ 2,646	\$ 952	\$ 2,646	\$ 952	
Regular	78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 4,412	\$ (4,412)	\$ 270	\$ (270)	\$ (4,142)	\$ 4,142	
Regular	79	IMD ANCILLARY SERVICES *	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	80	CHART REVIEW	\$ -	\$ (1,763)	\$ -	\$ (1,148)	\$ -	\$ 615	
Regular	81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 29,877	\$ (104,157)	\$ 741	\$ (64,047)	\$ (29,136)	\$ 40,110	
Regular	73	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 34,456	\$ -	\$ 34,456	\$ -	\$ -	
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 24,000	\$ -	\$ 25,500	\$ -	\$ 1,500	
Regular	211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ 6,777	\$ 5,262	\$ 6,777	\$ 5,262	
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 106,737	\$ 50	\$ 109,341	\$ 50	\$ 2,604	
Other	11	SMH MAA	\$ -	\$ 12,451	\$ -	\$ 11,736	\$ -	\$ (715)	
Other	9	COUNTY UR & QA ADMIN	\$ 600	\$ 16,729	\$ 215	\$ 16,905	\$ (385)	\$ 176	
Other	17	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 124	\$ -	\$ 13,177	\$ -	\$ 13,053	
Other	99	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ 6,818	\$ 6,819	\$ 6,818	\$ 6,819	
Grand Total			\$ 144,878	\$ 2,293,510	\$ 149,603	\$ 2,989,824	\$ 4,725	\$ 696,314	

* IMD Ancillary Services policy change has been moved to the Info Only section.

Children's Service Costs Accrual Comparison
Fiscal Year 2012-13 Appropriation & Fiscal Year 2015-16 November 2015 and May 2016 Estimates

(In Thousands)			
	TF	FFP	CF
FISCAL YEAR 2012-13 APPROPRIATION			
Forecast of Approved Claims	\$1,280,000	\$640,000	\$640,000
Less County Baseline	(\$69,000)	\$0	(\$69,000)
Less 10% County Share of Cost Above Baseline	(\$31,000)	\$0	(\$31,000)
Subtotal Approved Claims	\$1,180,000	\$640,000	\$540,000
Katie A. Lawsuit	\$54,000	\$27,000	\$27,000
Healthy Families Program Transition to Medi-Cal	\$49,000	\$32,000	\$17,000
Total Fiscal Year 2012-13 Appropriation	\$1,283,000	\$699,000	\$584,000
Nov 2015 ESTIMATE FOR FISCAL YEAR 2015-16			
Policy Change 71 - SMHS for Children	\$1,759,003	\$938,779	\$820,224
Less FFS Inpatient	(\$90,622)	(\$45,000)	(\$45,622)
Less Rates Elimination Adjustment ⁽¹⁾	(\$39,410)	(\$19,706)	(\$19,705)
Policy Change 71 - Subtotal	\$1,628,971	\$874,074	\$754,898
Policy Change 75 - Katie A. v. Bontá	\$71,908	\$35,954	\$35,954
Policy Change 74 - Transition of HFP - SMHS	\$85,003	\$55,251	\$29,752
Total Fiscal Year 2015-16 May 2015 Estimate	\$1,785,882	\$965,279	\$820,603
May 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Policy Change 71 - SMHS for Children	\$1,743,969	\$930,755	\$813,214
Less FFS Inpatient	(\$89,577)	(\$47,807)	(\$41,770)
Less Rates Elimination Adjustment ⁽¹⁾	(\$39,410)	(\$19,705)	(\$19,704)
Policy Change 71 - Subtotal	\$1,614,982	\$863,243	\$751,740
Policy Change 75 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 74 - Transition of HFP - SMHS	\$85,003	\$55,252	\$29,751
Total Fiscal Year 2015-16 May 2016 Estimate	\$1,753,487	\$945,246	\$808,242

(1) The rate elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Children's Service Costs Accrual Comparison
Fiscal Year 2015-16: November 2015 and May 2016 Estimates

(In Thousands)	TF	FFP	CF
NOVEMBER 2015 ESTIMATE FOR FISCAL YEAR 2015-16			
Policy Change 71 - SMHS for Children	\$1,759,003	\$938,779	\$820,224
Less FFS Inpatient	(\$90,622)	(\$45,000)	(\$45,622)
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,706)</u>	<u>(\$19,705)</u>
Policy Change 71 - Subtotal	\$1,628,971	\$874,074	\$754,898
Policy Change 75 - Katie A. v. Bontá	\$71,908	\$35,954	\$35,954
Policy Change 74 - Transition of HFP - SMHS	\$85,003	\$55,251	\$29,752
Total Fiscal Year 2015-16 Nov 2015 Estimate	<u>\$1,785,882</u>	<u>\$965,279</u>	<u>\$820,603</u>
MAY 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Policy Change 71 - SMHS for Children	\$1,743,969	\$930,755	\$813,214
Less FFS Inpatient	(\$89,577)	(\$47,807)	(\$41,770)
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,705)</u>	<u>(\$19,704)</u>
Policy Change 71 - Subtotal	\$1,614,982	\$863,243	\$751,740
Policy Change 75 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 74 - Transition of HFP - SMHS	\$85,003	\$55,252	\$29,751
Total Fiscal Year 2015-16 May 2016 Estimate	<u>\$1,753,487</u>	<u>\$945,246</u>	<u>\$808,242</u>
DIFFERENCE (NOV 2015 ESTIMATE LESS MAY 2016 ESTIMATE)			
Policy Change 71 - SMHS for Children	(\$15,034)	(\$8,024)	(\$7,010)
Less FFS Inpatient	\$1,045	(\$2,807)	\$3,852
Less Rates Elimination Adjustment ⁽¹⁾	<u>\$0</u>	<u>\$1</u>	<u>\$1</u>
Policy Change 71 - Subtotal	(\$13,989)	(\$10,831)	(\$3,157)
Policy Change 75 - Katie A. v. Bontá	(\$18,406)	(\$9,203)	(\$9,203)
Policy Change 74 - Transition of HFP - SMHS	\$0	\$1	(\$1)
Total Difference in Fiscal Year 2015-16 Estimates	<u>(\$32,395)</u>	<u>(\$20,032)</u>	<u>(\$12,361)</u>

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Children's Service Costs Accrual Comparison
May 2016 Estimate: Fiscal Year 2015-16 and Fiscal Year 2016-17

(In Thousands)	TF	FFP	CF
MAY 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Policy Change 71 - SMHS for Children	\$1,743,969	\$930,755	\$813,214
Less FFS Inpatient	(\$89,577)	(\$47,807)	(\$41,770)
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,705)</u>	<u>(\$19,704)</u>
Policy Change 71 - Subtotal	\$1,614,982	\$863,243	\$751,740
Policy Change 75 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 74 - Transition of HFP - SMHS	\$85,003	\$55,252	\$29,751
Total Fiscal Year 2015-16 May 2016 Estimate	<u>\$1,753,487</u>	<u>\$945,246</u>	<u>\$808,242</u>
MAY 2016 ESTIMATE FOR FISCAL YEAR 2016-17			
Policy Change 71 - SMHS for Children	\$1,848,119	\$986,340	\$819,384
Less FFS Inpatient	(\$96,677)	(\$51,596)	(\$45,081)
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,705)</u>	<u>(\$19,705)</u>
Policy Change 71 - Subtotal	\$1,712,032	\$915,039	\$754,598
Policy Change 75 - Katie A. v. Bontá	\$77,271	\$36,023	\$36,022
Policy Change 74 - Transition of HFP - SMHS	\$103,347	\$85,003	\$18,344
Total Fiscal Year 2016-17 November 2015 Estimate	<u>\$1,892,650</u>	<u>\$1,036,065</u>	<u>\$808,964</u>
DIFFERENCE (FISCAL YEAR 2016-17 LESS FISCAL YEAR 2015-16)			
Policy Change 71 - SMHS for Children	\$104,150	\$55,585	\$6,170
Less FFS Inpatient	(\$7,100)	(\$3,789)	(\$3,311)
Less Rates Elimination Adjustment ⁽¹⁾	<u>\$0</u>	<u>\$0</u>	<u>(\$1)</u>
Policy Change 71 - Subtotal	\$97,050	\$51,796	\$2,858
Policy Change 75 - Katie A. v. Bontá	\$23,769	\$9,272	\$9,271
Policy Change 74 - Transition of HFP - SMHS	\$18,344	\$29,751	(\$11,407)
Year over year change between estimates	<u>\$139,163</u>	<u>\$90,819</u>	<u>\$722</u>

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison			
Fiscal Year 2012-13 Appropriation & Fiscal Year 2015-16 November 2015 and May 2016 Estimates			
(In Thousands)			
	TF	FFP	CF
FISCAL YEAR 2012-13 APPROPRIATION			
Mental Health Managed Care Program			
Mental Health Managed Care - Psychiatric Inpatient Services	\$447,642	\$226,092	\$221,550
Mental Health Managed Care - Mental Health Professional Services	\$71,947	\$36,121	\$35,826
TBS Administration	\$912	\$456	\$456
BCCTP	\$60	\$0	\$60
FY 2009-10 Budget Act Reduction	(\$128,000)	(\$64,000)	(\$64,000)
Subtotal	\$392,561	\$198,669	\$193,892
Other Short-Doyle/Medi-Cal Reimbursements			
Total Direct Service Forecast	\$788,084	\$394,042	\$394,042
Less Mental Health Managed Care Professional Services Reimbursement	(\$36,121)	(\$36,121)	\$0
Less Rates Elimination Adjustment ⁽¹⁾	\$0	\$0	\$0
Subtotal	\$751,963	\$357,921	\$394,042
FY 2012-13 Appropriation	\$1,144,524	\$556,590	\$587,934
NOVEMBER 2015 ESTIMATE FOR FISCAL YEAR 2015-16			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$90,622	\$45,311	\$45,311
PC 70 - FFS Inpatient Adults	\$142,074	\$71,037	\$71,036
Psychiatric Inpatient Services - Subtotal	\$232,696	\$116,348	\$116,347
Subtotal	\$232,696	\$116,348	\$116,347
Other Short-Doyle/Medi-Cal Reimbursements			
Total Direct Service Forecast - PC 70 Adults	\$1,098,174	\$549,087	\$549,087
Less Rates Elimination Adjustment ⁽²⁾	(\$39,410)	(\$19,705)	(\$19,705)
Subtotal	\$1,058,764	\$529,382	\$529,382
November 2015 Estimate for Fiscal Year 2015-16	\$1,291,460	\$645,730	\$645,729
MAY 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$89,577	\$44,789	\$44,789
PC 70 - FFS Inpatient Adults	\$142,055	\$71,028	\$71,027
Psychiatric Inpatient Services - Subtotal	\$231,632	\$115,816	\$115,816
Subtotal	\$231,632	\$115,816	\$115,816
Other Short-Doyle/Medi-Cal Reimbursements			
Total Direct Service Forecast - PC 70 Adults	\$1,091,528	\$545,764	\$545,764
Less Rates Elimination Adjustment ⁽²⁾	(\$39,410)	(\$19,706)	(\$19,705)
Subtotal	\$1,052,118	\$526,059	\$526,060
May 2016 Estimate for Fiscal Year 2015-16	\$1,283,750	\$641,875	\$641,875

(1) Claims for reimbursement were limited to statewide maximum allowance rates through service Fiscal Year 2011-12. Since May 2012 Estimate for the Fiscal Year 2012-13 appropriation was based upon claims data prior to Fiscal Year 2012-13, there is no SMA adjustment.

(2) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison
Fiscal Year 2015-16: November 2015 and May 2016 Estimates

(In Thousands)	TF	FFP	CF
NOVEMBER 2015 ESTIMATE FOR FISCAL YEAR 2015-16			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$90,622	\$45,311	\$45,311
PC 70 - FFS Inpatient Adults	\$142,074	\$71,037	\$71,036
Psychiatric Inpatient Services - Subtotal	<u>\$232,696</u>	<u>\$116,348</u>	<u>\$116,347</u>
Subtotal	\$232,696	\$116,348	\$116,347
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$1,098,174	\$549,087	\$549,087
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,705)</u>	<u>(\$19,705)</u>
Subtotal	<u>\$1,058,764</u>	<u>\$529,382</u>	<u>\$529,382</u>
November 2015 Estimate for Fiscal Year 2015-16	<u>\$1,291,460</u>	<u>\$645,730</u>	<u>\$645,729</u>
MAY 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$89,577	\$44,789	\$44,789
PC 70 - FFS Inpatient Adults	\$142,055	\$71,028	\$71,027
Psychiatric Inpatient Services - Subtotal	<u>\$231,632</u>	<u>\$115,816</u>	<u>\$115,816</u>
Subtotal	\$231,632	\$115,816	\$115,816
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC - Adults	\$1,091,528	\$545,764	\$545,764
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,706)</u>	<u>(\$19,705)</u>
Subtotal	<u>\$1,052,118</u>	<u>\$526,059</u>	<u>\$526,060</u>
May 2016 Estimate for Fiscal Year 2015-16	<u>\$1,283,750</u>	<u>\$641,875</u>	<u>\$641,875</u>
DIFFERENCE (May 2016 ESTIMATE LESS November 2015 ESTIMATE)			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	(\$1,045)	(\$523)	(\$523)
PC 70 - FFS Inpatient Adults	(\$19)	(\$10)	(\$9)
Psychiatric Inpatient Services - Subtotal	<u>(\$1,064)</u>	<u>(\$532)</u>	<u>(\$532)</u>
Subtotal	(\$1,064)	(\$532)	(\$532)
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC - Adults	(\$6,646)	(\$3,323)	(\$3,323)
Less Rates Elimination Adjustment ⁽¹⁾	<u>\$0</u>	<u>(\$1)</u>	<u>\$1</u>
Subtotal	<u>(\$6,646)</u>	<u>(\$3,324)</u>	<u>(\$3,323)</u>
Difference in Estimates for Fiscal Year 2015-16	<u>(\$7,710)</u>	<u>(\$3,856)</u>	<u>(\$3,854)</u>

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

Adults Service Costs Accrual Comparison
May 2016 Estimates: Fiscal Year 2015-16 and Fiscal Year 2016-17

(In Thousands)	TF	FFP	CF
MAY 2016 ESTIMATE FOR FISCAL YEAR 2015-16			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$89,577	\$44,789	\$44,789
PC 70 - FFS Inpatient Adults	\$142,055	\$71,028	\$71,027
Psychiatric Inpatient Services - Subtotal	<u>\$231,632</u>	<u>\$115,816</u>	<u>\$115,816</u>
Subtotal	\$231,632	\$115,816	\$115,816
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC - Adults	\$1,091,528	\$545,764	\$545,764
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,706)</u>	<u>(\$19,705)</u>
Subtotal	<u>\$1,052,118</u>	<u>\$526,059</u>	<u>\$526,060</u>
May 2016 ESTIMATE FOR FISCAL YEAR 2015-16	<u>\$1,283,750</u>	<u>\$641,875</u>	<u>\$641,875</u>
MAY 2016 ESTIMATE FOR FISCAL YEAR 2016-17			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$96,677	\$48,339	\$48,339
PC 70 - FFS Inpatient Adults	\$148,191	\$74,096	\$74,095
Psychiatric Inpatient Services - Subtotal	<u>\$244,868</u>	<u>\$122,435</u>	<u>\$122,434</u>
Subtotal	\$244,868	\$122,435	\$122,434
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC - Adults	\$1,153,802	\$576,901	\$576,901
Less Rates Elimination Adjustment ⁽¹⁾	<u>(\$39,410)</u>	<u>(\$19,705)</u>	<u>(\$19,705)</u>
Subtotal	<u>\$1,114,392</u>	<u>\$557,196</u>	<u>\$557,196</u>
May 2015 Estimate for Fiscal Year 2016-17	<u>\$1,359,260</u>	<u>\$679,631</u>	<u>\$679,630</u>
DIFFERENCE (FISCAL YEAR 2016-17 LESS FISCAL YEAR 2015-16)			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 71 - FFS Inpatient - Children	\$7,100	\$3,550	\$3,550
PC 70 - FFS Inpatient Adults	\$6,136	\$3,069	\$3,068
Psychiatric Inpatient Services - Subtotal	<u>\$13,236</u>	<u>\$6,619</u>	<u>\$6,618</u>
Subtotal	\$13,236	\$6,619	\$6,618
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC - Adults	\$62,274	\$31,137	\$31,137
Less Rates Elimination Adjustment ⁽¹⁾	<u>\$0</u>	<u>\$1</u>	<u>(\$1)</u>
Subtotal	<u>\$62,274</u>	<u>\$31,138</u>	<u>\$31,137</u>
Year over year change May 2016 Estimate	<u>\$75,510</u>	<u>\$37,756</u>	<u>\$37,755</u>

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 72. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2012-13 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county. The SMA Adjustment for Fiscal Year 2014-15 is equal to the SMA Adjustment for Fiscal Year 2013-14 increased by the percentage change in the PC 70 - SD/MC estimate from Fiscal Year 2013-14 to Fiscal Year 2014-15.

CHILDREN'S TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS
STATE FISCAL YEARS 2000-01 THROUGH 2015-16
DATA AS OF 12/31/2015 SD/MC Only Claims

	Fiscal Year	Approved Claims ^(1&3) (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Children Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Children Enrollment Growth	All Medi-Cal Children ⁽²⁾
Actual	2000-01	\$521,107	31.61%	140,404	8.04%	\$3,711	21.81%		
Actual	2001-02	\$697,155	33.78%	157,314	12.04%	\$4,432	19.40%		
Actual	2002-03	\$816,707	17.15%	173,201	10.10%	\$4,715	6.40%		
Actual	2003-04	\$836,210	2.39%	183,031	5.68%	\$4,569	-3.11%		
Actual	2004-05	\$842,542	0.76%	185,770	1.50%	\$4,535	-0.73%		
Actual	2005-06	\$917,545	8.90%	187,437	0.90%	\$4,895	7.93%		3,467,311
Actual	2006-07	\$949,907	3.53%	184,095	-1.78%	\$5,160	5.41%	-0.91%	3,435,906
Actual	2007-08	\$1,060,200	11.61%	192,925	4.80%	\$5,495	6.49%	1.73%	3,495,318
Actual	2008-09	\$1,182,833	11.57%	204,288	5.89%	\$5,790	5.37%	3.89%	3,631,457
Actual	2009-10	\$1,181,322	-0.13%	208,555	2.09%	\$5,664	-2.17%	6.05%	3,851,248
Actual	2010-11	\$1,226,266	3.80%	214,456	2.83%	\$5,718	0.95%	3.36%	3,980,825
Actual	2011-12	\$1,296,162	5.70%	227,954	6.29%	\$5,686	-0.56%	1.11%	4,025,194
Actual	2012-13	\$1,500,245	15.75%	245,215	7.57%	\$6,118	7.60%	6.61%	4,291,248
Actual(4)	2013-14	\$1,599,109	6.59%	261,413	6.61%	\$6,117	-0.01%	18.66%	5,091,976
Forecast(5)	2014-15	\$1,677,917	4.93%	264,351	1.12%	\$6,347	3.76%	7.88%	5,493,101
Forecast	2015-16	\$1,743,969	3.94%	278,883	5.50%	\$6,253	-1.48%		
Forecast	2016-17	\$1,848,119	5.97%	291,880	4.66%	\$6,332	1.25%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2015.

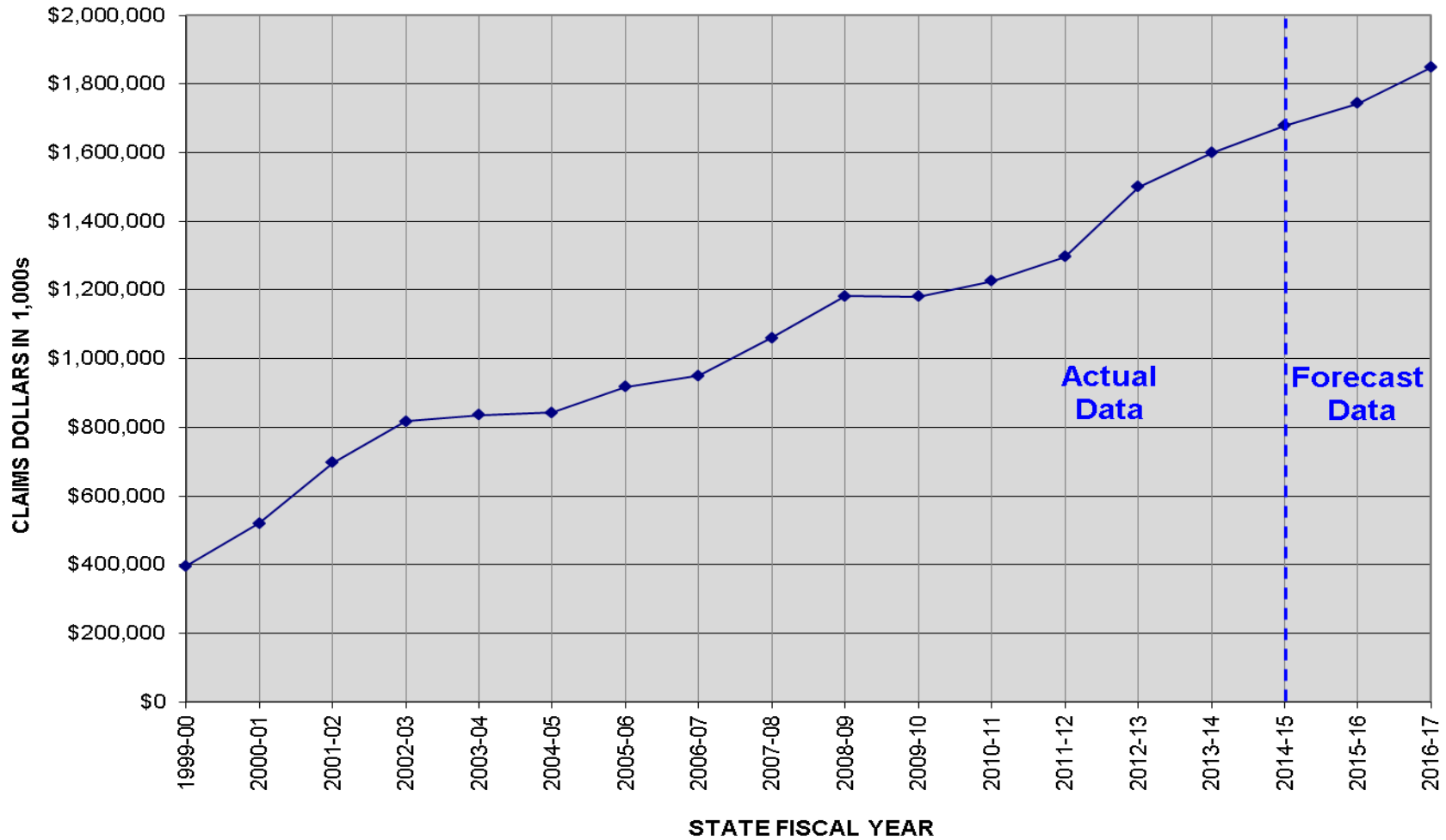
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year (years prior to 2005-06 not readily available).

(3) Beginning with the May 2013 Estimate, all children's services (except FFS/MC inpatient services) are included in this table of approved claims for FY 2008-09 and on.

(4) The large increase in Medi-Cal enrollments are due to the Healthy Family Program transition and new enrollment through Covered California.

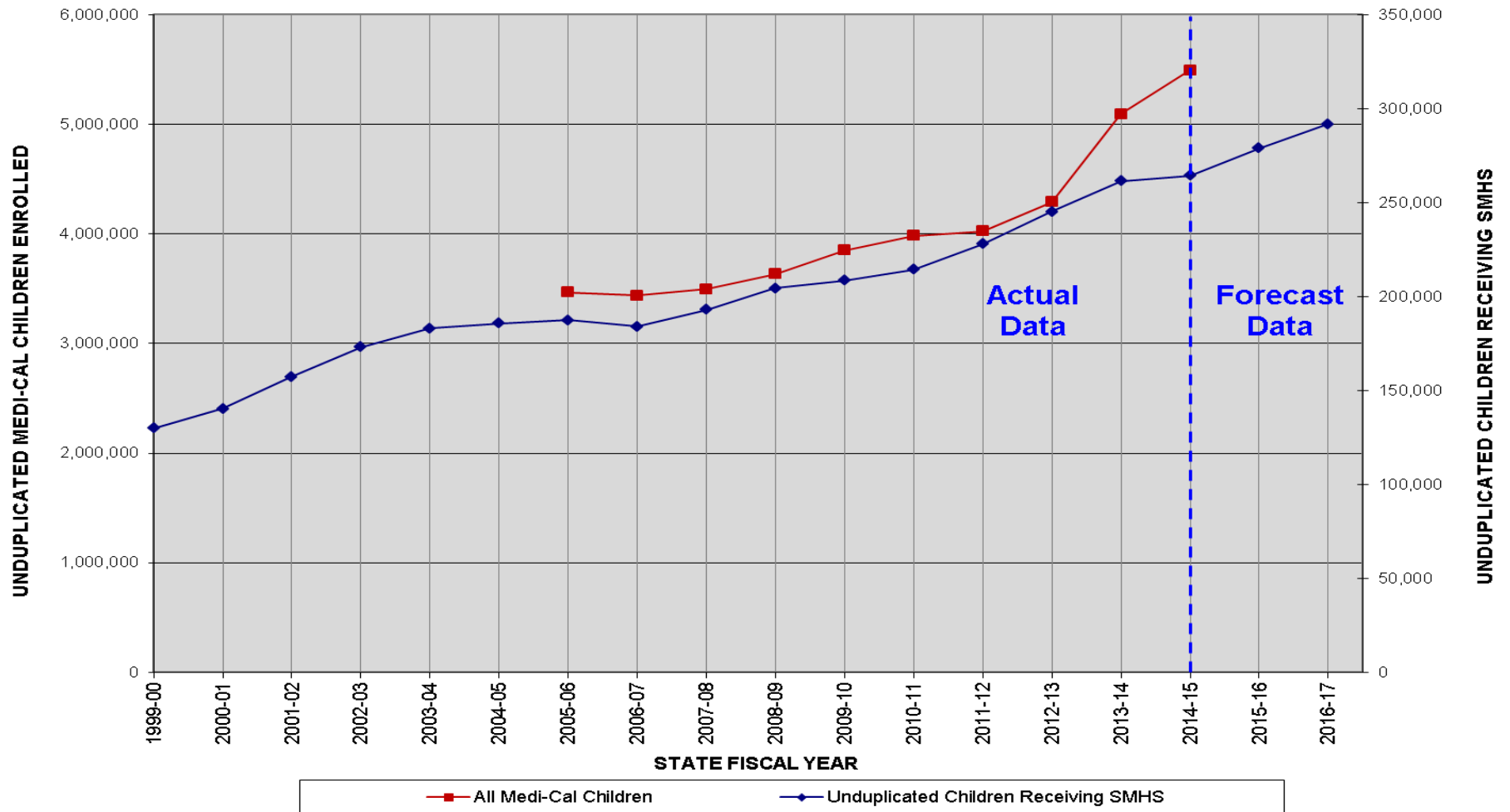
(5) The increase in approved claims costs is due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011). Additionally, there is an increase in costs and client counts due to the transition of the Healthy Families Program to Medi-Cal beginning January 1, 2013, per AB 1494 (Statutes of 2012).

**CHILDREN'S APPROVED CLAIMS AND CLAIMS FORECAST
SFY 1999-00 THROUGH SFY 2016-17**



Source: Approved Claims, SD/MC Specialty Mental Health Services as of December 31, 2015

UNDUPLICATED CLIENTS AND CLIENT FORECASTS
All Medi-Cal Children Compared to Children Receiving Specialty Mental Health Services
SFY 1999-00 THROUGH SFY 2016-17



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2015

Children's Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17 utilizes actual and forecast data

***Actual claims data as of 12/31/2015**

Psychiatric Health Facility Services - SMA ⁽¹⁾ \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	600	8,535	14	\$547.05	\$ 4,669,113
2011-12	627	8,326	13	\$567.93	\$ 4,728,582
2012-13	751	10,812	14	\$560.96	\$ 6,065,148
2013-14	778	11,249	14	\$756.97	\$ 8,515,139
2014-15	784	10,594	14	\$829.33	\$ 8,785,957
2015-16	822	11,574	14	\$823.43	\$ 9,530,429
2016-17	861	11,997	14	\$873.93	\$ 10,484,585
Change	4.74%	3.65%	-1.04%	6.13%	10.01%

Adult Crisis Residential Services - SMA ⁽¹⁾ \$345.38					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
203	3,174	16	\$287.17	\$ 911,478	
238	3,134	13	\$292.18	\$ 915,694	
257	4,910	19	\$321.67	\$ 1,579,389	
311	5,615	18	\$325.57	\$ 1,828,095	
316	5,989	19	\$333.55	\$ 1,997,622	
337	6,641	20	\$337.46	\$ 2,241,044	
356	7,229	20	\$342.56	\$ 2,476,395	
Change	5.64%	8.85%	3.04%	1.51%	10.50%

Adult Residential Services - SMA ⁽¹⁾ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	115	10,491	91	\$155.52	\$ 1,631,533
2011-12	98	6,937	71	\$157.54	\$ 1,092,880
2012-13	111	9,950	90	\$161.64	\$ 1,608,292
2013-14	102	10,470	103	\$171.45	\$ 1,795,052
2014-15	74	8,581	116	\$174.15	\$ 1,494,414
2015-16	62	8,068	130	\$175.68	\$ 1,417,403
2016-17	55	7,648	139	\$183.12	\$ 1,400,485
Change	-11.29%	-5.21%	6.86%	4.23%	-1.19%

Crisis Stabilization Services - SMA ⁽¹⁾ \$94.54					
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount	
6,384	86,057	13	\$91.62	\$ 7,884,457	
6,990	97,507	14	\$90.30	\$ 8,805,007	
8,472	130,358	15	\$109.53	\$ 14,278,738	
9,678	152,873	16	\$102.10	\$ 15,608,210	
11,710	187,202	16	\$92.46	\$ 17,308,323	
12,950	213,201	16	\$93.40	\$ 19,914,022	
14,222	237,561	17	\$93.44	\$ 22,197,689	
Change	9.82%	11.43%	1.46%	0.04%	11.47%

Day Treatment Intensive Half Day Services ⁽²⁾⁽³⁾ - SMA ⁽¹⁾ \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	228	23,151	102	\$35.38	\$ 819,123
2011-12	217	22,212	102	\$106.57	\$ 2,367,074
2012-13	15	236	16	\$175.87	\$ 41,506
2013-14	46	676	15	\$309.88	\$ 209,477
2014-15	49	994	20	\$572.73	\$ 569,298
2015-16					
2016-17					
Change	0.00%	0.00%	0.00%	0.00%	0.00%

Day Treatment Intensive Full Day Services - SMA ⁽¹⁾ \$202.43					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
2,369	225,274	95	\$184.63	\$ 41,591,508	
2,283	211,018	92	\$186.32	\$ 39,317,150	
1,902	170,897	90	\$204.96	\$ 35,027,540	
1,551	137,557	89	\$223.57	\$ 30,753,335	
679	65,245	96	\$205.56	\$ 13,411,499	
346	38,806	112	\$222.31	\$ 8,626,784	
256	8,025	31	\$318.87	\$ 2,558,925	
Change	-26.01%	-79.32%	-72.05%	43.44%	-70.34%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - There were significantly fewer approved claims in FY's 2012-13, 13-14, and 14-15 for Day Treatment Intensive Half Day services.

(3) - DHCS does not have sufficient data for FY 15-16 and 16-17 to produce a forecast for this service type.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17
utilizes actual and forecast data
***Actual claims data as of 12/31/2015**

Day Rehabilitative Half Day Services - SMA ⁽¹⁾ \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day ⁽²⁾	Approved Amount
2010-11	127	14,239	112	\$98.01	\$ 1,395,605
2011-12	102	9,358	92	\$96.67	\$ 904,599
2012-13	70	6,059	87	\$84.15	\$ 509,853
2013-14	64	6,206	97	\$83.99	\$ 521,226
2014-15	177	8,519	48	\$69.05	\$ 588,256
2015-16	143	7,184	50	\$59.88	\$ 430,173
2016-17	149	5,798	39	\$44.79	\$ 259,690
Change	4.20%	-19.29%	-22.54%	-25.20%	-39.63%

Day Rehabilitative Full Day Services - SMA ⁽¹⁾ \$131.24					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
1,478	116,242	79	\$117.36	\$ 13,641,791	
1,759	120,826	69	\$118.93	\$ 14,370,106	
1,932	144,001	75	\$131.98	\$ 19,005,324	
1,704	128,329	75	\$137.66	\$ 17,666,406	
1,267	117,844	93	\$135.55	\$ 15,974,282	
1,269	118,017	93	\$137.98	\$ 16,283,830	
1,278	118,424	93	\$139.92	\$ 16,569,448	
Change	0.71%	0.34%	-0.36%	1.40%	1.75%

Targeted Case Management Services - SMA ⁽¹⁾ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	90,139	39,929,359	443	\$1.90	\$ 76,049,698
2011-12	94,279	41,160,583	437	\$1.84	\$ 75,855,511
2012-13	95,988	37,749,236	393	\$2.33	\$ 88,110,623
2013-14	100,643	36,915,538	367	\$2.32	\$ 85,596,674
2014-15	101,044	37,055,874	367	\$2.22	\$ 82,397,788
2015-16	107,203	37,786,152	352	\$2.18	\$ 82,497,953
2016-17	110,749	37,885,807	342	\$2.21	\$ 83,539,953
Change	3.31%	0.26%	-2.95%	1.00%	1.26%

Therapy & Other Service Activities - SMA ⁽¹⁾ \$2.61					
Number of Clients	Number of Minutes ⁽³⁾	Minutes Per Client	Cost Per Minute	Approved Amount	
199,759	377,119,245	1,888	\$2.31	\$ 870,417,803	
212,987	396,618,573	1,862	\$2.35	\$ 930,299,429	
230,373	413,525,364	1,795	\$2.60	\$ 1,074,748,648	
245,492	424,656,757	1,730	\$2.64	\$ 1,121,071,403	
251,366	437,035,277	1,739	\$2.68	\$ 1,170,835,527	
263,768	450,777,847	1,709	\$2.70	\$ 1,217,033,362	
276,752	459,596,036	1,661	\$2.80	\$ 1,288,519,130	
Change	4.92%	1.96%	-2.83%	3.84%	5.87%

Therapeutic Behavioral Services - SMA ⁽¹⁾ \$2.61					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	6,424	38,502,104	5,993	\$2.09	\$ 80,326,546
2011-12	7,332	40,513,519	5,526	\$2.15	\$ 87,030,282
2012-13	7,990	41,753,535	5,226	\$2.47	\$ 103,323,305
2013-14	8,085	41,386,281	5,119	\$2.46	\$ 101,932,457
2014-15	8,249	41,671,494	5,052	\$2.45	\$ 102,155,451
2015-16	8,670	44,260,534	5,105	\$2.44	\$ 108,077,743
2016-17	9,202	45,795,011	4,977	\$2.50	\$ 114,561,691
Change	6.14%	3.47%	-2.51%	2.45%	6.00%

Medication Support Services - SMA ⁽¹⁾ \$4.82					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
70,304	22,819,328	325	\$4.19	\$ 95,676,665	
72,828	23,028,156	316	\$4.26	\$ 98,072,216	
77,077	23,608,494	306	\$4.90	\$ 115,684,373	
80,167	24,670,685	308	\$5.00	\$ 123,261,731	
79,657	25,349,706	318	\$5.13	\$ 130,114,897	
82,465	26,337,043	319	\$5.22	\$ 137,587,164	
84,887	27,076,927	319	\$5.39	\$ 145,819,679	
Change	2.94%	2.81%	-0.12%	3.09%	5.98%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Children's Services Approved Claims Data

**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
 FY 2010-11 through FY 2013-14 utilizes actual data and SFY 2014-15 through 2016-17
 utilizes actual and forecast data**

***Actual claims data as of 12/31/2015**

Crisis Intervention Services - SMA⁽¹⁾ \$3.88					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	16,771	4,991,095	298	\$3.76	\$ 18,743,670
2011-12	16,895	5,162,829	306	\$3.72	\$ 19,202,912
2012-13	17,613	5,192,465	295	\$4.49	\$ 23,308,874
2013-14	19,135	5,879,954	307	\$4.47	\$ 26,271,577
2014-15	20,025	6,036,857	301	\$4.58	\$ 27,640,688
2015-16	20,680	6,308,872	305	\$4.67	\$ 29,446,350
2016-17	21,413	6,586,835	308	\$4.79	\$ 31,547,427
Change	3.54%	4.41%	0.83%	2.61%	7.14%

Psychiatric Inpatient Hospital Services - SD/MC - SMA⁽¹⁾ \$1,213.75				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
1,975	15,558	8	\$803.89	\$ 12,506,982
2,009	15,833	8	\$833.75	\$ 13,200,712
2,086	17,350	8	\$950.81	\$ 16,496,618
2,062	18,208	9	\$973.45	\$ 17,724,535
2,213	18,218	8	\$969.41	\$ 17,660,689
2,259	18,233	8	\$968.95	\$ 17,666,899
2,298	18,325	8	\$964.41	\$ 17,672,853
1.73%	0.50%	-1.20%	-0.47%	0.03%

Psychiatric Inpatient Hospital Services - FFS/MC⁽²⁾					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	8,996	78,706	9	\$702.97	\$ 55,327,881
2011-12	8,896	82,536	9	\$716.55	\$ 59,141,553
2012-13	10,272	88,941	9	\$720.52	\$ 64,083,758
2013-14	11,885	102,626	9	\$737.27	\$ 75,663,554
2014-15	12,895	109,108	8	\$751.95	\$ 82,043,536
2015-16	13,963	117,020	8	\$765.49	\$ 89,577,235
2016-17	15,033	125,064	8	\$773.02	\$ 96,676,985
Change	7.66%	6.87%	-0.73%	0.98%	7.93%

Intensive Care Coordination				
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
179	38,453	215	\$2.75	\$ 105,727
6,713	9,624,759	1,434	\$2.02	\$ 19,437,220
10,004	16,680,114	1,667	\$2.02	\$ 33,645,731
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Intensive Home Based Services					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11					
2011-12					
2012-13	110	90,869	826	\$3.86	\$ 351,085
2013-14	5,317	10,393,189	1,955	\$2.59	\$ 26,915,667
2014-15	7,726	18,323,253	2,372	\$2.58	\$ 47,315,642
2015-16	N/A	N/A	N/A	N/A	N/A
2016-17	N/A	N/A	N/A	N/A	N/A
Change					

**ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS
2015-16 and 2016-17 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)
STATE FISCAL YEARS 2006-07 THROUGH 2016-17
DATA AS OF 12/31/2015 SD/MC Only Claims**

	Fiscal Year	Approved Claims ^(1&3) (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Adults Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Adults' Enrollment Growth	All Medi-Cal Adults ⁽²⁾
Actual	2006-07								3,078,495
Actual	2007-08								3,121,776
Actual	2008-09	\$817,629		238,623		\$3,426		1.39%	3,237,370
Actual	2009-10	\$763,267	-6.65%	229,075	-4.00%	\$3,332	-2.76%	3.57%	3,394,954
Actual	2010-11	\$761,901	-0.18%	227,630	-0.63%	\$3,347	0.46%	4.64%	3,523,766
Actual	2011-12	\$793,788	4.19%	231,723	1.80%	\$3,426	2.34%	3.66%	3,586,641
Actual ⁽⁴⁾	2012-13	\$947,514	19.37%	232,973	0.54%	\$4,067	18.73%	1.75%	3,622,709
Weighted ⁽⁵⁾	2013-14	\$994,012	4.91%	234,795	0.78%	\$4,234	4.09%	1.00%	4,552,529
Forecast	2014-15	\$1,045,923	5.22%	235,508	0.30%	\$4,441	4.90%	20.42%	6,635,365
Forecast	2015-16	\$1,091,528	4.36%	237,061	0.66%	\$4,604	3.68%	31.39%	
Forecast	2016-17	\$1,153,802	5.71%	239,646	1.09%	\$4,815	4.56%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2015.

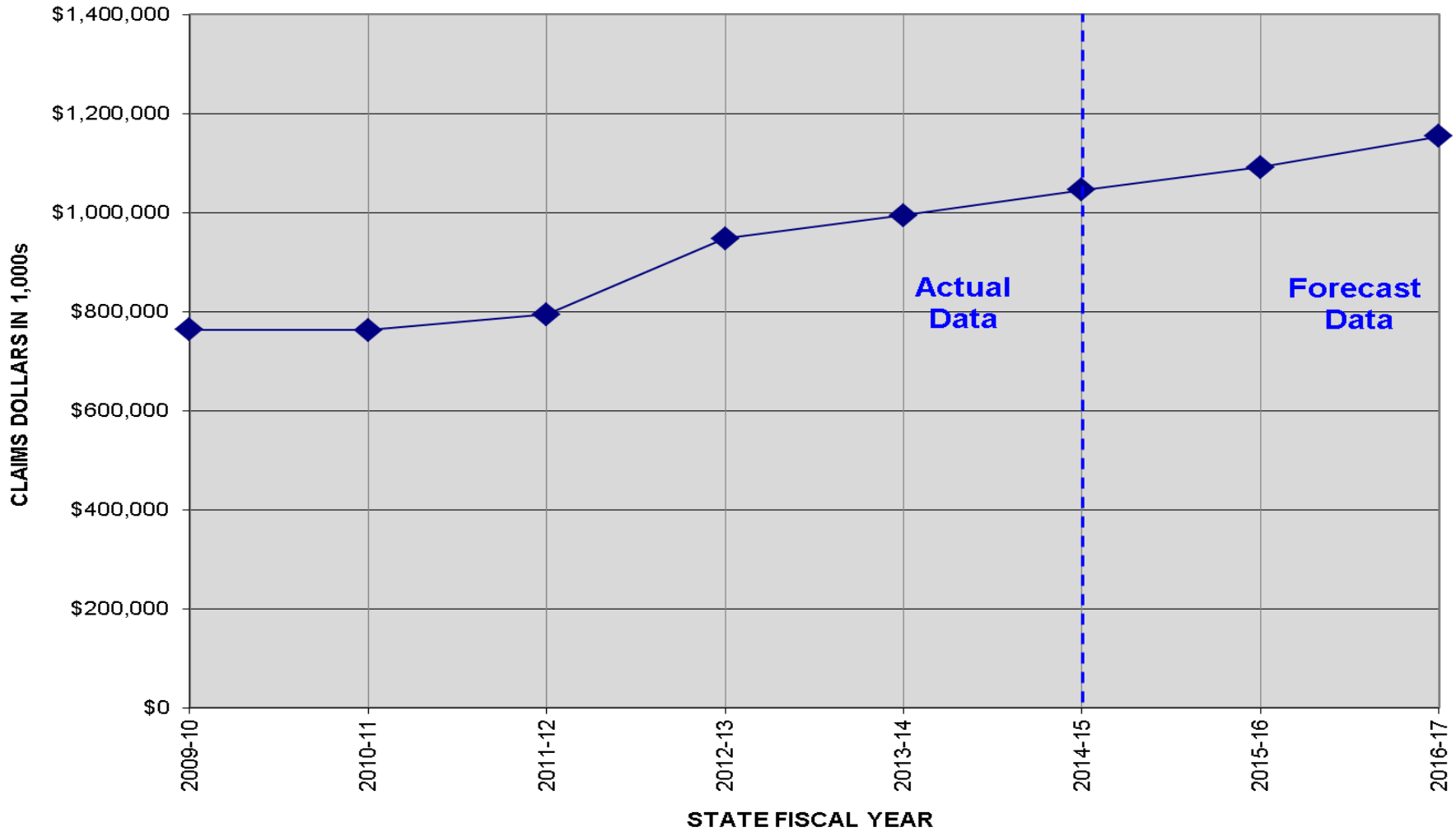
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year.

(3) FFS/MC inpatient service costs are not included in this table of approved claims.

(4) The increase in approved claims costs are due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011).

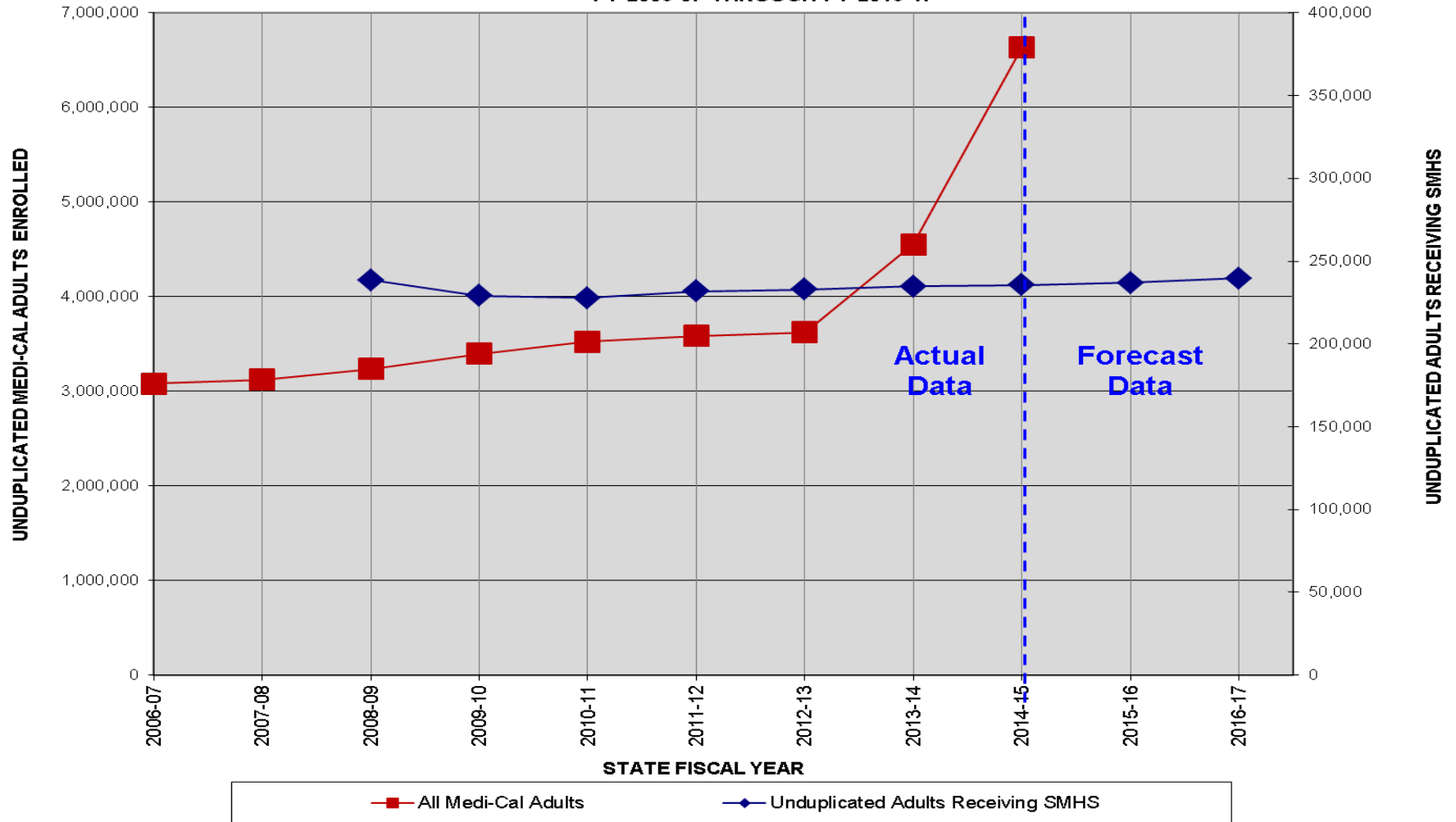
(5) Approved claims are slightly weighted as it is estimated that 90% of FY 13-14 claims have been approved.

**ADULTS' APPROVED CLAIMS AND CLAIMS FORECAST
FY 2009-10 THROUGH FY 2016-17**



Source: Approved Claims, SD/MC Specialty Mental Health Services as of December 31, 2015

UNDUPLICATED CLIENTS AND CLIENT FORECASTS
All Medi-Cal Adults Compared to Adults Receiving Specialty Mental Health Services
FY 2006-07 THROUGH FY 2016-17



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2015
 Note: The unduplicated count of Medi-Cal adults includes ACA clients while counts of adults receiving SMHS does not include ACA clients.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
***Actual claims data as of 12/31/2015**

Psychiatric Health Facility Services - SMA ⁽¹⁾ \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	2,400	27,462	11	\$562.40	\$ 15,444,737
2011-12	2,732	29,859	11	\$582.60	\$ 17,395,902
2012-13	2,900	37,871	13	\$651.20	\$ 24,661,613
2013-14	3,285	43,454	13	\$736.92	\$ 32,022,098
2014-15	3,518	46,320	13	\$735.15	\$ 34,052,333
2015-16	3,663	49,583	14	\$750.49	\$ 37,211,786
2016-17	3,898	53,748	14	\$767.55	\$ 41,254,118
Change	6.42%	8.4%	1.86%	2.27%	10.86%

Adult Crisis Residential Services - SMA ⁽¹⁾ \$345.38					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
3,699	67,599	18	\$297.29	\$ 20,096,471	
3,925	72,710	19	\$305.22	\$ 22,192,720	
4,083	78,270	19	\$327.83	\$ 25,659,512	
4,404	74,117	17	\$334.81	\$ 24,815,049	
4,485	76,390	17	\$343.73	\$ 26,257,765	
4,684	77,699	17	\$356.49	\$ 27,699,303	
4,904	80,009	16	\$366.15	\$ 29,295,035	
4.70%	3.0%	-1.65%	2.71%	5.76%	

Adult Residential Services - SMA ⁽¹⁾ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	1,155	96,672	84	\$155.30	\$ 15,013,032
2011-12	1,163	96,787	83	\$157.41	\$ 15,235,219
2012-13	1,177	102,307	87	\$160.04	\$ 16,373,504
2013-14	1,205	107,535	89	\$173.18	\$ 18,623,228
2014-15	1,241	108,133	87	\$179.54	\$ 19,414,661
2015-16	1,258	110,598	88	\$179.91	\$ 19,897,581
2016-17	1,263	111,673	88	\$184.41	\$ 20,593,146
Change	0.40%	1.0%	0.57%	2.50%	3.50%

Crisis Stabilization Services - SMA ⁽¹⁾ \$94.54					
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount	
20,517	412,574	20	\$90.72	\$ 37,428,446	
22,694	470,652	21	\$92.40	\$ 43,487,596	
24,099	556,276	23	\$105.09	\$ 58,458,598	
25,251	628,819	25	\$108.83	\$ 68,437,381	
27,952	702,533	25	\$118.08	\$ 82,958,263	
29,226	758,475	26	\$121.29	\$ 91,998,141	
30,990	823,915	27	\$123.84	\$ 102,037,683	
6.04%	8.6%	2.44%	2.10%	10.91%	

Day Treatment Intensive Half Day Services ⁽²⁾ - SMA ⁽¹⁾ \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11					
2011-12					
2012-13					
2013-14					
2014-15					
2015-16					
2016-17					
Change					

Day Treatment Intensive Full Day Services ⁽²⁾ - SMA ⁽¹⁾ \$202.43					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
61	2,724	45	\$170.93	\$ 465,618	
16	428	27	\$173.06	\$ 74,071	
1	56	56	\$207.48	\$ 11,619	
3	285	95	\$342.09	\$ 97,495	
-	-	0	\$0.00	\$ -	
-	-	-	\$0.00	\$ -	
-	-	-	\$0.00	\$ -	
0.00%	0.0%	0.00%	0.00%	0.00%	

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
***Actual claims data as of 12/31/2015**

Day Rehabilitative Half Day Services - SMA ⁽¹⁾ \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	213	8,431	40	\$91.26	\$ 769,431
2011-12	279	11,967	43	\$91.36	\$ 1,093,346
2012-13	216	9,130	42	\$89.77	\$ 819,605
2013-14	348	13,462	39	\$99.63	\$ 1,341,197
2014-15	385	24,941	65	\$105.72	\$ 2,636,638
2015-16	449	26,110	58	\$110.43	\$ 2,883,323
2016-17	502	29,529	59	\$111.33	\$ 3,287,393
Change	11.80%	13.1%	1.15%	0.81%	14.01%

Day Rehabilitative Full Day Services - SMA ⁽¹⁾ \$131.24					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
1,159	77,179	67	\$118.71	\$ 9,162,148	
970	63,035	65	\$129.42	\$ 8,158,241	
835	48,066	58	\$137.48	\$ 6,607,902	
766	40,471	53	\$150.99	\$ 6,110,656	
516	25,153	49	\$183.99	\$ 4,627,789	
328	14,852	45	\$249.52	\$ 3,705,853	
163	3,009	18	\$887.92	\$ 2,671,750	
Change	-50.30%	-79.7%	-59.23%	255.85%	-27.90%

Targeted Case Management Services - SMA ⁽¹⁾ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	97,276	45,648,187	469	\$1.89	\$ 86,490,512
2011-12	97,262	48,772,740	501	\$1.74	\$ 84,904,579
2012-13	96,353	42,663,971	443	\$2.42	\$ 103,242,239
2013-14	96,717	42,425,845	439	\$2.42	\$ 102,828,364
2014-15	97,042	42,568,689	439	\$2.42	\$ 103,041,593
2015-16	98,643	43,180,344	438	\$2.44	\$ 105,361,749
2016-17	98,950	43,188,772	436	\$2.51	\$ 108,362,366
Change	0.31%	0.0%	-0.29%	2.83%	2.85%

Therapy & Other Service Activities - SMA ⁽¹⁾ \$2.61					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
160,894	163,712,479	1,018	\$1.88	\$ 307,568,138	
166,117	155,794,582	938	\$2.09	\$ 325,770,981	
171,559	144,140,536	840	\$2.64	\$ 380,792,299	
171,743	145,003,817	844	\$2.68	\$ 388,045,544	
168,584	145,386,860	862	\$2.70	\$ 392,404,299	
173,479	146,421,735	844	\$2.79	\$ 408,001,332	
176,796	146,630,481	829	\$2.92	\$ 428,690,722	
Change	1.91%	0.1%	-1.74%	4.92%	5.07%

Medication Support Services - SMA ⁽¹⁾ \$4.82					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2010-11	161,831	52,528,029	325	\$3.56	\$ 187,241,564
2011-12	164,176	49,539,054	302	\$3.90	\$ 193,102,356
2012-13	164,035	46,297,694	282	\$4.92	\$ 227,612,148
2013-14	163,214	46,874,122	287	\$5.06	\$ 237,395,481
2014-15	162,319	46,298,598	285	\$5.25	\$ 243,112,786
2015-16	162,935	46,447,066	285	\$5.41	\$ 251,057,413
2016-17	164,063	46,579,061	284	\$5.65	\$ 263,386,533
Change	0.69%	0.3%	-0.41%	4.61%	4.91%

Crisis Intervention Services - SMA ⁽¹⁾ \$3.88					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
31,309	7,061,875	226	\$3.77	\$ 26,649,639	
30,743	7,204,960	234	\$3.77	\$ 27,169,183	
29,033	6,840,767	236	\$4.35	\$ 29,780,602	
28,816	6,826,934	237	\$4.35	\$ 29,688,113	
29,423	6,976,965	237	\$4.59	\$ 32,056,707	
29,546	6,981,986	236	\$4.70	\$ 32,821,679	
29,550	6,998,607	237	\$4.83	\$ 33,811,247	
Change	0.01%	0.2%	0.22%	2.77%	3.01%

(1) - The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

(2) - Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2010-11 through FY 2013-14 utilizes actual data
FY 2014-15 through FY 2016-17 utilizes actual and forecast data
***Actual claims data as of 12/31/2015**

Psychiatric Inpatient Hospital Services - SD/MC - SMA ⁽¹⁾ \$1,213.75						Psychiatric Inpatient Hospital Services - FFS/MC ⁽²⁾				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2010-11	6,086	72,217	12	\$769.51	\$ 55,571,421	14,719	201,763	14	\$600.78	\$ 121,214,600
2011-12	6,222	68,775	11	\$802.67	\$ 55,203,798	14,218	210,871	15	\$623.59	\$ 131,498,017
2012-13	6,263	66,400	11	\$1,106.85	\$ 73,494,544	15,014	220,022	15	\$655.12	\$ 144,141,392
2013-14	6,111	67,958	11	\$1,244.99	\$ 84,606,944	13,857	199,173	14	\$677.68	\$ 134,976,496
2014-15	6,409	73,485	11	\$1,401.16	\$ 102,964,590	13,859	199,852	14	\$677.02	\$ 135,303,518
2015-16	6,505	73,787	11	\$1,524.13	\$ 112,460,950	13,986	201,790	14	\$703.98	\$ 142,055,280
2016-17	6,530	74,758	11	\$1,636.32	\$ 122,327,986	14,089	204,922	15	\$723.16	\$ 148,191,342
Change	0.38%	1.3%	0.93%	7.36%	8.77%	0.74%	1.6%	0.81%	2.73%	4.32%

About Claim Lag

Claim lag is a normal part of the claims reimbursement process. The lag time is defined as the period of time from when the actual service occurred to when the county submits the claim to the State. The lag time may vary depending on local provider and county claim submission and review processes. Also, some counties submit claims on a weekly basis, while others submit claims on a monthly basis in batches.

The charts on the next pages provide a historical view of claim lag for Children and Adult services rendered in the last three fiscal years.

Historical Averages of Claim Lag for Children Services Claims

Number of Days it takes for the Claim to be Submitted	FY 2011-12 Percentage of Claims Submitted	FY 2012-13 Percentage of Claims Submitted	FY 2013-14 Percentage of Claims Submitted
1 to 30 days	8%	7%	6%
31 to 60 days	26%	24%	21%
61 to 90 days	35%	35%	36%
91 to 120 days	14%	16%	16%
121 to 150 days	6%	6%	8%
151 to 180 days	3%	4%	5%
180 to 365 days	6%	9%	7%
Over 366 days	1%	0%	1%

Historical Averages of Claim Lag for Adult Services Claim

Number of Days it takes for the Claim to be Submitted	FY 2011-12 Percentage of Claims Submitted	FY 2012-13 Percentage of Claims Submitted	FY 2013-14 Percentage of Claims Submitted
1 to 30 days	11%	9%	9%
31 to 60 days	26%	23%	22%
61 to 90 days	24%	24%	25%
91 to 120 days	14%	16%	18%
121 to 150 days	7%	8%	9%
151 to 180 days	4%	5%	5%
180 to 365 days	10%	13%	11%
Over 366 days	3%	1%	1.3%

The Affordable Care Act and Specialty Mental Health Services

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of December 31, 2015. The data represents actual approved claims received as of December 31, 2015 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an early indication of the growth and utilization of SMHS by ACA Expansion Clients.

Impact of the ACA on SMHS

Based on the current data, the ACA has increased the number and dollar amount of approved SMHS claims for adults. Specialty Mental Health Services defines adults as individuals who are 21 or older. Under the ACA expansion, individuals ages 18 and older can apply for Medi-Cal. As such, the ACA expansion clients being compared with Non-ACA adults currently receiving SMHS cannot be equally compared.

The ACA approved claim amounts shown below are not forecasted amounts due to the short data collection period. This is because claims associated with the ACA were first approved beginning in January 2014 and the 2013-14 state fiscal year ended on June 30, 2014. The non-ACA data in the following tables are also not forecasted amounts and therefore are not comparable to other data in this document. The \$177 million shown below represents approved claims from ACA clients that were received by December 31, 2015.

FY 2013-14 Approved Claim Amounts for ACA and Non-ACA Clients		
ACA Client	Non-ACA Client	Total
\$177,237,923	\$1,228,269,762	\$1,405,507,685

Growth in the Client Base

The growth in new adult clients receiving SMHS due to the ACA is significant. Clients from both the Short-Doyle Medi-Cal and Fee-for-Service claiming systems are included in these counts.

FY 2013-14 Adult Statwide Client Counts and New Adult ACA Clients		
ACA Client	Non-ACA Client	Total
69,191	273,359	342,550

Note: Under the ACA, adults are defined as individuals who are 18 and older. For the SMHS program adults are defined as individuals 21 and older. Only 1.8% of the ACA clients are between the ages of 18 and 20 and therefore are being grouped with the SMHS adult client base as they do not significantly impact the comparative analysis.

Impact of the ACA at the Service Type Level

The chart below shows the FY 13-14 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of December 31, 2015. At present the average service type may see a 7% to 25% increase in costs due to new ACA clients. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 13-14 approved claim amounts by service type with ACA clients

Estimated FY2013-14 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)								
(In Thousands)	Adult Residential Treatment Services	Case Management/ Brokerage	Crisis Intervention	Crisis Residential Treatment Services	Crisis Stabilization	Day Rehabilitation	Day Treatment Intensive	Hospital Inpatient
Claims from Non-ACA Clients	\$20,382	\$112,339	\$32,655	\$26,646	\$71,470	\$8,155	\$2,061	\$82,103
Claims from ACA Clients	\$1,670	\$11,151	\$6,079	\$6,914	\$17,225	\$857	\$0	\$16,155

Estimated FY2013-14 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)							
Hospital Inpatient Admin	ICC	IHBS	Medication Support Services	Mental Health Services	Psychiatric Health Facility	Therapeutic Behavioral Services	Psychiatric Inpatient Hospital Services FFS/MC
\$8,202	\$902	\$1,170	\$251,909	\$459,596	\$35,197	\$2,279	\$113,204
\$604	\$2	\$1	\$33,727	\$54,583	\$4,665	\$0	\$23,605

Demographics by Age: Non-ACA vs. ACA enrollees

The ACA broadened the qualifications for Medi-Cal by raising the maximum income level for an individual to 138% or lower of the Federal Poverty Level and broadened the age requirement to individuals 18 and older. This expansion of the Medi-Cal qualifications has allowed millions of Californians to be able to select Medi-Cal as an insurance plan through Covered California.

The chart below shows that 74.1% of non-ACA clients who receive SMHS in FY 2013-14 were between the ages of 21 and 59 while for ACA clients, the percentage was 92.9%. More ACA clients are in the 21 to 59 age group partly because prior to the implementation of the ACA, most individuals who qualified for Medi-Cal were either children under 21 or adults aged 65 and older.

FY 2013-14 Adult Statewide Client Counts and New Adult ACA Clients		
Age	Non-ACA Clients	ACA Clients
18-20	10.4%	1.8%
21-59	74.1%	92.9%
60-64	8.8%	5.3%
65 and up	6.7%	0.1%

Note: For SMHS services the age distribution was adjusted to include 18 to 20 year old beneficiaries in order to make the ACA and Non-ACA client age groups comparable.

Demographics by Gender: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS in FY 2013-14, 53.8% were men, while 46.2% were women. For non-ACA clients, a higher percentage of females received services compared to males.

FY 2013-14 Non-ACA and ACA Clients		
	Non-ACA Clients	ACA Clients
Male	43.5%	53.8%
Female	56.5%	46.2%

Demographics by Race: Non-ACA vs. ACA enrollees

The chart below shows that ACA clients receive SMHS in FY 2013-14, have 40.4% White, 24.5% Hispanic, and 16.6% Black. The difference between ACA and non-ACA clients is less than 1% for individuals who are Hispanic and Black.

FY 2013-14		
Race	Non-ACA Clients	ACA Clients
White	35.5%	40.4%
Hispanic	23.4%	24.5%
Black	16.7%	16.6%
Other	15.4%	11.5%
Asian or Pacific Islander	8.3%	6.2%
Alaskan Native or American Indian	0.7%	0.8%

Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of December 31, 2015 an additional \$177 million in SMHS was provided to approximately 69 thousand Medi-Cal ACA clients in FY 2013-14.

Service Type Forecasts

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Children Services Section

Children Adult Crisis Residential Services

Adult Crisis Residential Services (CRS):

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Summary:

The forecast for Adult Crisis Residential Services include an increase in client counts and increases in annual costs over the next few fiscal years.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 911,478	203
Actual	FY 2011-12	\$ 915,694	238
Actual	FY 2012-13	\$ 1,579,389	257
Actual	FY 2013-14	\$ 1,828,095	311
Forecast	FY 2014-15	\$ 1,997,622	316
Forecast	FY 2015-16	\$ 2,241,044	337
Forecast	FY 2016-17	\$ 2,476,395	356
Actual data as of December 31, 2015			

Budget Forecast Narrative:

A slight growth in dollars and clients are forecasted for FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a				
Children				
Clients Receiving Adult Crisis Residential Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ACR	0.0%	0.0%	0.0%	100.0%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 1b						
Children						
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	35.4%	24.1%	17.6%	5.3%	0.9%	16.6%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 1c		
Children		
Clients Receiving Adult Crisis Residential Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
ACR	45.1%	54.9%
Total Children	43.9%	56.1%

Table 1d
Other Services Received by Children Receiving Adult Crisis Residential Services
Adult Crisis Residential Fiscal Year 2013-14

	Frequency	Percent of Clients
ADULT CRISIS RESIDENTIAL	311	100.00%
MEDICATION SUPPORT	287	92.28%
THERAPY AND OTHER SERVICE ACTIVITIES	246	79.10%
TARGETED CASE MANAGEMENT	232	74.60%
CRISIS INTERVENTION	161	51.77%
CRISIS STABILIZATION	159	51.13%
FFS-HOSPITAL INPATIENT	113	36.33%
HOSPITAL INPATIENT	72	23.15%
PHF	36	11.58%
ADULT RESIDENTIAL	32	10.29%
DAY TX REHABILITATIVE FULL DAY	14	4.50%
THERAPEUTIC BEHAVIORAL SERVICES	14	4.50%
ICC	5	1.61%
DAY TX INTENSIVE FULL DAY	3	0.96%
DAY TX REHABILITATIVE HALF DAY	2	0.64%
IHBS	2	0.64%
DAY TX INTENSIVE HALF DAY	1	0.32%

Service Metrics:

**Table 1e
 Children
 Adult Crisis Residential Services Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	311	100%	\$ 38,860
Mean	\$ 5,878	99%	\$ 30,606
Standard Deviation	\$ 6,360	95%	\$ 18,914
Median	\$ 4,127	90%	\$ 11,519
Mode	\$ 5,060	75%	\$ 8,160
Interquartile Range	\$ 6,386	50%	\$ 4,127
		25%	\$ 1,774

**Table 1f
 Adult Crisis Residential Services
 Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	311	100%	113
Mean	18	99%	89
Standard Deviation	19	95%	58
Median	13	90%	38
Mode	1	75%	25
Interquartile Range	19	50%	13
		25%	6

**Table 1g
 Children
 Historical Trends
 Adult Crisis Residential by Fiscal Year**

Data Type	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	238	257	311	316
Number of Days	3,134	4,910	5,615	5,989
Days Per Client	13	19	18	19
Approved Amount	\$915,694	\$1,579,389	\$1,828,095	\$1,997,622

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Adult Residential Services

Adult Residential Treatment Services:

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Adult Residential Services indicates a slight decline in costs and a slight decline in clients.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 1,631,533	115
Actual	FY 2011-12	\$ 1,092,880	98
Actual	FY 2012-13	\$ 1,608,292	111
Actual	FY 2013-14	\$ 1,795,052	102
Forecast	FY 2014-15	\$ 1,494,414	74
Forecast	FY 2015-16	\$ 1,417,403	62
Forecast	FY 2016-17	\$ 1,400,485	55

Actual data as of December 31, 2015

Budget Forecast Narrative:

The forecast indicates a declining trend in costs and clients through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 2a				
Children				
Clients Receiving Adult Residential Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
AR	0.0%	0.0%	0.0%	100.0%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 2b						
Children						
Clients Receiving Adult Residential Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	30.7%	17.5%	14.9%	5.3%	0.0%	31.6%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 2c		
Children		
Clients Receiving Adult Residential Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
AR	31.6%	68.4%
Total Children	43.9%	56.1%

Table 2d

**Other Services Received by Children Receiving Adult Residential Service
 Fiscal Year 2013-14**

	Frequency	Percent of Clients
ADULT RESIDENTIAL	102	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	91	89.22%
TARGETED CASE MANAGEMENT	86	84.31%
MEDICATION SUPPORT	85	83.33%
CRISIS STABILIZATION	36	35.29%
ADULT CRISIS RESIDENTIAL	32	31.37%
CRISIS INTERVENTION	29	28.43%
DAY TX REHABILITATIVE FULL DAY	23	22.55%
HOSPITAL INPATIENT	18	17.65%
FFS-HOSPITAL INPATIENT	17	16.67%
DAY TX INTENSIVE FULL DAY	8	7.84%
PHF	5	4.90%
THERAPEUTIC BEHAVIORAL SERVICES	3	2.94%
ICC	1	0.98%
IHBS	1	0.98%

Service Metrics:

Table 2e
Children
Adult Residential Approved Amount
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	102	100%	\$ 63,244
Mean	\$ 17,599	99%	\$ 58,240
Standard Deviation	\$ 15,446	95%	\$ 53,241
Median	\$ 14,238	90%	\$ 42,574
Mode	\$ 337	75%	\$ 25,158
Interquartile Range	\$ 19,288	50%	\$ 14,238
		25%	\$ 5,870

Table 2f
Children
Adult Residential Days
Fiscal Year 2013-14

Statistic	Days	Quartile	Days
Number of Clients	102	100%	364
Mean	103	99%	350
Standard Deviation	87	95%	282
Median	88	90%	237
Mode	124	75%	149
Interquartile Range	114	50%	88
		25%	35

Table 2g
Children
Historical Trends
Adult Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	98	111	102	74
Number of Days	6,937	9,950	10,470	8,581
Days Per Client	71	90	103	116
Approved Amount	\$1,092,880	\$1,608,292	\$1,795,052	\$1,494,414

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Crisis Intervention

Crisis Intervention:

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary’s significant support person and may be provided anywhere in the community.

Summary:

The costs and clients are forecasted to increase slightly for Crisis Intervention services.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 18,743,670	16,771
Actual	FY 2011-12	\$ 19,202,912	16,895
Actual	FY 2012-13	\$ 23,308,874	17,613
Actual	FY 2013-14	\$ 26,271,577	19,135
Forecast	FY 2014-15	\$ 27,640,688	20,025
Forecast	FY 2015-16	\$ 29,446,350	20,680
Forecast	FY 2016-17	\$ 31,547,427	21,413
Actual data as of December 31, 2015			

Budget Forecast Narrative:

Costs for Crisis Intervention services are projected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a				
Children				
Clients Receiving Crisis Intervention Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CI	7.5%	52.4%	24.3%	15.7%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 3b						
Children						
Clients Receiving Crisis Intervention Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	30.1%	44.6%	11.8%	3.1%	0.7%	9.7%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 3c		
Children		
Clients Receiving Crisis Intervention Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
CI	53.6%	46.4%
Total Children	43.9%	56.1%

Table 3d
Other Services Received by Children Receiving Crisis Intervention Service
Service Fiscal Year 2013-14

	Frequency	Percent of Clients
CRISIS INTERVENTION	19,135	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	16,096	84.12%
TARGETED CASE MANAGEMENT	12,392	64.76%
MEDICATION SUPPORT	11,045	57.72%
FFS-HOSPITAL INPATIENT	6,197	32.39%
CRISIS STABILIZATION	3,130	16.36%
THERAPEUTIC BEHAVIORAL SERVICES	2,047	10.70%
ICC	1,276	6.67%
IHBS	1,106	5.78%
HOSPITAL INPATIENT	976	5.10%
PHF	425	2.22%
DAY TX INTENSIVE FULL DAY	385	2.01%
DAY TX REHABILITATIVE FULL DAY	186	0.97%
ADULT CRISIS RESIDENTIAL	161	0.84%
ADULT RESIDENTIAL	29	0.15%
DAY TX INTENSIVE HALF DAY	11	0.06%
DAY TX REHABILITATIVE HALF DAY	8	0.04%

Service Metrics:

**Table 3e
Children
Crisis Intervention Service Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	19,135	100%	\$ 29,574
Mean	\$1,373	99%	\$ 7,793
Standard Deviation	\$1,585	95%	\$ 4,292
Median	\$ 868	90%	\$ 2,693
Mode	\$2,290	75%	\$ 1,973
Interquartile Range	\$1,543	50%	\$ 868
		25%	\$ 430

**Table 3f
Children
Crisis Intervention Service Minutes
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	19,135	100%	6,200
Mean	307	99%	1,716
Standard Deviation	340	95%	936
Median	195	90%	595
Mode	480	75%	430
Interquartile Range	320	50%	195
		25%	110

**Table 3g
Children
Historical Trends
Crisis Intervention Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	16,895	17,613	19,135	20,025
Number of Minutes	5,162,829	5,192,945	5,879,954	6,036,857
Minutes Per Client	306	295	307	301
Approved Amount	\$19,202,912	\$23,308,874	\$26,271,577	\$27,640,688

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Crisis Stabilization

Crisis Stabilization:

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Crisis Stabilization Services is for moderate growth in clients and costs over the next few fiscal years.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 7,884,457	6,384
Actual	FY 2011-12	\$ 8,805,007	6,990
Actual	FY 2012-13	\$ 14,278,738	8,472
Actual	FY 2013-14	\$ 15,608,210	9,678
Forecast	FY 2014-15	\$ 17,308,323	11,710
Forecast	FY 2015-16	\$ 19,914,022	12,950
Forecast	FY 2016-17	\$ 22,197,689	14,222

Actual data as of December 31, 2015

Budget Forecast Narrative:

Moderate growth in costs and clients is forecasted through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a				
Children				
Clients Receiving Crisis Stabilization Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CS	2.4%	45.7%	23.7%	28.3%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 4b						
Children						
Clients Receiving Crisis Stabilization Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	25.8%	43.2%	15.5%	4.1%	0.8%	10.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 4c		
Children		
Clients Receiving Crisis Stabilization Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
CS	52.9%	47.1%
Total Children	43.9%	56.1%

Table 4d
Other Services Received by Children Receiving Crisis Stabilization Service
Fiscal Year 2013-14

	Frequency	Percent of Clients
CRISIS STABILIZATION	9,678	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,014	72.47%
MEDICATION SUPPORT	5,232	54.06%
TARGETED CASE MANAGEMENT	4,960	51.25%
FFS-HOSPITAL INPATIENT	3,254	33.62%
CRISIS INTERVENTION	3,130	32.34%
HOSPITAL INPATIENT	1,235	12.76%
THERAPEUTIC BEHAVIORAL SERVICES	1,002	10.35%
ICC	496	5.13%
PHF	475	4.91%
IHBS	397	4.10%
DAY TX REHABILITATIVE FULL DAY	222	2.29%
DAY TX INTENSIVE FULL DAY	214	2.21%
ADULT CRISIS RESIDENTIAL	159	1.64%
ADULT RESIDENTIAL	36	0.37%
DAY TX INTENSIVE HALF DAY	7	0.07%
DAY TX REHABILITATIVE HALF DAY	7	0.07%

Service Metrics:

Table 4e
Children
Crisis Stabilization Approved Amount
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	9,678	100%	\$ 42,575
Mean	\$ 1,613	99%	\$ 10,436
Standard Deviation	\$ 2,063	95%	\$ 5,177
Median	\$ 1,105	90%	\$ 3,497
Mode	\$ 1,891	75%	\$ 1,891
Interquartile Range	\$ 1,493	50%	\$ 1,105
		25%	\$ 398

Table 4f
Children
Crisis Stabilization Hours
Fiscal Year 2013-14

Statistic	Hours	Quartile	Hours
Number of Clients	9,678	100%	289
Mean	16	99%	92
Standard Deviation	19	95%	48
Median	12	90%	33
Mode	20	75%	20
Interquartile Range	16	50%	12
		25%	4

Table 4g
Children
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	6,990	8,472	9,678	11,710
Number of Hours	97,507	130,358	152,873	187,202
Hours Per Client	14	15	16	16
Approved Amount	\$8,805,007	\$14,278,738	\$15,608,210	\$17,308,323

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and that provide services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Day Rehabilitation Half Day Services is for a decline in both dollars and clients.

The Department believes that the reduction in the use of Day Rehabilitation Half Day services is due to counties using more community based services to achieve the same or better outcomes through more cost-effective services. Counties are serving fewer children in group home and non-public school settings, day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the ongoing Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 1,395,605	127
Actual	FY 2011-12	\$ 904,599	102
Actual	FY 2012-13	\$ 509,853	70
Actual	FY 2013-14	\$ 521,226	64
Forecast	FY 2014-15	\$ 588,256	177
Forecast	FY 2015-16	\$ 430,173	143
Forecast	FY 2016-17	\$ 259,690	149

Actual data as of December 31, 2015

Budget Forecast Narrative:

Day Rehabilitation Half Day service costs and clients are forecast to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 5a				
Children				
Clients Receiving Day Rehabilitation-Half Day Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR H/D	56.6%	34.2%	0.0%	9.2%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 5b						
Children						
Clients Receiving Day Treatment Rehabilitation-Half Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	26.3%	48.7%	6.6%	1.3%	0.0%	17.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 5c		
Children		
Clients Receiving Day Treatment Rehabilitation-Half Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DR H/D	19.7%	80.3%
Total Children	43.9%	56.1%

Table 5d
Other Services Received by Children Receiving Day Rehabilitation Half Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX REHABILITATIVE HALF DAY	64	100.00%
MEDICATION SUPPORT	52	81.25%
THERAPY AND OTHER SERVICE ACTIVITIES	43	67.19%
TARGETED CASE MANAGEMENT	21	32.81%
THERAPEUTIC BEHAVIORAL SERVICES	11	17.19%
CRISIS INTERVENTION	8	12.50%
CRISIS STABILIZATION	7	10.94%
DAY TX INTENSIVE FULL DAY	4	6.25%
ICC	4	6.25%
IHBS	4	6.25%
ADULT CRISIS RESIDENTIAL	2	3.13%
DAY TX REHABILITATIVE FULL DAY	2	3.13%
FFS-HOSPITAL INPATIENT	2	3.13%
HOSPITAL INPATIENT	2	3.13%

Service Metrics:

**Table 5e
Children
Day Rehabilitation Half Day Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	64	100%	\$ 19,338
Mean	\$ 8,144	99%	\$ 19,338
Standard Deviation	\$ 5,779	95%	\$ 17,657
Median	\$ 7,315	90%	\$ 16,564
Mode	\$ 84	75%	\$ 12,654
Interquartile Range	\$ 8,997	50%	\$ 7,315
		25%	\$ 3,657

**Table 5f
Children
Day Rehabilitation Half Days
Fiscal Year 2013-14**

Statistic	Half Days	Quartile	Half Days
Number of Clients	64	100%	230
Mean	97	99%	230
Standard Deviation	68	95%	210
Median	87	90%	197
Mode	1	75%	151
Interquartile Range	111	50%	87
		25%	40

**Table 5g
Children
Historical Trends
Day Rehabilitation Half Day by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	102	70	64	177
Number of Half Days	9,358	6,059	6,206	8,519
Days Per Client	92	87	97	48
Approved Amount	\$904,599	\$509,853	\$521,226	\$588,256

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Day Rehabilitation Full Day Services shows a slight increase in clients and cost through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 13,641,791	1,478
Actual	FY 2011-12	\$ 14,370,106	1,759
Actual	FY 2012-13	\$ 19,005,324	1,932
Actual	FY 2013-14	\$ 17,666,406	1,704
Forecast	FY 2014-15	\$ 15,974,282	1,267
Forecast	FY 2015-16	\$ 16,283,830	1,269
Forecast	FY 2016-17	\$ 16,569,448	1,278

Actual data as of December 31, 2015

Budget Forecast Narrative:

Day Rehabilitation Full Day costs are forecast to slightly increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a				
Children				
Clients Receiving Day Rehabilitation-Full Day Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR F/D	8.5%	43.7%	38.2%	9.7%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 6b						
Children						
Clients Receiving Day Treatment Rehabilitation-Full Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	35.0%	30.6%	21.2%	2.6%	1.1%	9.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 6c		
Children		
Clients Receiving Day Treatment Rehabilitation-Full Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DR F/D	41.5%	58.5%
Total Children	43.9%	56.1%

**Table 6d
 Other Services Received by Children Receiving Day Rehabilitation Full Day Services
 Fiscal Year 2013-14**

	Frequency	Percent of Clients
DAY TX REHABILITATIVE FULL DAY	1,704	100.00%
MEDICATION SUPPORT	1,272	74.65%
THERAPY AND OTHER SERVICE ACTIVITIES	1,068	62.68%
TARGETED CASE MANAGEMENT	494	28.99%
THERAPEUTIC BEHAVIORAL SERVICES	248	14.55%
FFS-HOSPITAL INPATIENT	223	13.09%
CRISIS STABILIZATION	222	13.03%
CRISIS INTERVENTION	186	10.92%
ICC	146	8.57%
HOSPITAL INPATIENT	95	5.58%
IHBS	95	5.58%
DAY TX INTENSIVE FULL DAY	68	3.99%
ADULT RESIDENTIAL	23	1.35%
ADULT CRISIS RESIDENTIAL	14	0.82%
PHF	10	0.59%
DAY TX REHABILITATIVE HALF DAY	2	0.12%

Service Metrics:

**Table 6e
 Children
 Day Rehabilitation Full Day Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	1,704	100%	\$ 41,694
Mean	\$ 10,368	99%	\$ 33,648

Standard Deviation	\$ 9,933	95%	\$ 30,215
Median	\$ 6,867	90%	\$ 26,910
Mode	\$ 275	75%	\$ 16,755
Interquartile Range	\$ 14,970	50%	\$ 6,867
		25%	\$ 1,785

Table 6f
Children
Day Rehabilitation Full Days
Fiscal Year 2013-14

Statistic	Days	Quartile	Days
Number of Clients	1,704	100%	280
Mean	75	99%	245
Standard Deviation	73	95%	223
Median	50	90%	197
Mode	2	75%	123
Interquartile Range	111	50%	50
		25%	12

Table 6g
Children
Historical Trends
Day Rehabilitation Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	1,759	1,932	1,704	1,267
Number of Days	120,826	144,001	128,329	117,844
Days Per Client	69	75	75	93
Approved Amount	\$14,370,106	\$19,005,324	\$17,666,406	\$15,974,282

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Day Treatment Intensive Half Day

Day Treatment Intensive (Half-Day):

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three

hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The utilization of Day Treatment Intensive half Day Services has been declining since FY 2012-13. DHCS does not have sufficient data to produce a forecast for this service type.

The Department believes that the reduction in the use of Day Treatment is due to counties using more community based services to achieve the same or better outcomes with less costly services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 819,123	228
Actual	FY 2011-12	\$ 2,367,074	217
Actual ⁽¹⁾	FY 2012-13	\$ 41,506	52
Actual	FY 2013-14	\$ 209,477	47
Forecast	FY 2014-15	\$ 569,289	41
Forecast ⁽²⁾	FY 2015-16		
Forecast ⁽²⁾	FY 2016-17		

⁽¹⁾The forecast dollars are unreasonably low due to a reporting error by San Diego county that year
 Actual data as of December 31, 2015

⁽²⁾ DHCS does not have sufficient data to produce a forecast for this service type.

Budget Forecast Narrative:

There has been a sharp decline in cost with Day Treatment Intensive Half Day services over the past few years. DHCS does not have sufficient data to produce a forecast for this service type.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties

still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 7a				
Children				
Clients Receiving Day Treatment Intensive-Half Day Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI H/D	43.8%	37.5%	8.3%	10.4%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 7b						
Children						
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI H/D	20.8%	52.1%	10.4%	4.2%	2.1%	10.4%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 7c		
Children		
Clients Receiving Day Treatment Intensive-Half Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DTI H/D	31.3%	68.8%
Total Children	43.9%	56.1%

**Table 7d
 Other Services Received by Children Receiving Day Treatment Intensive Half Day
 Services
 Fiscal Year 2013-14**

	Frequency	Percent of Clients
DAY TX INTENSIVE HALF DAY	46	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	44	95.65%
TARGETED CASE MANAGEMENT	43	93.48%
DAY TX INTENSIVE FULL DAY	36	78.26%
MEDICATION SUPPORT	34	73.91%
THERAPEUTIC BEHAVIORAL SERVICES	20	43.48%
CRISIS INTERVENTION	11	23.91%
CRISIS STABILIZATION	7	15.22%
FFS-HOSPITAL INPATIENT	5	10.87%
ICC	2	4.35%
ADULT CRISIS RESIDENTIAL	1	2.17%
IHBS	1	2.17%
PHF	1	2.17%

Service Metrics:

**Table 7e
 Children
 Day Treatment Intensive Half Day Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	46	100%	\$ 16,275

Mean	\$ 4,554	99%	\$ 16,275
Standard Deviation	\$ 4,787	95%	\$ 15,332
Median	\$ 2,644	90%	\$ 12,146
Mode	\$ 275	75%	\$ 6,368
Interquartile Range	\$ 5,897	50%	\$ 2,644
		25%	\$ 472

Table 7f
Children
Day Treatment Intensive Half Day
Fiscal Year 2013-14

Statistic	Half-Days	Quartile	Half-Days
Number of Clients	46	100%	69
Mean	15	99%	69
Standard Deviation	23	95%	65
Median	1	90%	60
Mode	0	75%	27
Interquartile Range	27	50%	1
		25%	0

Table 7g
Children
Historical Trends
Day Treatment Intensive Half Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	217	52	52	36
Number of Half Days	22,212	236	676	994
Days Per Client	102	5	13	28
Approved Amount	\$2,367,074	\$41,506	\$209,477	569,298

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Day Treatment Intensive Full Day

Day Treatment Intensive (Full-Day):

Day treatment intensive services are provided in a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the client in a community setting. The day treatment intensive program provides services to a distinct group of beneficiaries who

receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

There has been a sharp decline in costs and clients with Day Treatment Intensive Full Day services over the past few years. The forecast for Day Treatment Intensive Full Day Services is for continued decreases in clients and costs.

The Department believes that the reduction in the use of Day Treatment due to counties using more community based services to achieve the same or better outcomes with less costly services. Counties are serving fewer children in group home and non-public school settings, which are the primary providers of day treatment services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 41,591,508	2,369
Actual	FY 2011-12	\$ 39,317,150	2,283
Actual	FY 2012-13	\$ 35,027,540	1,902
Actual	FY 2013-14	\$ 30,753,335	1,551
Forecast	FY 2014-15	\$ 13,411,499	679
Forecast	FY 2015-16	\$ 8,626,784	346
Forecast	FY 2016-17	\$ 2,558,925	256

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs and clients are expected to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the

time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a				
Children				
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI F/D	25.4%	35.9%	31.3%	7.4%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 8b						
Children						
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI F/D	29.3%	26.1%	26.1%	3.1%	0.7%	14.7%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 8c		
Children		
Clients Receiving Day Treatment Intensive-Full Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DTI F/D	35.6%	64.4%
Total Children	43.9%	56.1%

Table 8d
Other Services Received by Children Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
DAY TX INTENSIVE FULL DAY	1,551	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,319	85.04%
MEDICATION SUPPORT	1,155	74.47%
TARGETED CASE MANAGEMENT	866	55.83%
CRISIS INTERVENTION	385	24.82%
THERAPEUTIC BEHAVIORAL SERVICES	367	23.66%
FFS-HOSPITAL INPATIENT	241	15.54%
CRISIS STABILIZATION	214	13.80%
PHF	92	5.93%
ICC	85	5.48%
DAY TX REHABILITATIVE FULL DAY	68	4.38%
IHBS	66	4.26%
HOSPITAL INPATIENT	38	2.45%
DAY TX INTENSIVE HALF DAY	36	2.32%
ADULT RESIDENTIAL	8	0.52%
DAY TX REHABILITATIVE HALF DAY	4	0.26%
ADULT CRISIS RESIDENTIAL	3	0.19%

Service Metrics:

Table 8e
Children
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	1,551	100%	\$ 108,731
Mean	\$ 19,828	99%	\$ 75,963
Standard Deviation	\$ 17,428	95%	\$ 52,560

Median	\$ 15,567	90%	\$ 42,713
Mode	\$ 26,721	75%	\$ 29,715
Interquartile Range	\$ 24,060	50%	\$ 15,567
		25%	\$ 5,655

**Table 8f
Children
Day Treatment Intensive Full Days
Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	1,551	100%	308
Mean	89	99%	245
Standard Deviation	68	95%	210
Median	77	90%	190
Mode	10	75%	141
Interquartile Range	114	50%	77
		25%	27

**Table 8g
Children
Historical Trends
Day Treatment Intensive Full Day by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	2,283	1,902	1,551	679
Number of Days	211,018	170,897	137,557	65,245
Days Per Client	92	90	89	96
Approved Amount	\$39,317,150	\$35,027,540	\$30,753,335	\$13,411,499

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Medication Support

Medication Support:

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of

service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Summary:

The number of clients is forecasted to increase slightly with an overall increase in costs through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 95,676,665	70,304
Actual	FY 2011-12	\$ 98,072,216	72,828
Actual	FY 2012-13	\$ 115,684,373	77,077
Actual	FY 2013-14	\$ 123,261,731	80,167
Forecast	FY 2014-15	\$ 130,114,897	79,657
Forecast	FY 2015-16	\$ 137,587,164	82,465
Forecast	FY 2016-17	\$ 145,819,679	84,887

Actual data as of December 31, 2015

Budget Forecast Narrative:

The Medication Support costs and clients are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 9a				
Children				
Clients Receiving Medication Support Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MS	17.4%	47.7%	19.9%	15.0%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 9b						
Children						
Clients Receiving Medication Support Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	28.0%	42.6%	13.0%	2.8%	0.6%	13.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 9c		
Children		
Clients Receiving Medication Support Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
MS	38.6%	61.4%
Total Children	43.9%	56.1%

**Table 9d
 Other Services Received by Children Receiving Medication Support Services
 Fiscal Year 2013-14**

	Frequency	Percent of Clients
MEDICATION SUPPORT	80,167	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	71,612	89.33%
TARGETED CASE MANAGEMENT	42,037	52.44%
CRISIS INTERVENTION	11,045	13.78%
FFS-HOSPITAL INPATIENT	8,214	10.25%
THERAPEUTIC BEHAVIORAL SERVICES	5,774	7.20%
CRISIS STABILIZATION	5,232	6.53%
ICC	3,391	4.23%
IHBS	2,808	3.50%
HOSPITAL INPATIENT	1,419	1.77%
DAY TX REHABILITATIVE FULL DAY	1,272	1.59%
DAY TX INTENSIVE FULL DAY	1,155	1.44%
PHF	508	0.63%
ADULT CRISIS RESIDENTIAL	287	0.36%
ADULT RESIDENTIAL	85	0.11%
DAY TX REHABILITATIVE HALF DAY	52	0.06%
DAY TX INTENSIVE HALF DAY	34	0.04%

Service Metrics:

**Table 9e
Children
Medication Support Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	80,167	100%	\$ 81,270
Mean	\$ 1,538	99%	\$ 8,957
Standard Deviation	\$ 2,005	95%	\$ 4,460
Median	\$ 997	90%	\$ 3,251
Mode	\$ 569	75%	\$ 1,918
Interquartile Range	\$ 1,423	50%	\$ 997
		25%	\$ 495

**Table 9f
Children
Medication Support Minutes
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	80,167	100%	14,675
Mean	308	99%	1,716
Standard Deviation	386	95%	851
Median	210	90%	628
Mode	120	75%	380
Interquartile Range	268	50%	210
		25%	112

**Table 9g
Children
Historical Trends
Medication Support by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	72,828	77,077	80,167	79,657
Number of Minutes	23,028,156	23,608,494	24,670,685	25,349,706
Minutes Per Client	316	306	308	318
Approved Amount	\$98,072,216	\$115,684,373	\$123,261,731	\$130,114,897

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):

“Psychiatric Health Facility” means a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. “Psychiatric Health Facility Services” are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as “Psychiatric Hospital Inpatient”.

Summary:

The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 4,669,113	600
Actual	FY 2011-12	\$ 4,728,582	627
Actual	FY 2012-13	\$ 6,065,148	751
Actual	FY 2013-14	\$ 8,515,139	778
Forecast	FY 2014-15	\$ 8,785,957	784
Forecast	FY 2015-16	\$ 9,530,429	822
Forecast	FY 2016-17	\$ 10,484,585	861
Actual data as of December 31, 2015			

Budget Forecast Narrative:

The total annual costs and the number of clients served are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 10a				
Children				
Clients Receiving Psychiatric Health Facility Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
PHF	0.2%	32.3%	21.2%	46.2%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 10b						
Children						
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	33.7%	28.2%	17.0%	6.5%	0.7%	14.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 10c		
Children		
Clients Receiving Psychiatric Health Facility Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
PHF	55.9%	44.1%
Total Children	43.9%	56.1%

Table 10d
Other Services Received by Children Receiving Psychiatric Health Facility Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
PHF	778	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	558	71.72%
MEDICATION SUPPORT	508	65.30%
CRISIS STABILIZATION	475	61.05%
TARGETED CASE MANAGEMENT	453	58.23%
CRISIS INTERVENTION	425	54.63%
FFS-HOSPITAL INPATIENT	219	28.15%
THERAPEUTIC BEHAVIORAL SERVICES	103	13.24%
DAY TX INTENSIVE FULL DAY	92	11.83%
ADULT CRISIS RESIDENTIAL	36	4.63%
HOSPITAL INPATIENT	23	2.96%
ICC	21	2.70%
IHBS	13	1.67%
DAY TX REHABILITATIVE FULL DAY	10	1.29%
ADULT RESIDENTIAL	5	0.64%
DAY TX INTENSIVE HALF DAY	1	0.13%

Service Metrics:

**Table 10e
Children
Psychiatric Health Facility Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	778	100%	\$ 263,278
Mean	\$ 10,945	99%	\$ 95,736
Standard Deviation	\$ 19,952	95%	\$ 42,302
Median	\$ 4,513	90%	\$ 24,486
Mode	\$ 1,479	75%	\$ 11,456
Interquartile Range	\$ 9,356	50%	\$ 4,513
		25%	\$ 2,100

**Table 10f
Children
Psychiatric Health Facility Days
Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	778	100%	358
Mean	14	99%	167
Standard Deviation	31	95%	66
Median	5	90%	34
Mode	2	75%	13
Interquartile Range	11	50%	5
		25%	2

**Table 10g
Children
Historical Trends
Psychiatric Health Facility Services by Fiscal Year**

Data Type	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	627	751	778	784
Number of Days	8,326	10,812	11,249	10,594
Days Per Client	13	14	14	14
Approved Amount	\$4,728,582	\$6,065,148	\$8,515,139	\$8,785,957

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

Psychiatric hospital inpatient services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary’s stay at the hospital must be continued beyond the beneficiary’s need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by SD/MC hospitals and FFS/MC hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC hospital inpatient services via the SD/MC claiming system.

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by SD/MC hospitals shows a small growth in cost and clients through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 12,506,982	1,975
Actual	FY 2011-12	\$ 13,200,712	2,009
Actual	FY 2012-13	\$ 16,496,618	2,086
Actual	FY 2013-14	\$ 17,724,535	2,062
Forecast	FY 2014-15	\$ 17,660,689	2,213
Forecast	FY 2015-16	\$ 17,666,899	2,259
Forecast	FY 2016-17	\$ 17,672,853	2,298

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 11a				
Children				
Clients Receiving Hospital Inpatient Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-SDMC	5.8%	45.5%	21.8%	26.9%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 11b						
Children						
Clients Receiving Hospital Inpatient Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	26.3%	43.2%	15.7%	3.0%	0.6%	11.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 11c		
Children		
Clients Receiving Hospital Inpatient Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
HIS-SDMC	48.1%	51.9%
Total Children	43.9%	56.1%

Table 11d
Other Services Received by Children Receiving Hospital Inpatient Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
HOSPITAL INPATIENT	2,062	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,706	82.74%
MEDICATION SUPPORT	1,419	68.82%
TARGETED CASE MANAGEMENT	1,261	61.15%
CRISIS STABILIZATION	1,235	59.89%
CRISIS INTERVENTION	976	47.33%
FFS-HOSPITAL INPATIENT	589	28.56%
THERAPEUTIC BEHAVIORAL SERVICES	260	12.61%
ICC	175	8.49%
IHBS	162	7.86%
DAY TX REHABILITATIVE FULL DAY	95	4.61%
ADULT CRISIS RESIDENTIAL	72	3.49%
DAY TX INTENSIVE FULL DAY	38	1.84%
PHF	23	1.12%
ADULT RESIDENTIAL	18	0.87%
DAY TX REHABILITATIVE HALF DAY	2	0.10%

Service Metrics:

**Table 11e
Children
Psychiatric Hospital Inpatient Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	2,062	100%	\$ 120,586
Mean	\$ 8,596	99%	\$ 59,271
Standard Deviation	\$ 11,233	95%	\$ 28,515
Median	\$ 4,914	90%	\$ 18,360
Mode	\$ 1,638	75%	\$ 9,828
Interquartile Range	\$ 7,108	50%	\$ 4,914
		25%	\$ 2,720

**Table 11f
Children
Psychiatric Hospital Inpatient Days
Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	2,062	100%	170
Mean	9	99%	54
Standard Deviation	12	95%	32
Median	5	90%	21
Mode	2	75%	11
Interquartile Range	9	50%	5
		25%	2

**Table 11g
Children
Historical Trends
Psychiatric Hospital Inpatient by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	2,009	2,086	2,062	2,213
Number of Days	15,833	17,350	18,208	18,218
Days Per Client	8	8	9	8
Approved Amount	\$13,200,712	\$16,496,618	\$17,724,535	\$17,660,689

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Targeted Case Management

Targeted Case Management (TCM):

Targeted case management (TCM) is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary’s progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Summary:

The forecast for Targeted Case Management Services shows slight growth in cost and clients through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 76,049,698	90,139
Actual	FY 2011-12	\$ 75,855,511	94,279
Actual	FY 2012-13	\$ 88,110,623	95,988
Actual	FY 2013-14	\$ 85,596,674	100,643
Forecast	FY 2014-15	\$ 82,397,788	101,044
Forecast	FY 2015-16	\$ 82,497,953	107,203
Forecast	FY 2016-17	\$ 83,539,953	110,749

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs and clients for Targeted Case Management are forecasted to slightly increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a				
Children				
Clients Receiving Targeted Case Management Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TCM	28.0%	45.0%	16.8%	10.2%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 12b						
Children						
Clients Receiving Targeted Case Management Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	25.9%	47.8%	12.4%	3.3%	0.6%	10.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 12c		
Children		
Clients Receiving Targeted Case Management Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
TCM	43.3%	56.7%
Total Children	43.9%	56.1%

Table 12d
Other Services Received by Children Receiving Targeted Case Management Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
TARGETED CASE MANAGEMENT	100,643	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	96,647	96.03%
MEDICATION SUPPORT	42,037	41.77%
CRISIS INTERVENTION	12,392	12.31%
FFS-HOSPITAL INPATIENT	6,816	6.77%
THERAPEUTIC BEHAVIORAL SERVICES	5,858	5.82%
CRISIS STABILIZATION	4,960	4.93%
ICC	4,448	4.42%
IHBS	3,561	3.54%
HOSPITAL INPATIENT	1,261	1.25%
DAY TX INTENSIVE FULL DAY	866	0.86%
DAY TX REHABILITATIVE FULL DAY	494	0.49%
PHF	453	0.45%
ADULT CRISIS RESIDENTIAL	232	0.23%
ADULT RESIDENTIAL	86	0.09%
DAY TX INTENSIVE HALF DAY	43	0.04%
DAY TX REHABILITATIVE HALF DAY	21	0.02%

Service Metrics:

**Table 12e
Children
Targeted Case Management Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	100,643	100%	\$ 61,137
Mean	\$ 850	99%	\$ 9,318
Standard Deviation	\$ 2,065	95%	\$ 3,394
Median	\$ 276	90%	\$ 1,911
Mode	\$ 142	75%	\$ 744
Interquartile Range	\$ 625	50%	\$ 276
		25%	\$ 119

**Table 12f
Children
Targeted Case Management Minutes
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	100,643	100%	23,020
Mean	367	99%	3,789
Standard Deviation	797	95%	1,469
Median	128	90%	850
Mode	30	75%	340
Interquartile Range	284	50%	128
		25%	56

**Table 12g
Children
Historical Trends
Targeted Case Management by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	94,279	95,988	100,643	101,044
Number of Minutes	41,160,583	37,749,236	36,915,538	37,055,874
Minutes Per Client	437	393	367	367
Approved Amount	\$75,855,511	\$88,110,623	\$85,596,674	\$82,397,788

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Therapeutic Behavioral Service

Therapeutic Behavioral Services (TBS):

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Summary:

TBS has shown rapid growth since its inception. Recent trends reflected in claims data points to continued growth, consistent with the settlement objectives of the Emily Q. lawsuit.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 80,326,546	6,424
Actual	FY 2011-12	\$ 87,030,282	7,332
Actual	FY 2012-13	\$ 103,323,305	7,990
Actual	FY 2013-14	\$ 101,932,457	8,085
Forecast	FY 2014-15	\$ 102,155,451	8,249
Forecast	FY 2015-16	\$ 108,077,743	8,670
Forecast	FY 2016-17	\$ 114,561,691	9,202

Actual data as of December 31, 2015

Budget Forecast Narrative:

Medi-Cal is required to provide TBS services to eligible Medi-Cal beneficiaries under age 21; this requirement was an outcome of a 2001 Judgment and Permanent Injunction in the Emily Q. lawsuit. The settlement established a benchmark whereby four percent of children and youth receiving EPSDT services would be recipients of TBS. TBS has experienced significant caseload and expenditure growth in recent years, with expenditures increasing at a slightly higher rate.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a				
Children				
Clients Receiving Therapeutic Behavioral Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TBS	25.4%	54.5%	16.7%	3.4%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 13b						
Children						
Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TBS	34.0%	37.7%	14.1%	1.9%	0.6%	11.7%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 13c		
Children		
Clients Receiving Therapeutic Behavioral Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
TBS	38.3%	61.7%
Total Children	43.9%	56.1%

Table 13d
Other Services Received by Children Receiving Therapeutic Behavioral Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
THERAPEUTIC BEHAVIORAL SERVICES	8,085	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,861	97.23%
TARGETED CASE MANAGEMENT	5,858	72.46%
MEDICATION SUPPORT	5,774	71.42%
CRISIS INTERVENTION	2,047	25.32%
FFS-HOSPITAL INPATIENT	1,408	17.41%
ICC	1,144	14.15%
CRISIS STABILIZATION	1,002	12.39%
IHBS	857	10.60%
DAY TX INTENSIVE FULL DAY	367	4.54%
HOSPITAL INPATIENT	260	3.22%
DAY TX REHABILITATIVE FULL DAY	248	3.07%
PHF	103	1.27%
DAY TX INTENSIVE HALF DAY	20	0.25%
ADULT CRISIS RESIDENTIAL	14	0.17%
DAY TX REHABILITATIVE HALF DAY	11	0.14%
ADULT RESIDENTIAL	3	0.04%

Service Metrics:

**Table 13e
 Children
 Therapeutic Behavioral Services Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	8,085	100%	\$ 229,376
Mean	\$ 12,608	99%	\$ 65,036
Standard Deviation	\$ 14,211	95%	\$ 38,399
Median	\$ 8,444	90%	\$ 29,235
Mode	\$ -	75%	\$ 17,736
Interquartile Range	\$ 14,819	50%	\$ 8,444
		25%	\$ 2,917

**Table 13f
 Children
 Therapeutic Behavioral Services Minutes
 Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	8,085	100%	60,755
Mean	5,119	99%	27,593
Standard Deviation	5,641	95%	15,371
Median	3,499	90%	11,672
Mode	180	75%	7,103
Interquartile Range	5,892	50%	3,499
		25%	1,211

**Table 13g
 Children
 Historical Trends
 Therapeutic Behavioral Service by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015</u>
Number of Clients	7,332	7,990	8,085	8,249
Number of Minutes	40,513,519	41,753,535	41,386,281	41,671,494
Minutes Per Client	5,526	5,226	5,119	5,052
Approved Amount	\$87,030,282	\$103,323,305	\$101,932,457	\$102,155,451

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Therapy and Other Service Activities

Therapy and Other Service Activities (formerly referred to as Mental Health Services):

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment – A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development – A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy – A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation – A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral – A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution of use and expenditures of each service activity varies over time with changes in client needs.

Summary:

The forecast for Therapy and Other Service Activities dollars and clients shows substantial growth primarily driven by an increase in the number of clients served.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 870,417,803	199,759
Actual	FY 2011-12	\$ 930,299,429	212,987
Actual	FY 2012-13	\$ 1,074,748,648	230,373
Actual	FY 2013-14	\$ 1,121,071,403	245,492
Forecast	FY 2014-15	\$ 1,170,835,527	251,366
Forecast	FY 2015-16	\$ 1,217,033,362	263,768
Forecast	FY 2016-17	\$ 1,288,519,130	276,752

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs for Therapy and Other Service Activities are forecast to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 14a				
Children				
Clients Receiving Therapy and Other Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MHS	30.8%	44.8%	15.6%	8.8%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 14b						
Children						
Clients Receiving Therapy and Other Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MHS	24.9%	50.4%	11.9%	2.9%	0.5%	9.4%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 14c		
Children		
Clients Receiving Therapy and Other Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
MHS	44.3%	55.7%
Total Children	43.9%	56.1%

Table 14d
Other Services Received by Children Receiving Therapy and Other Service Activities
Fiscal Year 2013-14

	Frequency	Percent of Clients
THERAPY AND OTHER SERVICE ACTIVITIES	245,492	100.00%
TARGETED CASE MANAGEMENT	96,647	39.37%
MEDICATION SUPPORT	71,612	29.17%
CRISIS INTERVENTION	16,096	6.56%
FFS-HOSPITAL INPATIENT	10,275	4.19%
THERAPEUTIC BEHAVIORAL SERVICES	7,861	3.20%
CRISIS STABILIZATION	7,014	2.86%
ICC	6,671	2.72%
IHBS	5,299	2.16%
HOSPITAL INPATIENT	1,706	0.69%
DAY TX INTENSIVE FULL DAY	1,319	0.54%
DAY TX REHABILITATIVE FULL DAY	1,068	0.44%
PHF	558	0.23%
ADULT CRISIS RESIDENTIAL	246	0.10%
ADULT RESIDENTIAL	91	0.04%
DAY TX INTENSIVE HALF DAY	44	0.02%
DAY TX REHABILITATIVE HALF DAY	43	0.02%

Service Metrics:

**Table 14e
Children
Therapy and Other Service Activities Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	245,492	100%	\$ 276,850
Mean	\$ 4,567	99%	\$ 31,455
Standard Deviation	\$ 7,026	95%	\$ 15,915
Median	\$ 2,374	90%	\$ 10,921
Mode	\$ 120	75%	\$ 5,639
Interquartile Range	\$ 4,830	50%	\$ 2,374
		25%	\$ 808

**Table 14f
Children
Therapy and Other Service Activities Minutes
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	245,492	100%	102,979
Mean	1,730	99%	11,309
Standard Deviation	2,513	95%	5,924
Median	951	90%	4,092
Mode	60	75%	2,173
Interquartile Range	1,837	50%	951
		25%	336

**Table 14g
Children
Historical Trends
Therapy and Other Service Activities by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	212,987	230,373	245,492	251,366
Number of Minutes	396,618,573	413,525,364	424,656,757	437,035,277
Minutes Per Client	1,862	1,795	1,730	1,739
Approved Amount	\$930,299,429	\$1,074,748,648	\$1,121,071,403	\$1,170,835,527

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:

Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC hospital inpatient services via the SD/MC claiming system.

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals projects growth in costs and clients through 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 55,327,881	8,996
Actual	FY 2011-12	\$ 59,141,553	8,896
Actual	FY 2012-13	\$ 64,083,758	10,272
Actual	FY 2013-14	\$ 75,663,554	11,885
Forecast	FY 2014-15	\$ 82,043,536	12,895
Forecast	FY 2015-16	\$ 89,577,235	13,963
Forecast	FY 2016-17	\$ 96,676,985	15,033

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 15a				
Children				
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-FFS	2.9%	49.0%	27.4%	20.8%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 15b						
Children						
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	28.3%	45.8%	12.2%	3.6%	0.6%	9.5%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 15c		
Children		
Clients Receiving Fee For Service Hospital Inpatient Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
HIS-FFS	57.5%	42.5%
Total Children	43.9%	56.1%

Table 15d
Other Services Received by Children Receiving FFS Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
FFS-HOSPITAL INPATIENT	11,885	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,275	86.45%
MEDICATION SUPPORT	8,214	69.11%
TARGETED CASE MANAGEMENT	6,816	57.35%
CRISIS INTERVENTION	6,197	52.14%
CRISIS STABILIZATION	3,254	27.38%
THERAPEUTIC BEHAVIORAL SERVICES	1,408	11.85%
ICC	697	5.86%
IHBS	604	5.08%
HOSPITAL INPATIENT	589	4.96%
DAY TX INTENSIVE FULL DAY	241	2.03%
DAY TX REHABILITATIVE FULL DAY	223	1.88%
PHF	219	1.84%
ADULT CRISIS RESIDENTIAL	113	0.95%
ADULT RESIDENTIAL	17	0.14%
DAY TX INTENSIVE HALF DAY	5	0.04%
DAY TX REHABILITATIVE HALF DAY	2	0.02%

Service Metrics:

**Table 15e
Children
FFS Psychiatric Hospital Inpatient Services Approved Amount
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	11,885	100%	\$ 196,046
Mean	\$ 6,366	99%	\$ 40,067
Standard Deviation	\$ 8,536	95%	\$ 19,820
Median	\$ 3,762	90%	\$ 13,446
Mode	\$ 3,135	75%	\$ 6,952
Interquartile Range	\$ 4,702	50%	\$ 3,762
		25%	\$ 2,250

**Table 15f
Children
FFS Psychiatric Hospital Inpatient Services Days
Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	11,885	100%	204
Mean	9	99%	51
Standard Deviation	11	95%	26
Median	5	90%	18
Mode	3	75%	10
Interquartile Range	7	50%	5
		25%	3

**Table 15g
Children
Historical Trends
FFS Psychiatric Hospital Inpatient Services by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015</u>
Number of Clients	8,896	10,272	11,885	12,895
Number of Days	82,536	88,941	102,626	109,108
Days Per Client	9	9	9	8
Approved Amount	\$59,141,553	\$64,083,758	\$75,663,554	\$82,043,536

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Children

Intensive Care Coordination

Intensive Care Coordination (ICC):

Intensive care coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services, including urgent services for all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. ICC services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach described in the CPM. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. The CFT is comprised of the child/youth and family and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. There must be an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- Facilitates a collaborative relationship among the child/youth, his/her family and involved child-serving systems;
- Supports the parent/caregiver in meeting their child/youth’s needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community

Summary:

Intensive Care Coordination is provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 105,727	179
Actual	FY 2013-14	\$ 19,437,220	6,713
Actual	FY 2014-15	\$ 33,645,731	10,004
Forecast ⁽¹⁾	FY 2015-16		
Forecast ⁽¹⁾	FY 2016-17		

Actual data as of December 31, 2015
 (1) DHCS does not have sufficient data to produce a forecast for this service type.

Budget Forecast Narrative:

There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received through December 31, 2015 and do not represent an estimate of total service costs for FY 2014-15.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 16a				
Children				
Clients Receiving intensive Care Coordination Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ICC	24.6%	50.1%	19.0%	6.2%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 16b						
Children						
Clients Receiving Intensive Care Coordination Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ICC	40.8%	34.6%	15.2%	1.6%	0.6%	7.1%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 16c		
Children		
Clients Receiving Intensive Care Coordination Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
ICC	46.9%	53.1%
Total Children	43.9%	56.1%

Table 16d
Other Services Received by Children Receiving Intensive Care Coordination Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
ICC	6,713	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,671	99.37%
IHBS	4,812	71.68%
TARGETED CASE MANAGEMENT	4,448	66.26%
MEDICATION SUPPORT	3,391	50.51%
CRISIS INTERVENTION	1,276	19.01%
THERAPEUTIC BEHAVIORAL SERVICES	1,144	17.04%
FFS-HOSPITAL INPATIENT	697	10.38%
CRISIS STABILIZATION	496	7.39%
HOSPITAL INPATIENT	175	2.61%
DAY TX REHABILITATIVE FULL DAY	146	2.17%
DAY TX INTENSIVE FULL DAY	85	1.27%
PHF	21	0.31%
ADULT CRISIS RESIDENTIAL	5	0.07%
DAY TX REHABILITATIVE HALF DAY	4	0.06%
DAY TX INTENSIVE HALF DAY	2	0.03%
ADULT RESIDENTIAL	1	0.01%

Service Metrics:

**Table 16e
 Children
 Intensive Care Coordination Services Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	6,713	100%	\$ 36,349
Mean	\$ 2,895	99%	\$ 16,160
Standard Deviation	\$ 3,540	95%	\$ 10,160
Median	\$ 1,555	90%	\$ 7,443
Mode	\$ -	75%	\$ 3,997
Interquartile Range	\$ 3,517	50%	\$ 1,555
		25%	\$ 480

**Table 16f
 Children
 Intensive Care Coordination Services Minutes
 Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	6,713	100%	13,206
Mean	1,434	99%	7,802
Standard Deviation	1,715	95%	5,066
Median	776	90%	3,719
Mode	0	75%	1,990
Interquartile Range	1,750	50%	776
		25%	240

**Table 16g
 Children
 Historical Trends
 Intensive Care Coordination Services by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	N/A	179	6,713	10,004
Number of Minutes	N/A	38,453	9,624,759	16,680,114
Minutes Per Client	N/A	215	1,434	1,667
Approved Amount	N/A	\$105,727	\$19,437,220	\$33,645,731

*Data includes actual claims through December 31, 2015, no weights or forecasting is applied. Figures represent the sum of claims collected as of December 31, 2015.

Children

Intensive Home Based Services

Intensive Home Based Services (IHBS):

Intensive home based services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth’s functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth’s family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). The CFT participates in the development of the child’s and family’s overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

Summary:

Intensive Home Based Services are provided to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 351,085	110
Actual	FY 2013-14	\$ 26,915,667	5,317
Forecast	FY 2014-15	\$ 47,315,642	7,726
Forecast ⁽¹⁾	FY 2015-16		
Forecast ⁽¹⁾	FY 2016-17		
Actual data as of December 31, 2015.			
(1) DHCS does not have sufficient data to produce a forecast for this service type.			

Budget Forecast Narrative:

There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received as of December 31, 2015 and therefore do not represent an estimate of total service costs for FY 2014-15.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 17a				
Children				
Clients Receiving Intensive Home Based Services by Age Group				
Fiscal Year 2013-2014				
Data as of 12/31/2015				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
IHBS	23.0%	51.1%	19.9%	6.0%
Total Children	25.5%	45.9%	17.6%	11.0%

Table 17b						
Children						
Clients Receiving Intensive Home Based Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
IHBS	40.3%	34.9%	15.2%	1.3%	0.3%	8.0%
Total Children	26.5%	47.3%	12.5%	2.9%	0.6%	10.2%

Table 17c		
Children		
Clients Receiving Intensive Home Based Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
IHBS	46.0%	54.0%
Total Children	43.9%	56.1%

Table 17d
Other Services Received by Children Receiving Intensive Home Based Services
Fiscal Year 2013-14

	Frequency	Percent of Clients
IHBS	5,317	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	5,299	99.66%
ICC	4,812	90.50%
TARGETED CASE MANAGEMENT	3,561	66.97%
MEDICATION SUPPORT	2,808	52.81%
CRISIS INTERVENTION	1,106	20.80%
THERAPEUTIC BEHAVIORAL SERVICES	857	16.12%
FFS-HOSPITAL INPATIENT	604	11.36%
CRISIS STABILIZATION	397	7.47%
HOSPITAL INPATIENT	162	3.05%
DAY TX REHABILITATIVE FULL DAY	95	1.79%
DAY TX INTENSIVE FULL DAY	66	1.24%
PHF	13	0.24%
DAY TX REHABILITATIVE HALF DAY	4	0.08%
ADULT CRISIS RESIDENTIAL	2	0.04%
ADULT RESIDENTIAL	1	0.02%
DAY TX INTENSIVE HALF DAY	1	0.02%

Service Metrics:

**Table 17e
 Children
 Intensive Home Based Services Approved Amount
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	5,317	100%	\$ 106,419
Mean	\$ 5,062	99%	\$ 36,161
Standard Deviation	\$ 7,284	95%	\$ 16,700
Median	\$ 2,782	90%	\$ 11,711
Mode	\$ -	75%	\$ 6,523
Interquartile Range	\$ 5,657	50%	\$ 2,782
		25%	\$ 867

**Table 17f
 Children
 Intensive Home Based Services Minutes
 Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	5,317	100%	35,464
Mean	1,955	99%	11,667
Standard Deviation	2,464	95%	6,314
Median	1,155	90%	4,576
Mode	-	75%	2,670
Interquartile Range	2,307	50%	1,155
		25%	363

**Table 17g
 Children
 Historical Trends
 Intensive Home Based Services by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015</u>
Number of Clients	N/A	110	5,317	7,726
Number of Minutes	N/A	90,869	10,393,189	18,323,253
Minutes Per Client	N/A	826	1,955	2,372
Approved Amount	N/A	\$351,085	\$26,915,667	\$47,315,642

*Data includes actual claims through December 31, 2015 no weights or forecasting is applied. Figures represent the sum of claims collected as of December 31, 2015.

Adult Services Section

Adults

Adult Crisis Residential Services

Adult Crisis Residential Services (CRS):

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Summary:

The forecast for Adult Crisis Residential Services includes slight increases in client counts and slight increases in annual costs over the next few fiscal years.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 20,096,471	3,699
Actual	FY 2011-12	\$ 22,192,720	3,925
Actual	FY 2012-13	\$ 25,659,512	4,083
Actual	FY 2013-14	\$ 24,815,049	4,404
Forecast	FY 2014-15	\$ 26,257,765	4,485
Forecast	FY 2015-16	\$ 27,699,303	4,684
Forecast	FY 2016-17	\$ 29,295,035	4,904

Actual data as of December 31, 2015

Budget Forecast Narrative:

Dollars and clients are expected to continue to grow for FY 2015-16 and FY 2016-17 for Adult Crisis Residential Services.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a			
ADULTS			
Clients Receiving Adult Crisis Residential Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
ACR	93.1%	4.6%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 1b						
ADULTS						
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	45.3%	12.9%	16.3%	4.6%	1.2%	19.8%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 1c		
ADULTS		
Clients Receiving Adult Crisis Residential Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
ACR	44.9%	55.1%
Total Adults	55.9%	44.1%

Table 1d
Other Services Received by Adults Receiving Adult Crisis Residential Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	4,404	100.00%
MEDICATION SUPPORT	3,994	90.69%
THERAPY AND OTHER SERVICE ACTIVITIES	3,412	77.48%
TARGETED CASE MANAGEMENT	3,126	70.98%
CRISIS STABILIZATION	2,229	50.61%
CRISIS INTERVENTION	1,994	45.28%
FFS-HOSPITAL INPATIENT	1,039	23.59%
HOSPITAL INPATIENT	738	16.76%
ADULT RESIDENTIAL	478	10.85%
PHF	448	10.17%
DAY TX REHABILITATIVE FULL DAY	307	6.97%
DAY TX REHABILITATIVE HALF DAY	71	1.61%

Table 1e
Adults
Adult Crisis Residential-Adult
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	4,401	100%	\$ 66,447
Mean	\$ 5,635	99%	\$ 27,233
Standard Deviation	\$ 5,393	95%	\$ 15,653
Median	\$ 4,320	90%	\$ 11,758
Mode	\$ 2,891	75%	\$ 7,590
Interquartile Range	\$ 5,621	50%	\$ 4,320
		25%	\$ 1,969

Table 1f
Adults
Adult Crisis Residential-Adult
Fiscal Year 2013-14

Statistic	Amount	Quartile	Days
Number of Clients	4,401	100%	204
Mean	17	99%	71
Standard Deviation	15	95%	46
Median	13	90%	34
Mode	14	75%	23
Interquartile Range	17	50%	13
		25%	6

Table 1g
Adults
Historical Trends
Adult Crisis Residential by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	3,925	4,083	4,404	4,485
Number of Days	72,710	78,270	74,117	76,390
Days Per Client	19	19	17	17
Approved Amount	\$22,192,720	\$25,659,512	\$24,815,049	\$26,257,765

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Adult Residential Services

Adult Residential Treatment Services:

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Adult Residential Services indicates a slight increase in clients and total cost through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 15,013,032	1,155
Actual	FY 2011-12	\$ 15,235,219	1,163
Actual	FY 2012-13	\$ 16,373,504	1,177
Actual	FY 2013-14	\$ 18,623,228	1,205
Forecast	FY 2014-15	\$ 19,414,661	1,241
Forecast	FY 2015-16	\$ 19,897,581	1,258
Forecast	FY 2016-17	\$ 20,593,146	1,263

Actual data as of December 31, 2015

Budget Forecast Narrative:

The forecast indicates an increase in costs through FY 2015-16 and in FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 2a			
ADULTS			
Clients Receiving Adult Residential Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
AR	92.6%	3.9%	3.5%
Total Adults	83.4%	9.6%	7.0%

Table 2b						
ADULTS						
Clients Receiving Adult Residential Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	42.9%	12.2%	12.9%	5.8%	0.9%	25.3%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 2c		
ADULTS		
Clients Receiving Adult Residential Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
AR	39.3%	60.7%
Total Adults	55.9%	44.1%

Table 2d
Other Services Received by Adults Receiving Adult Residential Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,205	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,037	86.06%
TARGETED CASE MANAGEMENT	1,029	85.39%
MEDICATION SUPPORT	965	80.08%
CRISIS STABILIZATION	491	40.75%
CRISIS INTERVENTION	482	40.00%
ADULT CRISIS RESIDENTIAL	478	39.67%
DAY TX REHABILITATIVE FULL DAY	431	35.77%
HOSPITAL INPATIENT	172	14.27%
FFS-HOSPITAL INPATIENT	120	9.96%
PHF	107	8.88%
DAY TX REHABILITATIVE HALF DAY	7	0.58%
DAY TX INTENSIVE FULL DAY	1	0.08%

Service Metrics:

**Table 2e
 Adults
 Adult Residential
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	1,205	100%	\$ 77,000
Mean	\$ 15,455	99%	\$ 64,442
Standard Deviation	\$ 14,997	95%	\$ 49,294
Median	\$ 11,049	90%	\$ 36,695
Mode	\$ 117	75%	\$ 21,634
Interquartile Range	\$ 17,378	50%	\$ 11,049
		25%	\$ 4,256

**Table 2f
 Adults
 Adult Residential
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Days
Number of Clients	1,205	100%	365
Mean	89	99%	357
Standard Deviation	85	95%	273
Median	63	90%	216
Mode	-	75%	122
Interquartile Range	99	50%	63
		25%	23

**Table 2g
 Adults
 Historical Trends
 Adult Residential by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	1,163	1,177	1,205	1,241
Number of Days	96,787	102,307	107,535	108,133
Days Per Client	83	87	89	87
Approved Amount	\$15,235,219	\$16,373,504	\$18,623,228	\$19,414,661

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Crisis Intervention

Crisis Intervention:

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone with the beneficiary or the beneficiary’s significant support person and may be provided anywhere in the community.

Summary:

Costs and Clients are forecasted to remain steady in FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 26,649,639	31,309
Actual	FY 2011-12	\$ 27,169,183	30,743
Actual	FY 2012-13	\$ 29,780,602	29,033
Actual	FY 2013-14	\$ 29,688,113	28,816
Forecast	FY 2014-15	\$ 32,056,707	29,423
Forecast	FY 2015-16	\$ 32,821,679	29,546
Forecast	FY 2016-17	\$ 32,811,247	29,550

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs and Clients are forecasted to remain steady in FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a			
ADULTS			
Clients Receiving Crisis Intervention Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CI	88.1%	6.4%	5.5%
Total Adults	83.4%	9.6%	7.0%

Table 3b						
ADULTS						
Clients Receiving Crisis Intervention Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	43.1%	21.1%	15.1%	4.2%	1.0%	15.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 3c		
ADULTS		
Clients Receiving Crisis Intervention Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
CI	53.6%	46.4%
Total Adults	55.9%	44.1%

Table 3d
Other Services Received by Adults Receiving Crisis Intervention Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
CRISIS INTERVENTION	28,816	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	20,029	69.51%
MEDICATION SUPPORT	19,057	66.13%
TARGETED CASE MANAGEMENT	16,569	57.50%
CRISIS STABILIZATION	7,770	26.96%
FFS-HOSPITAL INPATIENT	5,412	18.78%
HOSPITAL INPATIENT	2,929	10.16%
ADULT CRISIS RESIDENTIAL	1,994	6.92%
PHF	1,816	6.30%
ADULT RESIDENTIAL	482	1.67%
DAY TX REHABILITATIVE FULL DAY	273	0.95%
DAY TX REHABILITATIVE HALF DAY	81	0.28%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

**Table 3e
 Adults
 Crisis Intervention
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	28,816	100%	\$ 33,102
Mean	\$ 1,030	99%	\$ 5,872
Standard Deviation	\$ 1,255	95%	\$ 3,169
Median	\$ 640	90%	\$ 2,290
Mode	\$ 2,290	75%	\$ 1,248
Interquartile Range	\$ 936	50%	\$ 640
		25%	\$ 311

**Table 3f
 Adults
 Crisis Intervention
 Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	28,816	100%	7,826
Mean	237	99%	1,360
Standard Deviation	286	95%	719
Median	150	90%	486
Mode	60	75%	285
Interquartile Range	205	50%	150
		25%	80

**Table 3g
 Adults
 Historical Trends
 Crisis Intervention Fiscal Year**

Data Type	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	30,743	29,033	28,816	29,423
Number of Minutes	7,204,960	6,840,767	6,826,934	6,976,965
Minutes Per Client	234	236	237	237
Approved Amount	\$27,169,183	\$29,780,602	\$29,688,113	\$32,056,707

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Crisis Stabilization

Crisis Stabilization:

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Crisis Stabilization Services is for moderate growth in clients and costs over the next few fiscal years.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 37,428,446	20,517
Actual	FY 2011-12	\$ 43,487,596	22,694
Actual	FY 2012-13	\$ 58,458,598	24,099
Actual	FY 2013-14	\$ 68,437,381	25,251
Forecast	FY 2014-15	\$ 82,958,263	27,952
Forecast	FY 2015-16	\$ 91,998,141	29,226
Forecast	FY 2016-17	\$ 102,037,683	30,990

Actual data as of December 31, 2015

Budget Forecast Narrative:

Moderate growth in costs and clients are forecasted in FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a			
ADULTS			
Clients Receiving Crisis Stabilization Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CS	92.0%	5.1%	3.0%
Total Adults	83.4%	9.6%	7.0%

Table 4b						
ADULTS						
Clients Receiving Crisis Stabilization Services by Race / Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	33.0%	20.7%	22.4%	5.6%	0.8%	17.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 4c		
ADULTS		
Clients Receiving Crisis Stabilization Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
CS	48.7%	51.3%
Total Adults	55.9%	44.1%

Table 4d
Other Services Received by Adults Receiving Crisis Stabilization Service
Fiscal Year 2013-14

	Number of Clients	Percent Clients
CRISIS STABILIZATION	25,251	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,559	57.66%
MEDICATION SUPPORT	13,605	53.88%
TARGETED CASE MANAGEMENT	10,591	41.94%
CRISIS INTERVENTION	7,770	30.77%
FFS-HOSPITAL INPATIENT	5,049	20.00%
HOSPITAL INPATIENT	3,954	15.66%
ADULT CRISIS RESIDENTIAL	2,229	8.83%
PHF	1,743	6.90%
ADULT RESIDENTIAL	491	1.94%
DAY TX REHABILITATIVE FULL DAY	333	1.32%
DAY TX REHABILITATIVE HALF DAY	110	0.44%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

**Table 4e
Adults
Crisis Stabilization
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	25,241	100%	\$ 135,552
Mean	\$ 2,710	99%	\$ 21,824
Standard Deviation	\$ 4,694	95%	\$ 9,055
Median	\$ 1,702	90%	\$ 5,672
Mode	\$ 1,891	75%	\$ 2,836
Interquartile Range	\$ 2,177	50%	\$ 1,702
		25%	\$ 659

**Table 4f
Adults
Crisis Stabilization-Adult
Fiscal Year 2013-14**

Statistic	Hours	Quartile	Hours
Number of Clients	25,241	100%	1,094
Mean	25	99%	172
Standard Deviation	38	95%	79
Median	19	90%	53
Mode	20	75%	25
Interquartile Range	18	50%	19
		25%	7

**Table 4g
Adults
Historical Trends
Crisis Stabilization by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	22,694	24,099	25,251	27,952
Number of Hours	470,652	556,276	628,819	702,533
Hours Per Client	21	23	25	25
Approved Amount	\$43,487,596	\$58,458,598	\$68,437,381	\$82,958,263

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

For Day Rehabilitation Half Day Services, the forecast for FY 2015-16 and FY 2016-17 is slight increase in dollars and clients from FY 2014-15 levels.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 769,431	213
Actual	FY 2011-12	\$ 1,093,346	279
Actual	FY 2012-13	\$ 819,605	216
Actual	FY 2013-14	\$ 1,341,197	348
Forecast	FY 2014-15	\$ 2,636,638	385
Forecast	FY 2015-16	\$ 2,883,323	449
Forecast	FY 2016-17	\$ 3,287,393	502
Actual data as of December 31, 2015			

Budget Forecast Narrative:

Day Rehabilitation Half Day service costs are projected to increase slightly for the next few fiscal years.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 5a			
ADULTS			
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR H/D	91.5%	6.2%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 5b						
ADULTS						
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	34.5%	9.3%	23.7%	9.3%	1.1%	22.0%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 5c		
ADULTS		
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DR H/D	47.7%	52.3%
Total Adults	55.9%	44.1%

Table 5d
Day Rehabilitation Half Day-Adult
Other Services Received by Adults Receiving Day Rehabilitation Half Day Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE HALF DAY	348	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	274	78.74%
MEDICATION SUPPORT	264	75.86%
TARGETED CASE MANAGEMENT	248	71.26%
DAY TX REHABILITATIVE FULL DAY	124	35.63%
CRISIS STABILIZATION	110	31.61%
CRISIS INTERVENTION	81	23.28%
ADULT CRISIS RESIDENTIAL	71	20.40%
HOSPITAL INPATIENT	43	12.36%
FFS-HOSPITAL INPATIENT	16	4.60%
ADULT RESIDENTIAL	7	2.01%

Service Metrics:

Table 5e

Adults
Day Rehabilitation Half Day
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	348	100%	\$ 23,482
Mean	\$ 3,854	99%	\$ 17,842
Standard Deviation	\$ 3,940	95%	\$ 10,923
Median	\$ 2,570	90%	\$ 10,152
Mode	\$ 84	75%	\$ 5,654
Interquartile Range	\$ 4,813	50%	\$ 2,570
		25%	\$ 841

Table 5f
Adults
Day Rehabilitation Half Day-Adult
Fiscal Year 2013-14

Statistic	Half-Days	Quartile	Half-Days
Number of Clients	348	100%	229
Mean	39	99%	195
Standard Deviation	38	95%	105
Median	29	90%	85
Mode	2	75%	55
Interquartile Range	45	50%	29
		25%	10

Table 5g
Adults
Historical Trends
Day Rehabilitation Half Day by Fiscal Year

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	279	216	348	385
Number of Half Days	11,967	9,130	13,462	24,941
Days Per Client	43	42	39	65
Approved Amount	\$1,093,346	\$819,605	\$1,341,197	\$2,636,638

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The forecast for Day Rehabilitation Full Day Services shows a sharp decrease in clients and cost through FY 2015-16 and in FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 9,162,148	1,159
Actual	FY 2011-12	\$ 8,158,241	970
Actual	FY 2012-13	\$ 6,607,902	835
Actual	FY 2013-14	\$ 6,110,656	766
Forecast	FY 2014-15	\$ 4,627,789	516
Forecast	FY 2015-16	\$ 3,705,853	328
Forecast	FY 2016-17	\$ 2,671,750	163
Actual data as of December 31, 2015			

Budget Forecast Narrative:

Day Rehabilitation Full Day costs and clients served are forecast to decline through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a			
ADULTS			
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR F/D	88.3%	6.2%	5.5%
Total Adults	83.4%	9.6%	7.0%

Table 6b						
ADULTS						
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	40.4%	8.8%	16.6%	9.3%	1.2%	23.6%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 6c		
ADULTS		
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DR F/D	41.4%	58.6%
Total Adults	55.9%	44.1%

**Table 6d
 Other Services Received by Adults Receiving Day Rehabilitation Full Day Services
 Fiscal Year 2013-14**

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE FULL DAY	766	100.00%
TARGETED CASE MANAGEMENT	654	85.38%
MEDICATION SUPPORT	652	85.12%
THERAPY AND OTHER SERVICE ACTIVITIES	651	84.99%
ADULT RESIDENTIAL	431	56.27%
CRISIS STABILIZATION	333	43.47%
ADULT CRISIS RESIDENTIAL	307	40.08%
CRISIS INTERVENTION	273	35.64%
HOSPITAL INPATIENT	147	19.19%
DAY TX REHABILITATIVE HALF DAY	124	16.19%
FFS-HOSPITAL INPATIENT	49	6.40%
PHF	5	0.65%

Service Metrics:

Table 6e
Adults
Day Rehabilitation Full Day
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	766	100%	\$ 61,186
Mean	\$ 7,977	99%	\$ 47,226
Standard Deviation	\$ 8,807	95%	\$ 25,340
Median	\$ 5,502	90%	\$ 18,761
Mode	\$ 129	75%	\$ 10,292
Interquartile Range	\$ 8,365	50%	\$ 5,502
		25%	\$ 1,928

Table 6f
Adults
Day Rehabilitation Full Day
Fiscal Year 2013-14

Statistic	Days	Quartile	Days
Number of Clients	766	100%	257
Mean	53	99%	216
Standard Deviation	51	95%	164
Median	39	90%	130
Mode	1	75%	75
Interquartile Range	62	50%	39
		25%	13

Table 6g
Adults
Historical Trends
Day Rehabilitation Full Day by Fiscal Year

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	970	835	766	516
Number of Days	63,035	48,066	40,471	25,153
Days Per Client	65	58	53	49
Approved Amount	\$8,158,241	\$6,607,902	\$6,110,656	\$4,627,789

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Day Treatment Intensive Half Day

Day Treatment Intensive (Half-Day):

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

County mental health plans use Day Treatment Intensive Full Day services for adults, if needed. No half day service costs were claimed in FY 2008-09 or thereafter.

Adults

Day Treatment Intensive Full Day

Day Treatment Intensive (Full-Day):

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Summary:

The number of clients receiving Day Treatment Intensive Full Day has been declining since FY 2009-10. No clients are expected to be served in FY 2014-15 thru FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 465,618	61
Actual	FY 2011-12	\$ 74,071	16
Actual	FY 2012-13	\$ 11,619	1
Actual	FY 2013-14	\$ 97,495	3
Forecast	FY 2014-15	\$ -	-
Forecast	FY 2015-16	\$ -	-
Forecast	FY 2016-17	\$ -	-

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs are expected to be zero in FY 2015-16 and FY 2016-17 for Adult Day Treatment Intensive Full Day Services.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015. Due to the small sample size, the following charts and tables are not statistically significant.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 7a			
ADULTS			
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DTI F/D	100.0%	0.0%	0.0%
Total Adults	83.4%	9.6%	7.0%

Table 7b						
ADULTS						
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI F/D	50.0%	25.0%	0.0%	0.0%	0.0%	25.0%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 7c		
ADULTS		
Clients Receiving Day Treatment Intensive-Full Day Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
DTI F/D	0.0%	100.0%
Total Adults	55.9%	44.1%

Table 7d
Other Services Received by Adults Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
DAY TX INTENSIVE FULL DAY	3	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	3	100.00%
MEDICATION SUPPORT	2	66.67%
TARGETED CASE MANAGEMENT	2	66.67%
ADULT RESIDENTIAL	1	33.33%
CRISIS INTERVENTION	1	33.33%
CRISIS STABILIZATION	1	33.33%
HOSPITAL INPATIENT	1	33.33%

Service Metrics:

**Table 7e
 Adults
 Day TX Intensive Full Day
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	3	100%	\$ 66,750
Mean	\$ 32,498	99%	\$ 66,750
Standard Deviation	\$ 29,899	95%	\$ 66,750
Median	\$ 19,125	90%	\$ 66,750
Mode	\$ 0	75%	\$ 66,750
Interquartile Range	\$ 55,131	50%	\$ 19,125
		25%	\$ 11,619

**Table 7f
 Adults
 Day TX Intensive Full Day-Adult
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Days
Number of Clients	3	100%	178
Mean	95	99%	178
Standard Deviation	72	95%	178
Median	56	90%	178
Mode	0	75%	178
Interquartile Range	127	50%	56
		25%	51

**Table 7g
 Adults
 Historical Trends
 Day Treatment Intensive Full Day by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	16	1	3	0
Number of Days	428	56	285	0
Days Per Client	27	56	95	0
Approved Amount	74,071	11,619	97,495	0

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Medication Support

Medication Support:

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Summary:

The number of unduplicated clients and total costs are forecasted to increase FY 2015-16 with the same trend continuing in FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 187,241,564	161,831
Actual	FY 2011-12	\$ 193,102,356	164,176
Actual	FY 2012-13	\$ 227,612,148	164,035
Actual	FY 2013-14	\$ 237,395,481	163,214
Forecast	FY 2014-15	\$ 243,112,786	162,319
Forecast	FY 2015-16	\$ 251,057,413	162,935
Forecast	FY 2016-17	\$ 263,386,533	164,063

Actual data as of December 31, 2015

Budget Forecast Narrative:

The Medication Support costs and clients are expected to continue to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a			
ADULTS			
Clients Receiving Medication Support Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
MS	82.1%	10.8%	7.1%
Total Adults	83.4%	9.6%	7.0%

Table 8b						
ADULTS						
Clients Receiving Medication Support Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	36.3%	20.4%	16.7%	9.3%	0.8%	16.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 8c		
ADULTS		
Clients Receiving Medication Support Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
MS	56.4%	43.6%
Total Adults	55.9%	44.1%

Table 8d
Other Services Received by Adults Receiving Medication Support Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
MEDICATION SUPPORT	163,214	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	117,463	71.97%
TARGETED CASE MANAGEMENT	77,937	47.75%
CRISIS INTERVENTION	19,057	11.68%
CRISIS STABILIZATION	13,605	8.34%
FFS-HOSPITAL INPATIENT	9,157	5.61%
HOSPITAL INPATIENT	4,288	2.63%
ADULT CRISIS RESIDENTIAL	3,994	2.45%
PHF	2,070	1.27%
ADULT RESIDENTIAL	965	0.59%
DAY TX REHABILITATIVE FULL DAY	652	0.40%
DAY TX REHABILITATIVE HALF DAY	264	0.16%
DAY TX INTENSIVE FULL DAY	2	0.00%

Service Metrics:

Table 8e

**Adults
Medication Support
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	163,214	100%	\$ 73,640
Mean	\$ 1,455	99%	\$ 10,190
Standard Deviation	\$ 2,204	95%	\$ 4,780
Median	\$ 858	90%	\$ 3,155
Mode	\$ 709	75%	\$ 1,620
Interquartile Range	\$ 1,218	50%	\$ 858
		25%	\$ 402

**Table 8f
Adults
Medication Support
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	163,214	100%	13,882
Mean	287	99%	1,990
Standard Deviation	421	95%	922
Median	175	90%	606
Mode	60	75%	315
Interquartile Range	226	50%	175
		25%	90

**Table 8g
Adults
Historical Trends
Medication Support by Fiscal Year**

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	164,176	164,035	163,214	162,319
Number of Minutes	49,539,054	46,297,694	46,874,122	46,298,598
Minutes Per Client	302	282	287	285
Approved Amount	\$193,102,356	\$227,612,148	\$237,395,481	\$243,112,786

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):

“Psychiatric Health Facility” means a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. “Psychiatric Health Facility Services” are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as “Psychiatric Hospital Inpatient”.

Summary:

The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 15,444,737	2,400
Actual	FY 2011-12	\$ 17,395,902	2,732
Actual	FY 2012-13	\$ 24,661,613	2,900
Actual	FY 2013-14	\$ 32,022,098	3,285
Forecast	FY 2014-15	\$ 34,052,333	3,518
Forecast	FY 2015-16	\$ 37,211,786	3,663
Forecast	FY 2016-17	\$ 41,254,118	3,898

Actual data as of December 31, 2015

Budget Forecast Narrative:

The total annual costs are expected to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. .

Table 9a			
ADULTS			
Clients Receiving Psychiatric Health Facility Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
PHF	92.7%	5.0%	2.3%
Total Adults	83.4%	9.6%	7.0%

Table 9b						
ADULTS						
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	51.1%	14.7%	11.9%	4.4%	1.5%	16.5%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 9c		
ADULTS		
Clients Receiving Psychiatric Health Facility Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
PHF	52.2%	47.8%
Total Adults	55.9%	44.1%

Table 9d
Other Services Received by Adults Receiving Psychiatric Health Facility Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
PHF	3,285	100.00%
TARGETED CASE MANAGEMENT	2,100	63.93%
MEDICATION SUPPORT	2,070	63.01%
THERAPY AND OTHER SERVICE ACTIVITIES	2,067	62.92%
CRISIS INTERVENTION	1,816	55.28%
CRISIS STABILIZATION	1,743	53.06%
ADULT CRISIS RESIDENTIAL	448	13.64%
FFS-HOSPITAL INPATIENT	380	11.57%
ADULT RESIDENTIAL	107	3.26%
HOSPITAL INPATIENT	104	3.17%
DAY TX REHABILITATION FULL DAY	5	0.15%

Service Metrics:

**Table 9e
Adults
PHF
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	3,285	100%	\$ 174,400
Mean	\$ 9,748	99%	\$ 80,030
Standard Deviation	\$ 14,956	95%	\$ 34,115
Median	\$ 4,672	90%	\$ 23,161
Mode	\$ 2,173	75%	\$ 10,725
Interquartile Range	\$ 8,499	50%	\$ 4,672
		25%	\$ 2,226

**Table 9f
Adults
PHF
Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	3,285	100%	264
Mean	13	99%	106
Standard Deviation	21	95%	50
Median	6	90%	32
Mode	2	75%	14
Interquartile Range	11	50%	6
		25%	3

**Table 9g
Adults
Historical Trends
Psychiatric Health Facility Services by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	2,732	2,900	3,285	3,518
Number of Days	29,859	37,871	43,454	46,320
Days Per Client	11	13	13	13
Approved Amount	17,395,902	\$24,661,613	\$32,022,098	\$34,052,333

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary’s stay at the hospital must be continued beyond the beneficiary’s need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Summary:

The forecast for Psychiatric Hospital Inpatient Services shows an increase in clients and cost, through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 55,571,421	6,086
Actual	FY 2011-12	\$ 55,203,798	6,222
Actual	FY 2012-13	\$ 73,494,544	6,263
Actual	FY 2013-14	\$ 84,606,944	6,111
Forecast	FY 2014-15	\$ 102,964,590	6,409
Forecast	FY 2015-16	\$ 112,460,950	6,505
Forecast	FY 2016-17	\$ 122,327,986	6,530

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services for FY 2015-16 and FY 2016-17 are forecasted to continue to grow compared to the previous fiscal years.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 10a			
ADULTS			
Clients Receiving Hospital Inpatient Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS-SDMC	90.3%	6.5%	3.1%
Total Adults	83.4%	9.6%	7.0%

Table 10b						
ADULTS						
Clients Receiving Hospital Inpatient Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	33.9%	19.7%	20.4%	7.0%	0.7%	18.2%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 10c		
ADULTS		
Clients Receiving Hospital Inpatient Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
HIS-SDMC	47.3%	52.7%
Total Adults	55.9%	44.1%

Table 10d
Other Services Received by Adults Receiving Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	6,111	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	4,376	71.61%
MEDICATION SUPPORT	4,288	70.17%
CRISIS STABILIZATION	3,954	64.70%
TARGETED CASE MANAGEMENT	2,993	48.98%
CRISIS INTERVENTION	2,926	47.88%
FFS-HOSPITAL INPATIENT	999	16.35%
ADULT CRISIS RESIDENTIAL	738	12.08%
ADULT RESIDENTIAL	172	2.81%
DAY TX REHABILITATIVE FULL DAY	147	2.41%
PHF	104	1.70%
DAY TX REHABILITATIVE HALF DAY	43	0.70%
DAY TX INTENSIVE FULL DAY	1	0.02%

Service Metrics:

**Table 10e
 Adults
 Hospital Inpatient
 Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	6,111	100%	\$ 309,430
Mean	\$ 13,845	99%	\$ 106,768
Standard Deviation	\$ 20,985	95%	\$ 49,199
Median	\$ 6,871	90%	\$ 32,074
Mode	\$ 2,814	75%	\$ 15,476
Interquartile Range	\$ 12,200	50%	\$ 6,871
		25%	\$ 3,276

**Table 10f
 Adults
 Hospital Inpatient-Adult
 Fiscal Year 2013-14**

Statistic	Days	Quartile	Days
Number of Clients	6,111	100%	296
Mean	11	99%	90
Standard Deviation	18	95%	42
Median	5	90%	28
Mode	2	75%	12
Interquartile Range	10	50%	5
		25%	2

**Table 10g
 Adults
 Historical Trends
 Psychiatric Hospital Inpatient Services by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	6,222	6,263	6,111	6,409
Number of Days	68,775	66,400	67,958	73,485
Days Per Client	11	11	11	11
Approved Amount	\$55,203,798	\$73,494,544	\$84,606,944	\$102,964,590

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Targeted Case Management

Targeted Case Management (TCM):

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Summary:

The forecast for Targeted Case Management Services shows a slight increase in cost and clients through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 86,490,512	97,276
Actual	FY 2011-12	\$ 84,904,579	97,262
Actual	FY 2012-13	\$ 103,242,239	96,353
Actual	FY 2013-14	\$ 102,828,364	96,717
Forecast	FY 2014-15	\$ 103,041,593	97,042
Forecast	FY 2015-16	\$ 105,361,749	98,643
Forecast	FY 2016-17	\$ 108,362,366	98,950
Actual data as of December 31, 2015			

Budget Forecast Narrative:

Costs and clients for Targeted Case Management are forecast to be slightly higher through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 11a			
ADULTS			
Clients Receiving Targeted Case Management Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
TCM	81.3%	9.9%	8.8%
Total Adults	83.4%	9.6%	7.0%

Table 11b						
ADULTS						
Clients Receiving Targeted Case Management Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Targeted Cas	36.6%	20.2%	17.0%	8.4%	0.9%	16.9%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 11c		
ADULTS		
Clients Receiving Targeted Case Management Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
TCM	55.2%	44.8%
Total Adults	55.9%	44.1%

Table 11d
Other Services Received by Adults Receiving Targeted Case Management Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	96,717	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	84,444	87.31%
MEDICATION SUPPORT	77,937	80.58%
CRISIS INTERVENTION	16,569	17.13%
CRISIS STABILIZATION	10,591	10.95%
FFS-HOSPITAL INPATIENT	5,885	6.08%
ADULT CRISIS RESIDENTIAL	3,126	3.23%
HOSPITAL INPATIENT	2,993	3.09%
PHF	2,100	2.17%
ADULT RESIDENTIAL	1,029	1.06%
DAY TX REHABILITATIVE FULL DAY	654	0.68%
DAY TX REHABILITATIVE HALF DAY	248	0.26%
DAY TX INTENSIVE FULL DAY	2	0.00%

Service Metrics:

**Table 11e
Adults
Targeted Case Management
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	96,717	100%	\$ 99,702
Mean	\$ 1,063	99%	\$ 10,774
Standard Deviation	\$ 2,246	95%	\$ 4,554
Median	\$ 323	90%	\$ 2,686
Mode	\$ 70	75%	\$ 997
Interquartile Range	\$ 877	50%	\$ 323
		25%	\$ 120

**Table 11f
Adults
Targeted Case Management
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	96,717	100%	27,620
Mean	439	99%	4,200
Standard Deviation	851	95%	1,897
Median	142	90%	1,135
Mode	30	75%	431
Interquartile Range	377	50%	142
		25%	54

**Table 11g
Adults
Historical Trends
Targeted Case Management by Fiscal Year**

Data Type	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	97,262	96,353	96,717	97,042
Number of Minutes	48,772,740	42,663,971	42,425,845	42,568,689
Minutes Per Client	501	443	439	439
Approved Amount	\$84,904,579	\$103,242,239	\$102,828,364	\$103,041,593

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Therapy and Other Service Activities

Therapy and Other Service Activities (formerly referred to as Mental Health Services):

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution of use and expenditures of each service activity varies over time with changes in client needs.

Summary:

The forecast for Therapy and Other Service Activities dollars and clients shows growth primarily driven by an increase in the number of clients served beginning in FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 307,568,138	160,894
Actual	FY 2011-12	\$ 325,770,981	166,117
Actual	FY 2012-13	\$ 380,792,299	171,559
Actual	FY 2013-14	\$ 388,045,544	171,743
Forecast	FY 2014-15	\$ 392,404,299	168,548
Forecast	FY 2015-16	\$ 408,001,332	173,479
Forecast	FY 2016-17	\$ 428,690,722	176,796

Actual data as of December 31, 2015

Budget Forecast Narrative:

Costs for Therapy and Other Service Activities are forecasted to increase through FY 2015-16 and 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a			
ADULTS			
Clients Receiving Therapy and Other Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Therapy and Other Services	82.6%	10.1%	7.4%
Total Adults	83.4%	9.6%	7.0%

Table 12b						
ADULTS						
Clients Receiving Therapy and Other Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapy and Other Service Ac	36.2%	21.2%	16.2%	9.4%	0.8%	16.2%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 12c		
ADULTS		
Clients Receiving Therapy and Other Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
Therapy and Other Services	58.4%	41.6%
Total Adults	55.9%	44.1%

Table 12d
Other Services Received by Adults Receiving Therapy and other Service Activities
Fiscal Year 2013-14

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	171,743	100.00%
MEDICATION SUPPORT	117,463	68.39%
TARGETED CASE MANAGEMENT	84,444	49.17%
CRISIS INTERVENTION	20,029	11.66%
CRISIS STABILIZATION	14,559	8.48%
FFS-HOSPITAL INPATIENT	10,964	6.38%
HOSPITAL INPATIENT	4,376	2.55%
ADULT CRISIS RESIDENTIAL	3,412	1.99%
PHF	2,067	1.20%
ADULT RESIDENTIAL	1,037	0.60%
DAY TX REHABILITATIVE FULL DAY	651	0.38%
DAY TX REHABILITATIVE HALF DAY	274	0.16%
DAY TX INTENSIVE FULL DAY	3	0.00%

Service Metrics:

**Table 12e
Adults
Mental Health Service
Fiscal Year 2013-14**

Statistic	Amount	Quartile	Amount
Number of Clients	171,743	100%	\$ 107,297
Mean	\$ 2,259	99%	\$ 20,016
Standard Deviation	\$ 4,150	95%	\$ 9,629
Median	\$ 741	90%	\$ 6,059
Mode	\$ 53	75%	\$ 2,316
Interquartile Range	\$ 2,026	50%	\$ 741
		25%	\$ 290

**Table 12f
Adults
Mental Health Service
Fiscal Year 2013-14**

Statistic	Minutes	Quartile	Minutes
Number of Clients	171,743	100%	63,116
Mean	844	99%	7,408
Standard Deviation	1,587	95%	3,482
Median	300	90%	2,184
Mode	60	75%	870
Interquartile Range	750	50%	300
		25%	120

**Table 12g
Adults
Historical Trends
Therapy and Other Service Activities by Fiscal Year**

Data Type	2011-2012	2012-2013	2013-2014	2014-2015*
Number of Clients	166,117	171,559	171,743	168,584
Number of Minutes	155,794,582	144,140,536	145,003,817	145,386,860
Minutes Per Client	938	840	844	862
Approved Amount	\$325,770,981	\$380,792,299	\$388,045,544	\$392,404,299

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.

Adults

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:

Psychiatric hospital inpatient services include both acute psychiatric hospital inpatient services and administrative day services. Acute psychiatric hospital inpatient services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric hospital inpatient service and the beneficiary’s stay at the hospital must be continued beyond the beneficiary’s need for acute psychiatric hospital inpatient services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the FFS/MC Fiscal Intermediary system. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals shows growth in costs and clients through FY 2015-16 and FY 2016-17.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2010-11	\$ 121,214,600	14,719
Actual	FY 2011-12	\$ 131,498,017	14,218
Actual	FY 2012-13	\$ 144,141,392	15,014
Actual	FY 2013-14	\$ 134,976,496	13,857
Forecast	FY 2014-15	\$ 135,303,518	13,859
Forecast	FY 2015-16	\$ 142,055,280	13,986
Forecast	FY 2016-17	\$ 148,191,342	14,089
Actual data as of December 31, 2015			

Budget Forecast Narrative:

Costs and clients for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2015-16 and FY 2016-17.

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2015.

Note:

The following tables utilize data for FY 2013-2014. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2014-2015 at the time of this May 2016 Budget Revise Estimate. For this reason, data for FY 2013-2014 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a			
ADULTS			
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group			
Fiscal Year 2013-2014			
Data as of 12/31/2015			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS- FFS	90.4%	6.2%	3.3%
Total Adults	83.4%	9.6%	7.0%

Table 13b						
ADULTS						
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity						
Fiscal Year 2013-2014						
Data as of 12/31/2015						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	34.1%	23.5%	18.6%	5.2%	0.8%	17.7%
Total Adults	36.6%	20.6%	16.8%	8.5%	0.8%	16.6%

Table 13c		
ADULTS		
Clients Receiving Fee For Service Hospital Inpatient Services by Gender		
Fiscal Year 2013-2014		
Data as of 12/31/2015		
Groups	Female	Male
HIS-FFS	50.2%	49.8%
Total Adults	55.9%	44.1%

Table 13d
Other Services Received by Adults Receiving Fee for Service Psychiatric Hospital Inpatient Services
Fiscal Year 2013-14

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	13,857	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,964	79.12%
MEDICATION SUPPORT	9,157	66.08%
TARGETED CASE MANAGEMENT	5,885	42.47%
CRISIS INTERVENTION	5,412	39.06%
CRISIS STABILIZATION	5,049	36.44%
ADULT CRISIS RESIDENTIAL	1,039	7.50%
HOSPITAL INPATIENT	999	7.21%
PHF	380	2.74%
ADULT RESIDENTIAL	120	0.87%
DAY TX REHABILITATIVE FULL DAY	49	0.35%
DAY TX REHABILITATIVE HALF DAY	16	0.12%

Service Metrics:

Table 13e

Adults
FFS-Hospital Inpatient
Fiscal Year 2013-14

Statistic	Amount	Quartile	Amount
Number of Clients	13,857	100%	\$ 313,188
Mean	\$ 9,741	99%	\$ 87,843
Standard Deviation	\$ 17,178	95%	\$ 37,865
Median	\$ 4,184	90%	\$ 22,589
Mode	\$ 1,569	75%	\$ 9,937
Interquartile Range	\$ 7,845	50%	\$ 4,184
		25%	\$ 2,092

Table 13f
Adults
FFS-Hospital Inpatient-Adult
Fiscal Year 2013-14

Statistic	Days	Quartile	Days
Number of Clients	13,857	100%	391
Mean	14	99%	127
Standard Deviation	25	95%	55
Median	6	90%	33
Mode	3	75%	14
Interquartile Range	11	50%	6
		25%	3

Table 13g
Adults
Historical Trends
Fee for Service Psychiatric Hospital Inpatient Services by Fiscal Year

<u>Data Type</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015*</u>
Number of Clients	14,218	15,014	13,857	13,859
Number of Days	210,871	220,022	199,173	199,852
Days Per Client	15	15	14	14
Approved Amount	\$131,498,017	\$144,141,392	\$134,976,496	\$135,303,518

*FY 2014-15 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2015.