

Department of Health Care Services

Medi-Cal Specialty Mental Health Services

May Estimate

Policy Change Supplement

For Fiscal Years
2013-14 and 2014-15

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Executive Summary

The Medi-Cal Specialty Mental Health Services (SMHS) Supplement provides children's and adults' caseloads and fiscal 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. This supplemental information to Medi-Cal estimate 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.

The following highlight estimate changes and the underlying reasons for why the changes occurred. Each highlight references the related Medi-Cal Estimate Policy Change (PC). The dollars figures are presented as accrual amounts for their respective fiscal years and may can be reviewed in the table of policy changes on page 8.

Specialty Mental Health Services, PC 69 and 70

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be \$1.66 billion for the current year and grow by 5.5% to \$1.75 billion for budget year. Growth in children's service costs is largely due to the transition of the Healthy Families Program children to Medi-Cal. Growth for adult services is far more modest, with a current year projection of \$1.1 billion and forecasted growth of about \$37 million for budget year. The Affordable Care Act (ACA) Optional Expansion estimate for SMHS is included in the ACA Optional Expansion PC of the Medi-Cal estimate for the May 2014 estimate. This estimate will be moved to the SMHS PC in the next estimate cycle.

Interim and Final Cost Settlements, PC 83

The current year expenditure estimates have not changed. The budget year expenditures are zero and may be updated in the next estimate cycle once new cost settlements are finalized.

Interim and Final Cost Settlements, PC OA 5

Due to the timing of the receiving the Fiscal Year 2010-11 cost reports, the Department does not anticipate completing interim settlement in the current year and has moved the interim settlement to the budget year. This is the primary reason for the change in the budget year estimate from \$13 million in the November 2013 estimate to -\$82 million in the May 2014 estimate.

Elimination of the Statewide Maximum Rates, PC 72

A significant change was made to the methodology used to estimate the impact of the Elimination of the Statewide Maximum Rates. For the November 2013 estimate, the forecast was based on cost report data. For the May 2014 estimate, actual claims data was available and was used to produce a better forecast. As a result, the forecast for the current year has dropped to \$140 million, down \$112 million from the \$252 million projected in the November 2013 estimate. The budget year forecast changed in a similar manner, dropping to \$147 million, down \$124 million from the \$271 million projected in the November 2013 estimate.

Healthy Family SED, PC 75

The accrual estimate for budget year was reduced to zero since all Healthy Families Program children were transitioned to the Medi-Cal program by November 2013.

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
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 Rehabilitative (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.

Service Descriptions

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.

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

“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 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 Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital 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 inpatient hospital services through the FFS/MC Fiscal Intermediary system. 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, treatment 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.

(In Thousands)

Fiscal Year 2013-14 Nov 2013 Estimate Compared to Fiscal Year 2013-14 May 2014 Estimate													
POLICY CHG.		November 2013 Est. for FY 2013-14				May 2014 Est. for FY 2013-14				DIFFERENCE			
TYPE	NO. DESCRIPTION	TF	GF	FFP	CF ⁽¹⁾	TF	GF	FFP	CF ⁽¹⁾	TF	GF	FFP	CF ⁽¹⁾
Base	69 SMHS FOR CHILDREN	\$1,465,995	\$0	\$737,167	\$728,828	\$1,655,748	\$0	\$843,560	\$812,188	\$189,753	\$0	\$106,393	\$83,360
Base	70 SMHS FOR ADULTS	\$1,010,693	\$0	\$505,347	\$505,346	\$1,105,921	\$0	\$552,961	\$552,960	\$95,228	\$0	\$47,615	\$47,614
Regular	71 SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT ⁽²⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	75 HEALTHY FAMILIES - SED	\$28,609	\$0	\$18,596	\$10,013	\$28,609	\$0	\$18,596	\$10,013	\$0	\$0	\$0	\$0
Regular	74 KATIE A. V. DIANA BONTA	\$53,502	\$0	\$26,751	\$26,751	\$53,502	\$0	\$26,751	\$26,751	\$0	\$0	\$0	\$0
Regular	73 TRANSITION OF HFP - SMH SERVICES	\$63,901	\$0	\$41,536	\$22,365	\$63,901	\$0	\$41,536	\$22,365	\$0	\$0	\$0	\$0
Regular	78 SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$4,540	\$0	\$2,270	\$2,270	\$4,540	\$0	\$2,270	\$2,270	\$0	\$0	\$0	\$0
Regular	77 OVER ONE-YEAR CLAIMS	\$6,000	\$0	\$3,000	\$3,000	\$6,705	\$0	\$3,353	\$3,352	\$705	\$0	\$353	\$352
Regular	79 SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT ⁽³⁾	\$0	\$7,204	-\$7,204	\$0	\$0	\$7,204	-\$7,204	\$0	\$0	\$0	\$0	\$0
Regular	80 IMD ANCILLARY SERVICES	-\$12,000	\$6,000	-\$6,000	\$0	-\$12,000	-\$6,000	-\$6,000	\$0	\$0	-\$12,000	\$0	\$0
Regular	81 CHART REVIEW	-\$1,475	\$0	-\$1,475	\$0	-\$1,271	\$0	-\$1,271	\$0	\$204	\$0	\$204	\$0
Regular	83 INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$41,760	\$27,777	-\$69,537	\$0	-\$41,760	\$27,777	-\$69,537	\$0	\$0	\$0	\$0	\$0
Regular	72 ELIMINATION OF STATE MAXIMUM RATES	\$251,991	\$0	\$126,564	\$125,427	\$139,968	\$0	\$69,984	\$69,984	-\$112,023	\$0	-\$56,580	-\$55,443
Regular	76 INVESTMENT IN MENTAL HEALTH WELLNESS	\$12,400	\$0	\$12,400	\$0	\$12,400	\$0	\$12,400	\$0	\$0	\$0	\$0	\$0
Other	3 COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$289,887	\$0	\$145,288	\$144,599	\$289,887	\$0	\$145,288	\$144,599	\$0	\$0	\$0	\$0
Other	7 SMH MAA	\$41,226	\$0	\$25,053	\$16,173	\$40,376	\$0	\$23,568	\$16,808	-\$850	\$0	-\$1,485	\$635
Other	14 COUNTY UR & QA ADMIN	\$25,957	\$0	\$16,901	\$9,056	\$25,957	\$0	\$16,872	\$9,085	\$0	\$0	-\$29	\$29
Other	5 INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$47,779	\$0	\$47,779	\$0	\$43,877	\$0	\$43,877	\$0	-\$3,902	\$0	-\$3,902	\$0
SPECIALTY MENTAL HEALTH TOTAL		\$3,247,245	\$40,981	\$1,624,436	\$1,593,828	\$3,416,360	\$28,981	\$1,717,004	\$1,670,376	\$169,115	-\$12,000	\$92,568	\$76,547

Fiscal Year 2014-15 November 2013 Estimate Compared to Fiscal Year 2014-15 May 2014 Estimate													
POLICY CHG.		November 2013 Est. for FY 2014-15				May 2014 Est. for FY 2014-15				DIFFERENCE			
TYPE	NO. DESCRIPTION	TF	GF	FFP	CF ⁽¹⁾	TF	GF	FFP	CF ⁽¹⁾	TF	GF	FFP	CF ⁽¹⁾
Base	69 SMHS FOR CHILDREN	\$1,526,500	\$0	\$767,594	\$758,906	\$1,747,880	\$0	\$891,900	\$855,980	\$221,380	\$0	\$124,306	\$97,074
Base	70 SMHS FOR ADULTS	\$1,031,685	\$0	\$515,843	\$515,842	\$1,142,787	\$0	\$571,394	\$571,393	\$111,102	\$0	\$55,551	\$55,551
Regular	71 SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT ⁽²⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	75 HEALTHY FAMILIES - SED	\$27,973	\$0	\$18,182	\$9,791	\$0	\$0	\$0	\$0	-\$27,973	\$0	-\$18,182	-\$9,791
Regular	74 KATIE A. V. DIANA BONTA ⁽⁴⁾	\$53,502	\$0	\$26,751	\$26,751	\$53,502	\$0	\$26,751	\$26,751	\$0	\$0	\$0	\$0
Regular	73 TRANSITION OF HFP - SMH SERVICES	\$65,430	\$0	\$42,529	\$22,900	\$65,430	\$0	\$42,529	\$22,900	\$0	\$0	\$0	\$0
Regular	78 SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$4,540	\$0	\$2,270	\$2,270	\$0	\$0	\$0	\$0	-\$4,540	\$0	-\$2,270	-\$2,270
Regular	77 OVER ONE-YEAR CLAIMS	\$6,000	\$0	\$3,000	\$3,000	\$6,000	\$0	\$3,000	\$3,000	\$0	\$0	\$0	\$0
Regular	79 SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT ⁽³⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	80 IMD ANCILLARY SERVICES	-\$12,000	-\$6,000	-\$6,000	\$0	-\$12,000	-\$6,000	-\$6,000	\$0	\$0	\$0	\$0	\$0
Regular	81 CHART REVIEW	-\$418	\$0	-\$418	\$0	-\$320	\$0	-\$320	\$0	\$98	\$0	\$98	\$0
Regular	83 INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	72 ELIMINATION OF STATE MAXIMUM RATES	\$271,375	\$0	\$136,100	\$135,075	\$147,107	\$0	\$73,554	\$73,553	-\$124,268	\$0	-\$62,546	-\$61,522
Regular	76 INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$0	\$0	\$0	\$0
Other	3 COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$325,444	\$0	\$163,042	\$162,402	\$325,444	\$0	\$163,042	\$162,402	\$0	\$0	\$0	\$0
Other	7 SMH MAA	\$43,609	\$0	\$26,501	\$17,108	\$42,596	\$0	\$24,864	\$17,732	-\$1,013	\$0	-\$1,637	\$624
Other	14 COUNTY UR & QA ADMIN	\$26,740	\$0	\$17,411	\$9,329	\$27,940	\$600	\$17,981	\$9,359	\$1,200	\$600	\$570	\$30
Other	5 INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$13,321	\$0	\$13,321	\$0	-\$82,730	\$0	-\$82,730	\$0	-\$96,051	\$0	-\$96,051	\$0
SPECIALTY MENTAL HEALTH TOTAL		\$3,408,501	-\$6,000	\$1,750,927	\$1,663,374	\$3,488,436	-\$5,400	\$1,750,765	\$1,743,071	\$79,935	\$600	-\$162	\$79,697

(1) County Funds (CF)

(2) The methodology for estimating the SMHS Supplemental Reimbursement costs is a cash-based approach to reflect the actual estimate of FFP expenditures in the year they will occur. These costs are for services from January 2009 through June 2012 and, as such, are not reflected in the accrual estimate.

(3) Siskiyou County will reimburse the Department \$200,000 General Fund (GF) annually, which began August 2012. As a result, of the total FFP repayment of \$7,204,000 that the Department will make in FYs 2013-14, 2014-15, \$7,004,000 will be paid from the Department's GF.

(4) An amount of \$37,986,000 was incorrectly listed in this table for the November 2013 estimate for FY 2014-15. This was a display issue in this table only and did not affect the actual estimate.

(In thousands)

Children									
POLICY CHANGE			Nov. 2013 Est for FY 2013-14		May 2014 Est for FY 2013-14		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	69	SMHS FOR CHILDREN	\$ -	\$ 728,307	\$ -	\$ 827,218	\$ -	\$ 98,911	
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 146,100	\$ -	\$ 31,916	\$ -	\$ (114,184)	
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ 27,955	\$ -	\$ 29,293	\$ -	\$ 1,338	
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 32,619	\$ -	\$ 29,886	\$ -	\$ (2,733)	
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 1,567	\$ -	\$ 1,567	\$ -	\$ -	
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,205	\$ -	\$ 1,347	\$ -	\$ 142	
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 4,000	\$ (4,000)	\$ 4,000	\$ (4,000)	\$ -	\$ -	
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	81	CHART REVIEW	\$ -	\$ (389)	\$ -	\$ (335)	\$ -	\$ 54	
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 27,777	\$ (33,747)	\$ 27,777	\$ (33,747)	\$ -	\$ -	
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 61,794	\$ -	\$ 42,762	\$ -	\$ (19,032)	
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 5,084	\$ -	\$ 5,084	\$ -	\$ -	
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 86,117	\$ -	\$ 83,697	\$ -	\$ (2,420)	
Other	7	SMH MAA	\$ -	\$ 17,568	\$ -	\$ 14,226	\$ -	\$ (3,342)	
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 10,317	\$ -	\$ 10,243	\$ -	\$ (74)	
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 29,639	\$ -	\$ 27,218	\$ -	\$ (2,421)	
Total Children			\$ 31,777	\$ 1,110,136	\$ 31,777	\$ 1,066,375	\$ -	\$ (43,761)	

Adults									
POLICY CHANGE			Nov. 2013 Est for FY 2013-14		May 2014 Est for FY 2013-14		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	69	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Base	70	SMHS FOR ADULTS	\$ -	\$ 502,241	\$ -	\$ 549,275	\$ -	\$ 47,034	
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 147,719	\$ -	\$ 32,271	\$ -	\$ (115,448)	
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 703	\$ -	\$ 703	\$ -	\$ -	
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,795	\$ -	\$ 2,006	\$ -	\$ 211	
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 3,204	\$ (3,204)	\$ 3,204	\$ (3,204)	\$ -	\$ -	
Regular	80	IMD ANCILLARY SERVICES	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ -	\$ -	
Regular	81	CHART REVIEW	\$ -	\$ (1,086)	\$ -	\$ (936)	\$ -	\$ 150	
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (29,655)	\$ -	\$ (29,655)	\$ -	\$ -	
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 62,396	\$ -	\$ 25,200	\$ -	\$ (37,196)	
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 7,316	\$ -	\$ 7,316	\$ -	\$ -	
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 51,174	\$ -	\$ 49,737	\$ -	\$ (1,437)	
Other	7	SMH MAA	\$ -	\$ 10,625	\$ -	\$ 8,604	\$ -	\$ (2,021)	
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 6,241	\$ -	\$ 6,197	\$ -	\$ (44)	
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 15,210	\$ -	\$ 13,968	\$ -	\$ (1,242)	
Total Adults			\$ (2,796)	\$ 765,475	\$ (2,796)	\$ 655,482	\$ -	\$ (109,993)	

(In thousands)

Healthy Families Program									
POLICY CHANGE			Nov. 2013 Est for FY 2013-14		May 2014 Est for FY 2013-14		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	69	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ 18,731	\$ -	\$ 18,769	\$ -	\$ -	\$ 38
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (6,135)	\$ -	\$ (6,135)	\$ -	\$ -	\$ -
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 504	\$ -	\$ 490	\$ -	\$ -	\$ (14)
Other	7	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 2,930	\$ -	\$ 2,691	\$ -	\$ -	\$ (239)
Total Healthy Families Program			\$ -	\$ 16,030	\$ -	\$ 15,815	\$ -	\$ -	\$ (215)

Grand Total									
POLICY CHANGE			Nov. 2013 Est for FY 2013-14		May 2014 Est for FY 2013-14		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP	
Base	69	SMHS FOR CHILDREN	\$ -	\$ 728,307	\$ -	\$ 827,218	\$ -	\$ -	\$ 98,911
Base	70	SMHS FOR ADULTS	\$ -	\$ 502,241	\$ -	\$ 549,275	\$ -	\$ -	\$ 47,034
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 293,819	\$ -	\$ 64,187	\$ -	\$ -	\$ (229,632)
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ 18,731	\$ -	\$ 18,769	\$ -	\$ -	\$ 38
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ 27,955	\$ -	\$ 29,293	\$ -	\$ -	\$ 1,338
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 32,619	\$ -	\$ 29,886	\$ -	\$ -	\$ (2,733)
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 2,270	\$ -	\$ 2,270	\$ -	\$ -	\$ -
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 3,000	\$ -	\$ 3,353	\$ -	\$ -	\$ 353
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 7,204	\$ (7,204)	\$ 7,204	\$ (7,204)	\$ -	\$ -	\$ -
Regular	80	IMD ANCILLARY SERVICES	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ (1,475)	\$ -	\$ (1,271)	\$ -	\$ -	\$ 204
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 27,777	\$ (69,537)	\$ 27,777	\$ (69,537)	\$ -	\$ -	\$ -
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 124,190	\$ -	\$ 67,962	\$ -	\$ -	\$ (56,228)
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 12,400	\$ -	\$ 12,400	\$ -	\$ -	\$ -
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 137,795	\$ -	\$ 133,924	\$ -	\$ -	\$ (3,871)
Other	7	SMH MAA	\$ -	\$ 28,193	\$ -	\$ 22,830	\$ -	\$ -	\$ (5,363)
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 16,558	\$ -	\$ 16,440	\$ -	\$ -	\$ (118)
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 47,779	\$ -	\$ 43,877	\$ -	\$ -	\$ (3,902)
Grand Total			\$ 28,981	\$ 1,891,641	\$ 28,981	\$ 1,737,672	\$ -	\$ -	\$ (153,969)

(In thousands)

Children								
POLICY CHANGE			May 2014 Est for FY 2013-14		May 2014 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	69	SMHS FOR CHILDREN	\$ -	\$ 827,218	\$ -	\$ 875,642	\$ -	\$ 48,424
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 31,916	\$ -	\$ 175,533	\$ -	\$ 143,617
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ 29,293	\$ -	\$ 26,751	\$ -	\$ (2,542)
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 29,886	\$ -	\$ 41,848	\$ -	\$ 11,962
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 1,567	\$ -	\$ -	\$ -	\$ (1,567)
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,347	\$ -	\$ 1,205	\$ -	\$ (142)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 4,000	\$ (4,000)	\$ -	\$ -	\$ (4,000)	\$ 4,000
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ (335)	\$ -	\$ (84)	\$ -	\$ 251
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 27,777	\$ (33,747)	\$ -	\$ -	\$ (27,777)	\$ 33,747
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 42,762	\$ -	\$ 45,686	\$ -	\$ 2,924
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 5,084	\$ -	\$ 10,168	\$ -	\$ 5,084
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 83,697	\$ -	\$ 94,586	\$ -	\$ 10,889
Other	7	SMH MAA	\$ -	\$ 14,226	\$ -	\$ 15,009	\$ -	\$ 783
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 10,243	\$ 372	\$ 11,011	\$ 372	\$ 768
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 27,218	\$ -	\$ (51,319)	\$ -	\$ (78,537)
Total Children			\$ 31,777	\$ 1,066,375	\$ -	\$ 1,246,036	\$ (31,405)	\$ 179,661

372

Adults								
POLICY CHANGE			May 2014 Est for FY 2013-14		May 2014 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	69	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ -	\$ 549,275	\$ -	\$ 565,334	\$ -	\$ 16,059
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 32,271	\$ -	\$ 177,485	\$ -	\$ 145,214
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 703	\$ -	\$ -	\$ -	\$ (703)
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 2,006	\$ -	\$ 1,795	\$ -	\$ (211)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 3,204	\$ (3,204)	\$ -	\$ -	\$ (3,204)	\$ 3,204
Regular	80	IMD ANCILLARY SERVICES	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ (936)	\$ -	\$ (236)	\$ -	\$ 700
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (29,655)	\$ -	\$ -	\$ -	\$ 29,655
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 25,200	\$ -	\$ 26,475	\$ -	\$ 1,275
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 7,316	\$ -	\$ 14,632	\$ -	\$ 7,316
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 49,737	\$ -	\$ 56,207	\$ -	\$ 6,470
Other	7	SMH MAA	\$ -	\$ 8,604	\$ -	\$ 9,077	\$ -	\$ 473
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 6,197	\$ 228	\$ 6,661	\$ 228	\$ 464
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 13,968	\$ -	\$ (26,337)	\$ -	\$ (40,305)
Total Adults			\$ (2,796)	\$ 655,482	\$ (5,772)	\$ 825,093	\$ (2,976)	\$ 169,611

(In thousands)

Healthy Families Program								
POLICY CHANGE			May 2014 Est for FY 2013-14		May 2014 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	69	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ 18,769	\$ -	\$ 7,070	\$ -	\$ (11,699)
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (6,135)	\$ -	\$ -	\$ -	\$ 6,135
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 490	\$ -	\$ 554	\$ -	\$ 64
Other	7	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 2,691	\$ -	\$ (5,074)	\$ -	\$ (7,765)
Total Healthy Families Program			\$ -	\$ 15,815	\$ -	\$ 2,550	\$ -	\$ (13,265)

Grand Total								
POLICY CHANGE			May 2014 Est for FY 2013-14		May 2014 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	69	SMHS FOR CHILDREN	\$ -	\$ 827,218	\$ -	\$ 875,642	\$ -	\$ 48,424
Base	70	SMHS FOR ADULTS	\$ -	\$ 549,275	\$ -	\$ 565,334	\$ -	\$ 16,059
Regular	71	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 64,187	\$ -	\$ 353,018	\$ -	\$ 288,831
Regular	75	HEALTHY FAMILIES - SED	\$ -	\$ 18,769	\$ -	\$ 7,070	\$ -	\$ (11,699)
Regular	74	KATIE A. V. DIANA BONTA	\$ -	\$ 29,293	\$ -	\$ 26,751	\$ -	\$ (2,542)
Regular	73	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 29,886	\$ -	\$ 41,848	\$ -	\$ 11,962
Regular	78	SOLANO COUNTY SMHS REALIGNMENT CARVE-OUT	\$ -	\$ 2,270	\$ -	\$ -	\$ -	\$ (2,270)
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 3,353	\$ -	\$ 3,000	\$ -	\$ (353)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 7,204	\$ (7,204)	\$ -	\$ -	\$ (7,204)	\$ 7,204
Regular	80	IMD ANCILLARY SERVICES	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ (6,000)	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ (1,271)	\$ -	\$ (320)	\$ -	\$ 951
Regular	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 27,777	\$ (69,537)	\$ -	\$ -	\$ (27,777)	\$ 69,537
Regular	72	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 67,962	\$ -	\$ 72,161	\$ -	\$ 4,199
Regular	76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 12,400	\$ -	\$ 24,800	\$ -	\$ 12,400
Other	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 133,924	\$ -	\$ 151,347	\$ -	\$ 17,423
Other	7	SMH MAA	\$ -	\$ 22,830	\$ -	\$ 24,086	\$ -	\$ 1,256
Other	14	COUNTY UR & QA ADMIN	\$ -	\$ 16,440	\$ 600	\$ 17,672	\$ 600	\$ 1,232
Other	5	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 43,877	\$ -	\$ (82,730)	\$ -	\$ (126,607)
Grand Total			\$ 28,981	\$ 1,737,672	\$ (5,400)	\$ 2,073,679	\$ (34,381)	\$ 336,007

(In Thousands)			
	TF	FFP	CF
FISCAL YEAR 2012-13 APPROPRIATION			
Forecast of Approved Claims	\$1,279,831	\$639,915	\$540,222
Less County Baseline	\$0	\$0	\$68,840
Less 10% County Share of Cost Above Baseline	\$0	\$0	\$30,854
Subtotal Approved Claims	\$1,279,831	\$639,915	\$639,916
Katie A. Lawsuit	\$53,502	\$26,751	\$26,751
Healthy Families Program Transition to Medi-Cal	\$49,304	\$32,047	\$17,257
Total Fiscal Year 2012-13 Appropriation	\$1,382,637	\$698,713	\$683,924
NOV 2013 ESTIMATE FOR FISCAL YEAR 2013-14			
Policy Change 69 - SMHS for Children	\$1,465,995	\$737,167	\$728,828
Less FFS Inpatient	(\$72,547)	(\$36,509)	(\$36,038)
Less Rates Elimination Adjustment ⁽¹⁾	(\$51,989)	(\$26,142)	(\$25,847)
Policy Change 69 - Subtotal	\$1,341,459	\$674,516	\$666,943
Policy Change 74 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73 - Transition of HFP - SMHS	\$63,901	\$41,536	\$22,365
Total Fiscal Year 2013-14 Nov 2013 Estimate	\$1,458,862	\$742,803	\$716,059
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Policy Change 69 - SMHS for Children	\$1,655,748	\$843,560	\$812,188
Less FFS Inpatient	(\$70,048)	(\$35,482)	(\$34,566)
Less Rates Elimination Adjustment ⁽¹⁾	(\$88,282)	(\$44,141)	(\$44,141)
Policy Change 69 - Subtotal	\$1,497,418	\$763,937	\$733,481
Policy Change 74 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73 - Transition of HFP - SMHS	\$63,901	\$41,536	\$22,365
Total Fiscal Year 2013-14 May 2014 Estimate	\$1,614,821	\$832,224	\$782,597

(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.

(In Thousands)			
	TF	FFP	CF
NOV 2013 ESTIMATE FOR FISCAL YEAR 2013-14			
Policy Change 69 - SMHS for Children	\$1,465,995	\$737,167	\$728,828
Less FFS Inpatient	(\$72,547)	(\$36,509)	(\$36,038)
Less Rates Elimination Adjustment ⁽¹⁾	(\$51,989)	(\$26,142)	(\$25,847)
Policy Change 69 - Subtotal	\$1,341,459	\$674,516	\$666,943
Policy Change 63 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 64 - Transition of HFP - SMHS	\$63,901	\$41,536	\$22,365
Total Fiscal Year 2013-14 Nov 2013 Estimate	<u>\$1,458,862</u>	<u>\$742,803</u>	<u>\$716,059</u>
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Policy Change 69 - SMHS for Children	\$1,655,748	\$843,560	\$812,188
Less FFS Inpatient	(\$70,048)	(\$35,482)	(\$34,566)
Less Rates Elimination Adjustment ⁽¹⁾	(\$88,282)	(\$44,141)	(\$44,141)
Policy Change 69 - Subtotal	\$1,497,418	\$763,937	\$733,481
Policy Change 74 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73 - Transition of HFP - SMHS	\$63,901	\$41,536	\$22,365
Total Fiscal Year 2013-14 May 2014 Estimate	<u>\$1,614,821</u>	<u>\$832,224</u>	<u>\$782,597</u>
DIFFERENCE (MAY 2014 ESTIMATE LESS NOV 2013 ESTIMATE)			
Policy Change 69 - SMHS for Children	\$189,753	\$106,393	\$83,360
Less FFS Inpatient	\$2,499	\$1,027	\$1,472
Less Rates Elimination Adjustment ⁽¹⁾	(\$36,293)	(\$17,999)	(\$18,294)
Policy Change 69 - Subtotal	\$155,959	\$89,421	\$66,538
Policy Change 74 - Katie A. v. Bontá	\$0	\$0	\$0
Policy Change 73 - Transition of HFP - SMHS	\$0	\$0	\$0
Total Difference in Fiscal Year 2013-14 Estimates	<u>\$155,959</u>	<u>\$89,421</u>	<u>\$66,538</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.

(In Thousands)			
	TF	FFP	CF
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Policy Change 69 - SMHS for Children	\$1,655,748	\$843,560	\$812,188
Less FFS Inpatient	(\$70,048)	(\$35,482)	(\$34,566)
Less Rates Elimination Adjustment ⁽¹⁾	(\$88,282)	(\$44,141)	(\$44,141)
Policy Change 69 - Subtotal	\$1,497,418	\$763,937	\$733,481
Policy Change 74 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73 - Transition of HFP - SMHS	\$63,901	\$41,536	\$22,365
Total Fiscal Year 2013-14 May 2014 Estimate	<u>\$1,614,821</u>	<u>\$832,224</u>	<u>\$782,597</u>
MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15			
Policy Change 69 - SMHS for Children	\$1,747,880	\$891,900	\$855,980
Less FFS Inpatient	(\$74,596)	(\$37,819)	(\$36,778)
Less Rates Elimination Adjustment ⁽¹⁾	(\$93,349)	(\$46,675)	(\$46,674)
Policy Change 69 - Subtotal	\$1,579,935	\$807,406	\$772,528
Policy Change 74 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,900
Total Fiscal Year 2014-15 May 2014 Estimate	<u>\$1,698,867</u>	<u>\$876,686</u>	<u>\$822,179</u>
DIFFERENCE (FISCAL YEAR 2014-15 LESS FISCAL YEAR 2013-14)			
Policy Change 69 - SMHS for Children	\$92,132	\$48,340	\$43,792
Less FFS Inpatient	(\$4,548)	(\$2,337)	(\$2,212)
Less Rates Elimination Adjustment ⁽¹⁾	(\$5,067)	(\$2,534)	(\$2,533)
Policy Change 69 - Subtotal	\$82,517	\$43,469	\$39,047
Policy Change 74 - Katie A. v. Bontá	\$0	\$0	\$0
Policy Change 73 - Transition of HFP - SMHS	\$1,529	\$994	\$535
Year over year change between estimates	<u>\$84,046</u>	<u>\$44,463</u>	<u>\$39,582</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.

(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	<u>\$1,144,524</u>	<u>\$556,590</u>	<u>\$587,934</u>
NOV 2013 ESTIMATE FOR FISCAL YEAR 2013-14			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$72,547	\$36,509	\$36,038
PC 70 - FFS Inpatient Adults	\$146,863	\$73,432	\$73,431
Psychiatric Inpatient Services - Subtotal	\$219,410	\$109,941	\$109,469
Subtotal	\$219,410	\$109,941	\$109,469
Other Short-Doyle/Medi-Cal Reimbursements			
Total Direct Service Forecast - PC 70 Adults	\$863,830	\$431,915	\$431,915
Less Rates Elimination Adjustment ⁽²⁾	(\$31,924)	(\$15,962)	(\$15,962)
Subtotal	\$831,906	\$415,953	\$415,953
NOV 2013 Estimate for Fiscal Year 2013-14	<u>\$1,051,316</u>	<u>\$525,894</u>	<u>\$525,422</u>
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$70,048	\$35,482	\$34,566
PC 70 - FFS Inpatient - Adults	\$148,435	\$74,218	\$74,217
Psychiatric Inpatient Services - Subtotal	\$218,483	\$109,700	\$108,783
Subtotal	\$218,483	\$109,700	\$108,783
Other Short-Doyle/Medi-Cal Reimbursements			
Total Direct Services Forecast - PC 70 Adults	\$957,486	\$478,743	\$478,743
Less Rates Elimination Adjustment ⁽²⁾	(\$51,686)	(\$25,843)	(\$25,843)
Subtotal	\$905,800	\$452,900	\$452,900
MAY 2014 Estimate for Fiscal Year 2013-14	<u>\$1,124,283</u>	<u>\$562,600</u>	<u>\$561,683</u>

(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.

(In Thousands)			
	TF	FFP	CF
NOVEMBER 2013 ESTIMATE FOR FISCAL YEAR 2013-14			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$72,547	\$36,509	\$36,038
PC 70 - FFS Inpatient Adults	\$146,863	\$73,432	\$73,431
Psychiatric Inpatient Services - Subtotal	\$219,410	\$109,941	\$109,469
Subtotal	\$219,410	\$109,941	\$109,469
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$863,830	\$431,915	\$431,915
Less Rates Elimination Adjustment ⁽¹⁾	(\$31,924)	(\$15,962)	(\$15,962)
Subtotal	\$831,906	\$415,953	\$415,953
Nov 2013 Estimate for Fiscal Year 2013-14	<u>\$1,051,316</u>	<u>\$525,894</u>	<u>\$525,422</u>
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$70,048	\$35,482	\$34,566
PC 70 - FFS Inpatient Adults	\$148,435	\$74,218	\$74,217
Psychiatric Inpatient Services - Subtotal	\$218,483	\$109,700	\$108,783
Subtotal	\$218,483	\$109,700	\$108,783
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$957,486	\$478,743	\$478,743
Less Rates Elimination Adjustment ⁽¹⁾	(\$51,686)	(\$25,843)	(\$25,843)
Subtotal	\$905,800	\$452,900	\$452,900
May 2014 Estimate for Fiscal Year 2013-14	<u>\$1,124,283</u>	<u>\$562,600</u>	<u>\$561,683</u>
DIFFERENCE (MAY 2014 ESTIMATE LESS NOV 2013 ESTIMATE)			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	(\$2,499)	(\$1,027)	(\$1,472)
PC 70 - FFS Inpatient - Adults	\$1,572	\$786	\$786
Psychiatric Inpatient Services - Subtotal	(\$927)	(\$241)	(\$686)
Subtotal	(\$927)	(\$241)	(\$686)
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$93,656	\$46,828	\$46,828
Less Rates Elimination Adjustment ⁽¹⁾	(\$19,762)	(\$9,881)	(\$9,881)
Subtotal	\$73,894	\$36,947	\$36,947
Difference in Estimates for Fiscal Year 2013-14	<u>\$72,967</u>	<u>\$36,706</u>	<u>\$36,261</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.

(In Thousands)			
	TF	FFP	CF
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$70,048	\$35,482	\$34,566
PC 70 - FFS Inpatient Adults	\$148,435	\$74,218	\$74,217
Psychiatric Inpatient Services - Subtotal	\$218,483	\$109,700	\$108,783
Subtotal	\$218,483	\$109,700	\$108,783
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$957,486	\$478,743	\$478,743
Less Rates Elimination Adjustment ⁽¹⁾	(\$51,686)	(\$25,843)	(\$25,843)
Subtotal	\$905,800	\$452,900	\$452,900
MAY 2014 ESTIMATE FOR FISCAL YEAR 2013-14	<u>\$1,124,283</u>	<u>\$562,600</u>	<u>\$561,683</u>
MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$74,596	\$37,818	\$36,778
PC 70 - FFS Inpatient Adults	\$155,405	\$77,703	\$77,702
Psychiatric Inpatient Services - Subtotal	\$230,001	\$115,521	\$114,480
Subtotal	\$230,001	\$115,521	\$114,480
Other Short-Doyle/Medi-Cal Reimbursements			
PC 70 - SD/MC	\$987,382	\$493,691	\$493,691
Less Rates Elimination Adjustment ⁽¹⁾	(\$53,758)	(\$26,879)	(\$26,879)
Subtotal	\$933,624	\$466,812	\$466,812
May 2014 Estimate for Fiscal Year 2014-15	<u>\$1,163,625</u>	<u>\$582,333</u>	<u>\$581,292</u>
DIFFERENCE (FISCAL YEAR 2014-15 LESS FISCAL YEAR 2013-14)			
Mental Health Managed Care Program			
Psychiatric Inpatient Services			
PC 69 - FFS Inpatient - Children	\$4,548	\$2,336	\$2,212
PC 70 - FFS Inpatient - Adults	\$6,970	\$3,485	\$3,485
Psychiatric Inpatient Services - Subtotal	\$11,518	\$5,821	\$5,697
Subtotal	\$11,518	\$5,821	\$5,697
Other Short-Doyle/Medi-Cal Reimbursements			
PC70 - SD/MC	\$29,896	\$14,948	\$14,948
Less Rates Elimination Adjustment ⁽¹⁾	(\$2,072)	(\$1,036)	(\$1,036)
Subtotal	\$27,824	\$13,912	\$13,912
Year over year change May 2014 Estimate	<u>\$39,342</u>	<u>\$19,733</u>	<u>\$19,609</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 CLIENTS COUNTS
2014-15 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)
STATE FISCAL YEARS 1998-99 THROUGH 2014-15
DATA AS OF 12/31/2013 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	6.50%	1.73%	3,495,318
Actual	2008-09	\$1,182,833	11.57%	204,288	5.89%	\$5,790	5.36%	3.89%	3,631,457
Actual	2009-10	\$1,181,396	-0.12%	208,555	2.09%	\$5,665	-2.16%	6.05%	3,851,248
Actual	2010-11	\$1,226,760	3.84%	214,456	2.83%	\$5,720	0.98%	3.36%	3,980,825
Actual	2011-12	\$1,296,827	5.71%	227,953	6.29%	\$5,689	-0.55%	1.10%	4,024,798
Actual ⁽⁴⁾⁽⁵⁾	2012-13	\$1,501,567	15.79%	244,956	7.46%	\$6,130	7.75%	6.55%	4,288,519
Forecast ⁽⁵⁾	2013-14	\$1,585,700	5.60%	265,313	8.31%	\$5,977	-2.50%		
Forecast	2014-15	\$1,673,284	5.52%	277,381	4.55%	\$6,032	0.93%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2013.

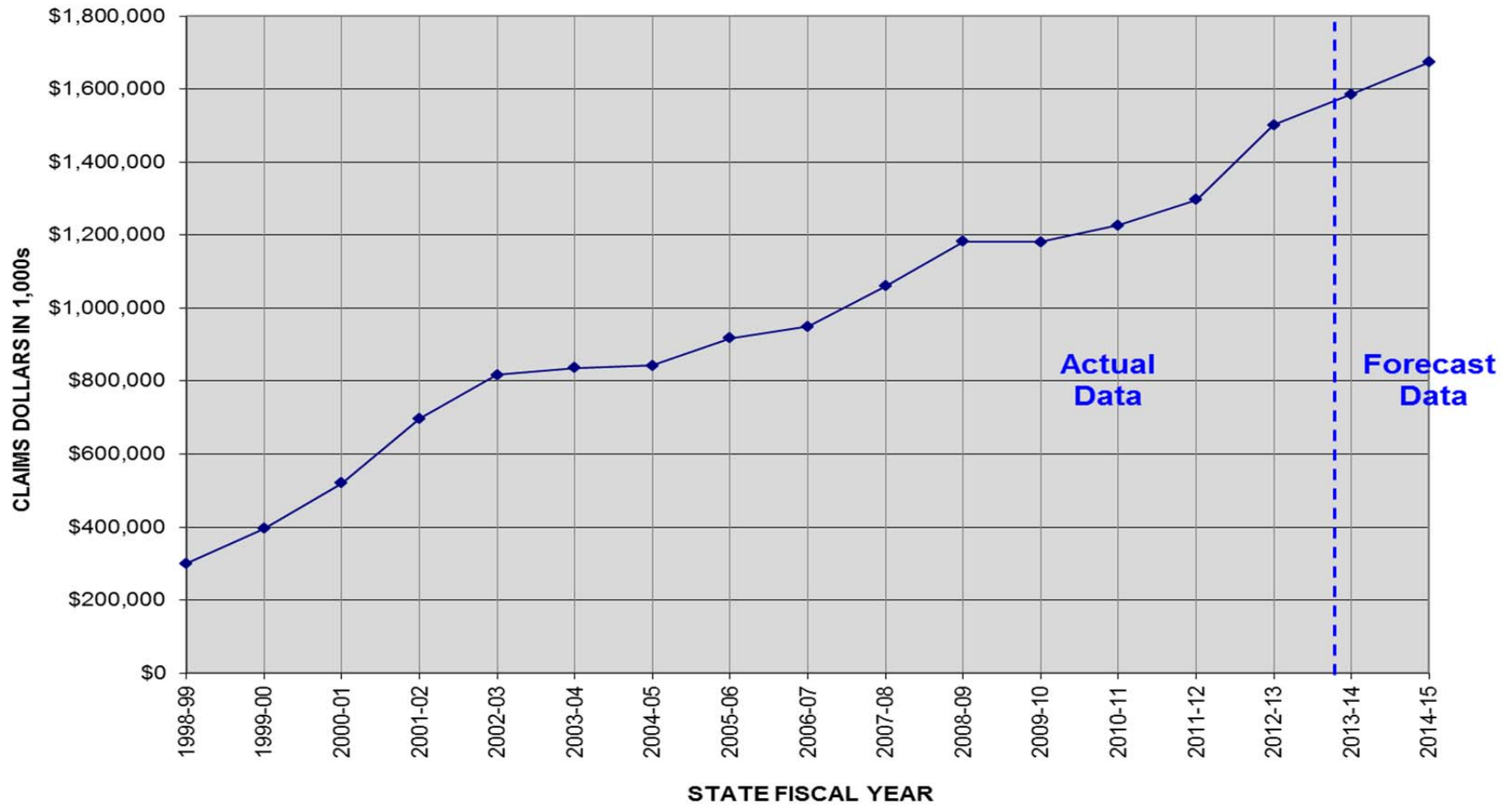
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year (years prior to 2005-06 readily not available).

(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) Approved claims are slightly weighted as it is estimated that 99% of FY 12-13 claims have been approved

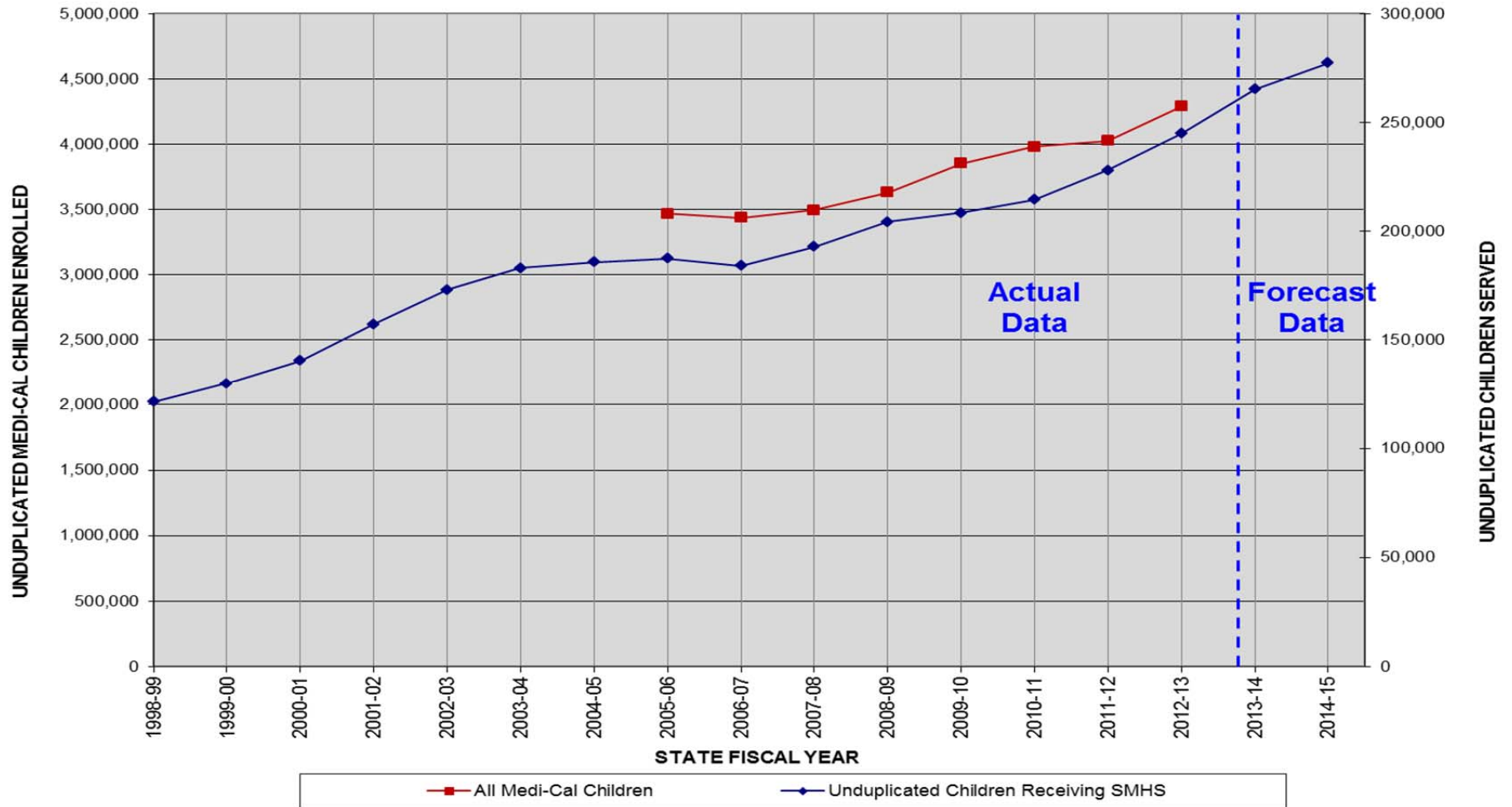
(5) The increase in approved claims costs is due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011). Additionally, there is an increase in costs and client counts due to the transition of the Healthy Families Program to Medi-Cal beginning January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

CHILDREN'S APPROVED CLAIMS AND CLAIMS FORECAST
SFY 1998-99 THROUGH SFY 2014-15



Source: Approved Claims, SD/MC Specialty Mental Health Services As of Dec 31, 2013

UNDUPLICATED CLIENTS AND CLIENT FORECASTS
All Medi-Cal Children Compared to Children Receiving Specialty Mental Health Services
SFY 1998-99 THROUGH SFY 2014-15



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2013

Children's Services Approved Claims Data

**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2005-06 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast**

*Actual data as of 12/31/2013

Psychiatric Health Facility Services - SMA¹ \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2005-06	287	6,038	21	\$466.97	\$2,819,563
2006-07	281	5,812	21	\$473.38	\$2,751,264
2007-08	461	7,155	16	\$498.85	\$3,569,250
2008-09	561	7,296	13	\$516.52	\$3,768,537
2009-10	588	7,274	12	\$514.59	\$3,743,149
2010-11	602	8,586	14	\$547.36	\$4,699,605
2011-12	631	8,273	13	\$567.88	\$4,698,032
2012-13	747	10,803	14	\$556.98	\$6,017,083
2013-14	659	10,168	15	\$569.82	\$5,793,912
2014-15	688	10,671	16	\$577.70	\$6,164,688
Change	4.40%	4.95%	0.52%	1.38%	6.40%

Adult Crisis Residential Services - SMA¹ \$345.38					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
180	2,898	16	\$261.50	\$757,827	
178	2,592	15	\$282.87	\$733,189	
184	3,070	17	\$281.95	\$865,586	
178	2,924	16	\$284.42	\$831,647	
205	3,111	15	\$276.50	\$860,182	
204	3,190	16	\$285.73	\$911,478	
234	3,076	13	\$291.53	\$896,745	
237	4,046	17	\$317.82	\$1,285,914	
274	4,168	15	\$317.79	\$1,324,555	
294	4,357	15	\$321.56	\$1,401,045	
Change	7.30%	4.53%	-2.58%	1.19%	5.77%

Adult Residential Services - SMA¹ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2005-06	136	10,671	78	\$137.50	\$1,467,222
2006-07	129	13,609	105	\$141.35	\$1,923,674
2007-08	119	11,942	100	\$147.67	\$1,763,460
2008-09	127	12,934	102	\$142.76	\$1,846,438
2009-10	130	12,081	93	\$145.39	\$1,756,485
2010-11	115	10,519	91	\$155.10	\$1,631,533
2011-12	98	7,593	77	\$143.93	\$1,092,880
2012-13	110	10,048	91	\$159.89	\$1,606,578
2013-14	106	9,695	91	\$164.63	\$1,596,114
2014-15	104	9,321	90	\$168.25	\$1,568,219
Change	-1.89%	-3.86%	-2.01%	2.19%	-1.75%

Crisis Stabilization Services - SMA¹ \$94.54					
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount	
4,617	67,633	15	\$82.62	\$5,587,555	
4,396	64,832	15	\$86.49	\$5,607,091	
5,105	72,962	14	\$90.53	\$6,605,360	
5,243	71,264	14	\$88.20	\$6,285,198	
5,799	76,811	13	\$92.01	\$7,067,162	
6,463	86,805	13	\$90.83	\$7,884,457	
7,093	97,625	14	\$90.24	\$8,809,735	
8,506	130,063	15	\$109.21	\$14,203,923	
8,676	133,438	15	\$108.12	\$14,427,107	
9,268	143,517	15	\$109.61	\$15,730,737	
Change	6.82%	7.55%	0.68%	1.38%	9.04%

Day Treatment Intensive Half Day Services⁽²⁾ SMA¹ \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2005-06	482	40,811	85	\$124.61	\$5,085,620
2006-07	522	42,873	82	\$130.65	\$5,601,400
2007-08	563	48,965	87	\$116.65	\$5,711,568
2008-09	394	28,700	73	\$99.90	\$2,867,165
2009-10	284	25,738	91	\$104.08	\$2,678,755
2010-11	228	23,151	102	\$35.38	\$819,123
2011-12	217	22,212	102	\$106.57	\$2,367,074
2012-13	13	126	10	\$169.35	\$21,338
2013-14					
2014-15					
Change					

Day Treatment Intensive Full Day Services SMA¹ \$202.43					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
3,109	292,918	94	\$173.45	\$50,805,916	
3,006	271,100	90	\$183.10	\$49,638,598	
2,835	267,918	95	\$182.68	\$48,943,666	
2,916	280,805	96	\$181.99	\$51,103,346	
2,657	252,788	95	\$179.91	\$45,479,444	
2,372	225,274	95	\$184.63	\$41,591,508	
2,294	211,008	92	\$186.32	\$39,315,126	
1,893	170,701	90	\$205.06	\$35,003,972	
1,234	144,561	117	\$213.71	\$30,893,811	
969	123,994	128	\$224.89	\$27,885,500	
Change	-21.47%	-14.23%	9.23%	5.23%	-9.74%

(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 2012-13 for Day Treatment Intensive Half Day services and no costs forecast for FY 13-14 of FY 14-15.

Children's Services Approved Claims Data

**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2005-06 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast**

*Actual data as of 12/31/2013

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
2005-06	343	29,254	85	\$76.88	\$2,249,072
2006-07	168	14,196	85	\$82.79	\$1,175,267
2007-08	135	14,730	109	\$74.87	\$1,102,871
2008-09	189	17,839	94	\$73.75	\$1,315,612
2009-10	175	16,200	93	\$86.00	\$1,393,141
2010-11	127	14,239	112	\$98.01	\$1,395,605
2011-12	102	9,358	92	\$96.67	\$904,599
2012-13	70	6,053	86	\$84.16	\$509,402
2013-14	111	5,272	47	\$87.75	\$462,621
2014-15	99	3,691	37	\$96.43	\$355,909
Change	-10.81%	-29.99%	-21.50%	9.89%	-23.07%

Day Rehabilitative Full Day Services - SMA ¹ \$131.24				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
3,539	293,326	83	\$106.39	\$31,207,410
3,110	239,108	77	\$114.41	\$27,357,205
2,640	210,199	80	\$117.60	\$24,719,603
2,493	173,556	70	\$118.10	\$20,496,465
2,203	150,231	68	\$113.04	\$16,981,995
1,481	116,242	78	\$117.36	\$13,641,791
1,761	120,826	69	\$118.93	\$14,370,106
1,928	144,723	75	\$132.01	\$19,104,293
1,651	135,263	82	\$137.15	\$18,550,907
1,492	122,772	82	\$142.73	\$17,522,787
-9.63%	-9.23%	0.44%	4.07%	-5.54%

Targeted Case Management Services - SMA ¹ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2005-06	87,388	41,449,035	474	\$1.68	\$69,461,219
2006-07	80,731	38,791,728	481	\$1.79	\$69,366,241
2007-08	83,357	40,965,752	491	\$1.82	\$74,682,858
2008-09	89,348	43,863,813	491	\$1.87	\$81,814,298
2009-10	90,638	41,692,165	460	\$1.88	\$78,354,609
2010-11	90,560	40,609,008	448	\$1.87	\$76,064,482
2011-12	94,773	41,891,768	442	\$1.81	\$75,903,436
2012-13	96,694	38,499,216	398	\$2.30	\$88,554,762
2013-14	99,499	37,620,648	378	\$2.43	\$91,406,749
2014-15	102,188	37,063,129	363	\$2.54	\$94,194,068
Change	2.70%	-1.48%	-4.07%	4.60%	3.05%

Therapy & Other Service Activities - SMA ¹ \$2.61				
Number of Clients	Number of Minutes ⁽³⁾	Minutes Per Client	Cost Per Minute	Approved Amount
171,158	283,676,792	1,657	\$2.10	\$595,219,487
172,277	289,148,424	1,678	\$2.20	\$636,792,514
180,538	319,755,928	1,771	\$2.25	\$719,952,020
192,599	377,708,630	1,961	\$2.19	\$828,195,972
195,728	446,919,382	2,283	\$1.86	\$829,517,191
201,361	381,293,784	1,894	\$2.28	\$870,579,705
214,746	402,588,818	1,875	\$2.31	\$930,922,451
232,020	420,456,960	1,812	\$2.56	\$1,076,501,590
244,749	437,009,913	1,786	\$2.64	\$1,151,630,594
255,452	456,552,239	1,787	\$2.68	\$1,223,577,019
4.37%	4.47%	0.09%	1.70%	6.25%

Therapeutic Behavioral Services - SMA ¹ \$2.61					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2005-06	3,260	24,065,822	7,382	\$2.03	\$48,939,785
2006-07	3,655	26,047,259	7,126	\$2.10	\$54,816,863
2007-08	3,797	27,616,701	7,273	\$2.19	\$60,401,756
2008-09	4,210	28,751,510	6,829	\$2.19	\$62,984,126
2009-10	5,169	33,223,109	6,427	\$2.08	\$69,160,487
2010-11	6,433	39,998,763	6,218	\$2.01	\$80,595,610
2011-12	7,342	41,746,550	5,686	\$2.08	\$87,009,127
2012-13	8,024	42,761,319	5,329	\$2.43	\$103,977,465
2013-14	8,138	44,129,757	5,423	\$2.47	\$109,027,284
2014-15	8,866	46,881,933	5,288	\$2.50	\$117,131,535
Change	8.95%	6.24%	-2.49%	1.13%	7.43%

Medication Support Services - SMA ¹ \$4.82				
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
64,898	20,017,781	308	\$3.80	\$76,119,707
64,468	19,544,557	303	\$4.07	\$79,488,307
65,253	20,111,607	308	\$4.16	\$83,688,110
69,283	21,471,506	310	\$4.23	\$90,778,784
70,148	22,038,528	314	\$4.20	\$92,642,673
70,854	23,003,074	325	\$4.16	\$95,692,542
73,459	23,414,490	319	\$4.19	\$98,110,609
77,536	23,828,144	307	\$4.85	\$115,572,828
80,100	24,157,710	302	\$5.01	\$121,024,963
82,574	24,832,062	301	\$5.12	\$127,247,777
3.09%	2.79%	-0.29%	2.29%	5.14%

- (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.
- (3) The large increase in the number of minutes for FY 2009-10 is due to over reporting of units of time by certain counties while implementing new billing systems.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2005-06 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast

*Actual data as of 12/31/2013

Crisis Intervention Services - SMA¹ \$3.88					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2005-06	15,872	4,108,282	259	\$3.41	\$14,003,423
2006-07	15,125	3,934,788	260	\$3.63	\$14,272,657
2007-08	15,853	4,307,873	272	\$3.72	\$16,023,794
2008-09	17,423	4,812,360	276	\$3.75	\$18,041,728
2009-10	16,787	4,631,015	276	\$3.74	\$17,307,221
2010-11	16,992	5,082,317	299	\$3.69	\$18,745,805
2011-12	17,104	5,324,363	311	\$3.61	\$19,226,299
2012-13	17,572	5,226,811	297	\$4.41	\$23,042,306
2013-14	17,716	5,429,588	306	\$4.55	\$24,707,342
2014-15	18,027	5,616,546	312	\$4.66	\$26,154,602
Change	1.76%	3.44%	1.66%	2.33%	5.86%

Psychiatric Inpatient Hospital Services - SD/MC⁽²⁾				
SMA¹ \$1,213.75				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
1,645	16,244	10	\$749.19	\$12,169,764
1,876	16,126	9	\$775.40	\$12,504,102
1,852	17,701	10	\$816.53	\$14,453,454
1,980	15,928	8	\$785.22	\$12,506,982
2,018	15,975	8	\$826.34	\$13,200,712
2,065	17,209	8	\$939.39	\$16,165,954
1,945	16,794	9	\$932.16	\$15,654,629
1,995	16,883	8	\$961.64	\$16,235,441
2.57%	0.53%	-1.99%	3.16%	3.71%

Psychiatric Inpatient Hospital Services - FFS/MC^(2,3)					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2005-06					
2006-07					
2007-08	7,136	66,244	9	\$645.47	\$42,758,834
2008-09	7,697	67,776	9	\$666.68	\$45,184,960
2009-10	8,257	75,403	9	\$686.92	\$51,795,601
2010-11	9,039	78,706	9	\$702.97	\$55,327,881
2011-12	8,938	82,326	9	\$717.02	\$59,029,481
2012-13	10,292	88,141	9	\$735.04	\$64,787,034
2013-14	10,973	92,381	8	\$758.25	\$70,048,188
2014-15	11,620	96,737	8	\$771.13	\$74,596,414
Change	5.90%	4.72%	-1.12%	1.70%	6.49%

(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) - FY 05-06 through FY 07-08 information will be added in a future update of this table.

(3) - FFS/MC data as of December 31, 2013

ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENTS COUNTS
2014-15 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)
STATE FISCAL YEARS 2005-06 THROUGH 2014-15
DATA AS OF 12/31/2013 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	2005-06								3,071,718
Actual	2006-07							0.22%	3,078,495
Actual	2007-08							1.39%	3,121,776
Actual	2008-09	\$817,629		238,623		\$3,426		3.57%	3,237,370
Actual	2009-10	\$763,250	-6.65%	229,064	-4.01%	\$3,332	-2.76%	4.64%	3,394,954
Actual	2010-11	\$762,140	-0.15%	227,629	-0.63%	\$3,348	0.48%	3.66%	3,523,766
Actual	2011-12	\$793,206	4.08%	231,504	1.70%	\$3,426	2.33%	1.75%	3,586,641
Actual ⁽⁴⁾⁽⁵⁾	2012-13	\$945,099	19.15%	231,152	-0.15%	\$4,089	19.33%	0.86%	3,617,736
Forecast	2013-14	\$957,486	1.31%	235,095	1.71%	\$4,073	-0.39%		
Forecast	2014-15	\$987,382	3.12%	235,011	-0.04%	\$4,201	3.16%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2013.

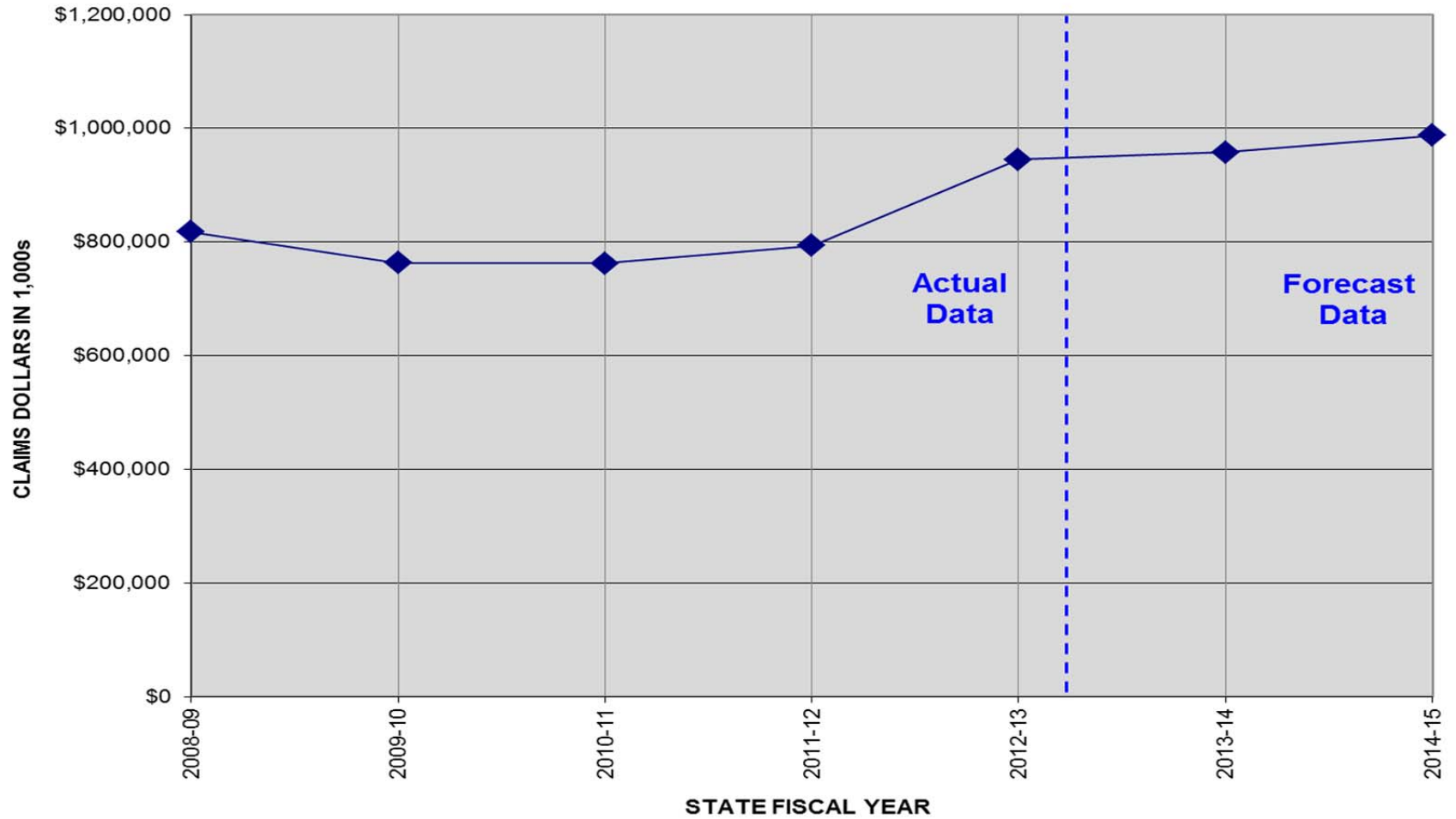
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year (years prior to 2005-06 readily not available).

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

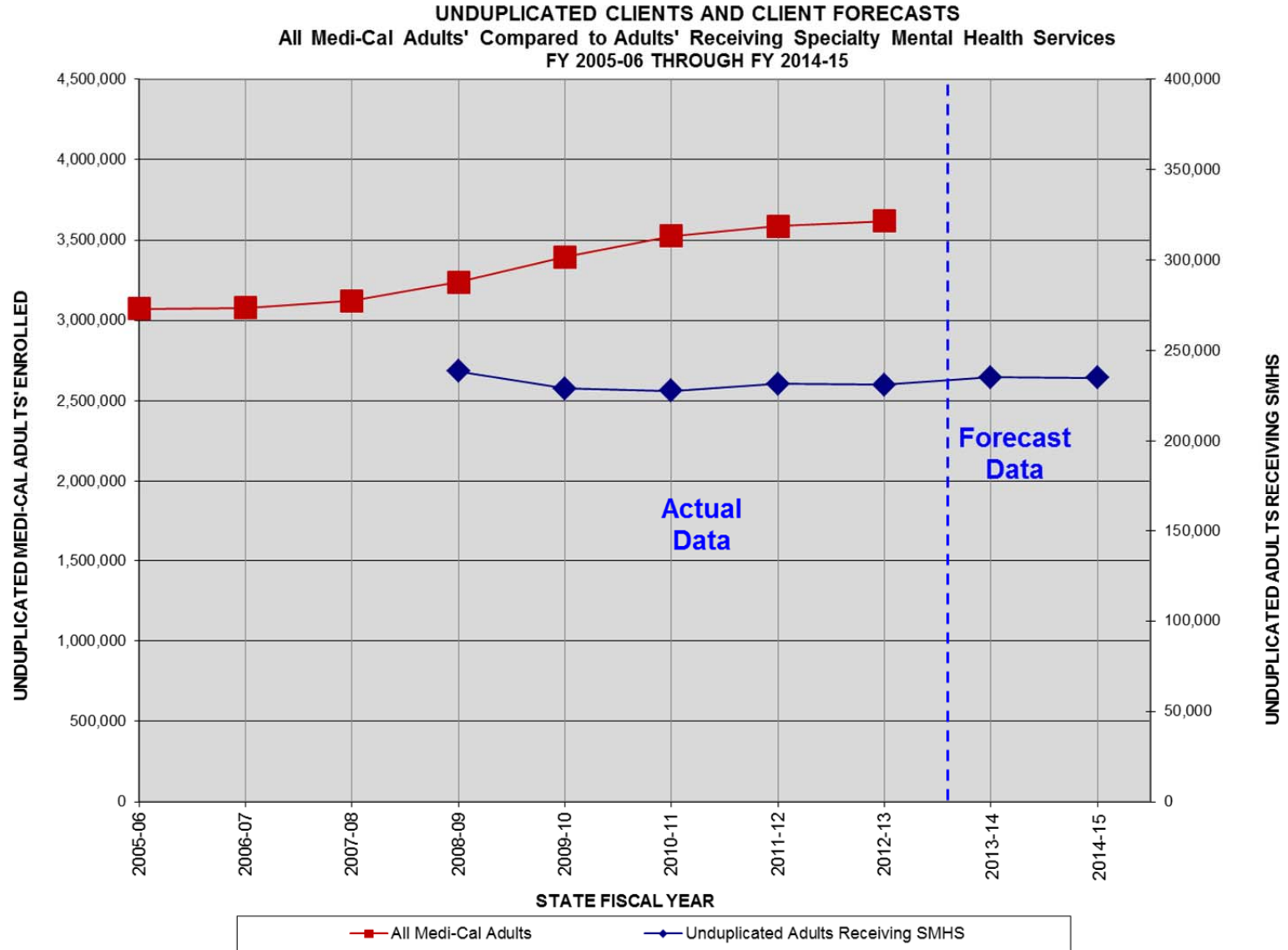
(4) Approved claims are slightly weighted as it is estimated that 97% of FY 12-13 claims have been approved

(5) 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).

**ADULTS' APPROVED CLAIMS AND CLAIMS FORECAST
FY 2008-09 THROUGH FY 2014-15**



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2013



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2013

Adults' Services Approved Claims Data
Adults' Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2008-09 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast

*Actual data as of 12/31/2013

Psychiatric Health Facility Services - SMA¹ \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2008-09	2,388	27,167	11	\$535.31	\$14,542,834
2009-10	2,307	25,668	11	\$553.68	\$14,211,935
2010-11	2,418	27,499	11	\$561.84	\$15,450,117
2011-12	2,749	29,876	11	\$582.19	\$17,393,561
2012-13	2,945	38,324	13	\$649.31	\$24,884,264
2013-14	2,840	39,439	14	\$660.92	\$26,066,064
2014-15	2,939	41,635	14	\$675.64	\$28,130,184
Change	3.5%	5.6%	2.01%	2.23%	7.92%

Adult Crisis Residential Services - SMA¹ \$345.38					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
3,423	65,783	19	\$288.94	\$19,007,024	
3,445	65,690	19	\$287.28	\$18,871,631	
3,719	68,062	18	\$295.58	\$20,117,980	
3,911	72,222	18	\$304.59	\$21,998,313	
4,006	69,661	17	\$323.36	\$22,525,859	
4,010	69,944	17	\$316.80	\$22,158,438	
4,118	70,905	17	\$321.66	\$22,807,181	
Change	2.7%	1.4%	-1.28%	1.53%	2.93%

Adult Residential Services - SMA¹ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2008-09	1,519	152,389	100	\$145.60	\$22,187,309
2009-10	1,436	120,395	84	\$149.83	\$18,039,205
2010-11	1,155	96,994	84	\$155.32	\$15,064,670
2011-12	1,162	98,219	85	\$154.79	\$15,203,331
2012-13	1,178	104,138	88	\$158.09	\$16,462,702
2013-14	1,075	95,975	89	\$160.55	\$15,408,988
2014-15	994	87,708	88	\$164.84	\$14,457,665
Change	-7.5%	-8.6%	-1.17%	2.67%	-6.17%

Crisis Stabilization Services - SMA¹ \$94.54					
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount	
19,725	378,550	19	\$89.69	\$33,950,960	
19,296	378,019	20	\$90.88	\$34,354,978	
21,068	412,881	20	\$90.65	\$37,428,446	
23,262	469,538	20	\$92.30	\$43,338,845	
24,376	554,783	23	\$104.22	\$57,821,482	
22,296	526,498	24	\$103.28	\$54,375,977	
22,853	550,641	24	\$105.08	\$57,861,976	
Change	2.5%	4.6%	2.04%	1.75%	6.41%

Day Treatment Intensive Half Day Services⁽²⁾ - SMA¹ \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2008-09					
2009-10					
2010-11					
2011-12					
2012-13					
2013-14					
2014-15					
Change					

Day Treatment Intensive Full Day Services⁽²⁾ - SMA¹ \$202.43					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
210	5,808	28	\$130.21	\$756,246	
97	2,984	31	\$155.24	\$463,225	
61	2,724	45	\$170.93	\$465,618	
16	428	27	\$173.06	\$74,071	
1	61	61	\$209.66	\$12,789	
1	43	43	\$407.02	\$17,502	
Change					

- (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 no approved claims for adults receiving Day Treatment Intensive Half Day services. For Day Treatment Intensive Full Day services, there were no approved claims in FY 2012-13.

Adults' Services Approved Claims Data

**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2008-09 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast**

*Actual data as of 12/31/2013

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
2008-09	140	7,345	52	\$81.99	\$602,222
2009-10	147	7,243	49	\$85.43	\$618,775
2010-11	213	8,431	40	\$91.26	\$769,431
2011-12	274	11,697	43	\$91.40	\$1,069,138
2012-13	214	9,175	43	\$89.64	\$822,446
2013-14	163	8,179	50	\$92.41	\$755,862
2014-15	153	7,687	50	\$95.49	\$734,026
Change	-6.1%	-6.0%	0.13%	3.33%	-2.89%

Day Rehabilitative Full Day Services - SMA ¹ \$131.24					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
1,610	105,935	66	\$116.91	\$12,384,663	
1,433	86,570	60	\$115.67	\$10,013,561	
1,159	77,179	67	\$118.71	\$9,162,148	
969	62,937	65	\$129.42	\$8,145,380	
830	48,725	59	\$137.60	\$6,704,346	
685	38,722	57	\$148.50	\$5,750,031	
483	24,950	52	\$176.61	\$4,406,341	
Change	-29.5%	-35.6%	-8.62%	18.93%	-23.37%

Targeted Case Management Services - SMA ¹ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2008-09	104,990	51,966,882	495	\$1.90	\$98,727,675
2009-10	101,679	47,380,850	466	\$1.92	\$90,880,578
2010-11	97,740	46,091,620	472	\$1.88	\$86,546,631
2011-12	97,633	49,331,241	505	\$1.72	\$84,972,063
2012-13	96,827	43,835,969	453	\$2.39	\$104,879,631
2013-14	95,331	43,035,799	451	\$2.52	\$108,236,857
2014-15	93,519	41,765,717	447	\$2.64	\$110,330,294
Change	-1.9%	-3.0%	-1.07%	5.03%	1.93%

Therapy & Other Service Activities - SMA ¹ \$2.61					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
174,524	149,121,232	854	\$2.17	\$324,321,054	
163,668	150,423,716	919	\$2.01	\$302,792,436	
162,143	165,637,635	1022	\$1.86	\$307,651,699	
167,271	157,233,152	940	\$2.07	\$325,602,290	
172,187	147,363,973	856	\$2.60	\$383,539,620	
171,712	149,893,357	873	\$2.66	\$399,433,436	
171,687	151,648,845	883	\$2.74	\$415,435,456	
Change	0.0%	1.2%	1.19%	2.80%	4.01%

Medication Support Services - SMA ¹ \$4.82					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2008-09	172,016	46,242,846	269	\$4.35	\$201,050,251
2009-10	164,806	47,158,444	286	\$4.01	\$189,094,354
2010-11	163,003	52,841,207	324	\$3.54	\$187,276,324
2011-12	165,130	50,503,910	306	\$3.82	\$193,049,475
2012-13	163,021	46,445,927	285	\$4.88	\$226,527,913
2013-14	153,740	46,975,175	306	\$4.94	\$231,957,748
2014-15	151,088	47,371,392	314	\$5.05	\$239,015,730
Change	-1.7%	0.8%	2.61%	2.18%	3.04%

Crisis Intervention Services - SMA ¹ \$3.88					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
36,007	7,899,429	219	\$3.74	\$29,575,525	
33,946	7,451,039	219	\$3.74	\$27,848,486	
31,844	7,121,096	224	\$3.74	\$26,652,529	
31,127	7,288,955	234	\$3.73	\$27,151,658	
29,507	6,955,874	236	\$4.30	\$29,941,678	
27,843	7,018,025	252	\$4.32	\$30,334,934	
26,411	6,908,885	262	\$4.44	\$30,709,606	
Change	-5.1%	-1.6%	3.78%	2.83%	1.24%

- (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 2008-09 through FY 2012-13* Actual and SFY 2013-14 through 2014-15 Forecast**

*Actual data as of 12/31/2013

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
2008-09	6,444	74,807	12	\$ 808.82	\$ 60,505,545	14,362	110,930,221	7,724	\$0.00	\$ 203,231
2009-10	6,359	73,846	12	\$ 759.06	\$ 56,053,797	14,543	111,886,058	7,693	\$0.00	\$ 194,522
2010-11	6,160	72,409	12	\$ 767.23	\$ 55,554,162	14,899	121,109,670	8,129	\$0.00	\$ 201,586
2011-12	6,293	68,888	11	\$ 801.41	\$ 55,207,439	14,397	131,092,925	9,106	\$0.00	\$ 210,165
2012-13	6,184	63,705	10	\$1,114.14	\$ 70,976,011	15,076	142,380,808	9,444	\$0.00	\$ 213,202
2013-14	5,222	52,546	10	\$1,201.71	\$ 63,145,159	14,695	148,435,116	10,101	\$0.00	\$ 210,595
2014-15	5,078	47,962	9	\$1,331.12	\$ 63,843,334	14,492	155,404,645	10,723	\$0.00	\$ 211,651
Change	-2.8%	-8.7%	-6.14%	10.77%	1.11%	-1.4%	4.7%	6.16%	-4.01%	0.50%

- (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) - FFS/MC data as of Dec 31, 2013

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES AND HEALTHY FAMILIES PROGRAM - ACCRUAL COMPARISON
Children Costs and Unduplicated Clients by Service Type and Year SD/MC and FFS/MC
(DOLLARS IN THOUSANDS)

SD/MC Actual data as of 12/31/2013 FFS/MC Data as of 12/31/2013

Children	Fiscal Year 2011-12		Fiscal Year 2012-13 ⁽¹⁾		% Change		Fiscal Year 2013-14		% Change	
	Total Costs	Total Clients	Total Costs	Total Clients	Dollars	Clients	Total Costs	Total Clients	Dollars	Clients
All Services*	\$1,355,856	227,953	\$1,566,354	244,956	15.5%	7.5%	\$1,655,749	265,313	5.7%	8.3%
Adult Crisis Residential	\$897	234	\$1,286	237	43.4%	1.3%	\$1,325	274	3.0%	15.6%
Adult Residential	\$1,093	98	\$1,607	110	47.0%	12.2%	\$1,596	106	0.7%	3.6%
Crisis Intervention	\$19,226	17,104	\$23,042	17,572	19.8%	2.7%	\$24,707	17,716	7.2%	0.8%
Crisis Stabilization	\$8,810	7,093	\$14,204	8,506	61.2%	19.9%	\$14,427	8,676	1.6%	2.0%
Day Rehabilitation - Full Day	\$14,370	1,761	\$19,104	1,928	32.9%	9.5%	\$18,551	1,651	2.9%	14.4%
Day Rehabilitation - Half Day	\$905	102	\$509	70	-43.7%	31.4%	\$463	111	9.2%	58.6%
Day Treatment Intensive - Full Day	\$39,315	2,294	\$35,004	1,893	-11.0%	17.5%	\$30,894	1,234	11.7%	34.8%
Day Treatment Intensive - Half Day	\$2,367	217	\$21	13	-99.1%	94.0%	\$0	-	-100.0%	0.0%
Medication Support	\$98,111	73,459	\$115,573	77,536	17.8%	5.6%	\$121,025	80,100	4.7%	3.3%
Psychiatric Health Facility	\$4,698	631	\$6,017	747	28.1%	18.4%	\$5,794	659	3.7%	11.8%
Psychiatric Inpatient Hospital Services - SD/MC	\$13,201	2,018	\$16,166	2,065	22.5%	2.3%	\$15,655	1,945	3.2%	5.8%
Targeted Case Management	\$75,903	94,773	\$88,555	96,694	16.7%	2.0%	\$91,407	99,499	3.2%	2.9%
Therapy and Other Service Activities	\$930,922	214,746	\$1,076,502	232,020	15.6%	8.0%	\$1,151,631	244,749	7.0%	5.5%
Psychiatric Inpatient Hospital Services - FFS/MC	\$59,029	8,938	\$64,787	10,292	9.8%	15.1%	\$70,048	10,973	8.1%	6.6%
Therapeutic Behavioral Services	\$87,009	7,342	\$103,977	8,024	19.5%	9.3%	\$109,027	8,138	4.9%	1.4%

* The total costs for 2013-14 will not equal the sum of individual service types due to the forecast methodology. The trend for all services combined is different than the trend of individual services. The total number of clients of all services is an unduplicated count and not equal to the sum of the service type counts.

⁽¹⁾ 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).

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES AND HEALTHY FAMILIES PROGRAM - ACCRUAL COMPARISON
Adults Costs and Unduplicated Clients by Service Type and Year SD/MC and FFS/MC
(DOLLARS IN THOUSANDS)

SD/MC Actual data as of 12/31/2013 FFS/MC Data as of 12/31/2013

Adults	Fiscal Year 2011-12		Fiscal Year 2012-13 ⁽¹⁾		% Change		Fiscal Year 2013-14		% Change	
	Total Costs	Total Clients	Total Costs	Total Clients	Dollars	Clients	Total Costs	Total Clients	Dollars	Clients
All Services*	\$924,298	231,504	\$1,087,480	231,152	17.7%	-0.2%	\$1,105,921	235,095	1.7%	1.7%
Adult Crisis Residential	\$21,998	3,911	\$22,526	4,006	2.4%	2.4%	\$22,158	4,010	1.6%	0.1%
Adult Residential	\$15,203	1,162	\$16,463	1,178	8.3%	1.4%	\$15,409	1,075	6.4%	8.7%
Crisis Intervention	\$27,152	31,127	\$29,942	29,507	10.3%	5.2%	\$30,335	27,843	1.3%	5.6%
Crisis Stabilization	\$43,339	23,262	\$57,821	24,376	33.4%	4.8%	\$54,376	22,296	6.0%	8.5%
Day Rehabilitation - Full Day	\$8,145	969	\$6,704	830	-17.7%	14.3%	\$5,750	685	14.2%	17.5%
Day Rehabilitation - Half Day	\$1,069	274	\$822	214	-23.1%	21.9%	\$756	163	8.1%	23.8%
Day Treatment Intensive - Full Day	\$74	16	\$13	1	-82.7%	0.0%	\$18	1	36.9%	0.0%
Day Treatment Intensive - Half Day	\$0		\$0	-	0	0.0%	\$0	-	0.0%	0.0%
Medication Support	\$193,049	165,130	\$226,528	163,021	17.3%	1.3%	\$231,958	153,740	2.4%	5.7%
Psychiatric Health Facility	\$17,394	2,749	\$24,884	2,945	43.1%	7.1%	\$26,066	2,840	4.7%	3.6%
Psychiatric Inpatient Hospital Services - SD/MC	\$55,207	6,293	\$70,976	6,184	28.6%	1.7%	\$63,145	5,222	11.0%	15.6%
Targeted Case Management	\$84,972	97,633	\$104,880	96,827	23.4%	0.8%	\$108,237	95,331	3.2%	1.5%
Therapy and Other Service Activities	\$325,602	167,271	\$383,540	172,187	17.8%	2.9%	\$399,433	171,712	4.1%	0.3%
Psychiatric Inpatient Hospital Services - FFS/MC	\$131,093	14,397	\$142,381	15,076	8.6%	4.7%	\$148,435	14,695	4.3%	2.5%

*The total costs for 2013-14 will not equal the sum of individual service types due to the forecast methodology. The trend for all services combined is different than the trend of individual services. The total number of clients of all services is an unduplicated count and not equal to the sum of the service type counts.

⁽¹⁾ 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).

About the Healthy Families Program

The Healthy Families program provided low cost insurance coverage for health, dental, and vision services to children who did not have insurance and did not qualify for no-cost Medi-Cal. Due to a change in State law, children who were enrolled in the Healthy Family program have been transitioned into Medi-Cal, with the transition beginning January 1, 2013.

About the Healthy Families Program (HFP) Transition to Medi-Cal

Pursuant to Assembly Bill (AB) 1494, (Committee on Budget, Chapter 28, Statutes of 2012), all Healthy Families Program (HFP) enrollees will transition to Medi-Cal as targeted low-income Medicaid children, as allowed under federal law, beginning January 1, 2013. The transition of approximately 875,000 HFP enrollees will be implemented in four separate phases over the course of one year and in a manner that minimizes disruption in services, maintains adequate provider networks, and ensures access to care. Each Phase will require an implementation plan, including information on health and dental plan network adequacy, continuity of care, eligibility and enrollment requirements, consumer protections, and family notifications.

The transition of HFP enrollees to Medi-Cal will simplify eligibility and coverage for children and families while providing additional benefits and lowering costs for children at certain income levels. The State will also gain administrative efficiencies, achieve General Fund savings, and provide a more consistent health plan contracting process while increasing plan accountability for providing high quality services to children.

**Healthy Families to Medi-Cal Transition
Specialty Mental Health Service Utilization
Data as of April 8, 2014 (SDMC Services) and April 10, 2014 (Psychiatric Inpatient - FFS/MC)**

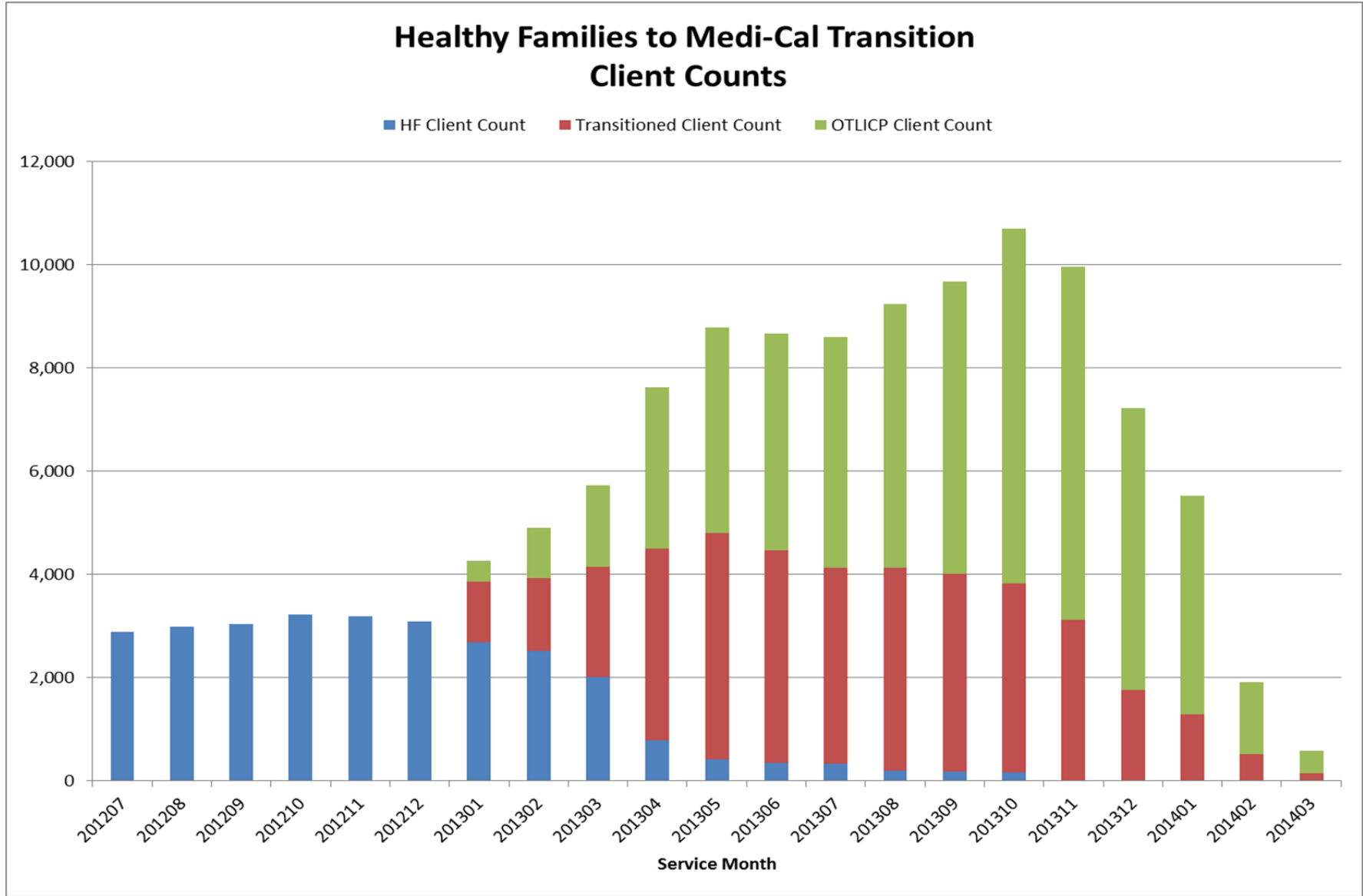
Service Type	FY 2011-2012 (HFP Only)		FY 2012-2013 (HFP, Transitioned, and OTLICP)		FY 2013-2014 ³ (HFP, Transitioned, and OTLICP)	
	Total Costs	Total Clients	Total Costs	Total Clients ²	Total Costs	Total Clients
<i>All SDMC Services Combined</i> ¹	\$31,715,140	7,666	\$52,936,792	16,183	\$57,765,677	19,314
Adult Residential Treatment Services	\$4,368	1	\$2,941	1	\$0	-
Case Management/Brokerage	\$1,901,645	3,259	\$3,175,733	4,882	\$3,187,546	5,569
Crisis Intervention	\$573,727	588	\$1,411,386	1,120	\$1,263,760	956
Crisis Residential Treatment Services	\$16,094	3	\$0		\$18,058	6
Crisis Stabilization	\$142,897	122	\$607,385	426	\$379,687	329
Day Rehabilitation - Full Day	\$259,759	34	\$251,013	43	\$118,266	32
Day Treatment Intensive - Full Day	\$610,911	47	\$772,734	63	\$668,216	46
Hospital Inpatient	\$0	-	\$366,881	76	\$365,021	67
Hospital Inpatient Admin Day	\$0	-	\$3,051	1	\$0	-
Medication Support Services	\$3,434,020	2,580	\$5,546,577	4,650	\$5,509,749	5,549
Therapy and Other Service Activities	\$24,693,141	7,119	\$40,642,351	15,102	\$46,114,481	17,997
Psychiatric Health Facility	\$78,578	14	\$156,740	34	\$140,893	36
<i>Psychiatric Inpatient - FFS/MC</i>	\$0	-	\$694,513	179	\$1,125,416	290
SDMC Services Cost Per Client	\$4,137		\$3,271		\$2,991	

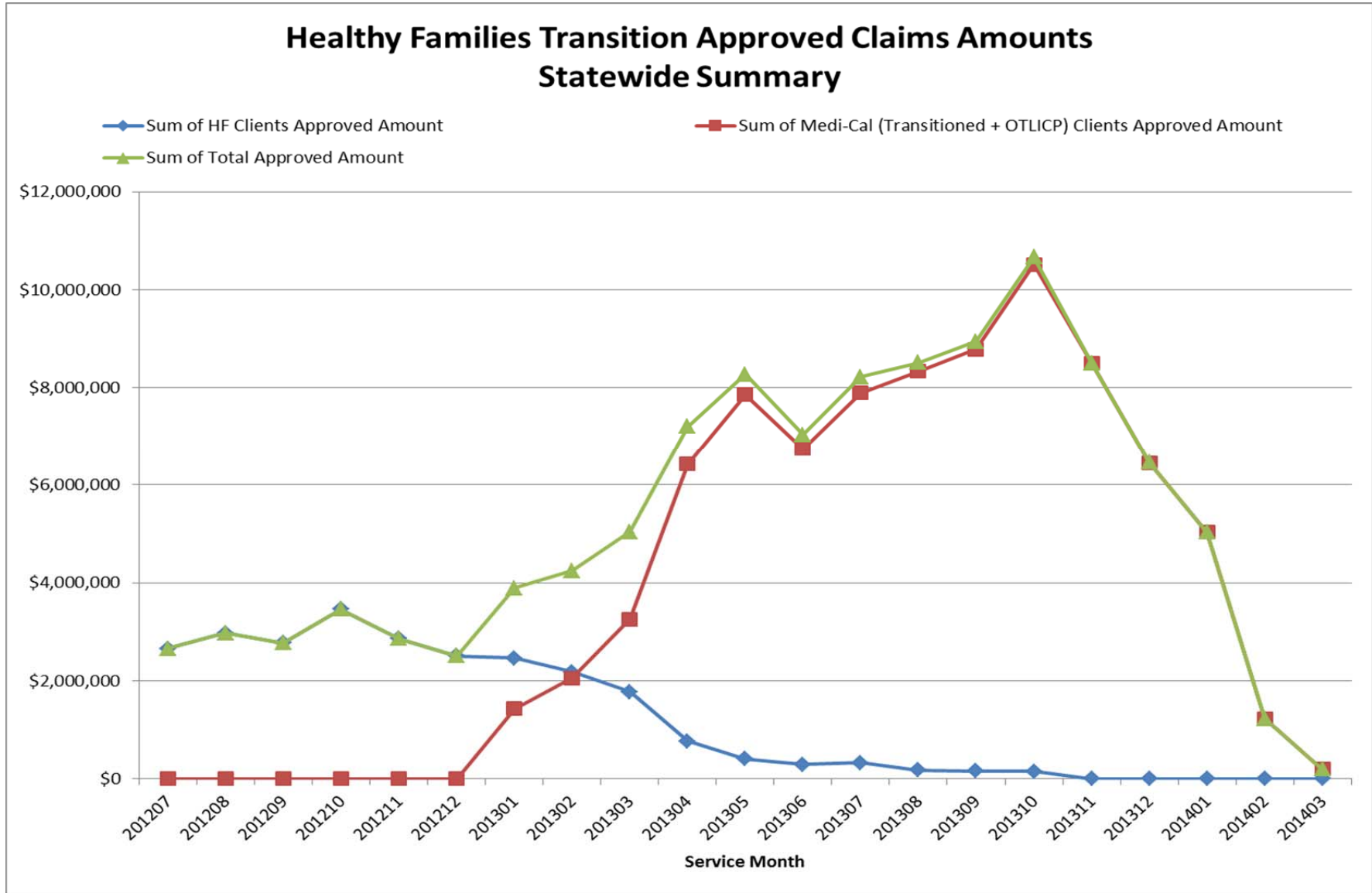
¹ Unique Client Count for All SDMC Services Combined is not the sum of the individual service because it is an unduplicated count, and a single client may have received multiple types of Specialty Mental Health services during the year; SDMC Services include all listed services *except* Psychiatric Inpatient - FFS/MC.

² The total costs have not been adjusted to reflect the impact of the elimination of the maximum rates on July 1, 2012, per AB 1297. When comparing the total costs in FY 2012-13 to FY 2011-12, there may be an increase in total cost per client due to the elimination of the maximum rates.

³ This data is current as of April, 8 2014 and does not represent a full fiscal year of services

	SDMC Services			Psychiatric Inpatient - FFS/MC		
	Full-Year Estimate †	FY 12-13 To Date	FY 13-14 To Date	Full-Year Estimate ‡	FY 12-13 To Date	FY 13-14 To Date
New EPSDT Medi-Cal clients as result of HF transition	22,486	8,202	11,333	1,931	179	290
Costs per new client	\$2,137	\$2,428	\$2,184	\$8,351	\$3,880	\$3,881
Total new costs as result of HF Transition	\$49,303,432	\$19,918,460	\$24,747,345	\$16,126,288	\$694,513	\$1,125,416
† Based on April 17, 2012 estimate assuming a 3.47% penetration rate for specialty mental health services in the total HFP transition population. Note that FY 2012-13 only represents totals for the HFP and the half-year transition program start-up. Additional clients and costs are expected to accumulate in future reports.						
‡ Based on April 17, 2012 estimate assuming a 0.22% penetration rate for psychiatric inpatient - FFS/MC services in the total HFP transition population. Note that FY 2012-13 only represents totals for the HFP and the half-year transition program start-up. Additional clients and costs are expected to accumulate in future reports.						
Note that 7,965 and 7,982 HFP clients are from the March 31, 2013 forecast of FY 12/13 and FY 13/14 HFP clients, respectively.						

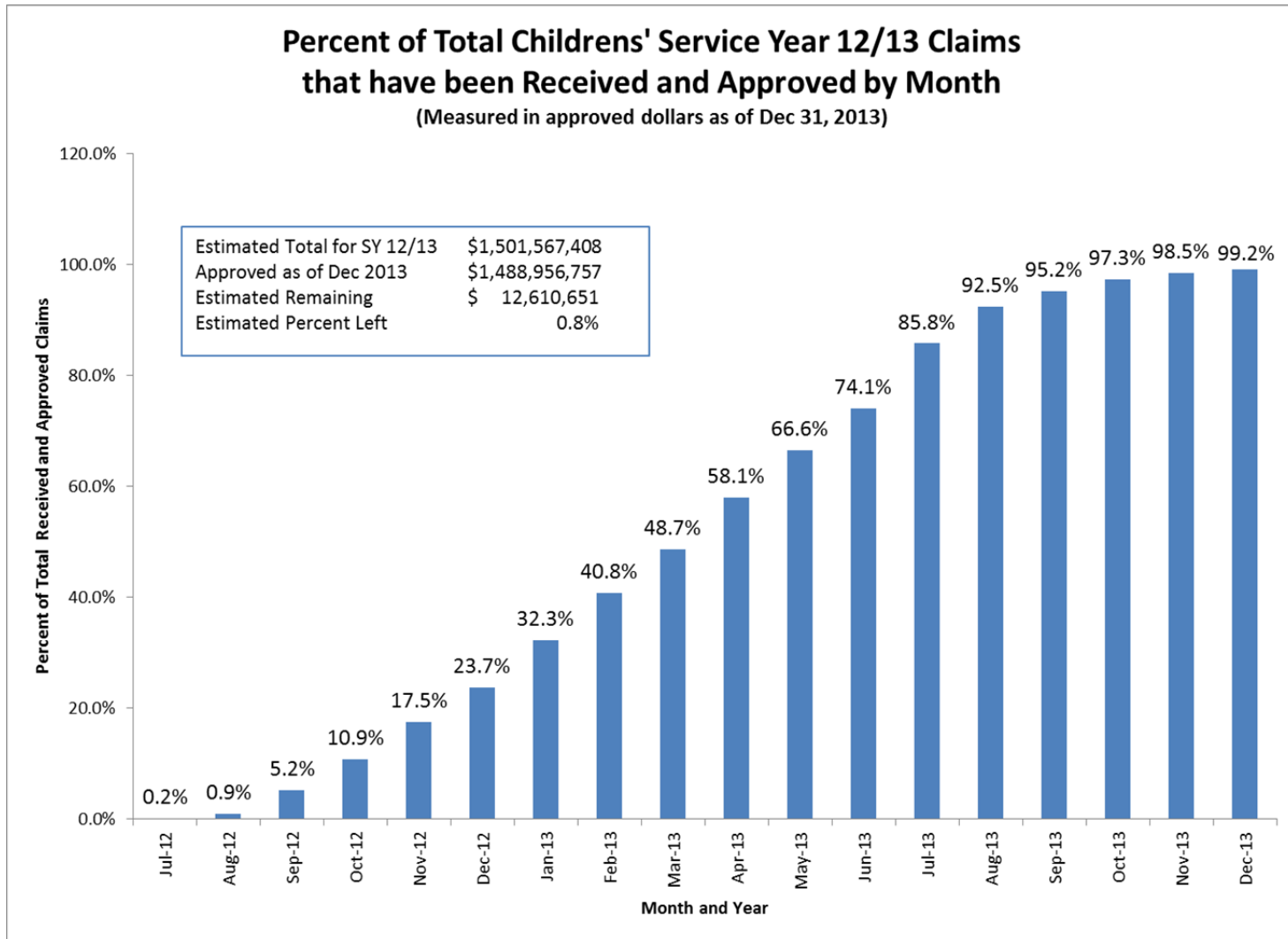


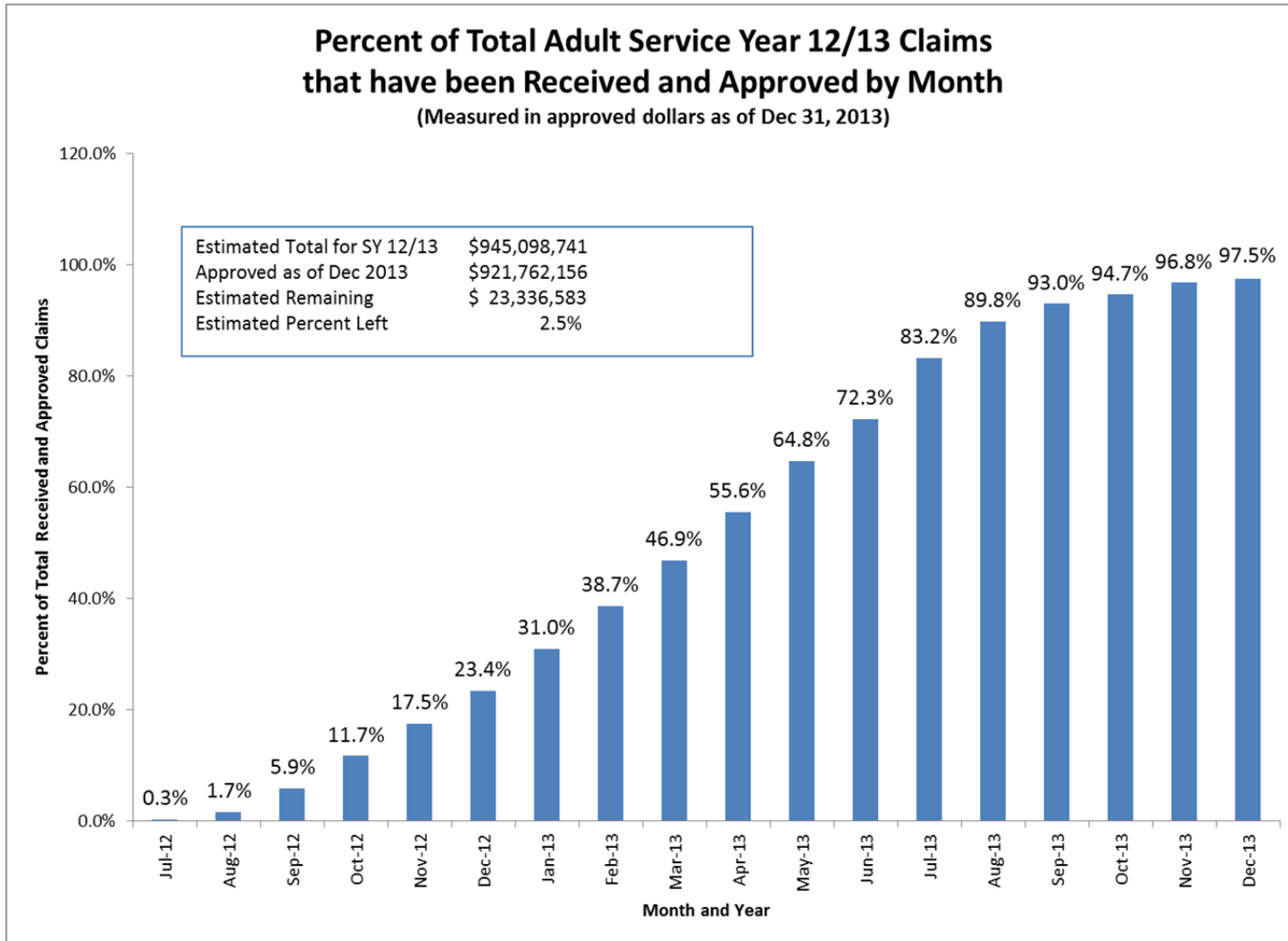


About Claim Lag

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 illustrate in dollars the amount of claim lag in dollars for Children and Adult services rendered in Fiscal Year 2012-13.





Service Type Forecasts

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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 statistically unchanging 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 2008-09	\$831,647	178
Actual	FY 2009-10	\$860,182	205
Actual	FY 2010-11	\$911,478	204
Actual	FY 2011-12	\$896,745	234
Actual*	FY 2012-13	\$1,285,914	237
Actual + Forecast	FY 2013-14	\$1,324,555	274
Forecast	FY 2014-15	\$1,401,045	294
*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013			

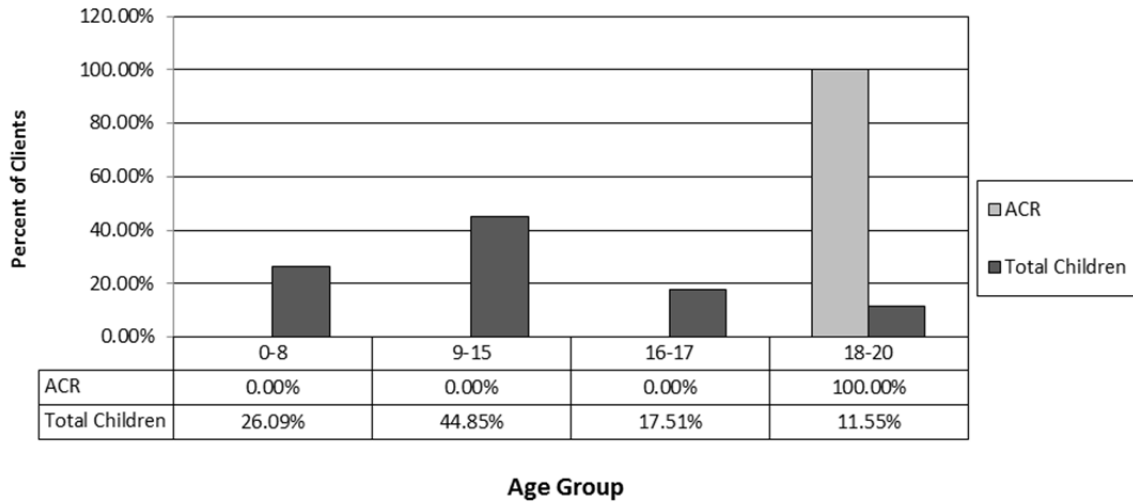
Budget Forecast Narrative:

Slight growth in dollars and clients is expected for FY 2014-15 Adult Crisis Residential Services.

Client Profile Data:

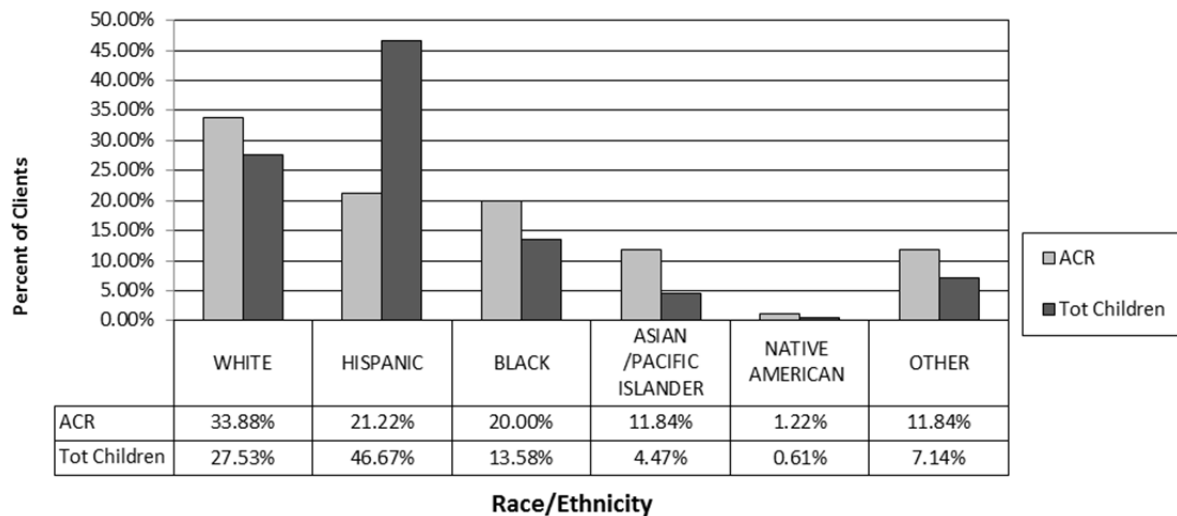
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 1a
CHILDREN
 Clients Receiving Adult Crisis Residential Services by Age Group
 Fiscal Year 2012-13
 Data as of 12/31/13



Age Group

Table 1b
CHILDREN
 Clients Receiving Adult Crisis Services by Race/Ethnicity
 Fiscal Year 2012-13
 Data as of 12/31/13



Race/Ethnicity

Table 1c
CHILDREN
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

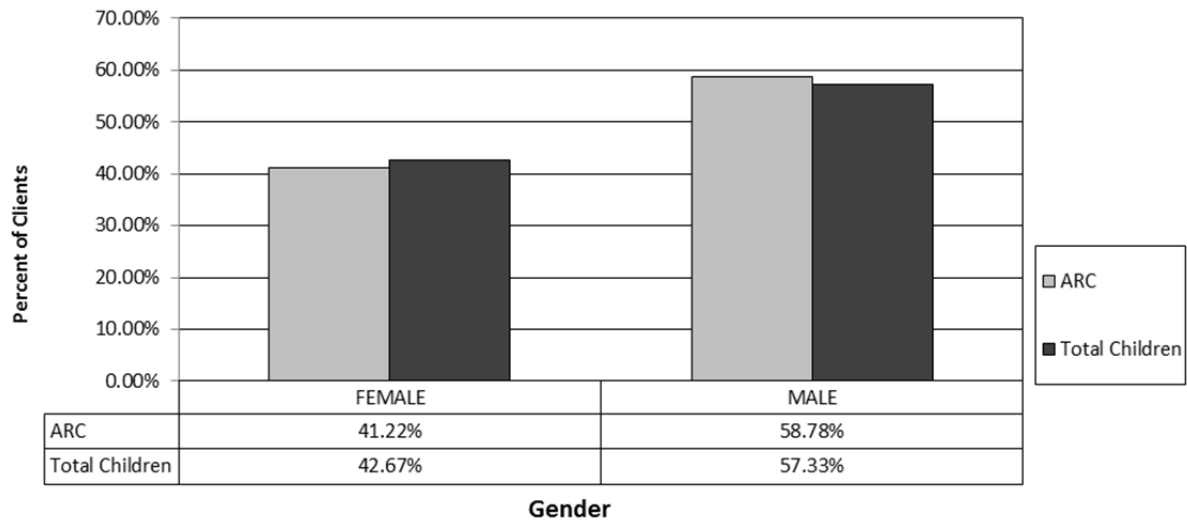


Table 1d
Other Services Received by Children Receiving Adult Crisis Residential Services
Adult Crisis Residential Fiscal Year 2012-13

	Number of Clients	Percentage of Clients
ADULT CRISIS RESIDENTIAL	237	100.00%
MEDICATION SUPPORT	218	91.91%
THERAPY AND OTHER SERVICE ACTIVITIES	185	77.87%
TARGETED CASE MANAGEMENT	176	74.47%
CRISIS STABILIZATION	135	57.02%
CRISIS INTERVENTION	121	51.06%
FFS-HOSPITAL INPATIENT	105	44.26%
HOSPITAL INPATIENT	41	17.45%
PHF	37	15.74%
ADULT RESIDENTIAL	26	11.06%
DAY TX REHABILITATIVE FULL DAY	9	3.83%
THERAPEUTIC BEHAVIORAL SERVICES	6	2.55%
DAY TX INTENSIVE FULL DAY	3	1.28%

Service Metrics:

**Table 1e
Adult Crisis Residential Services Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	237	100%	\$ 30,739
Mean	\$5,426	99%	\$ 22,795
Standard Deviation	\$5,187	95%	\$ 15,887
Median	\$3,902	90%	\$ 12,538
Mode	\$3,902	75%	\$ 7,616
Interquartile Range	\$5,971	50%	\$ 3,902
		25%	\$ 1,645

**Table 1f
Adult Crisis Residential Services Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	237	100%	89
Mean	17	99%	66
Standard Deviation	15	95%	51
Median	13	90%	37
Mode	5	75%	25
Interquartile Range	19	50%	13
		25%	6

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	205	204	234	237
Number of Days	3,111	3,190	3,076	4,046
Days Per Client	15	16	13	17
Approved Amount	\$860,182	\$ 911,478	\$896,745	\$1,285,914

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 decrease in clients and total cost through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$1,846,438	127
Actual	FY 2009-10	\$1,756,485	130
Actual	FY 2010-11	\$1,631,533	115
Actual	FY 2011-12	\$1,092,880	98
Actual*	FY 2012-13	\$1,606,578	110
Actual + Forecast	FY 2013-14	\$1,596,114	106
Forecast	FY 2014-15	\$1,568,219	104

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

The forecast indicates a slight declining trend in costs through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 2a
CHILDREN
 Clients Receiving Adult Residential Services by Age Group
 Fiscal Year 2012-13
 Data as of 12/31/13

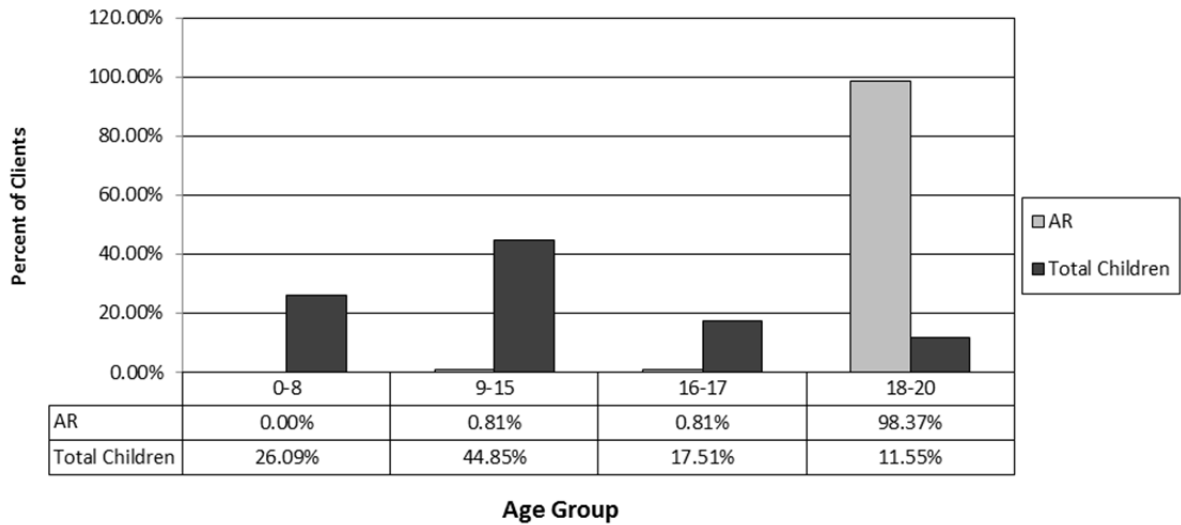


Table 2b
CHILDREN
 Clients Receiving Adult Residential Services by Race/Ethnicity
 Fiscal Year 2012-13
 Data as of 12/31/13

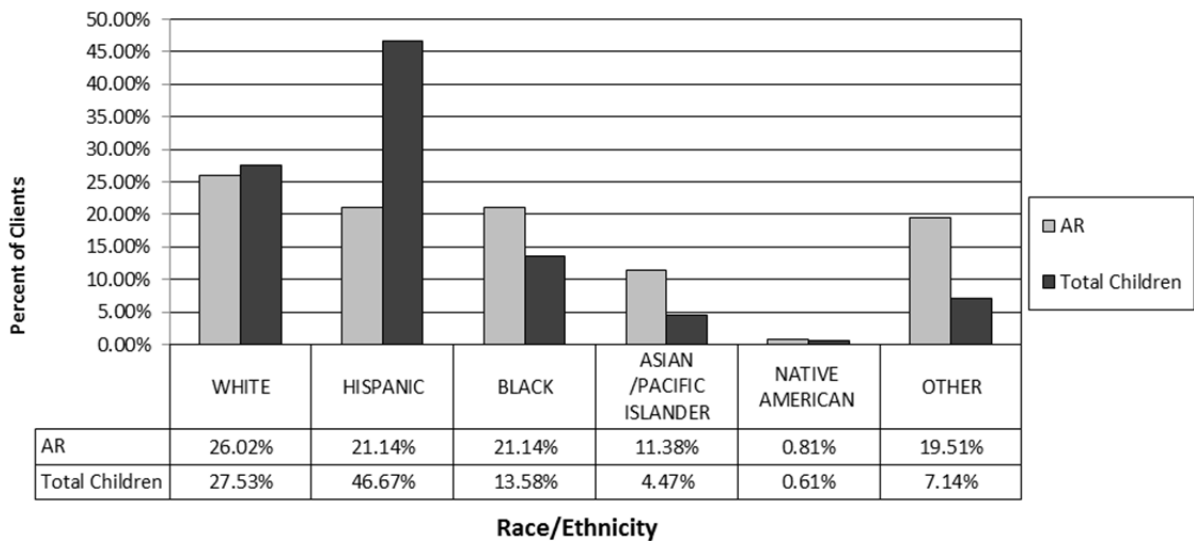


Table 2c
CHILDREN
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

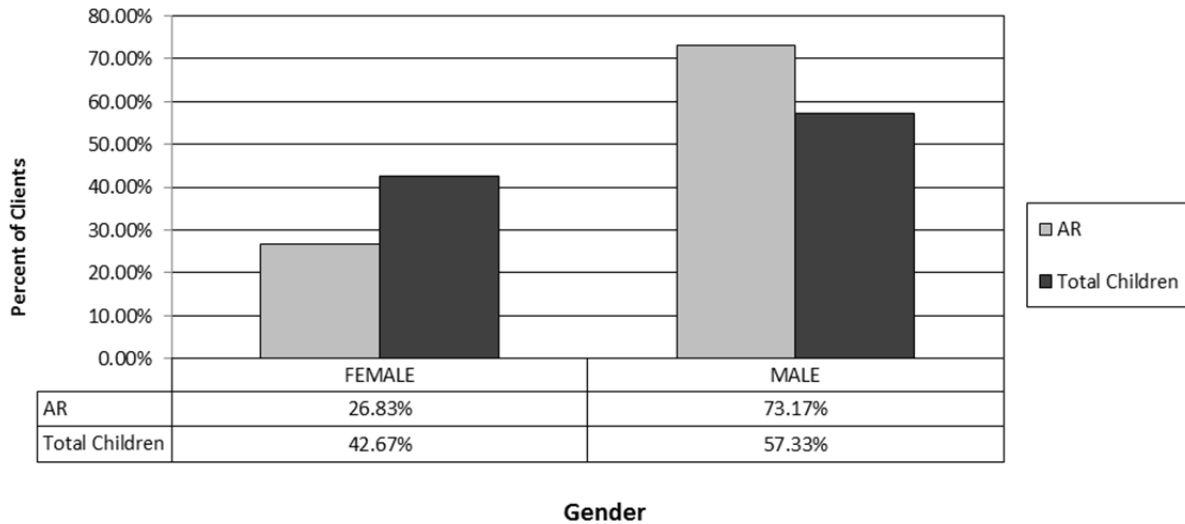


Table 2d
Other Services Received by Children Receiving Adult Residential Service
Fiscal Year 2012-13

	Number of Clients	Percentage of Clients
ADULT RESIDENTIAL	110	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	100	90.91%
TARGETED CASE MANAGEMENT	99	90.00%
MEDICATION SUPPORT	94	85.45%
CRISIS INTERVENTION	38	34.55%
CRISIS STABILIZATION	37	33.64%
ADULT CRISIS RESIDENTIAL	26	23.64%
FFS-HOSPITAL INPATIENT	23	20.91%
DAY TX REHABILITATIVE FULL DAY	20	18.18%
DAY TX INTENSIVE FULL DAY	17	15.45%
HOSPITAL INPATIENT	15	13.64%
THERAPEUTIC BEHAVIORAL SERVICES	8	7.27%
PHF	5	4.55%

Service Metrics:

**Table 2e
 Adult Residential Approved Amount
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	110	100%	\$ 58,571
Mean	\$14,605	99%	\$ 58,240
Standard Deviation	\$13,549	95%	\$ 42,906
Median	\$10,813	90%	\$ 32,332
Mode	\$822	75%	\$ 21,058
Interquartile Range	\$17,078	50%	\$ 10,813
		25%	\$ 3,979

**Table 2f
 Adult Residential Days
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	110	100%	364
Mean	91	99%	347
Standard Deviation	83	95%	277
Median	66	90%	192
Mode	5	75%	125
Interquartile Range	100	50%	66
		25%	25

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	130	115	98	110
Number of Days	12,081	10,519	7,593	10,048
Days Per Client	93	91	77	91
Approved Amount	\$1,756,485	\$1,631,533	\$1,092,880	\$1,606,578

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 number of clients and costs are forecast to increase for Crisis Intervention services through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$18,041,728	17,423
Actual	FY 2009-10	\$17,307,221	16,787
Actual	FY 2010-11	\$18,745,805	16,992
Actual	FY 2011-12	\$19,226,299	17,104
Actual*	FY 2012-13	\$23,042,306	17,572
Actual + Forecast	FY 2013-14	\$24,707,342	17,716
Forecast	FY 2014-15	\$26,154,602	18,027

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

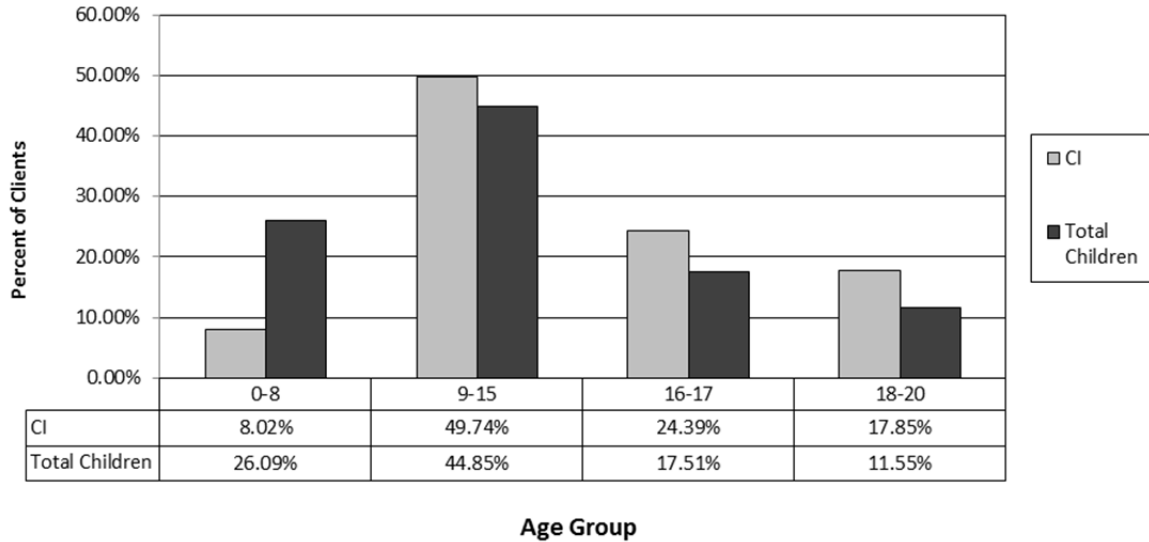
Budget Forecast Narrative:

Costs for Crisis Intervention services are projected to increase through FY 2014-15.

Client Profile Data:

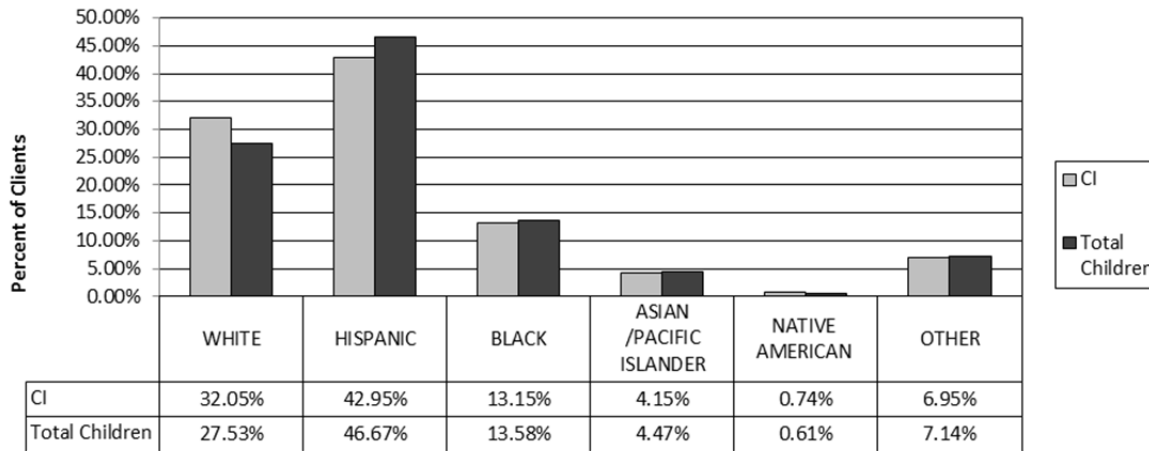
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 3a
CHILDREN
Clients Receiving Crisis Intervention by Age Group
Fiscal Year 2012-13
Data as of 12/31/13



Age Group

Table 3b
CHILDREN
Clients Receiving Crisis Intervention by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13



Race/Ethnicity

Table 3c
CHILDREN
Clients Receiving Crisis Intervention by Gender
Fiscal Year 2012-13
Data as of 12/31/13

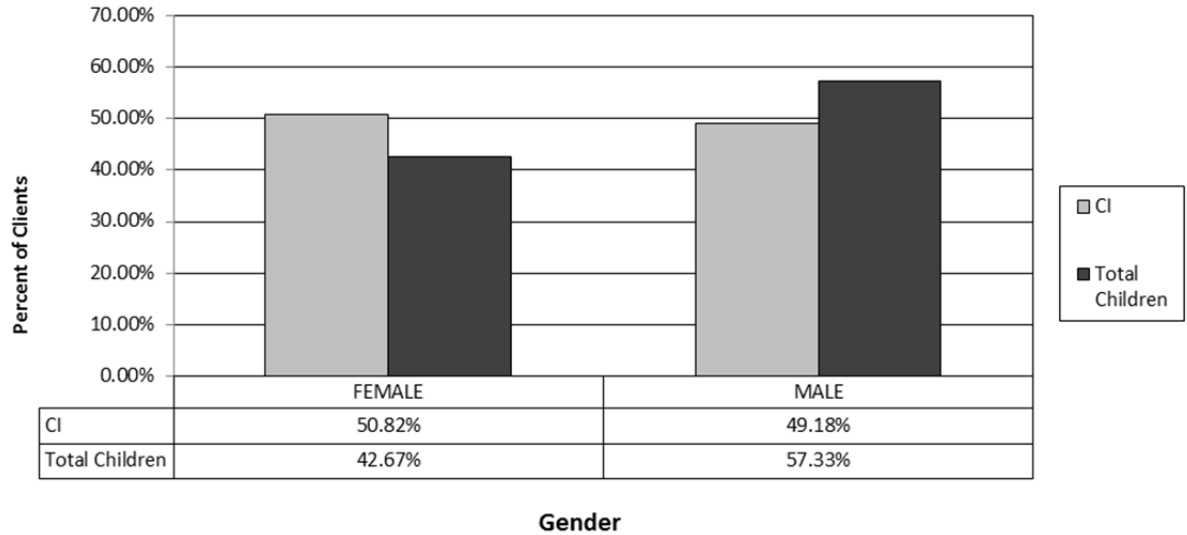


Table 3d
Other Services Received by Children Receiving Crisis Intervention Service
Service Fiscal Year 2012-13

	Number of Clients	Percent of Clients
CRISIS INTERVENTION	17,572	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,887	84.72%
TARGETED CASE MANAGEMENT	11,574	65.86%
MEDICATION SUPPORT	10,295	58.58%
FFS-HOSPITAL INPATIENT	5,499	31.29%
CRISIS STABILIZATION	2,852	16.23%
THERAPEUTIC BEHAVIORAL SERVICES	2,119	12.06%
HOSPITAL INPATIENT	1,041	5.93%
DAY TX INTENSIVE FULL DAY	409	2.33%
PHF	355	2.02%
DAY TX REHABILITATIVE FULL DAY	251	1.43%
ADULT CRISIS RESIDENTIAL	122	0.70%
DAY TX INTENSIVE HALF DAY	39	0.22%
ADULT RESIDENTIAL	8	0.05%
DAY TX REHABILITATIVE HALF DAY	4	0.02%

Service Metrics:

**Table 3e
Crisis Intervention Service Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	17,572	100%	\$ 41,533
Mean	\$1,311	99%	\$ 7,658
Standard Deviation	\$1,615	95%	\$ 4,176
Median	\$782	90%	\$ 2,575
Mode	\$2,395	75%	\$ 1,804
Interquartile Range	\$1,410	50%	\$ 782
		25%	\$ 394

**Table 3f
Crisis Intervention Service Days
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	17,572	100%	11,225
Mean	297	99%	1,686
Standard Deviation	355	95%	945
Median	187	90%	587
Mode	480	75%	420
Interquartile Range	317	50%	187
		25%	103

**Table 3g
Historical Trends
Crisis Intervention Fiscal Year 2012-13**

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	16,787	16,992	17,104	17,572
Number of Minutes	4,631,015	5,082,317	5,324,363	5,226,811
Minutes Per Client	276	299	311	297
Approved Amount	\$17,307,221	\$18,745,805	\$19,226,299	\$23,042,306

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 2008-09	\$6,285,198	5,243
Actual	FY 2009-10	\$7,067,162	5,799
Actual	FY 2010-11	\$7,884,457	6,463
Actual	FY 2011-12	\$8,809,735	7,093
Actual*	FY 2012-13	\$14,203,923	8,506
Actual + Forecast	FY 2013-14	\$14,427,107	8,676
Forecast	FY 2014-15	\$15,730,737	9,268

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Moderate growth in costs is forecast through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 4a
CHILDREN
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

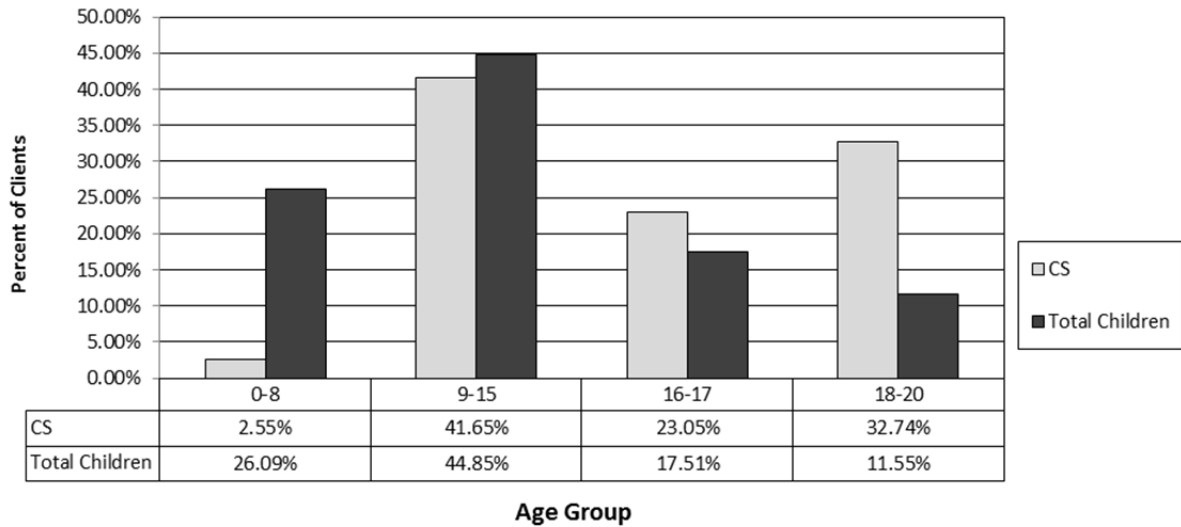


Table 4b
CHILDREN
Clients Receiving Crisis Stabilization Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

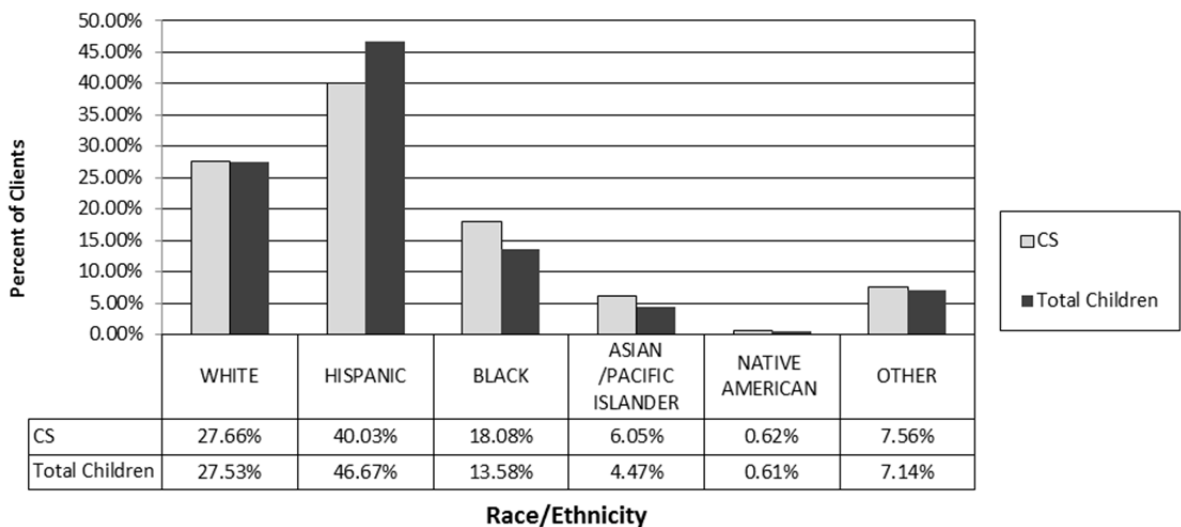


Table 4c
CHILDREN
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

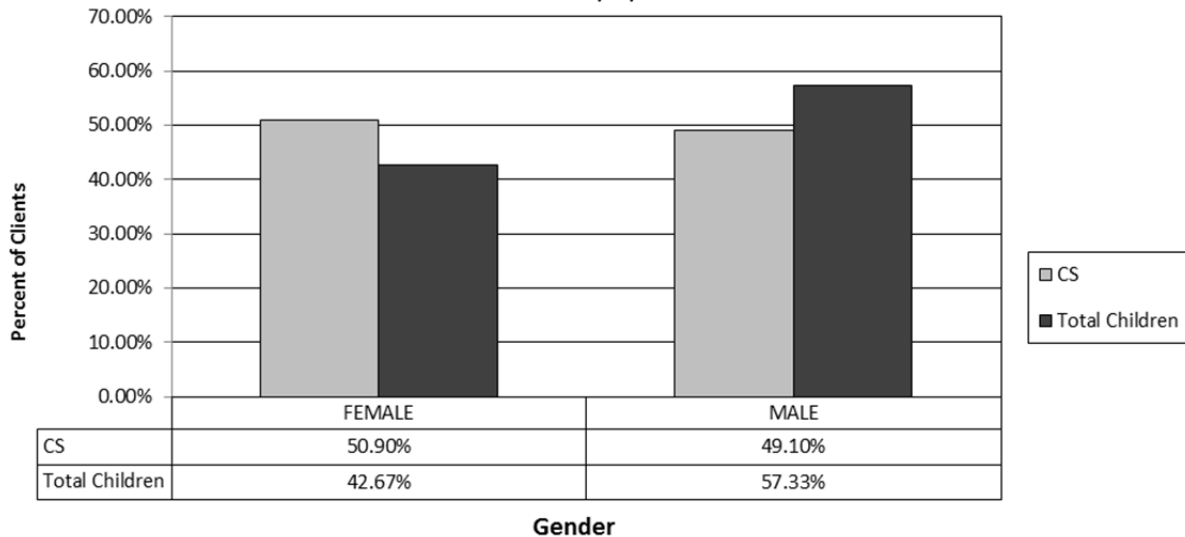


Table 4d
Other Services Received by Children Receiving Crisis Stabilization Service
Fiscal Year 2012-13

Service Type	Number of Clients	Percent of Clients
CRISIS STABILIZATION	8,506	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,150	72.30%
MEDICATION SUPPORT	4,600	54.08%
TARGETED CASE MANAGEMENT	4,283	50.35%
FFS-HOSPITAL INPATIENT	2,927	34.41%
CRISIS INTERVENTION	2,853	33.54%
HOSPITAL INPATIENT	1,174	13.81%
THERAPEUTIC BEHAVIORAL SERVICES	940	11.05%
PHF	471	5.54%
DAY TX INTENSIVE FULL DAY	244	2.87%
DAY TX REHABILITATIVE FULL DAY	198	2.33%
ADULT CRISIS RESIDENTIAL	137	1.61%
ADULT RESIDENTIAL	38	0.44%
DAY TX REHABILITATIVE HALF DAY	4	0.05%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

**Table 4e
Crisis Stabilization Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	8,506	100%	\$ 46,790
Mean	\$1,670	99%	\$ 10,934
Standard Deviation	\$2,355	95%	\$ 5,467
Median	\$1,105	90%	\$ 3,593
Mode	\$1,891	75%	\$ 1,915
Interquartile Range	\$1,463	50%	\$ 1,105
		25%	\$ 452

**Table 4f
Crisis Stabilization Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	8,506	100%	369
Mean	15	99%	95
Standard Deviation	19	95%	42
Median	11	90%	33
Mode	20	75%	20
Interquartile Range	16	50%	11
		25%	4

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	5,799	6,463	7,093	8,506
Number of Hours	76,811	86,805	97,625	130,063
Hours Per Client	13	13	14	15
Approved Amount	\$7,067,162	\$7,884,457	\$8,809,735	\$14,203,923

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Day Rehabilitative Half Day

Day Rehabilitative (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 Rehabilitative Half Day Services, the forecast for FY 2014-15 is for a decline in both dollars and clients.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services 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 and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. lawsuit, 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 2008-09	\$1,315,612	189
Actual	FY 2009-10	\$1,393,141	175
Actual	FY 2010-11	\$1,395,605	127
Actual	FY 2011-12	\$904,599	102
Actual*	FY 2012-13	\$509,402	70
Actual + Forecast	FY 2013-14	\$462,621	111
Forecast	FY 2014-15	\$355,909	99

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Day Rehabilitative Half Day service costs are forecast to decline through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 5a
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

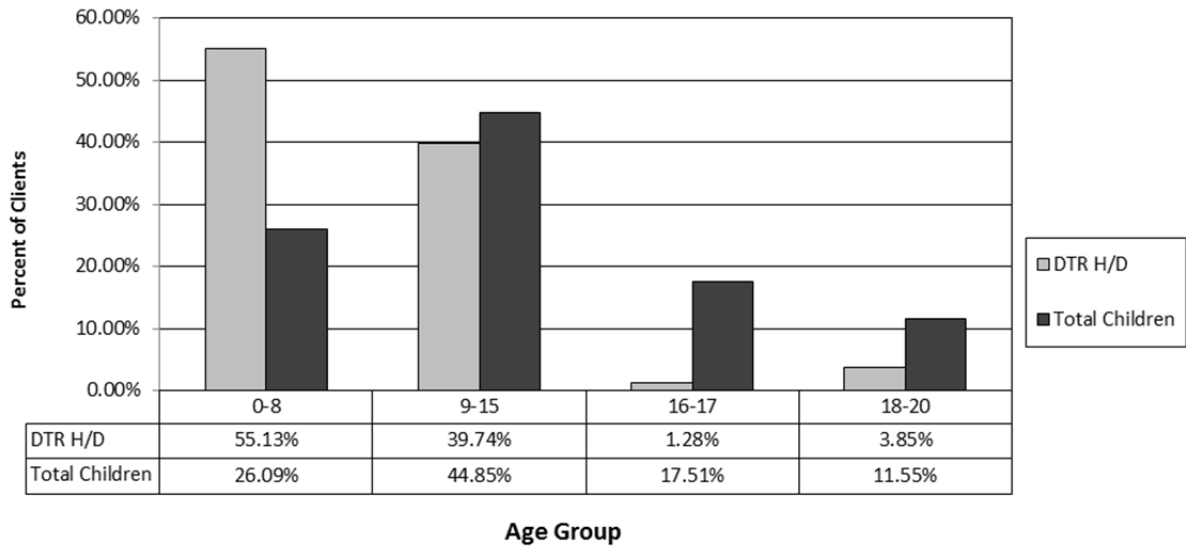


Table 5b
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

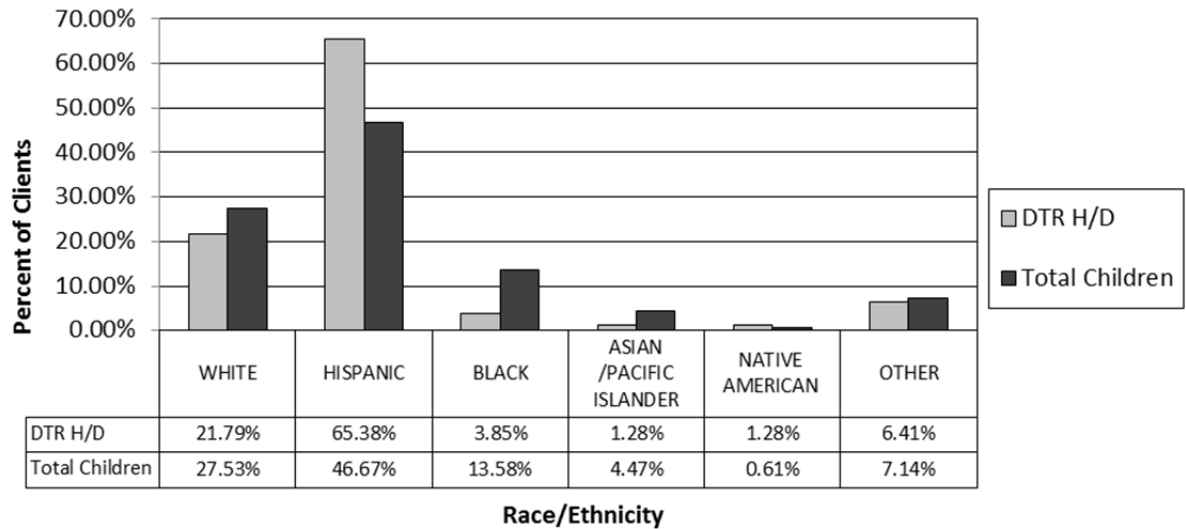


Table 5c
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

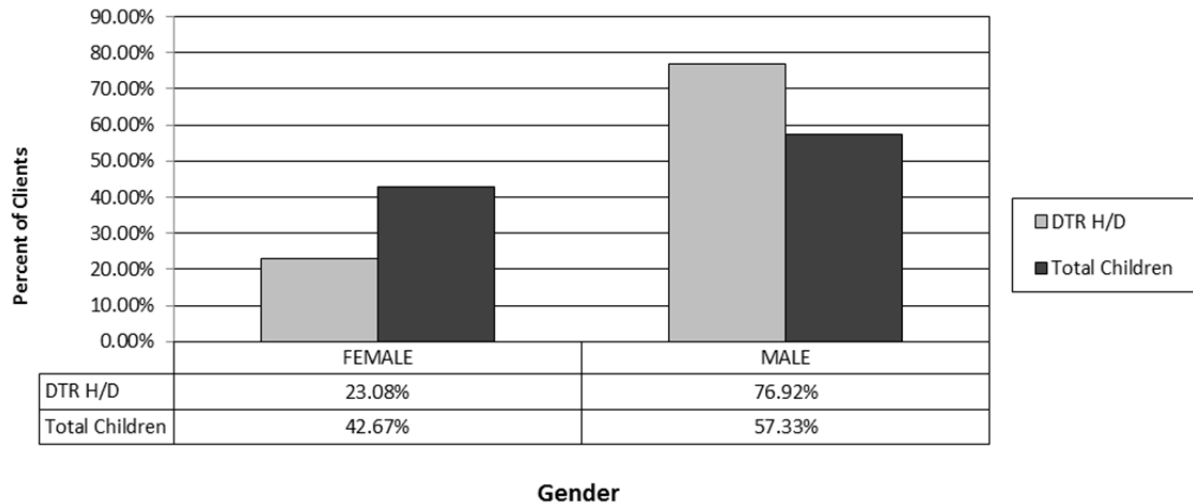


Table 5d
Other Services Received by Children Receiving Day Rehabilitative Half Day Services
Fiscal Year 2012-13

	Number of Clients	Percent of Clients
DAY TX REHABILITATIVE HALF DAY	70	100.0%
THERAPY AND OTHER SERVICE ACTIVITIES	49	70.0%
MEDICATION SUPPORT	46	65.7%
TARGETED CASE MANAGEMENT	17	24.3%
THERAPEUTIC BEHAVIORAL SERVICES	5	7.1%
CRISIS INTERVENTION	4	5.7%
CRISIS STABILIZATION	4	5.7%
DAY TX INTENSIVE FULL DAY	3	4.3%
HOSPITAL INPATIENT	3	4.3%
FFS-HOSPITAL INPATIENT	2	2.9%

Service Metrics:

**Table 5e
 Day Rehabilitative Half Day Approved Amount
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	70	100%	\$ 19,170
Mean	\$7,277	99%	\$ 19,170
Standard Deviation	\$5,687	95%	\$ 18,750
Median	\$5,928	90%	\$ 16,564
Mode	\$2,018	75%	\$ 10,762
Interquartile Range	\$8,744	50%	\$ 5,928
		25%	\$ 2,018

**Table 5f
 Day Rehabilitative Half Days
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	70	100%	228
Mean	86	99%	228
Standard Deviation	68	95%	223
Median	71	90%	197
Mode	24	75%	128
Interquartile Range	104	50%	71
		25%	24

**Table 5g
 Historical Trends
 Day Rehabilitative Half Day by Fiscal Year**

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	175	127	102	70
Number of Days	16,200	14,239	9,358	6,053
Days Per Client	93	112	92	86
Approved Amount	\$1,393,141	\$1,395,605	\$904,599	\$509,402

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Day Rehabilitative Full Day

Day Rehabilitative (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 Rehabilitative Full Day Services shows a decrease in clients and cost through SFY 2014-15.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services 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 and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. lawsuit, 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 2008-09	\$20,496,465	2,493
Actual	FY 2009-10	\$16,981,995	2,203
Actual	FY 2010-11	\$13,641,791	1,481
Actual	FY 2011-12	\$14,370,106	1,761
Actual*	FY 2012-13	\$19,104,293	1,928
Actual + Forecast	FY 2013-14	\$18,550,907	1,651
Forecast	FY 2014-15	\$17,522,787	1,492

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Day Rehabilitation Full Day costs are forecast to decline through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 6a
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

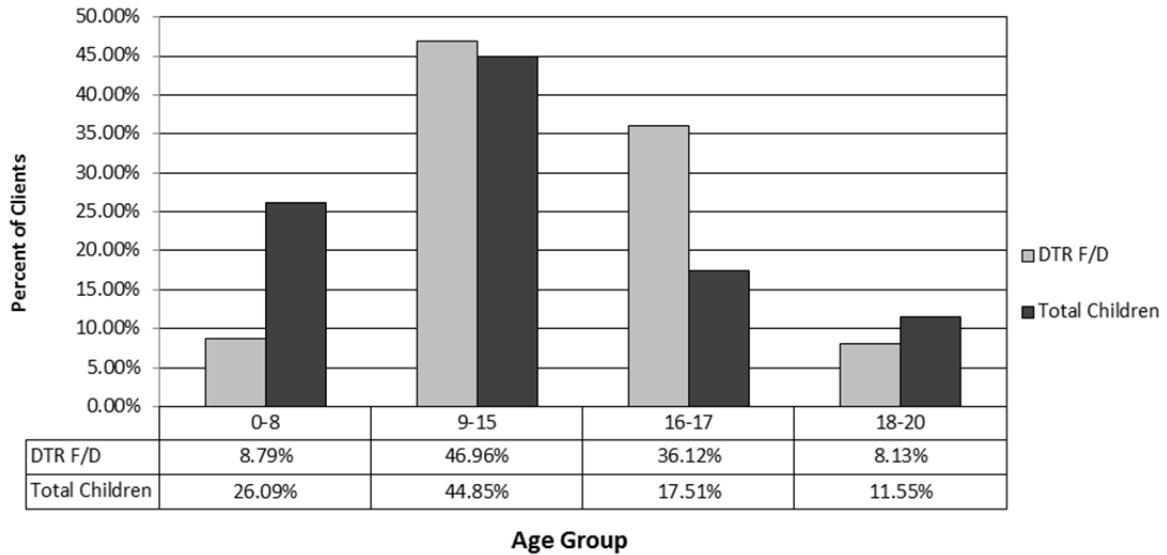


Table 6b
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

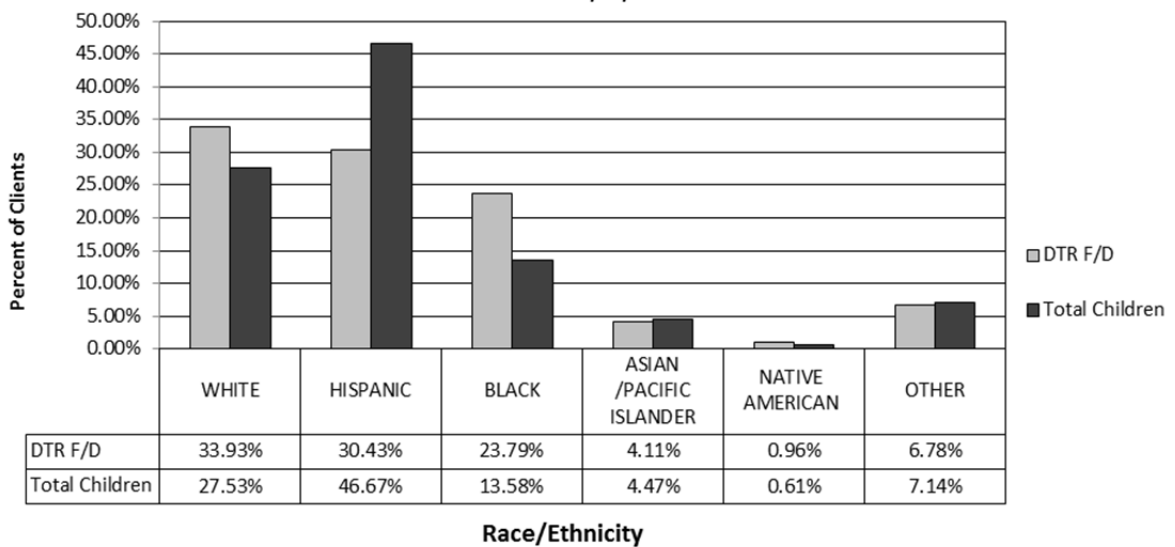


Table 6c
CHILDREN
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

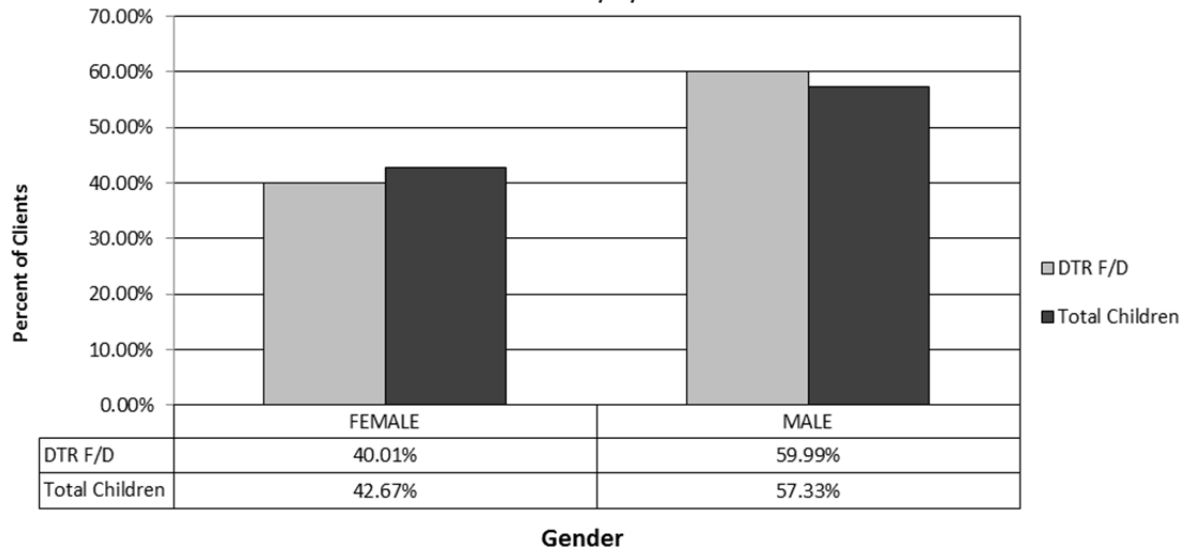


Table 6d
Other Services Received by Children Receiving Day Rehabilitative Full Day Services
Fiscal Year 2012-13

	Number of Clients	Percent of Clients
DAY TX REHABILITATIVE FULL DAY	1,928	100.00%
MEDICATION SUPPORT	1,333	69.11%
THERAPY AND OTHER SERVICE ACTIVITIES	1,292	67.03%
TARGETED CASE MANAGEMENT	624	32.34%
THERAPEUTIC BEHAVIORAL SERVICES	327	16.98%
CRISIS INTERVENTION	247	12.81%
FFS-HOSPITAL INPATIENT	202	10.47%
CRISIS STABILIZATION	195	10.10%
DAY TX INTENSIVE FULL DAY	150	7.76%
HOSPITAL INPATIENT	99	5.16%
PHF	24	1.25%
ADULT RESIDENTIAL	20	1.04%
ADULT CRISIS RESIDENTIAL	9	0.47%
DAY TX INTENSIVE HALF DAY	3	0.16%

Service Metrics:

**Table 6e
Day Rehabilitative Full Day Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	1,928	100%	\$ 40,675
Mean	\$9,909	99%	\$ 32,382
Standard Deviation	\$9,443	95%	\$ 29,135
Median	\$6,529	90%	\$ 25,461
Mode	\$131	75%	\$ 15,729
Interquartile Range	\$13,891	50%	\$ 6,529
		25%	\$ 1,837

**Table 6f
Day Rehabilitative Full Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	1,928	100%	299
Mean	75	99%	247
Standard Deviation	72	95%	222
Median	49	90%	193
Mode	1	75%	119
Interquartile Range	105	50%	49
		25%	14

**Table 6g
Historical Trends
Day Rehabilitative Full Day by Fiscal Year**

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	2,203	1,481	1,761	1,928
Number of Days	150,231	116,242	120,826	144,723
Days Per Client	68	78	69	75
Approved Amount	\$16,981,995	\$13,641,791	\$14,370,106	\$19,104,293

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 forecast for Day Treatment Intensive Half Day Services is for a sharp decrease in the number of clients and related costs.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services 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 and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. lawsuit, 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 2008-09	\$2,867,165	394
Actual	FY 2009-10	\$2,678,755	284
Actual	FY 2010-11 ⁽¹⁾	\$819,123	228
Actual	FY 2011-12	\$2,367,074	217
Actual*	FY 2012-13	\$21,338	13
Actual + Forecast	FY 2013-14	\$-	-
Forecast	FY 2014-15	\$-	-

⁽¹⁾The forecast dollars are unreasonably low due to a reporting error by San Diego county that year
 *It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

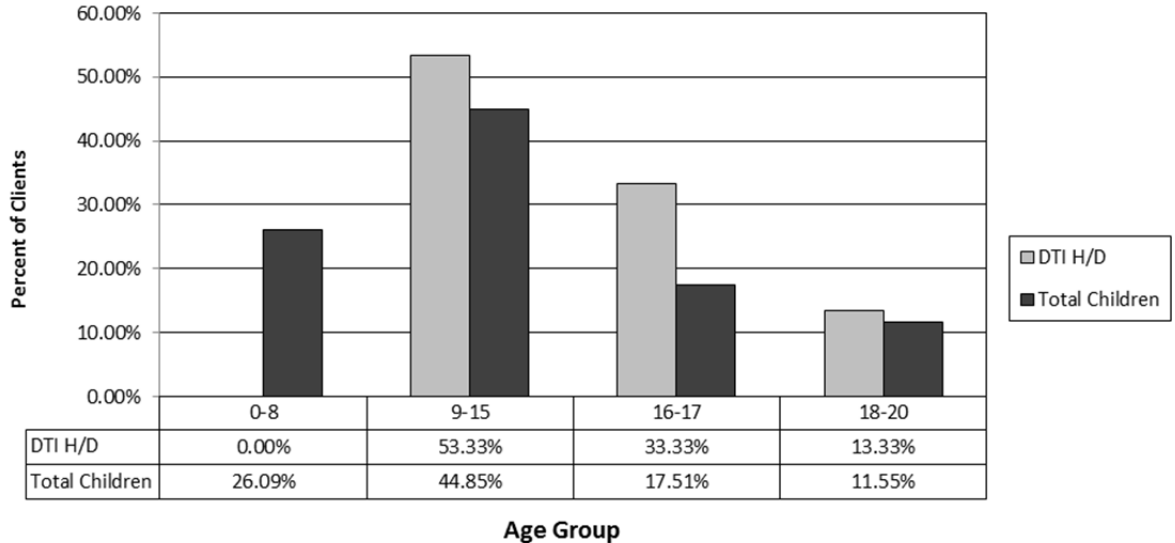
Budget Forecast Narrative:

There has been a sharp decline in cost with Day Treatment Intensive Half Day services over the past few years. The forecast is for zero dollars in FY 2014-15 with zero clients served in this capacity.

Client Profile Data:

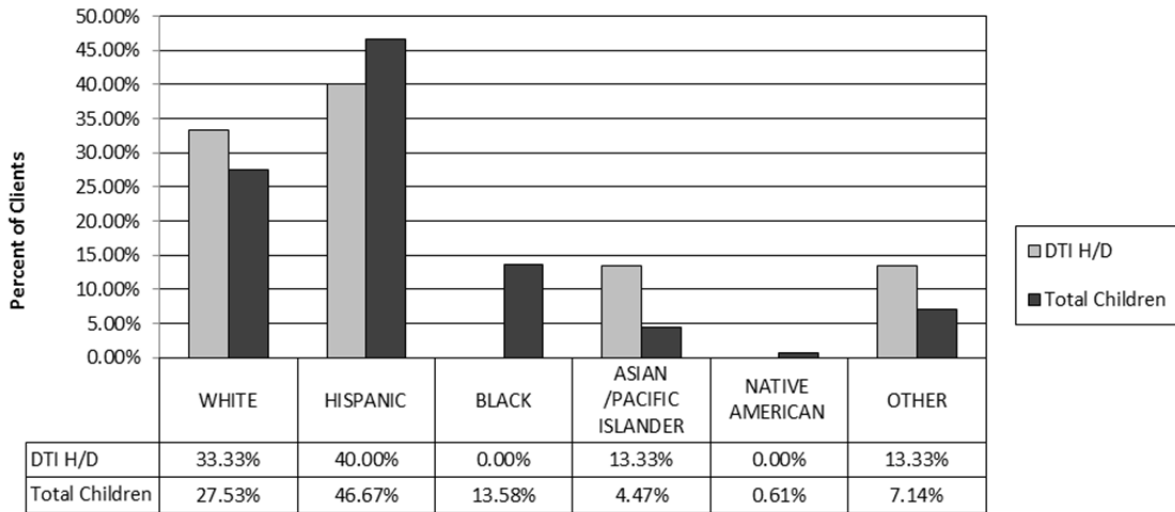
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 7a
CHILDREN
 Clients Receiving Day Treatment Intensive-Half Day Services by Age Group
 Fiscal Year 2012-13
 Data as of 12/31/13



Age Group

Table 7b
CHILDREN
 Clients Receiving Day Treatment Intensive-Half Day Services by Race/Ethnicity
 Fiscal Year 2012-13
 Data as of 12/31/13



Race/Ethnicity

Table 7c
CHILDREN
Clients Receiving Day Treatment Intensive-Half Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

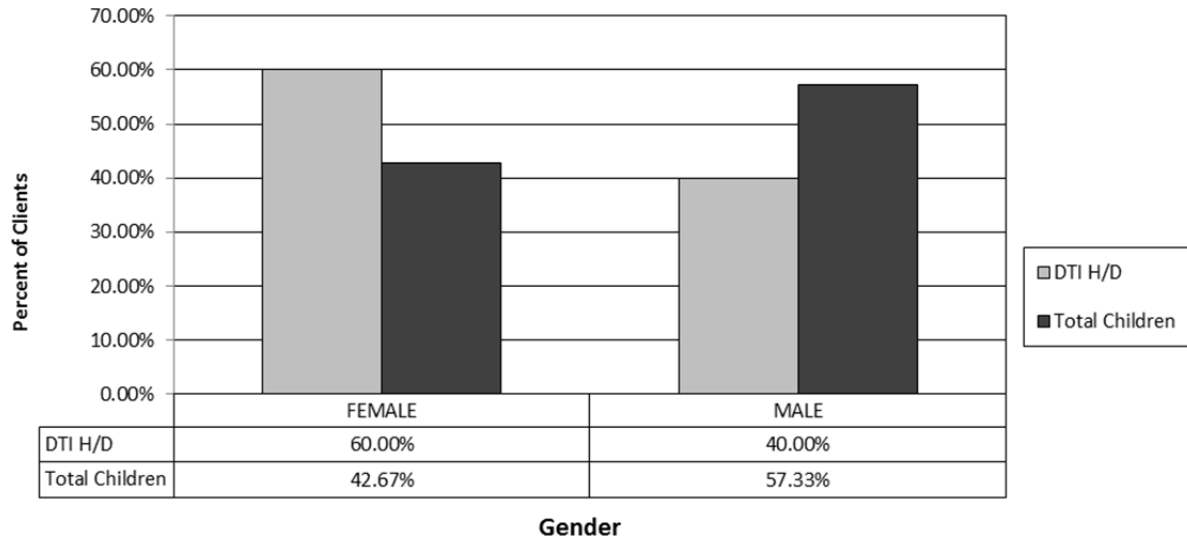


Table 7d
Other Services Received by Children Receiving Day Treatment Intensive Half Day Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
DAY TX INTENSIVE HALF DAY	13	100.00%
DAY TX INTENSIVE FULL DAY	13	100.00%
MEDICATION SUPPORT	13	100.00%
TARGETED CASE MANAGEMENT	13	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	11	84.62%
CRISIS INTERVENTION	8	61.54%
FFS-HOSPITAL INPATIENT	7	53.85%
THERAPEUTIC BEHAVIORAL SERVICES	4	30.77%
DAY TX REHABILITATIVE FULL DAY	3	23.08%
CRISIS STABILIZATION	1	7.69%
PHF	1	7.69%

Service Metrics:

**Table 7e
Day Treatment Intensive Half Day Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	13		\$ 4,742
Mean	\$1,641		\$ 4,742
Standard Deviation	\$1,190		\$ 4,742
Median	\$1,524		\$ 2,710
Mode	\$169		\$ 2,032
Interquartile Range	\$847		\$ 1,524
			\$ 1,185

**Table 7f
Day Treatment Intensive Half Day Facility Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	13	100%	28
Mean	10	99%	28
Standard Deviation	7	95%	28
Median	9	90%	16
Mode	1	75%	12
Interquartile Range	5	50%	9
		25%	7

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	284	228	217	13
Number of Days	25,738	23,151	22,212	126
Days Per Client	91	102	102	10
Approved Amount	\$2,678,755	\$819,123	\$2,367,074	\$21,338

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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:

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 reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services 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 and day rehabilitation services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships, the Katie A. lawsuit, 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 2008-09	\$51,103,346	2,916
Actual	FY 2009-10	\$45,479,444	2,657
Actual	FY 2010-11	\$41,591,508	2,372
Actual	FY 2011-12	\$39,315,126	2,294
Actual*	FY 2012-13	\$35,003,972	1,893
Actual + Forecast	FY 2013-14	\$30,893,811	1,234
Forecast	FY 2014-15	\$27,885,500	969

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs and clients are expected to decline through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 8a
CHILDREN
 Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
 Fiscal Year 2012-13
 Data as of 12/31/13

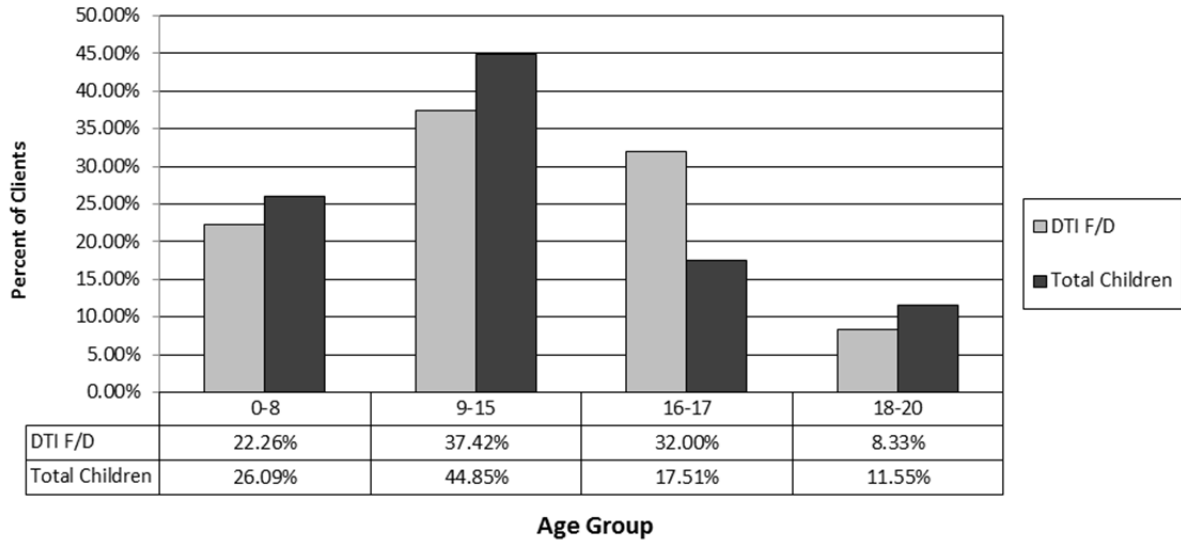


Table 8b
CHILDREN
 Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
 Fiscal Year 2012-13
 Data as of 12/31/13

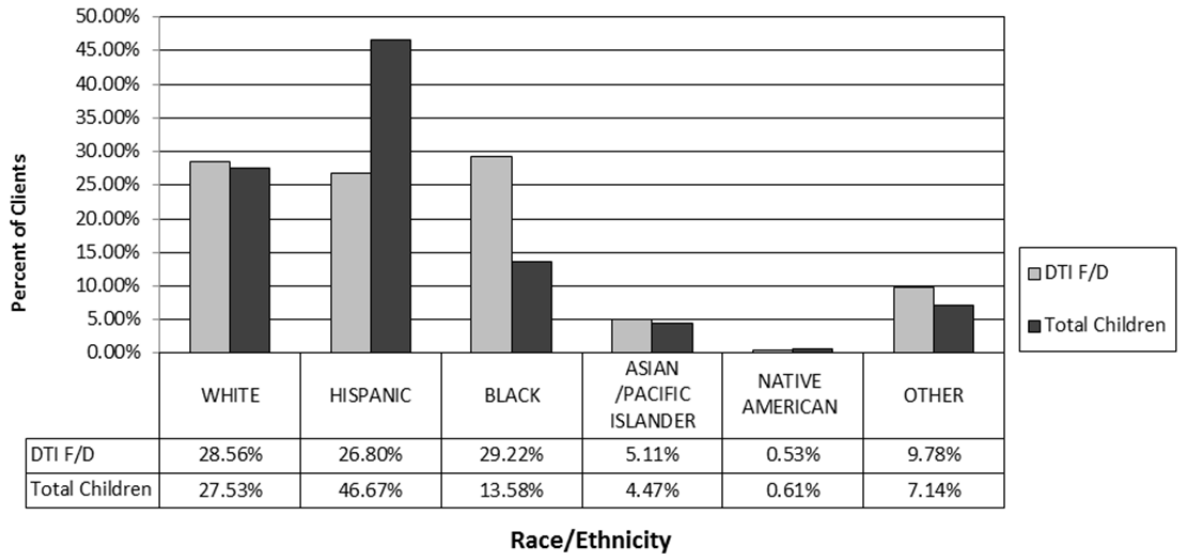


Table 8c
CHILDREN
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2012-13
 Data as of 12/31/13

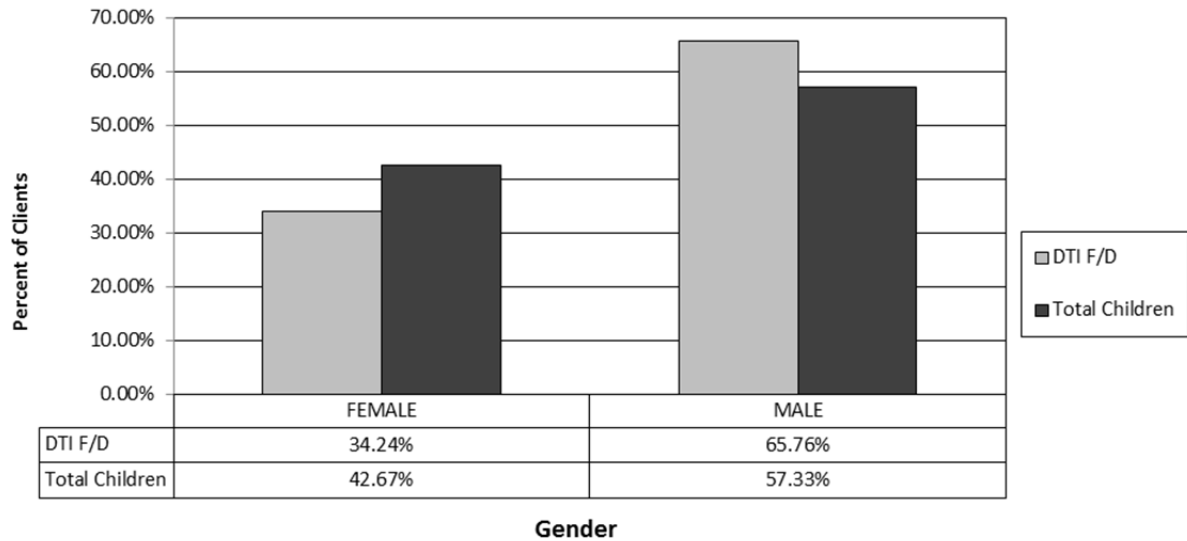


Table 8d
Other Services Received by Children Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2012-13

	Number of Clients	Percent of Clients
DAY TX INTENSIVE FULL DAY	1,893	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,558	82.32%
MEDICATION SUPPORT	1,445	76.36%
TARGETED CASE MANAGEMENT	998	52.72%
THERAPEUTIC BEHAVIORAL SERVICES	458	24.17%
CRISIS INTERVENTION	404	21.35%
FFS-HOSPITAL INPATIENT	274	14.48%
CRISIS STABILIZATION	241	12.73%
DAY TX REHABILITATIVE FULL DAY	150	7.93%
PHF	114	6.02%
HOSPITAL INPATIENT	65	3.41%
ADULT RESIDENTIAL	17	0.91%
DAY TX INTENSIVE HALF DAY	13	0.69%
ADULT CRISIS RESIDENTIAL	3	0.16%
DAY TX REHABILITATIVE HALF DAY	3	0.16%

Service Metrics:

**Table 8e
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	1,893	100%	\$ 77,008
Mean	\$18,491	99%	\$ 51,897
Standard Deviation	\$14,361	95%	\$ 43,659
Median	\$14,543	90%	\$ 40,486
Mode	\$4,251	75%	\$ 29,157
Interquartile Range	\$23,131	50%	\$ 14,543
		25%	\$ 6,026

**Table 8f
Day Treatment Intensive Full Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	1,893	100%	342
Mean	90	99%	247
Standard Deviation	71	95%	212
Median	73	90%	198
Mode	-	75%	145
Interquartile Range	117	50%	73
		25%	28

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	2,657	2,372	2,294	1,893
Number of Days	252,788	225,274	211,008	170,701
Days Per Client	95	95	92	90
Approved Amount	\$45,479,444	\$41,591,508	\$39,315,126	\$35,003,972

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 is forecast to decrease slightly with an overall increase in costs per minute and total costs through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$90,778,784	69,283
Actual	FY 2009-10	\$92,642,673	70,148
Actual	FY 2010-11	\$95,692,542	70,854
Actual	FY 2011-12	\$98,110,609	73,459
Actual*	FY 2012-13	\$115,572,828	77,536
Actual + Forecast	FY 2013-14	\$121,024,963	80,100
Forecast	FY 2014-15	\$127,247,777	82,574

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

The Medication Support costs are expected to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 9a
CHILDREN
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

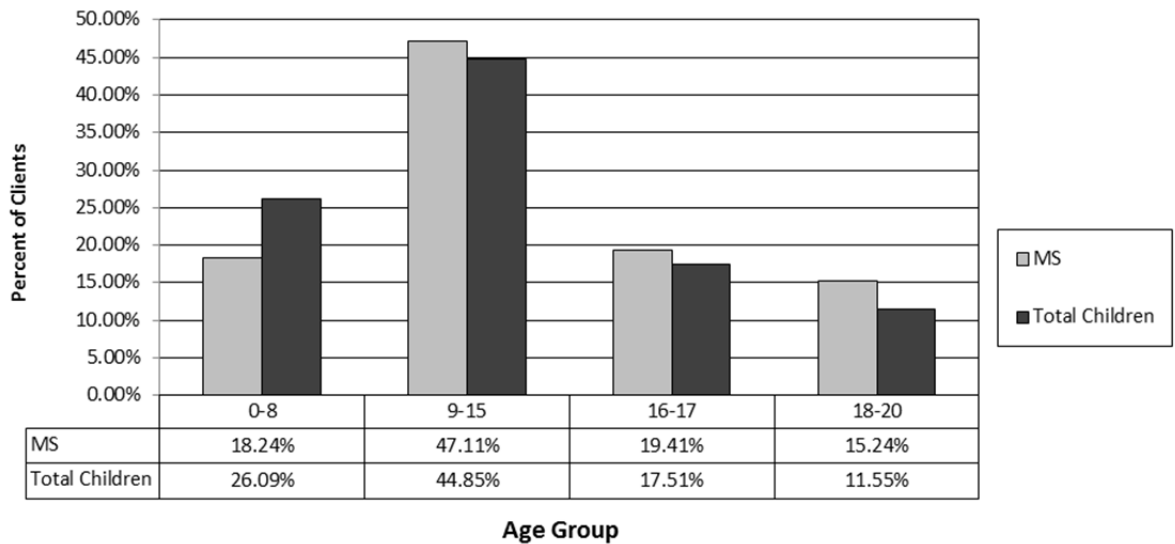


Table 9b
CHILDREN
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

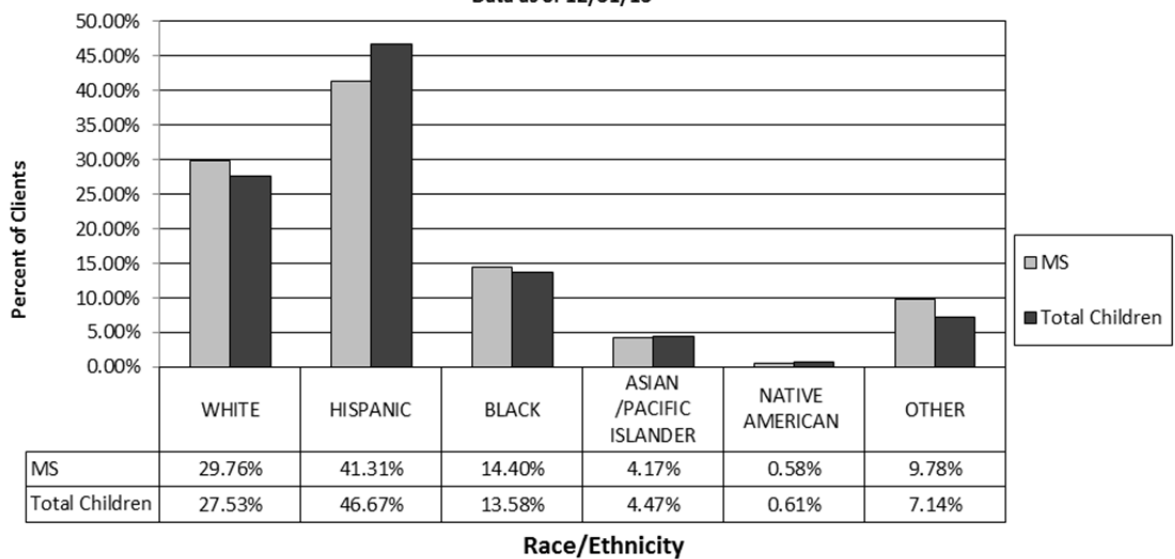


Table 9c
CHILDREN
Clients Receiving Medication Support Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

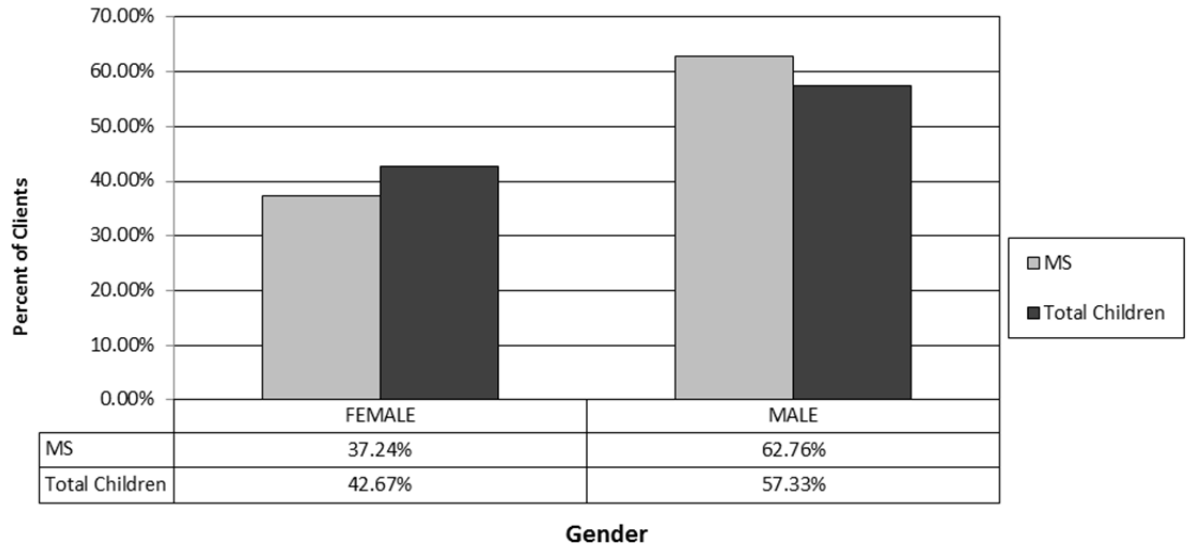


Table 9d
Other Services Received by Children Receiving Medication Support Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
MEDICATION SUPPORT	77,536	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	69,357	89.45%
TARGETED CASE MANAGEMENT	41,162	53.09%
CRISIS INTERVENTION	10,221	13.18%
FFS-HOSPITAL INPATIENT	7,267	9.37%
THERAPEUTIC BEHAVIORAL SERVICES	5,734	7.39%
CRISIS STABILIZATION	4,566	5.89%
DAY TX INTENSIVE FULL DAY	1,452	1.87%
HOSPITAL INPATIENT	1,357	1.75%
DAY TX REHABILITATIVE FULL DAY	1,344	1.73%
PHF	499	0.64%
ADULT CRISIS RESIDENTIAL	219	0.28%
ADULT RESIDENTIAL	95	0.12%
DAY TX REHABILITATIVE HALF DAY	47	0.06%
DAY TX INTENSIVE HALF DAY	13	0.02%

Service Metrics:

**Table 9e
Medication Support Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	76,536	100%	\$ 84,428
Mean	\$1,510	99%	\$ 9,158
Standard Deviation	\$2,070	95%	\$ 4,399
Median	\$944	90%	\$ 3,189
Mode	\$136	75%	\$ 1,832
Interquartile Range	\$1,367	50%	\$ 944
		25%	\$ 464

**Table 9f
Medication Support Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	76,536	100%	9,986
Mean	307	99%	1,824
Standard Deviation	407	95%	860
Median	205	90%	629
Mode	90	75%	375
Interquartile Range	266	50%	205
		25%	109

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	70,148	70,854	73,459	77,536
Number of Minutes	22,038,528	23,003,074	23,414,490	23,828,144
Minutes Per Client	314	325	319	307
Approved Amount	\$92,642,673	\$95,692,542	\$98,110,609	\$115,572,828

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$3,768,537	561
Actual	FY 2009-10	\$3,743,149	588
Actual	FY 2010-11	\$4,699,605	602
Actual	FY 2011-12	\$4,698,032	631
Actual*	FY 2012-13	\$6,017,083	747
Actual + Forecast	FY 2013-14	\$5,793,912	659
Forecast	FY 2014-15	\$6,164,688	688

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

The total annual costs are expected to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 10a
Clients Receiving PHF Services by Age Group
 Fiscal Year 2012-13
 Data as of 12/31/13

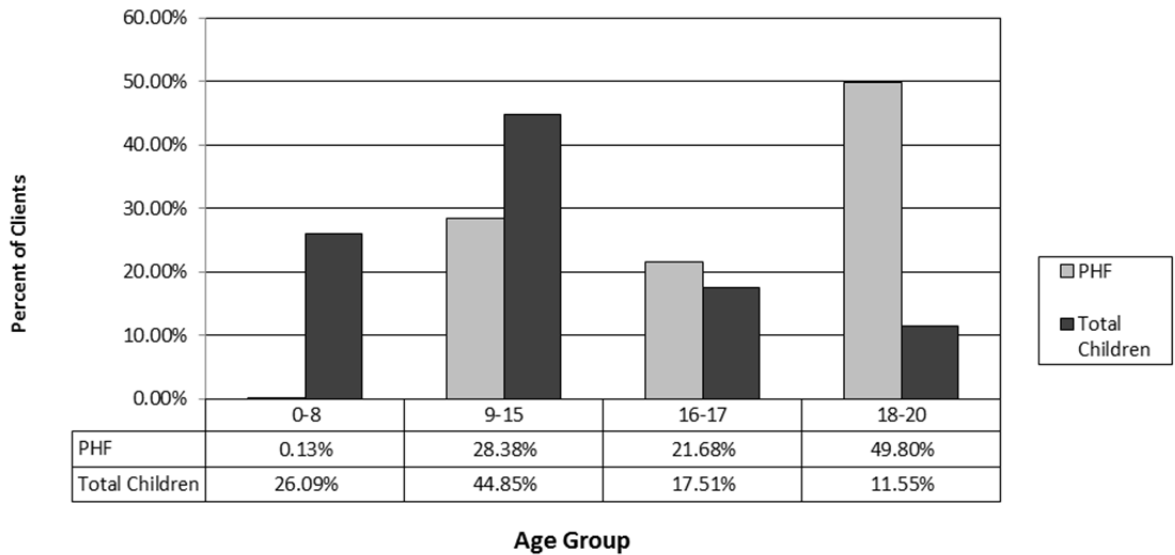


Table 10b
CHILDREN
Clients Receiving PHF Services by Race/Ethnicity
 Fiscal Year 2012-13
 Data as of 12/31/13

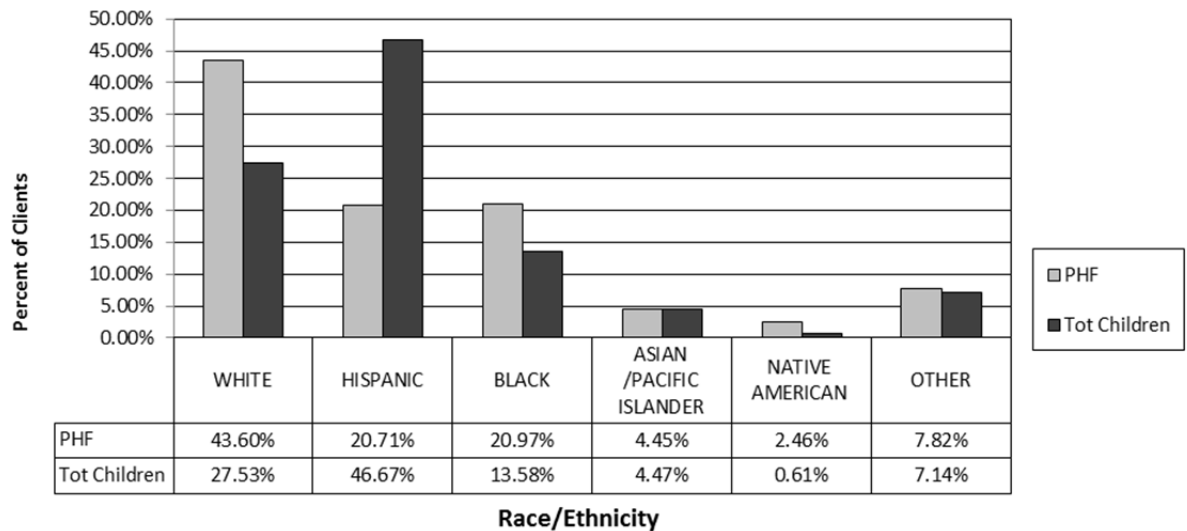


Table 10c
CHILDREN
Clients Receiving PHF Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

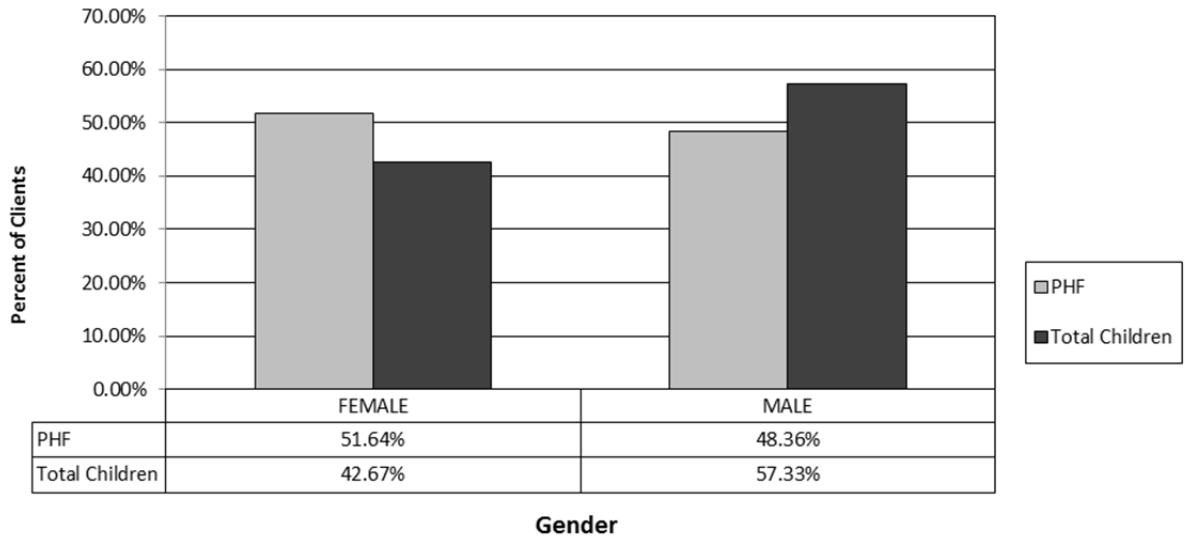


Table 10d
Other Services Received by Children Receiving Psychiatric Health Facility Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
PHF	747	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	555	74.29%
MEDICATION SUPPORT	501	67.07%
CRISIS STABILIZATION	470	62.86%
TARGETED CASE MANAGEMENT	450	60.27%
CRISIS INTERVENTION	354	47.35%
FFS-HOSPITAL INPATIENT	178	23.81%
DAY TX INTENSIVE FULL DAY	115	15.37%
THERAPEUTIC BEHAVIORAL SERVICES	105	14.01%
ADULT CRISIS RESIDENTIAL	38	5.03%
HOSPITAL INPATIENT	29	3.95%
DAY TX REHABILITATIVE FULL DAY	24	3.27%
ADULT RESIDENTIAL	5	0.68%
DAY TX INTENSIVE HALF DAY	1	0.14%

Service Metrics:

**Table 10e
Psychiatric Health Facility Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	747	100%	\$ 190,399
Mean	\$8,055	99%	\$ 93,271
Standard Deviation	\$17,526	95%	\$ 30,774
Median	\$3,145	90%	\$ 18,241
Mode	\$1,887	75%	\$ 6,919
Interquartile Range	\$5,407	50%	\$ 3,145
		25%	\$ 1,512

**Table 10f
Psychiatric Health Facility Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	747	100%	317
Mean	14	99%	196
Standard Deviation	35	95%	52
Median	5	90%	30
Mode	2	75%	12
Interquartile Range	10	50%	5
		25%	2

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	588	602	631	747
Number of Days	7,274	8,586	8,273	10,803
Days Per Client	12	14	13	14
Approved Amount	\$3,743,149	\$4,699,605	\$4,698,032	\$6,017,083

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Psychiatric Inpatient Hospital Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

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 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 inpatient hospital 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 inpatient hospital services through the FFS/MC Fiscal Intermediary system. 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.

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by SD/MC hospitals shows a small growth in cost and clients through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$12,504,102	1,876
Actual	FY 2009-10	\$14,453,454	1,852
Actual	FY 2010-11	\$12,506,982	1,980
Actual	FY 2011-12	\$13,200,712	2,018
Actual*	FY 2012-13	\$16,165,954	2,065
Actual + Forecast	FY 2013-14	\$15,654,629	1,945
Forecast	FY 2014-15	\$16,235,441	1,995

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 11a
CHILDREN
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/13

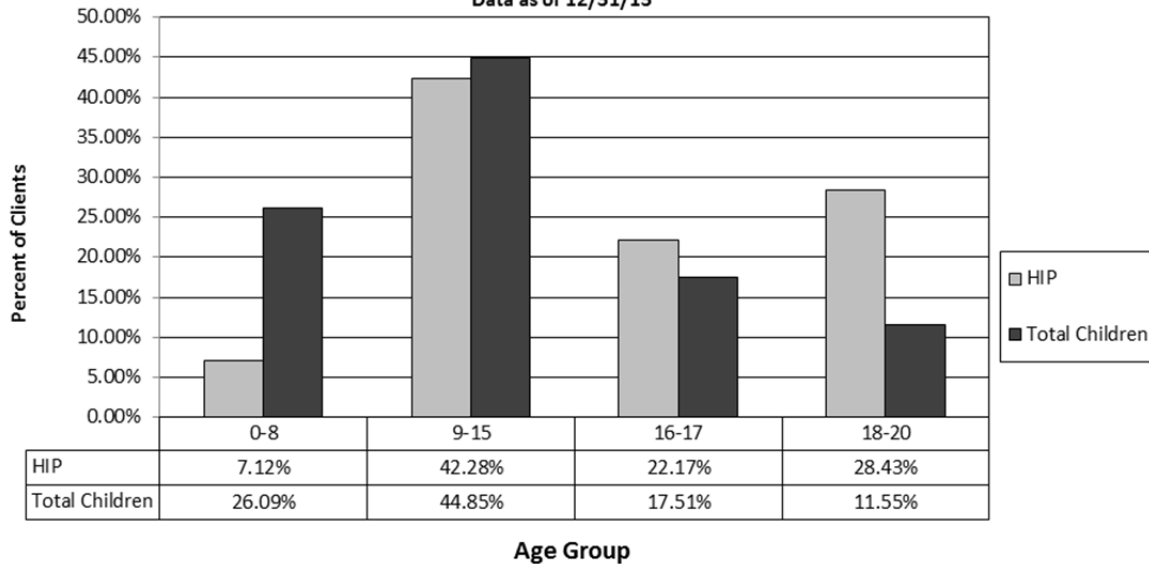


Table 11b
CHILDREN
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

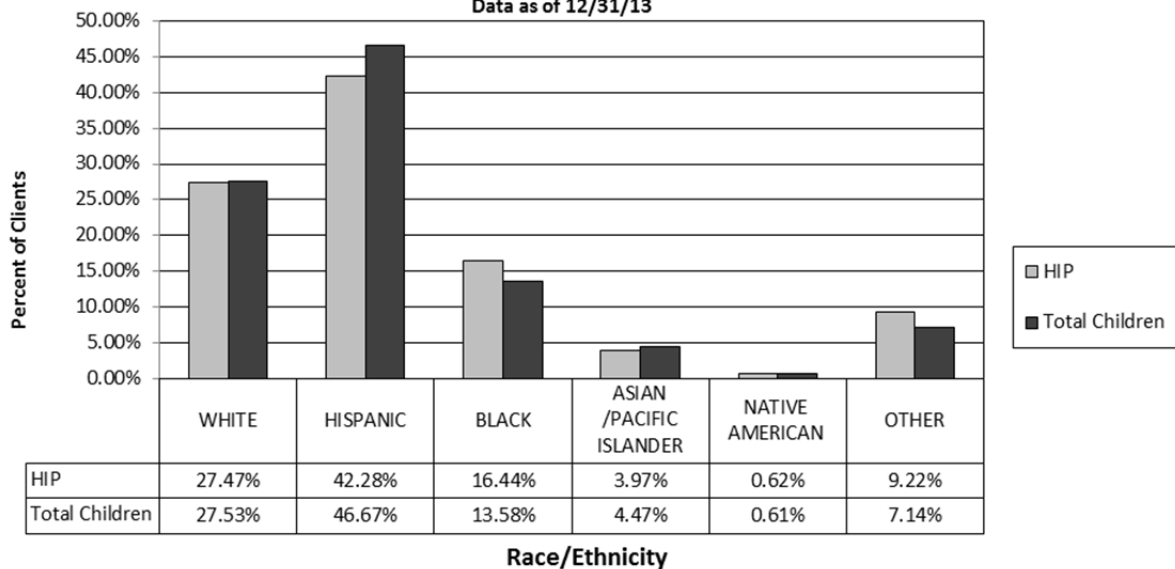


Table 11c
CHILDREN
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

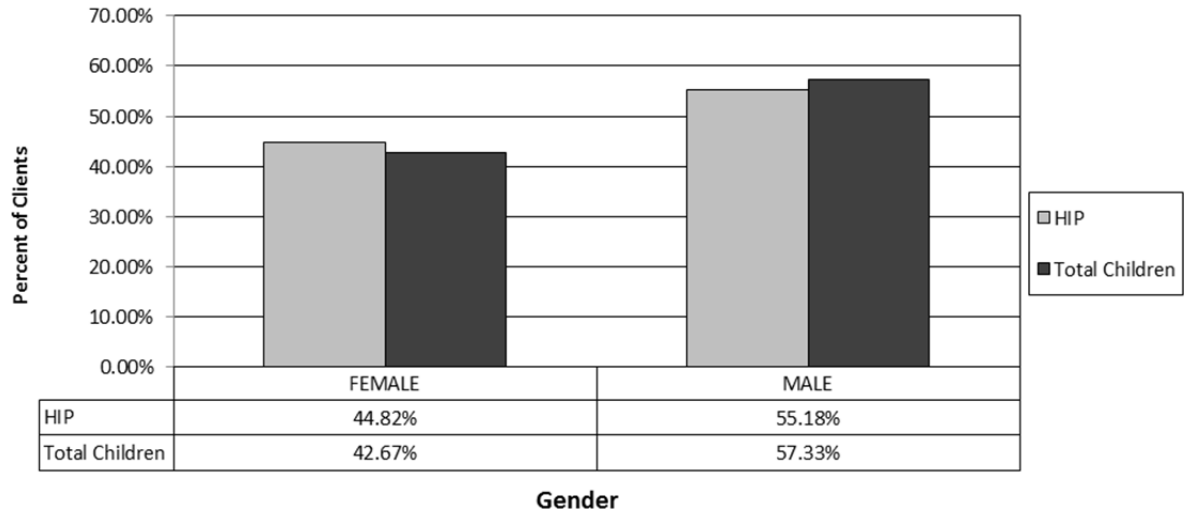


Table 11d
Other Services Received by Children Receiving Hospital Inpatient Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	2,065	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,686	81.67%
MEDICATION SUPPORT	1,356	65.69%
TARGETED CASE MANAGEMENT	1,317	63.77%
CRISIS STABILIZATION	1,165	56.42%
CRISIS INTERVENTION	1,034	50.05%
FFS-HOSPITAL INPATIENT	568	27.50%
THERAPEUTIC BEHAVIORAL SERVICES	311	15.05%
DAY TX REHABILITATIVE FULL DAY	100	4.85%
DAY TX INTENSIVE FULL DAY	65	3.14%
ADULT CRISIS RESIDENTIAL	42	2.01%
PHF	29	1.42%
ADULT RESIDENTIAL	15	0.74%
DAY TX REHABILITATIVE HALF DAY	3	0.15%

Service Metrics:

**Table 11e
 Psychiatric Hospital Inpatient Approved Amount
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	2,065	100%	\$ 147,566
Mean	\$7,829	99%	\$ 53,725
Standard Deviation	\$10,639	95%	\$ 23,258
Median	\$4,868	90%	\$ 16,227
Mode	\$3,245	75%	\$ 8,934
Interquartile Range	\$5,902	50%	\$ 4,868
		25%	\$ 3,032

**Table 11f
 Psychiatric Hospital Inpatient Facility Days
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	2,065	100%	169
Mean	8	99%	54
Standard Deviation	12	95%	29
Median	5	90%	18
Mode	2	75%	10
Interquartile Range	8	50%	5
		25%	2

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	1,852	1,980	2,018	2,065
Number of Days	17,701	15,928	15,975	17,209
Days Per Client	10	8	8	8
Approved Amount	\$14,453,454	\$12,506,982	\$13,200,712	\$16,165,954

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 growth in cost and clients through 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$81,814,298	89,348
Actual	FY 2009-10	\$78,354,609	90,638
Actual	FY 2010-11	\$76,064,482	90,560
Actual	FY 2011-12	\$75,903,436	94,773
Actual*	FY 2012-13	\$88,554,762	96,694
Actual + Forecast	FY 2013-14	\$91,406,749	99,499
Forecast	FY 2014-15	\$94,194,068	102,188

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs and clients for Targeted Case Management are forecast to slightly increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 12a
CHILDREN
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

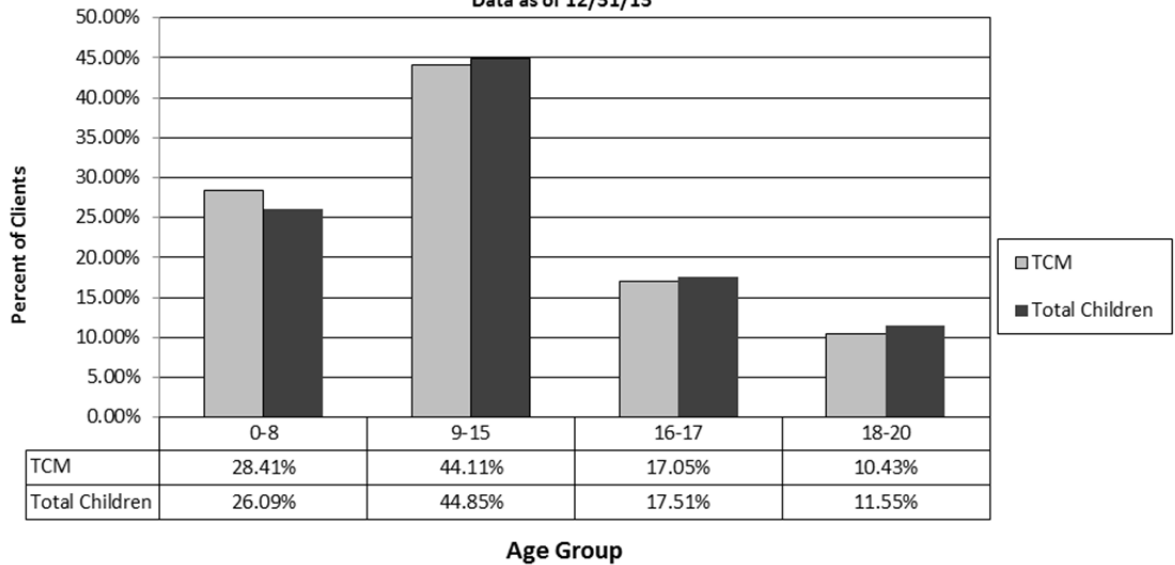


Table 12b
CHILDREN
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

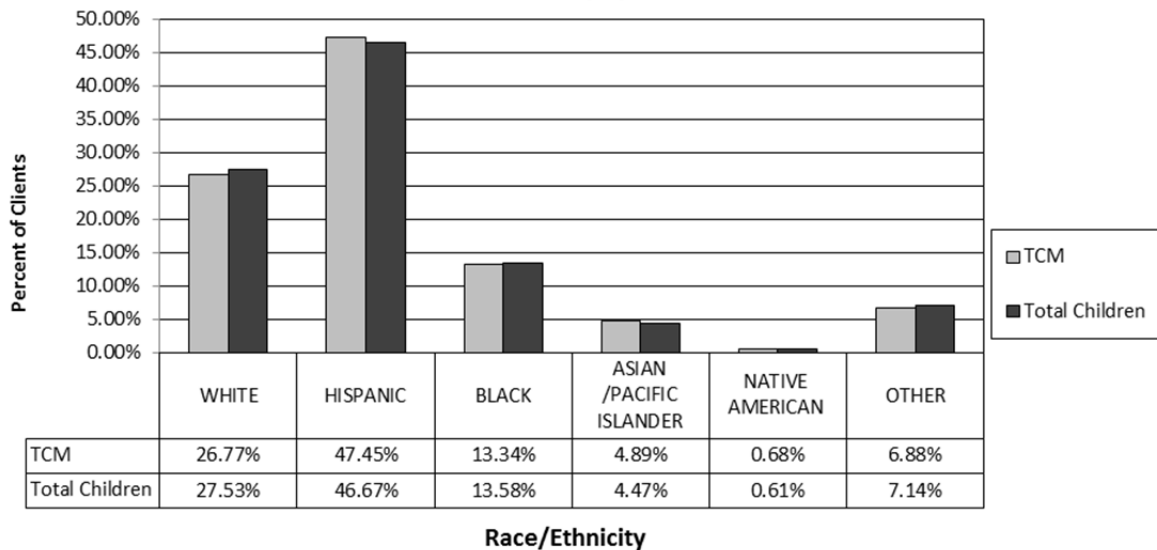


Table 12c
CHILDREN
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

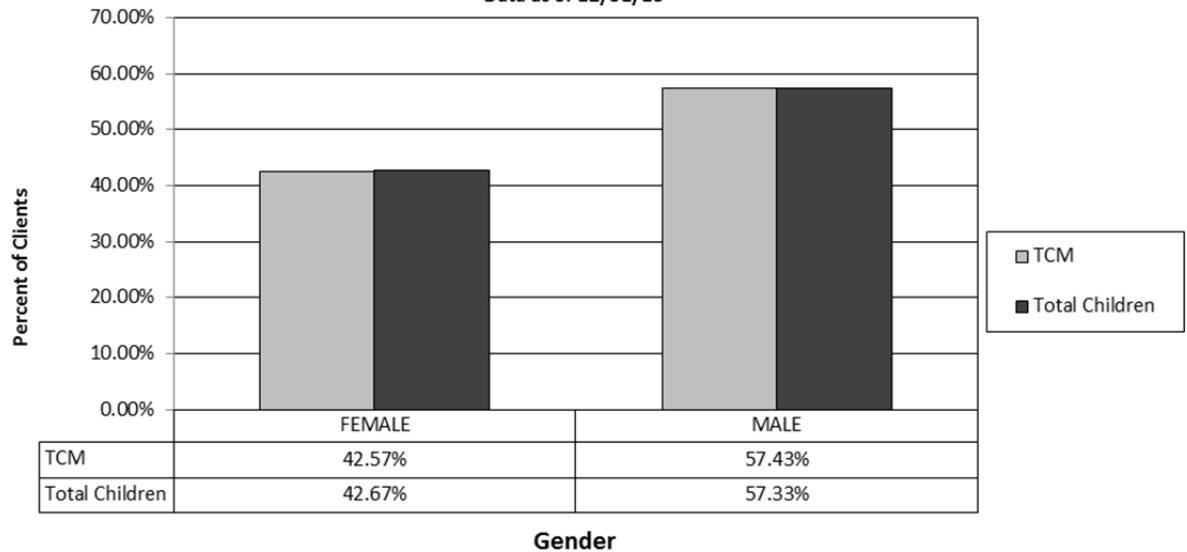


Table 12d
Other Services Received by Children Receiving Targeted Case Management Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	96,694	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	92,651	95.82%
MEDICATION SUPPORT	41,098	42.50%
CRISIS INTERVENTION	11,473	11.87%
FFS-HOSPITAL INPATIENT	6,032	6.24%
THERAPEUTIC BEHAVIORAL SERVICES	5,889	6.09%
CRISIS STABILIZATION	4,245	4.39%
HOSPITAL INPATIENT	1,315	1.36%
DAY TX INTENSIVE FULL DAY	1,001	1.04%
DAY TX REHABILITATIVE FULL DAY	628	0.65%
PHF	448	0.46%
ADULT CRISIS RESIDENTIAL	177	0.18%
ADULT RESIDENTIAL	100	0.10%
DAY TX REHABILITATIVE HALF DAY	17	0.02%
DAY TX INTENSIVE HALF DAY	13	0.01%

Service Metrics:

**Table 12e
Targeted Case Management Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	96,694	100%	\$ 113,638
Mean	\$916	99%	\$ 10,117
Standard Deviation	\$2,358	95%	\$ 3,652
Median	\$289	90%	\$ 2,052
Mode	\$142	75%	\$ 789
Interquartile Range	\$666	50%	\$ 289
		25%	\$ 123

**Table 12f
Targeted Case Management Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	96,694	100%	28,644
Mean	398	99%	4,105
Standard Deviation	865	95%	1,600
Median	138	90%	934
Mode	60	75%	368
Interquartile Range	308	50%	138
		25%	60

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	90,638	90,560	94,773	96,694
Number of Minutes	41,692,165	40,609,008	41,891,768	38,499,216
Minutes Per Client	460	448	442	398
Approved Amount	\$78,354,609	\$76,064,482	\$75,903,436	\$88,554,762

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 that may accelerate, 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 2008-09	\$62,984,126	4,210
Actual	FY 2009-10	\$69,160,487	5,169
Actual	FY 2010-11	\$80,595,610	6,433
Actual	FY 2011-12	\$87,009,127	7,342
Actual*	FY 2012-13	\$103,977,465	8,024
Actual + Forecast	FY 2013-14	\$109,027,284	8,138
Forecast	FY 2014-15	\$117,131,535	8,866

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

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. v. Diana Bontá* 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. TBS is a relatively costly service and the increase in clients and costs per minute points to continued increases in total cost in the coming 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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 13a
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

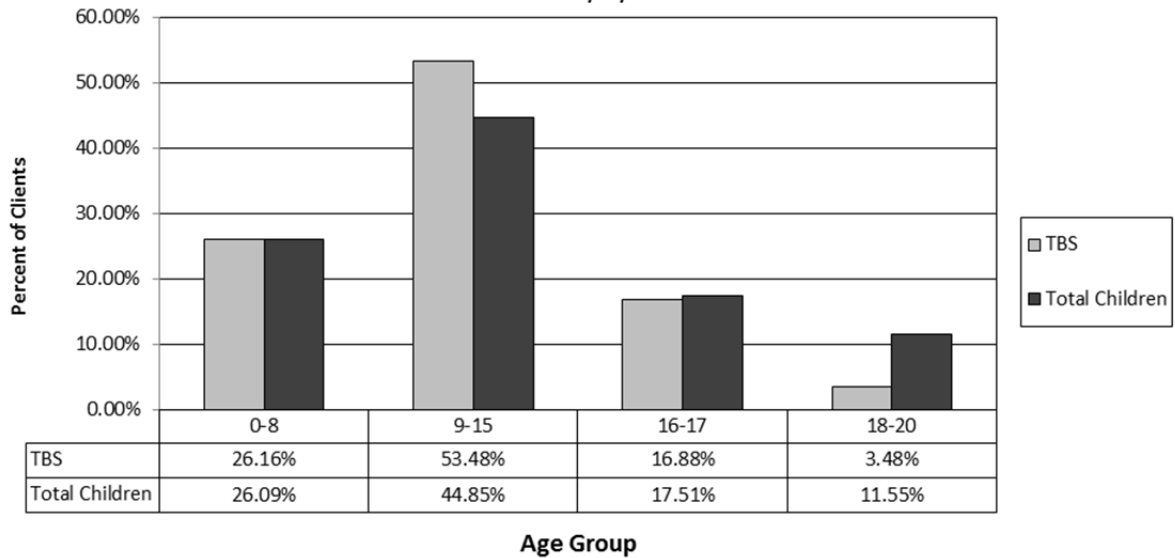


Table 13b
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

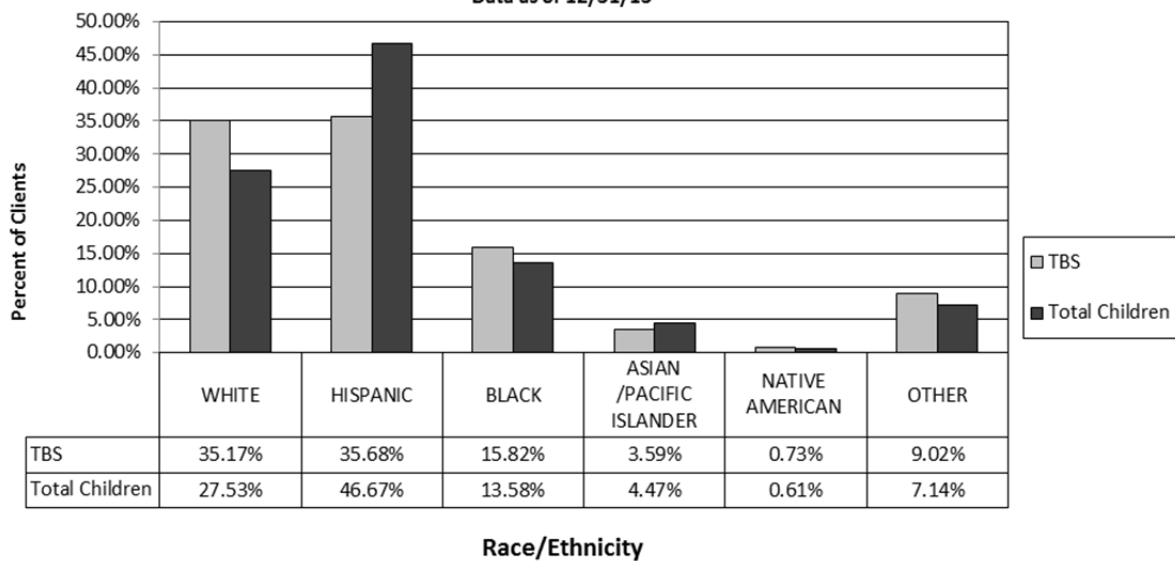


Table 13c
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

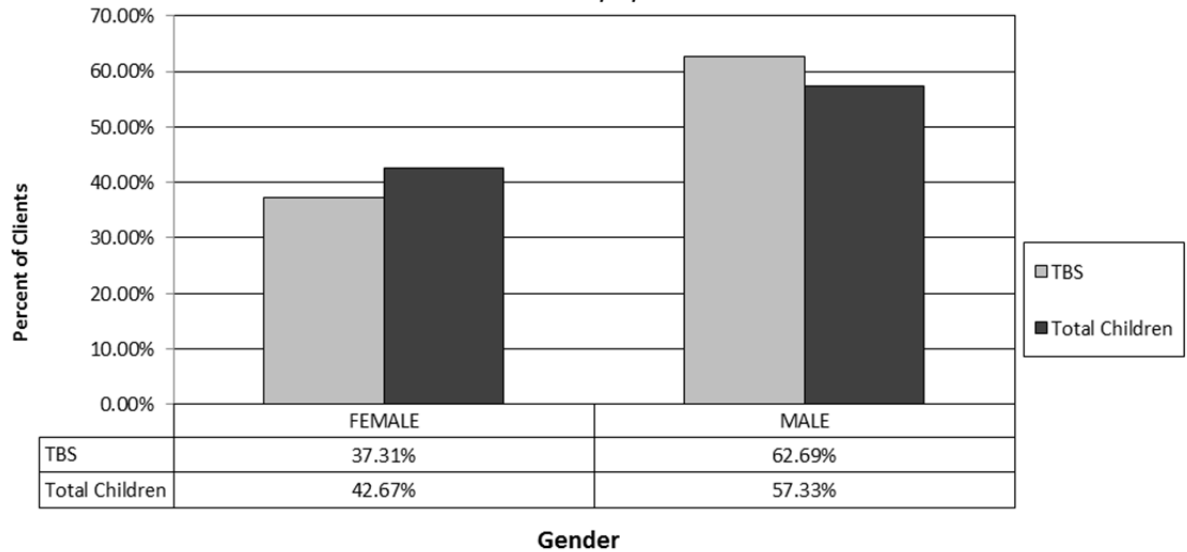


Table 13d
Other Services Received by Children Receiving Therapeutic Behavioral Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
THERAPEUTIC BEHAVIORAL SERVICES	8,024	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,776	96.91%
TARGETED CASE MANAGEMENT	5,877	73.24%
MEDICATION SUPPORT	5,713	71.20%
CRISIS INTERVENTION	2,097	26.13%
FFS-HOSPITAL INPATIENT	1,296	16.15%
CRISIS STABILIZATION	929	11.58%
DAY TX INTENSIVE FULL DAY	458	5.71%
DAY TX REHABILITATIVE FULL DAY	329	4.10%
HOSPITAL INPATIENT	310	3.86%
PHF	104	1.30%
ADULT RESIDENTIAL	8	0.10%
ADULT CRISIS RESIDENTIAL	6	0.08%
DAY TX REHABILITATIVE HALF DAY	5	0.06%
DAY TX INTENSIVE HALF DAY	4	0.05%

Service Metrics:

**Table 13e
 Therapeutic Behavioral Services Approved Amount
 Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	8,024	100%	\$ 278,197
Mean	\$12,958	99%	\$ 68,702
Standard Deviation	\$15,313	95%	\$ 40,508
Median	\$8,415	90%	\$ 29,553
Mode	\$0	75%	\$ 17,906
Interquartile Range	\$14,888	50%	\$ 8,415
		25%	\$ 3,018

**Table 13f
 Therapeutic Behavioral Services Minutes
 Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	8,024	100%	57,690
Mean	5,329	99%	28,555
Standard Deviation	5,980	95%	17,181
Median	3,509	90%	12,156
Mode	150	75%	7,276
Interquartile Range	5,996	50%	3,509
		25%	1,280

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	5,169	6,433	7,342	8,024
Number of Minutes	33,223,109	39,998,763	41,746,550	42,761,319
Minutes Per Client	6,427	6,218	5,686	5,329
Approved Amount	\$69,160,487	\$80,595,610	\$87,009,127	\$103,977,465

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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, treatment 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 2008-09	\$828,195,972	192,599
Actual	FY 2009-10	\$829,517,191	195,728
Actual	FY 2010-11	\$870,579,705	201,361
Actual	FY 2011-12	\$930,922,451	214,746
Actual*	FY 2012-13	\$1,076,501,590	232,020
Actual + Forecast	FY 2013-14	\$1,151,630,594	244,749
Forecast	FY 2014-15	\$1,223,577,019	255,452

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Therapy and Other Service Activities are forecast to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

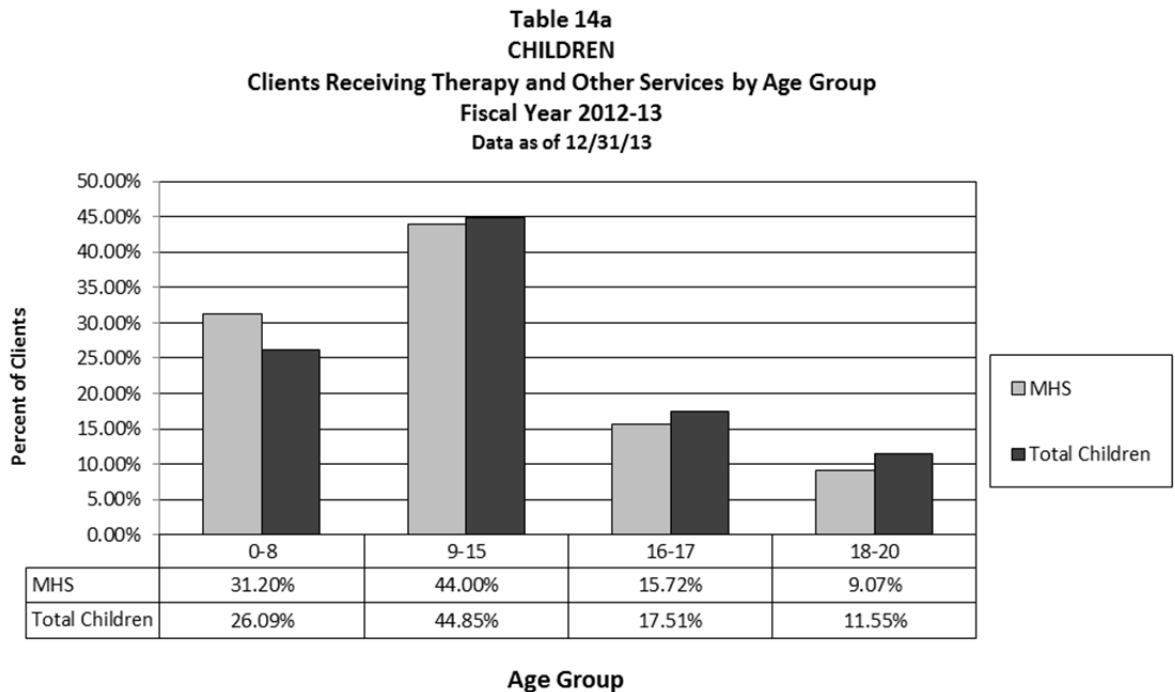


Table 14b
CHILDREN
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

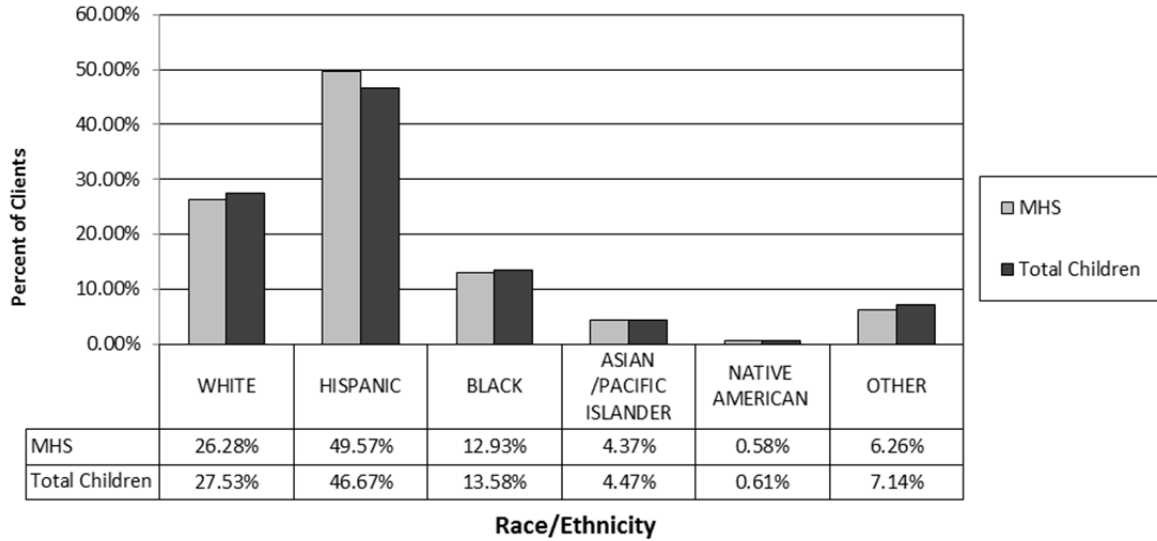
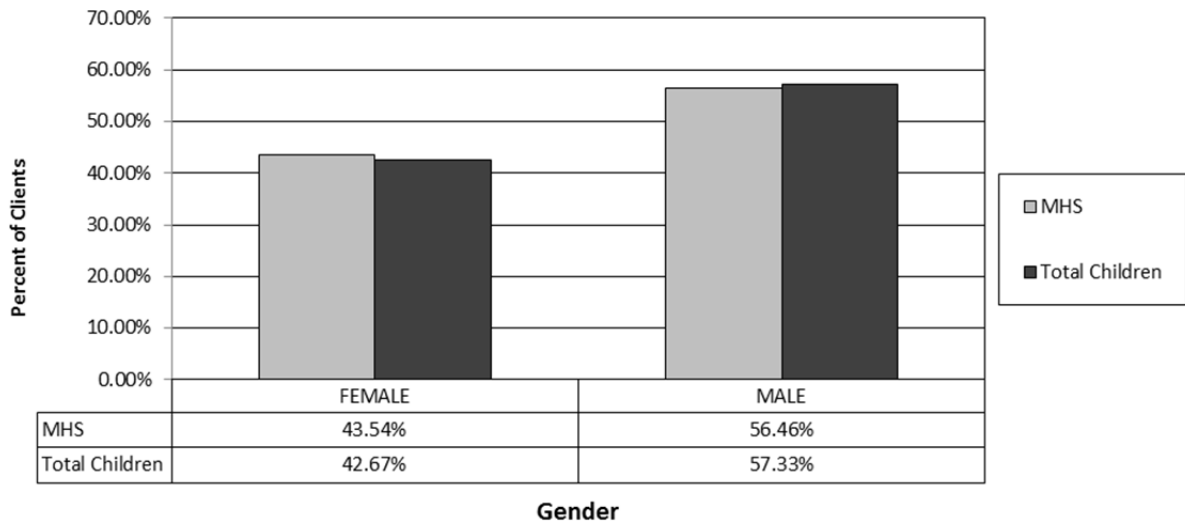


Table 14c
CHILDREN
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13



**Table 14d
 Other Services Received by Children Receiving Therapy and Other Service Activities
 Fiscal Year 2012-13**

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	232,020	100.00%
TARGETED CASE MANAGEMENT	92,844	40.02%
MEDICATION SUPPORT	69,393	29.91%
CRISIS INTERVENTION	14,789	6.37%
FFS-HOSPITAL INPATIENT	8,977	3.87%
THERAPEUTIC BEHAVIORAL SERVICES	7,808	3.37%
CRISIS STABILIZATION	6,108	2.63%
HOSPITAL INPATIENT	1,688	0.73%
DAY TX INTENSIVE FULL DAY	1,566	0.68%
DAY TX REHABILITATIVE FULL DAY	1,304	0.56%
PHF	553	0.24%
ADULT CRISIS RESIDENTIAL	185	0.08%
ADULT RESIDENTIAL	101	0.04%
DAY TX REHABILITATIVE HALF DAY	50	0.02%
DAY TX INTENSIVE HALF DAY	11	0.00%

Service Metrics:

**Table 14e
Therapy and Other Service Activities Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	232,020	100%	\$ 573,905
Mean	\$4,640	99%	\$ 35,059
Standard Deviation	\$7,794	95%	\$ 16,705
Median	\$2,279	90%	\$ 11,059
Mode	\$60	75%	\$ 5,540
Interquartile Range	\$4,764	50%	\$ 2,279
		25%	\$ 776

**Table 14f
Therapy and Other Service Activities Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	232,020	100%	99,252
Mean	1,812	99%	13,050
Standard Deviation	2,730	95%	6,434
Median	942	90%	4,304
Mode	60	75%	2,214
Interquartile Range	1,874	50%	942
		25%	340

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

<u>Data Type</u>	<u>2009-2010*</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	195,728	201,361	214,746	232,020
Number of Minutes	446,919,382	381,293,784	402,588,818	420,456,960
Minutes Per Client	2,283	1,894	1,875	1,812
Approved Amount	\$829,517,191	\$870,579,705	\$930,922,451	\$1,076,501,590

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013. The large increase in the number of minutes for FY 2009-10 is due to over reporting of units of time by certain counties while implementing new billing systems.

Psychiatric Inpatient Hospital Services – FFS/MC Hospitals

Psychiatric Inpatient Hospital Services – FFS/MC Hospitals:

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 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 inpatient hospital 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 inpatient hospital services through the FFS/MC Fiscal Intermediary system. 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.

Summary:

The forecast for Psychiatric Inpatient Hospital Services provided by FFS/MC hospitals projects growth in costs through 2014-15 and growth in clients in FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$45,184,960	7,697
Actual	FY 2009-10	\$51,795,601	8,257
Actual	FY 2010-11	\$55,327,881	9,039
Actual	FY 2011-12	\$59,029,481	8,938
Actual*	FY 2012-13	\$64,787,034	10,292
Actual + Forecast	FY 2013-14	\$70,048,188	10,973
Forecast	FY 2014-15	\$74,596,414	11,620

*It is estimated that 99% of claims for children for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Psychiatric Inpatient Hospital Services by FFS/MC hospitals are forecast to increase through FY 2014-15.

Client Profile Data:

Client 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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 15a
CHILDREN
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

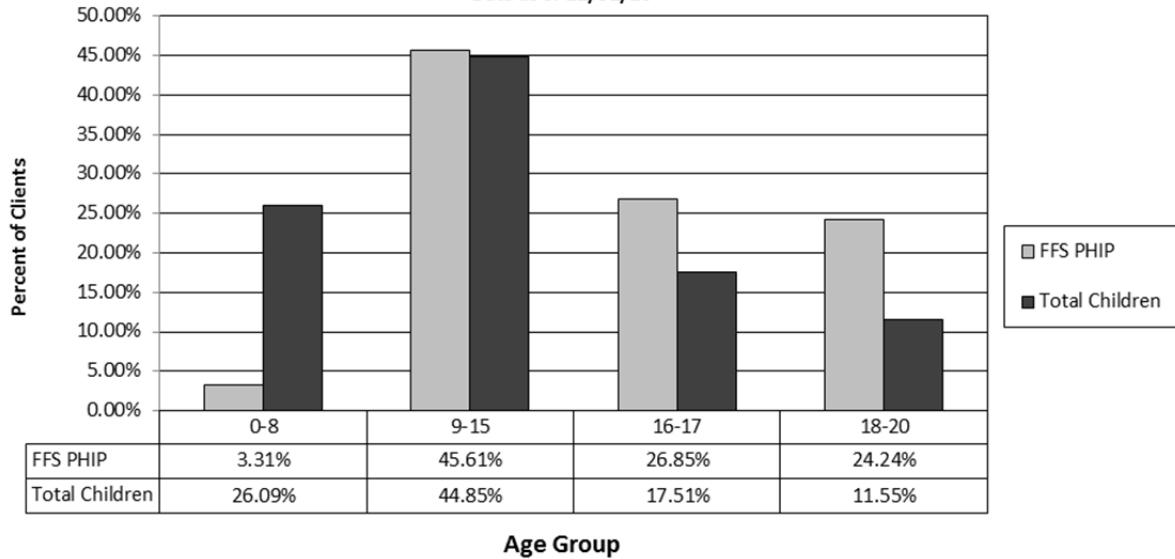


Table 15b
CHILDREN
Clients Receiving Fee For Service Psychiatric Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

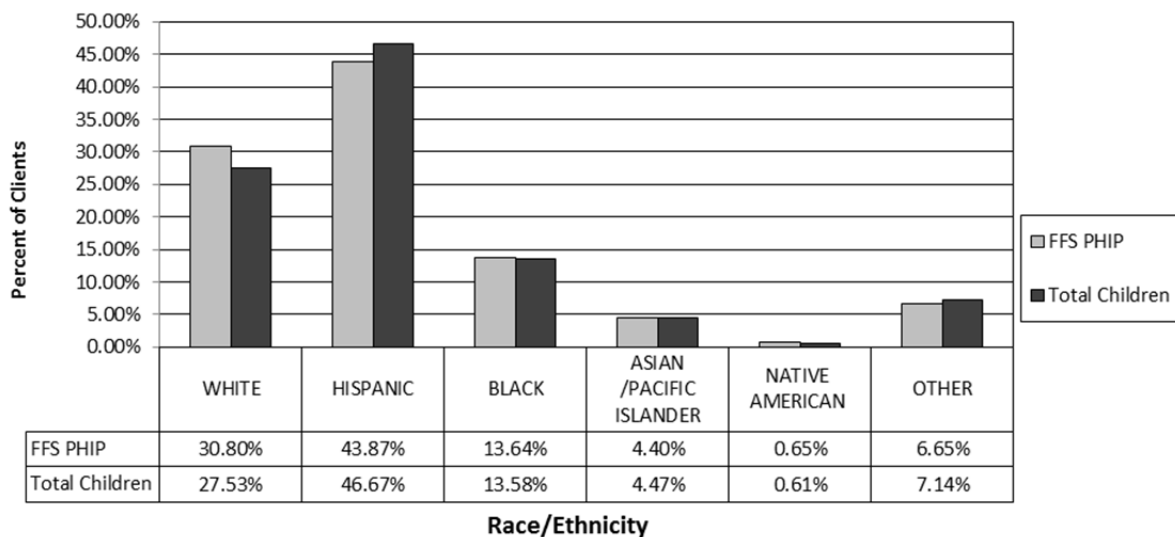


Table 15c
CHILDREN
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

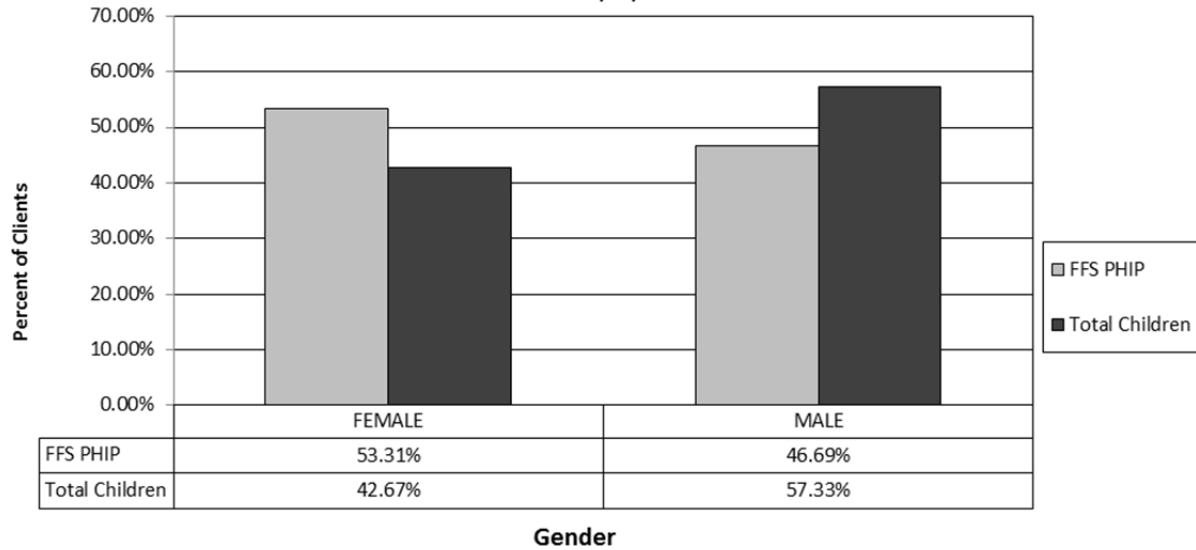


Table 15d
Other Services Received by Children Receiving FFS Psychiatric Hospital Inpatient Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	10,292	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,916	86.63%
MEDICATION SUPPORT	7,222	70.17%
TARGETED CASE MANAGEMENT	6,004	58.34%
CRISIS INTERVENTION	5,425	52.71%
CRISIS STABILIZATION	2,887	28.05%
THERAPEUTIC BEHAVIORAL SERVICES	1,292	12.56%
HOSPITAL INPATIENT	565	5.49%
DAY TX INTENSIVE FULL DAY	274	2.66%
DAY TX REHABILITATIVE FULL DAY	202	1.97%
PHF	176	1.71%
ADULT CRISIS RESIDENTIAL	105	1.02%
ADULT RESIDENTIAL	23	0.22%
DAY TX INTENSIVE HALF DAY	7	0.07%
DAY TX REHABILITATIVE HALF DAY	2	0.02%

Service Metrics:

**Table 15e
FFS Psychiatric Hospital Inpatient Services Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	10,227	100%	\$ 206,599
Mean	\$6,335	99%	\$ 38,500
Standard Deviation	\$8,012	95%	\$ 19,236
Median	\$3,762	90%	\$ 13,280
Mode	\$3,135	75%	\$ 6,897
Interquartile Range	\$4,647	50%	\$ 3,762
		25%	\$ 2,250

**Table 15f
FFS Psychiatric Hospital In Patient Services Days
Fiscal Year 2012-13**

Statistic	Days	Quartile	Days
Number of Clients	10,227	100%	222
Mean	9	99%	50
Standard Deviation	10	95%	26
Median	6	90%	18
Mode	3	75%	10
Interquartile Range	7	50%	6
		25%	3

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	8,257	9,039	8,938	10,292
Number of Days	75,403	78,706	82,326	88,141
Days Per Client	9	9	9	9
Approved Amount	\$51,795,601	\$55,327,881	\$59,029,481	\$64,787,034

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 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 2008-09	\$19,007,024	3,423
Actual	FY 2009-10	\$18,871,631	3,445
Actual	FY 2010-11	\$20,117,980	3,719
Actual	FY 2011-12	\$21,998,313	3,911
Actual*	FY 2012-13	\$22,525,859	4,006
Actual + Forecast	FY 2013-14	\$22,158,438	4,010
Forecast	FY 2014-15	\$22,807,181	4,118

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Slight growth in dollars and clients is expected for FY 2014-15 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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 1a
ADULTS
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

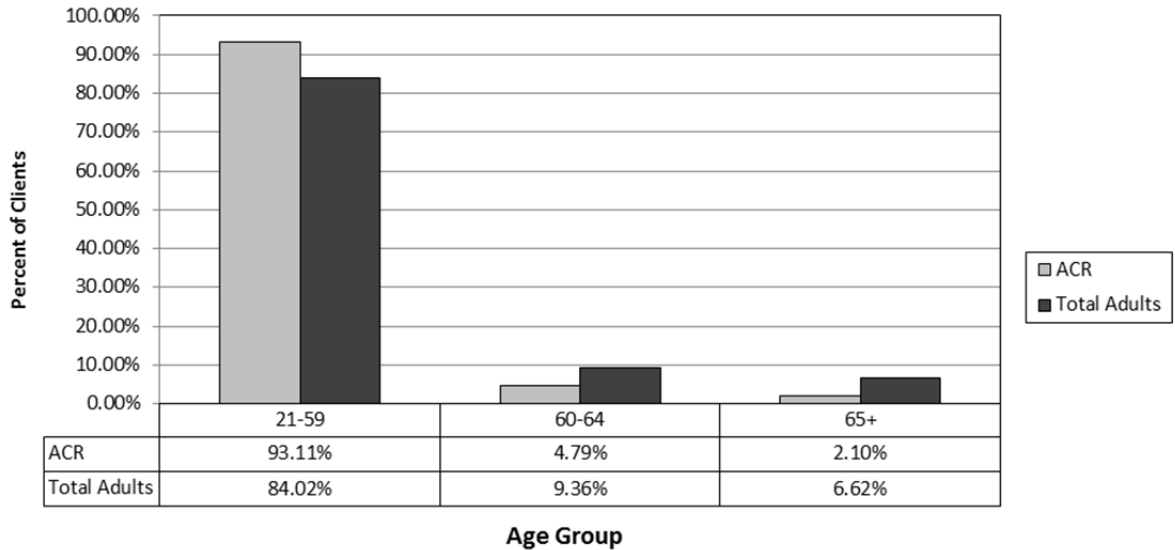


Table 1b
ADULTS
Clients Receiving Adult Crisis Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

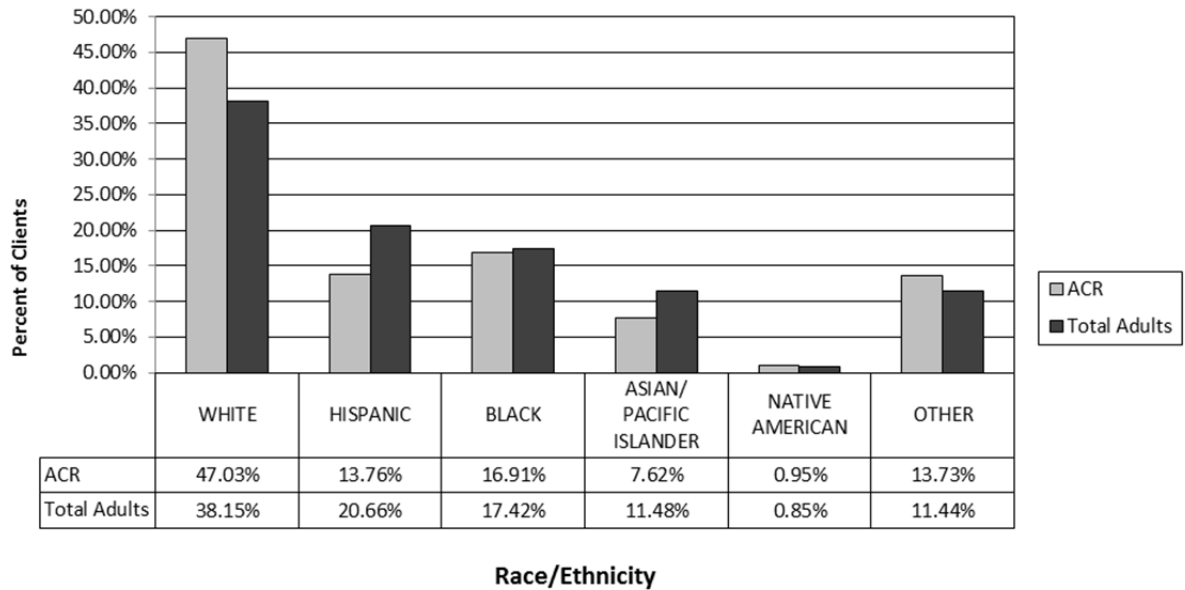


Table 1c
ADULTS
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

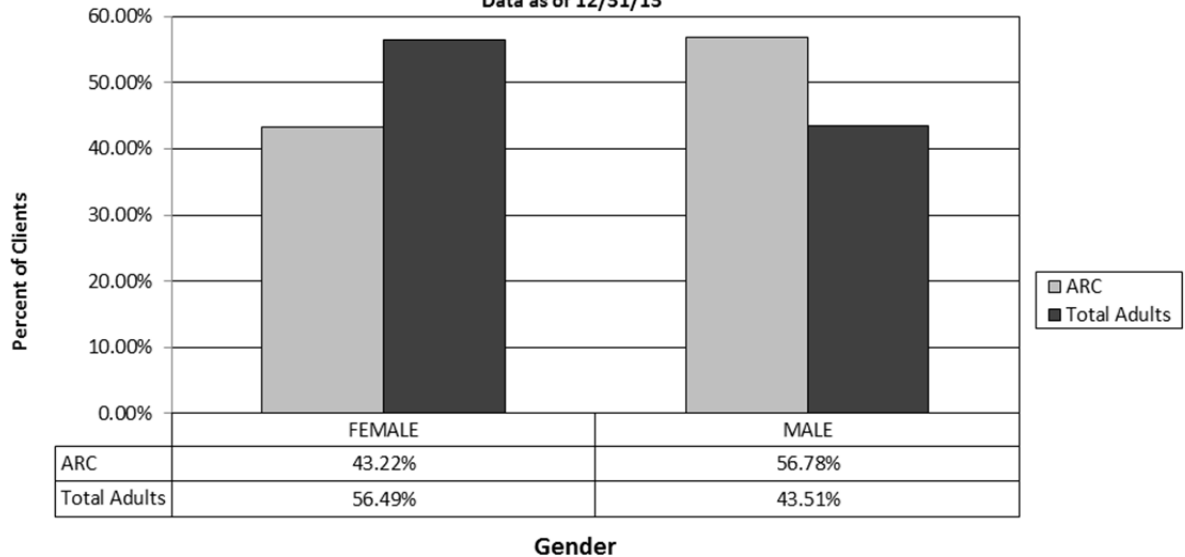


Table 1d
Other Services Received by Adults Receiving Adult Crisis Service
Fiscal Year 2012-13

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	4,006	100.00%
MEDICATION SUPPORT	3,554	88.72%
THERAPY AND OTHER SERVICE ACTIVITIES	3,059	76.35%
TARGETED CASE MANAGEMENT	2,813	70.22%
CRISIS STABILIZATION	1,938	48.37%
CRISIS INTERVENTION	1,753	43.75%
FFS-HOSPITAL INPATIENT	1,038	25.90%
HOSPITAL INPATIENT	678	16.93%
ADULT RESIDENTIAL	429	10.72%
PHF	339	8.46%
DAY TX REHABILITATIVE FULL DAY	319	7.95%
DAY TX REHABILITATIVE HALF DAY	25	0.62%

Service Metrics:

**Table 1e
Adult Crisis Residential Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	4,006	100%	\$ 42,920
Mean	\$5,623	99%	\$ 23,831
Standard Deviation	\$5,047	95%	\$ 15,892
Median	\$4,257	90%	\$ 11,743
Mode	\$4,966	75%	\$ 7,804
Interquartile Range	\$5,731	50%	\$ 4,257
		25%	\$ 2,073

**Table 1f
Adult Crisis Residential Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	4,006	100%	164
Mean	17	99%	71
Standard Deviation	15	95%	48
Median	14	90%	36
Mode	14	75%	24
Interquartile Range	17	50%	14
		25%	7

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	3,445	3,719	3,911	4,006
Number of Days	65,690	68,062	72,222	69,661
Days Per Client	19	18	18	17
Approved Amount	\$18,871,631	\$20,117,980	\$21,998,313	\$22,525,859

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 decrease in clients and total cost through SFY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$22,187,309	1,519
Actual	FY 2009-10	\$18,039,205	1,436
Actual	FY 2010-11	\$15,064,670	1,155
Actual	FY 2011-12	\$15,203,331	1,162
Actual*	FY 2012-13	\$16,462,702	1,178
Actual + Forecast	FY 2013-14	\$15,408,988	1,075
Forecast	FY 2014-15	\$14,457,665	994

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

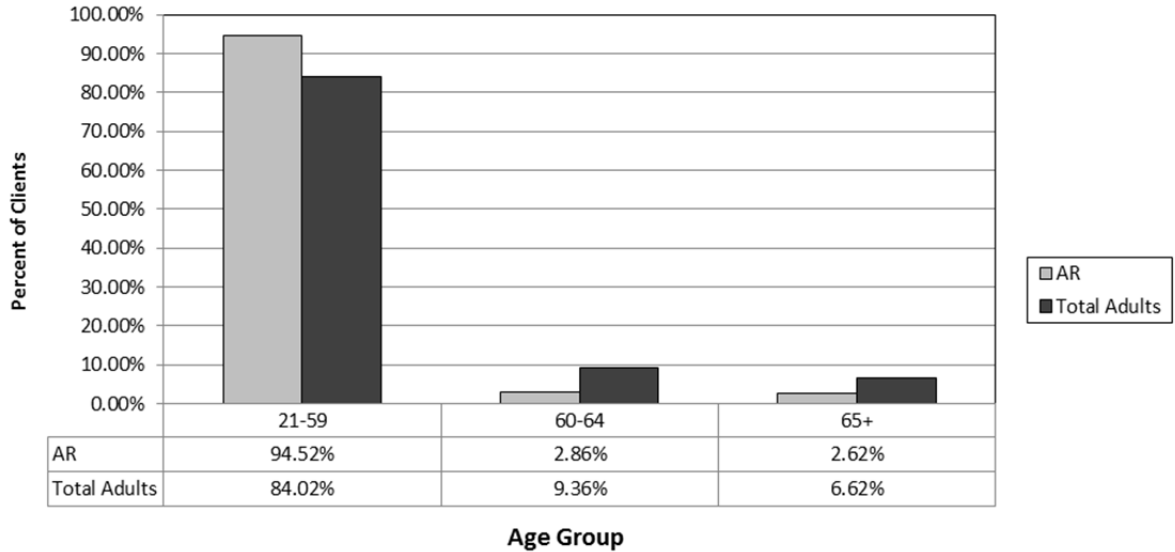
Budget Forecast Narrative:

The forecast indicates a declining trend in costs through FY 2014-15.

Client Profile Data:

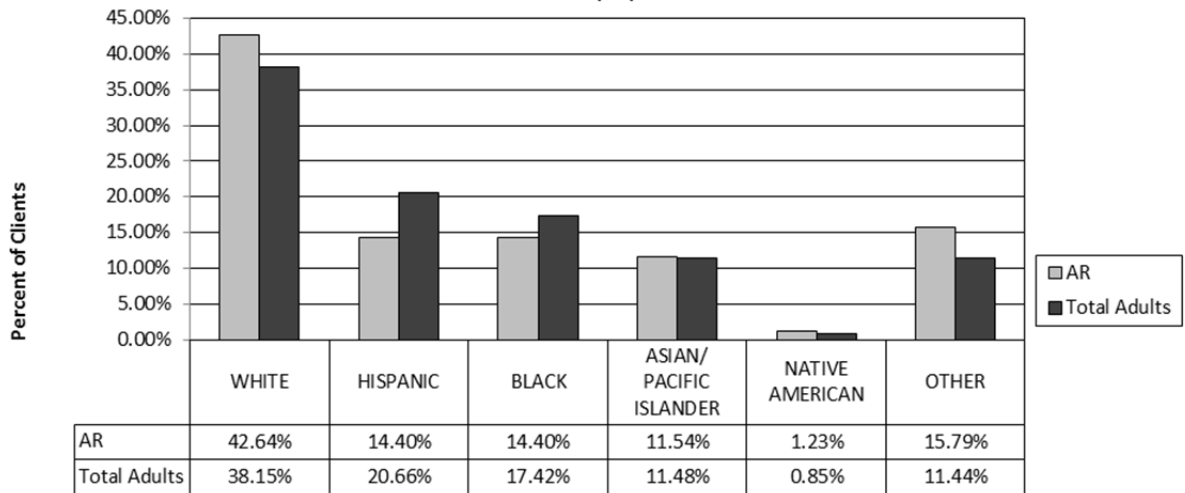
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 2a
ADULTS
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13



Age Group

Table 2b
ADULTS
Clients Receiving Adult Residential Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13



Race/Ethnicity

Table 2c
ADULTS
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

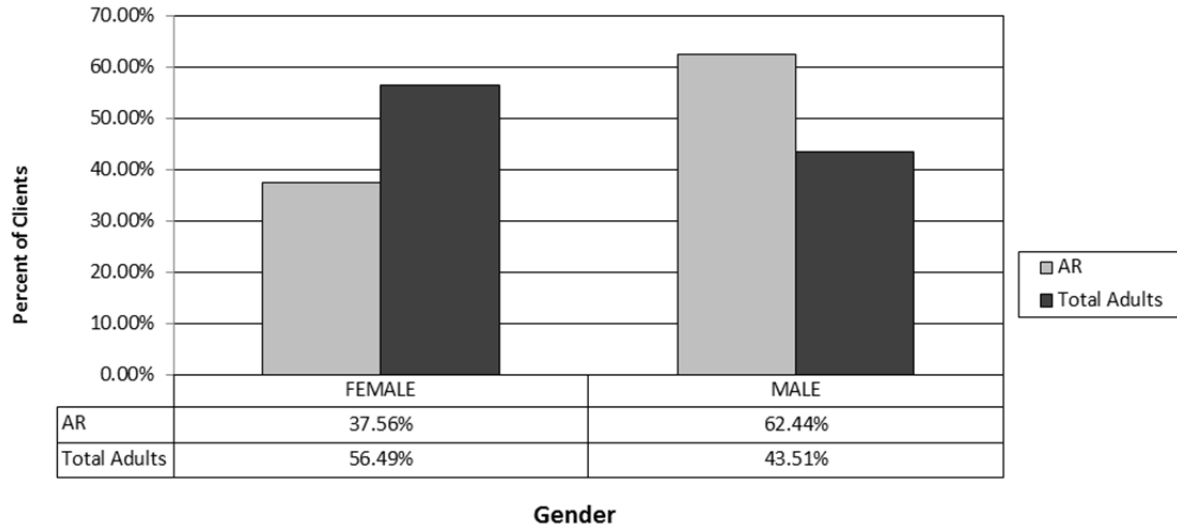


Table 2d
Other Services Received by Adults Receiving Adult Residential Service
Fiscal Year 2012-13

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,178	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,027	87.21%
TARGETED CASE MANAGEMENT	1,008	85.57%
MEDICATION SUPPORT	973	82.63%
CRISIS INTERVENTION	447	37.94%
CRISIS STABILIZATION	439	37.25%
DAY TX REHABILITATIVE FULL DAY	429	36.39%
ADULT CRISIS RESIDENTIAL	426	36.13%
HOSPITAL INPATIENT	192	16.34%
FFS-HOSPITAL INPATIENT	128	10.89%
PHF	49	4.15%
DAY TX REHABILITATIVE HALF DAY	8	0.69%
DAY TX INTENSIVE FULL DAY	1	0.09%

Service Metrics:

**Table 2e
Adult Crisis Residential Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	1,178	100%	\$ 63,149
Mean	\$13,975	99%	\$ 55,363
Standard Deviation	\$12,540	95%	\$ 39,446
Median	\$10,950	90%	\$ 32,344
Mode	\$15,398	75%	\$ 18,868
Interquartile Range	\$14,656	50%	\$ 10,950
		25%	\$ 4,212

**Table 2f
Adult Crisis Residential Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	1,178	100%	365
Mean	88	99%	331
Standard Deviation	78	95%	251
Median	69	90%	200
Mode	61	75%	122
Interquartile Range	95	50%	69
		25%	27

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	1,436	1,155	1,162	1,178
Number of Days	120,395	96,994	98,219	104,138
Days Per Client	84	84	85	88
Approved Amount	\$18,039,205	\$15,064,670	\$15,203,331	\$16,462,702

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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:

While the number of clients is forecast to decrease in FY 2014-15 for Crisis Intervention services, the costs should increase slightly through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$29,575,525	36,007
Actual	FY 2009-10	\$27,848,486	33,946
Actual	FY 2010-11	\$26,652,529	31,844
Actual	FY 2011-12	\$27,151,658	31,127
Actual*	FY 2012-13	\$29,941,678	29,507
Actual + Forecast	FY 2013-14	\$30,334,934	27,843
Forecast	FY 2014-15	\$30,709,606	26,411

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Crisis Intervention services should increase slightly through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 3a
ADULTS
Clients Receiving Crisis Intervention by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

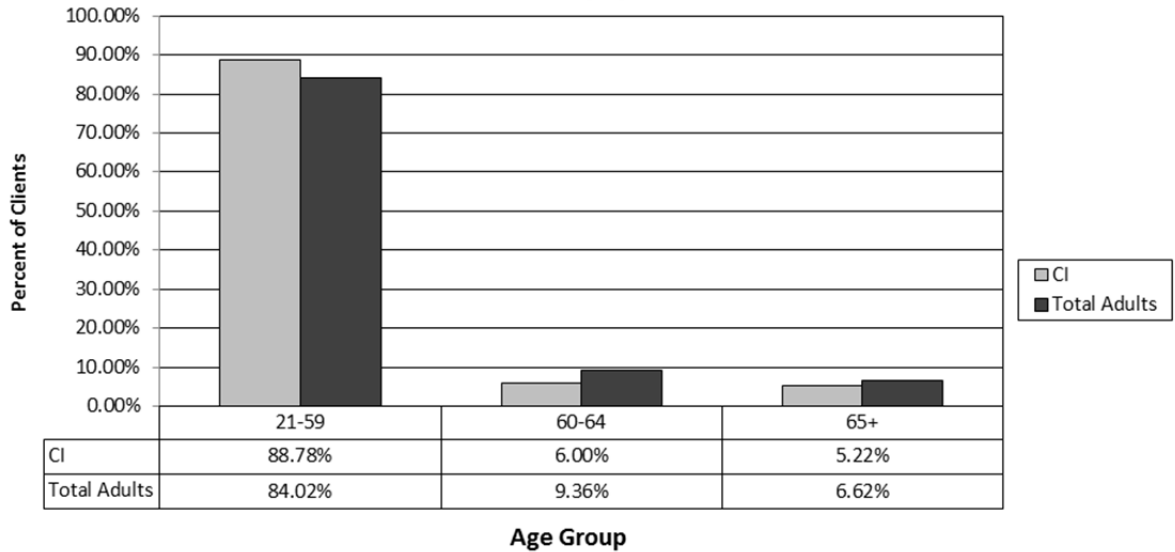


Table 3b
ADULTS
Clients Receiving Crisis Intervention by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

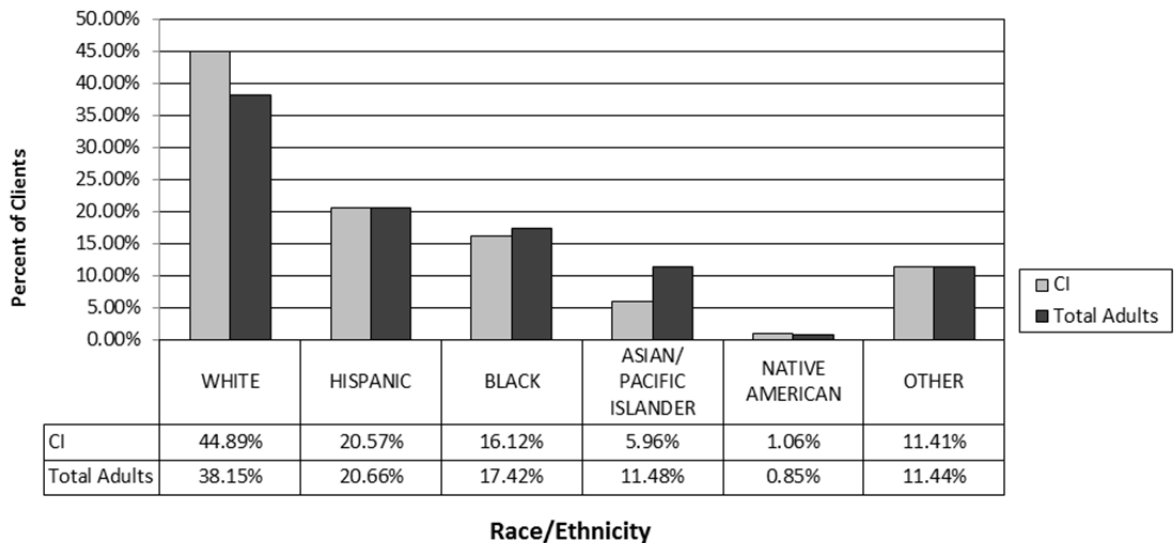


Table 3c
ADULTS
Clients Receiving Crisis Intervention by Gender
Fiscal Year 2012-13
Data as of 12/31/13

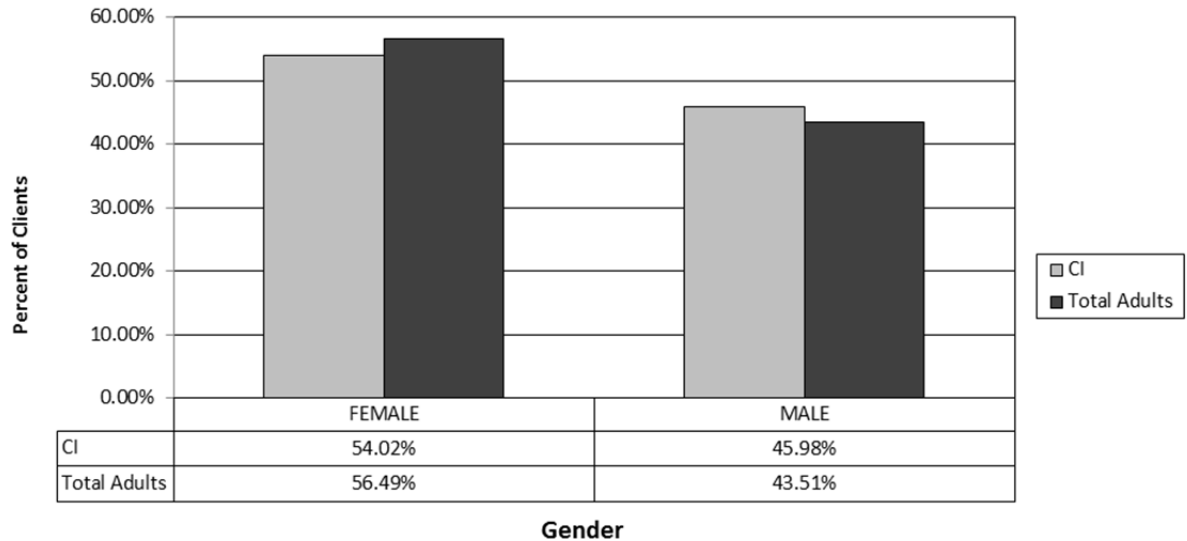


Table 3d
Other Services Received by Adults Receiving Crisis Intervention Service
Service Fiscal Year 2012-13

	Number of Clients	Percent Clients
CRISIS INTERVENTION	29,507	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	20,883	70.77%
MEDICATION SUPPORT	19,481	66.02%
TARGETED CASE MANAGEMENT	17,190	58.26%
CRISIS STABILIZATION	6,964	23.60%
FFS-HOSPITAL INPATIENT	6,126	20.76%
HOSPITAL INPATIENT	2,933	9.94%
ADULT CRISIS RESIDENTIAL	1,769	6.00%
PHF	1,602	5.43%
ADULT RESIDENTIAL	455	1.54%
DAY TX REHABILITATIVE FULL DAY	283	0.96%
DAY TX REHABILITATIVE HALF DAY	32	0.11%

Service Metrics:

**Table 3e
Crisis Intervention Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	29,507	100%	\$ 32,340
Mean	\$1,015	99%	\$ 5,923
Standard Deviation	\$1,232	95%	\$ 3,130
Median	\$625	90%	\$ 2,395
Mode	\$2,395	75%	\$ 1,247
Interquartile Range	\$932	50%	\$ 625
		25%	\$ 315

**Table 3f
Crisis Intervention Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	29,507	100%	6,831
Mean	236	99%	1,373
Standard Deviation	281	95%	716
Median	150	90%	490
Mode	120	75%	288
Interquartile Range	208	50%	150
		25%	80

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	33,946	31,844	31,127	29,507
Number of Minutes	7,451,039	7,121,096	7,288,955	6,955,874
Minutes Per Client	219	224	234	236
Approved Amount	\$27,848,486	\$26,652,529	\$27,151,658	\$29,941,678

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 2008-09	\$33,950,960	19,725
Actual	FY 2009-10	\$34,354,978	19,296
Actual	FY 2010-11	\$37,428,446	21,068
Actual	FY 2011-12	\$43,338,845	23,262
Actual*	FY 2012-13	\$57,821,482	24,376
Actual + Forecast	FY 2013-14	\$54,375,977	22,296
Forecast	FY 2014-15	\$57,861,976	22,853

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

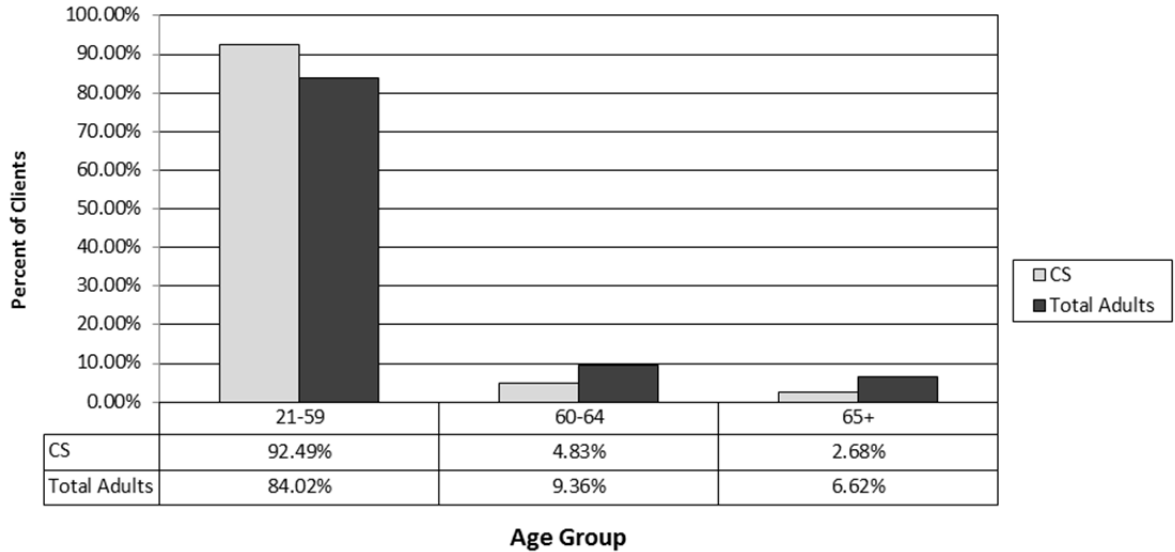
Budget Forecast Narrative:

Moderate growth in costs is forecast through FY 2014-15.

Client Profile Data:

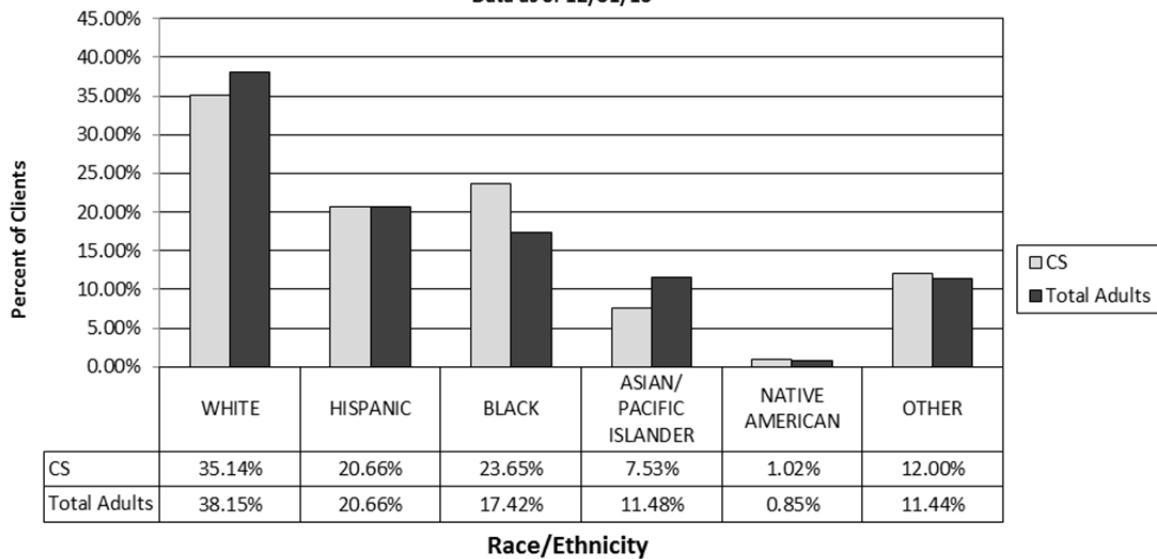
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 4a
ADULTS
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/2013



Age Group

Table 4b
ADULTS
Clients Receiving Crisis Stabilization Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13



Race/Ethnicity

Table 4c
ADULTS
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

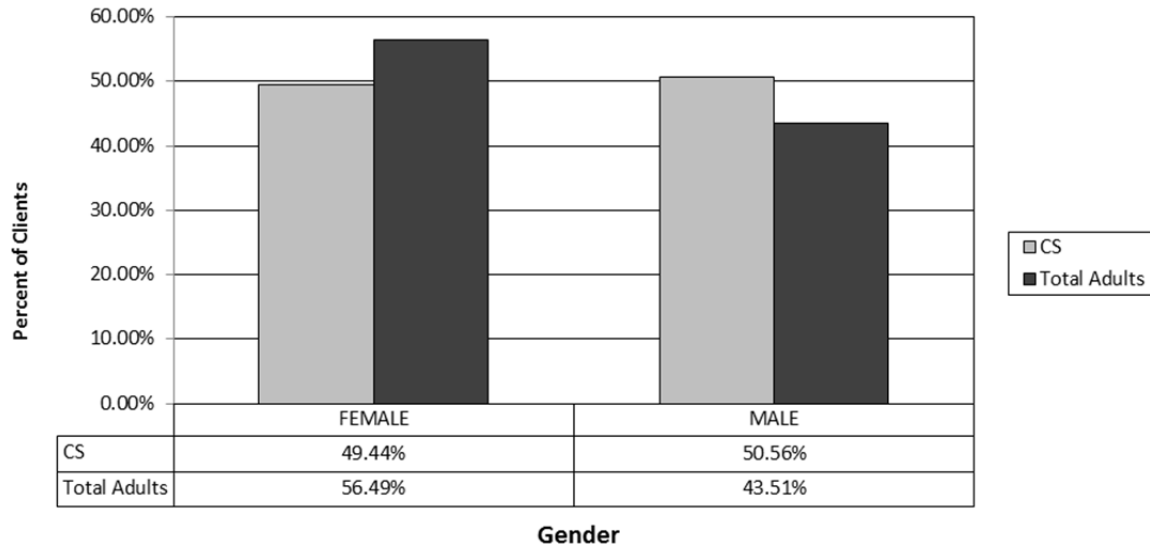


Table 4d
Other Services Received by Adults Receiving Crisis Stabilization Service
Fiscal Year 2012-13

	Number of Clients	Percent Clients
CRISIS STABILIZATION	24,376	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,065	57.70%
MEDICATION SUPPORT	12,892	52.89%
TARGETED CASE MANAGEMENT	10,185	41.78%
CRISIS INTERVENTION	7,066	28.99%
FFS-HOSPITAL INPATIENT	5,015	20.57%
HOSPITAL INPATIENT	4,001	16.41%
ADULT CRISIS RESIDENTIAL	1,985	8.14%
PHF	1,434	5.88%
ADULT RESIDENTIAL	454	1.86%
DAY TX REHABILITATIVE FULL DAY	333	1.36%
DAY TX REHABILITATIVE HALF DAY	102	0.42%

Service Metrics:

**Table 4e
Crisis Stabilization Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	24,376	100%	\$ 110,780
Mean	\$2,372	99%	\$ 17,973
Standard Deviation	\$3,904	95%	\$ 7,767
Median	\$1,651	90%	\$ 5,410
Mode	\$1,891	75%	\$ 2,733
Interquartile Range	\$2,166	50%	\$ 1,651
		25%	\$ 567

**Table 4f
Crisis Stabilization Hours
Fiscal Year 2012-13**

Statistic	Hours	Quartile	Hours
Number of Clients	24,376	100%	1,331
Mean	23	99%	169
Standard Deviation	38	95%	75
Median	17	90%	49
Mode	20	75%	23
Interquartile Range	18	50%	17
		25%	5

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	19,296	21,068	23,262	24,376
Number of Hours	378,019	412,881	469,538	554,783
Hours Per Client	20	20	20	23
Approved Amount	\$34,354,978	\$37,428,446	\$43,338,845	\$57,821,482

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Day Rehabilitative Half Day

Day Rehabilitative (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 Rehabilitative Half Day Services, the forecast for FY 2014-15 is for a decline in both dollars and clients.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$602,222	140
Actual	FY 2009-10	\$618,775	147
Actual	FY 2010-11	\$769,431	213
Actual	FY 2011-12	\$1,069,138	274
Actual*	FY 2012-13	\$822,446	214
Actual + Forecast	FY 2013-14	\$755,862	163
Forecast	FY 2014-15	\$734,026	153

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

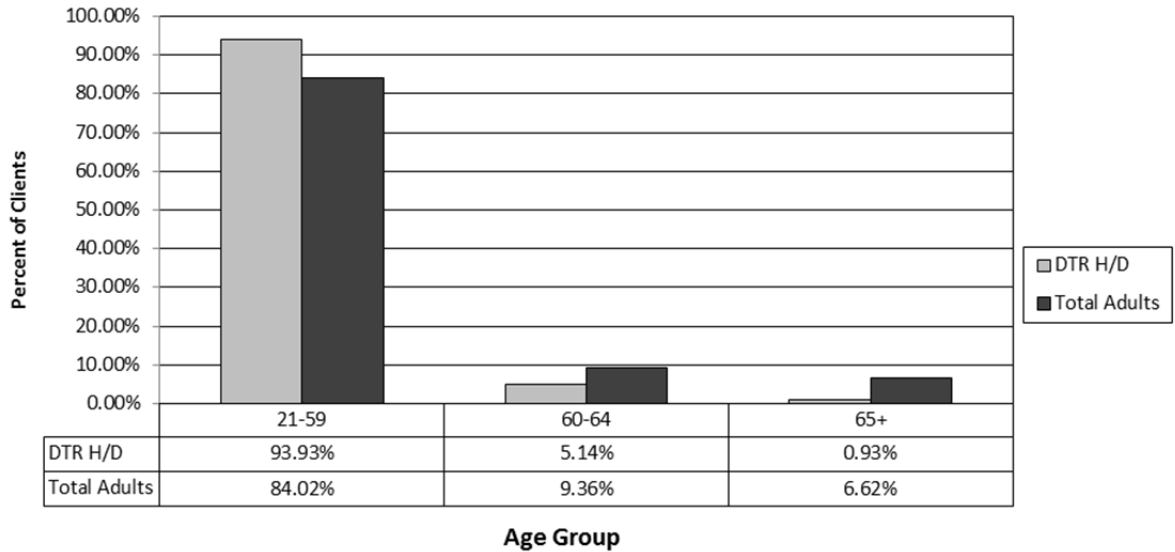
Budget Forecast Narrative:

Day Rehabilitative Half Day service costs are forecast to decline through FY 2013-14.

Client Profile Data:

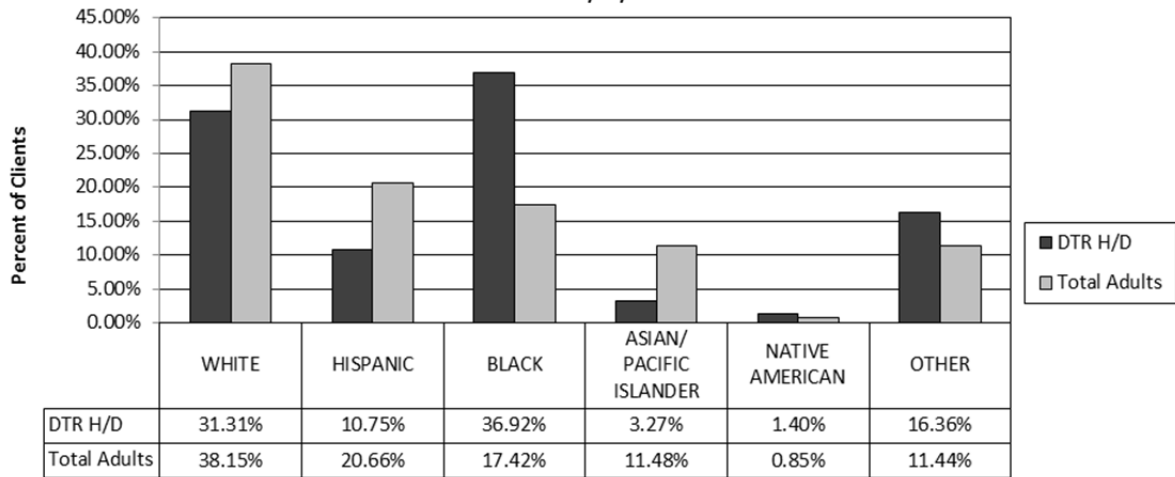
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 5a
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13



Age Group

Table 5b
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services
by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13



Race/Ethnicity

Table 5c
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

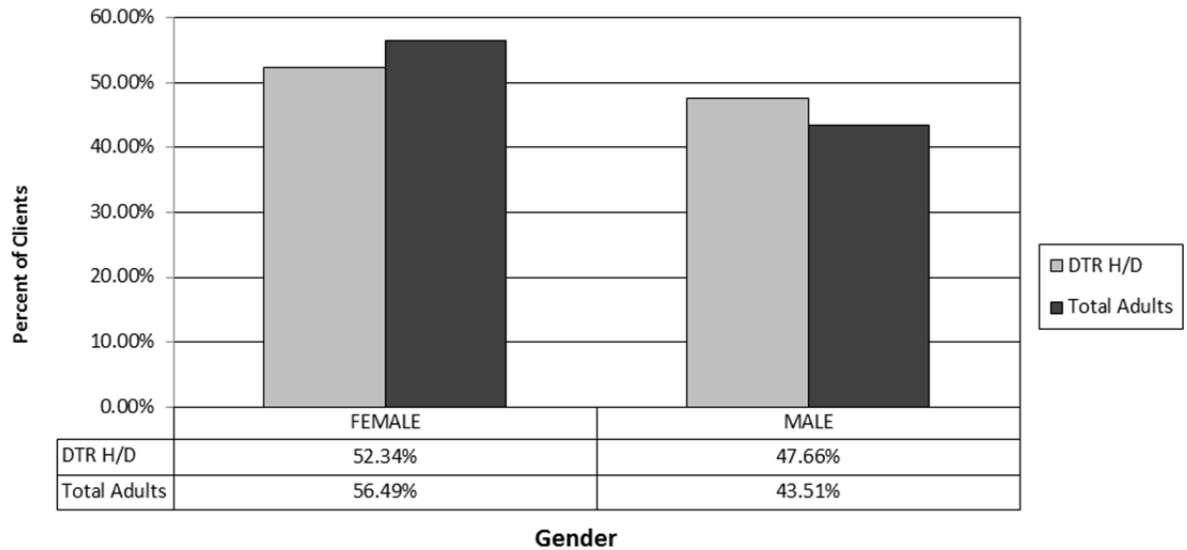


Table 5d
Other Services Received by Adults Receiving Day Rehabilitative Half Day Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE HALF DAY	214	100.00%
MEDICATION SUPPORT	143	66.82%
THERAPY AND OTHER SERVICE ACTIVITIES	140	65.40%
TARGETED CASE MANAGEMENT	109	50.71%
CRISIS STABILIZATION	98	45.97%
HOSPITAL INPATIENT	33	15.64%
CRISIS INTERVENTION	31	14.69%
ADULT CRISIS RESIDENTIAL	24	11.37%
FFS-HOSPITAL INPATIENT	17	8.06%
ADULT RESIDENTIAL	8	3.79%
DAY TX REHABILITATIVE FULL DAY	3	1.42%

Service Metrics:

**Table 5e
Day Treatment Rehabilitation Half Day Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	214	100%	\$ 19,175
Mean	\$3,843	99%	\$ 17,842
Standard Deviation	\$4,085	95%	\$ 12,612
Median	\$2,433	90%	\$ 9,290
Mode	\$788	75%	\$ 5,414
Interquartile Range	\$4,620	50%	\$ 2,433
		25%	\$ 794

**Table 5f
Day Treatment Rehabilitation Half Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	214	100%	211
Mean	43	99%	187
Standard Deviation	45	95%	143
Median	26	90%	108
Mode	3	75%	58
Interquartile Range	48	50%	26
		25%	10

**Table 5g
Historical Trends
Day Rehabilitative Half Day by Fiscal Year**

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	147	213	274	214
Number of Days	7,243	8,431	11,697	9,175
Days Per Client	49	40	43	43
Approved Amount	\$618,775	\$769,431	\$1,069,138	\$822,446

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Day Rehabilitative Full Day

Day Rehabilitative (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 Rehabilitative Full Day Services shows a sharp decrease in clients and cost through SFY 2014-15.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships 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 2008-09	\$12,384,663	1,610
Actual	FY 2009-10	\$10,013,561	1,433
Actual	FY 2010-11	\$9,162,148	1,159
Actual	FY 2011-12	\$8,145,380	969
Actual*	FY 2012-13	\$6,704,346	830
Actual + Forecast	FY 2013-14	\$5,750,031	685
Forecast	FY 2014-15	\$4,406,341	483

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Day Rehabilitation Full Day costs are forecast to decline sharply through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 6a
ADULTS
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

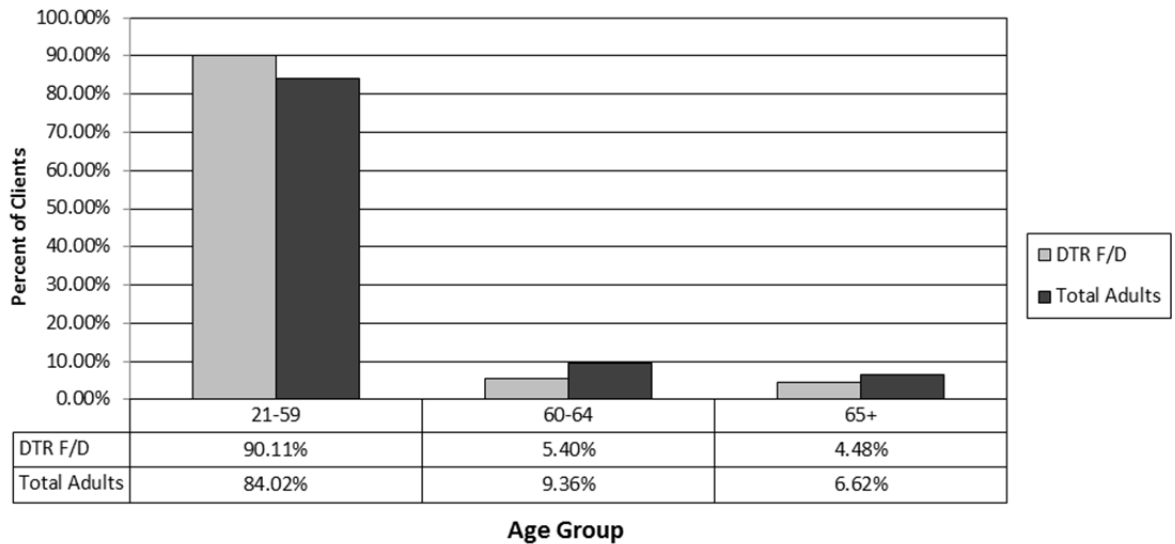


Table 6b
ADULTS
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

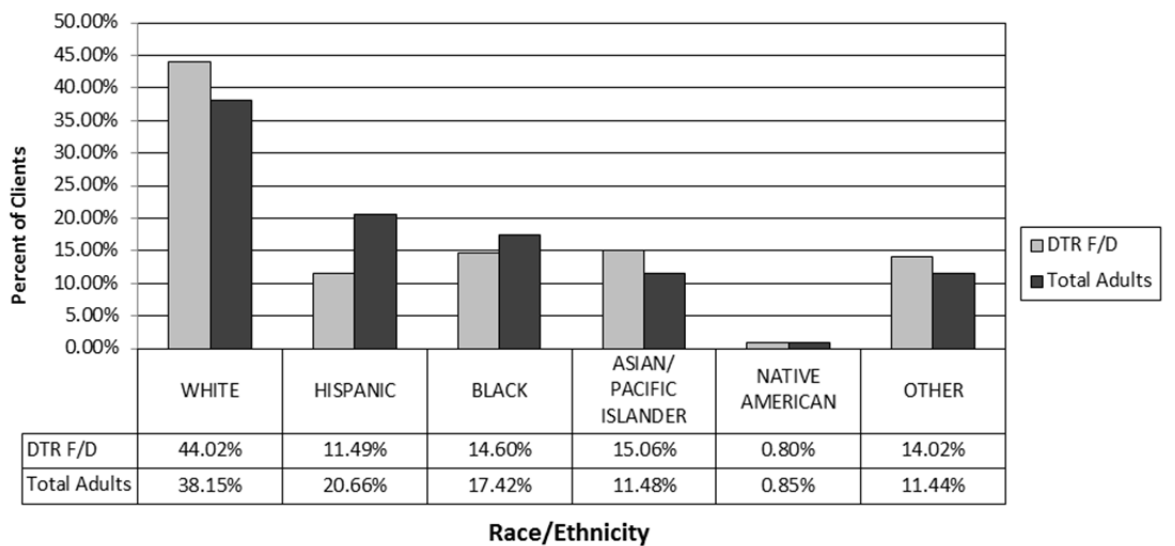


Table 6c
ADULT
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

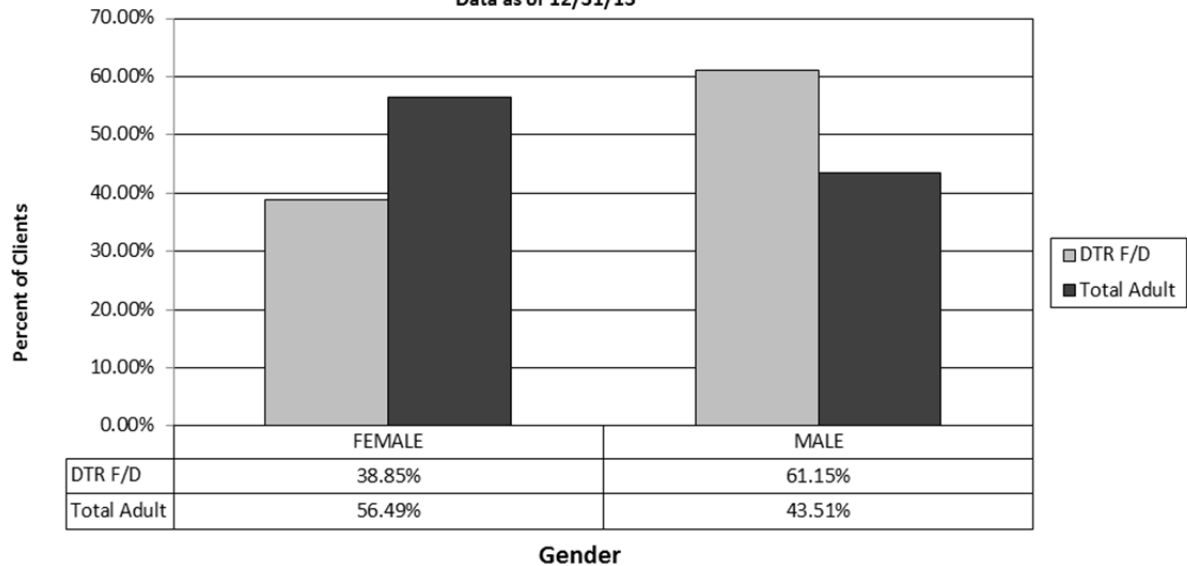


Table 6d
Other Services Received by Adults Receiving Day Rehabilitative Full Day Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
DAY TX REHABILITATIVE FULL DAY	830	100.00%
TARGETED CASE MANAGEMENT	709	85.43%
THERAPY AND OTHER SERVICE ACTIVITIES	706	85.07%
MEDICATION SUPPORT	676	81.40%
ADULT RESIDENTIAL	428	51.53%
CRISIS STABILIZATION	321	38.68%
ADULT CRISIS RESIDENTIAL	315	37.94%
CRISIS INTERVENTION	277	33.41%
HOSPITAL INPATIENT	171	20.56%
FFS-HOSPITAL INPATIENT	72	8.69%
PHF	19	2.33%
DAY TX REHABILITATIVE HALF DAY	3	0.37%

Service Metrics:

Table 6e
Day Treatment Rehabilitative Full Day Approved Amount
Fiscal Year 2012-13

Statistic	Amount	Quartile	Amount
Number of Clients	830	100%	\$ 53,244
Mean	\$8,078	99%	\$ 39,428
Standard Deviation	\$8,166	95%	\$ 24,126
Median	\$5,911	90%	\$ 19,018
Mode	\$129	75%	\$ 10,537
Interquartile Range	\$8,515	50%	\$ 5,911
		25%	\$ 2,022

Table 6f
Day Treatment Rehabilitative Full Days
Fiscal Year 2012-13

Statistic	Amount	Quartile	Days
Number of Clients	830	100%	337
Mean	59	99%	235
Standard Deviation	55	95%	169
Median	44	90%	142
Mode	1	75%	80
Interquartile Range	65	50%	44
		25%	15

Table 6g
Historical Trends
Day Rehabilitative Full Day by Fiscal Year

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	1,433	1,159	969	830
Number of Days	86,570	77,179	62,937	48,725
Days Per Client	60	67	65	59
Approved Amount	\$10,013,561	\$9,162,148	\$8,145,380	\$6,704,346

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 after.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

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 forecast for Day Treatment Intensive Full Day Services costs were zero and no clients are expected to be serviced through FY 2014-15.

The reduction in the use of Day Treatment and Day Rehabilitation Half Day and Full Day services is due to counties using more community based services to achieve the same or better outcomes with less costly services. This is due to the implementation of Mental Health Services Act (MHSA) Full Service Partnerships 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 2008-09	\$756,246	210
Actual	FY 2009-10	\$463,225	97
Actual	FY 2010-11	\$465,618	61
Actual	FY 2011-12	\$74,071	16
Actual*	FY 2012-13	\$12,789	1
Actual + Forecast	FY 2013-14	\$17,502	1
Forecast	FY 2014-15	\$-	---

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs are expected be zero in FY 2014-15 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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013. Due to the small sample size, the following charts and tables are not statistically significant.

Table 7a
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

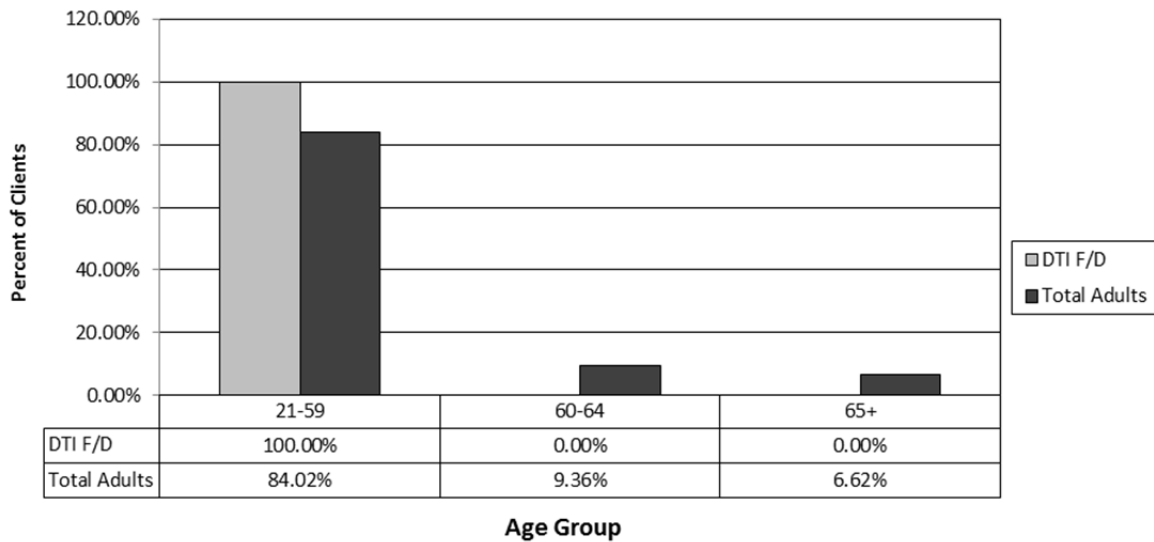


Table 7b
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

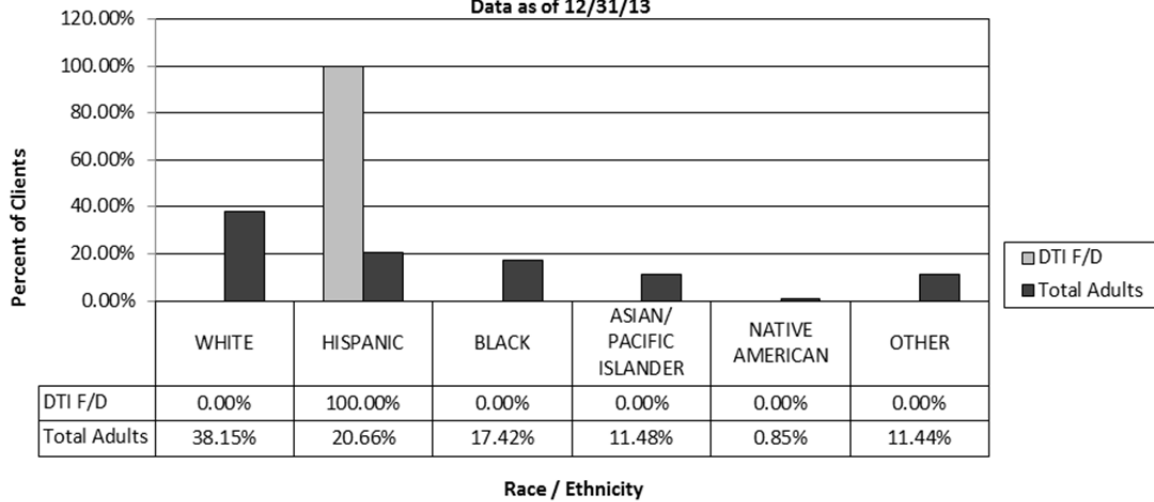


Table 7c
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

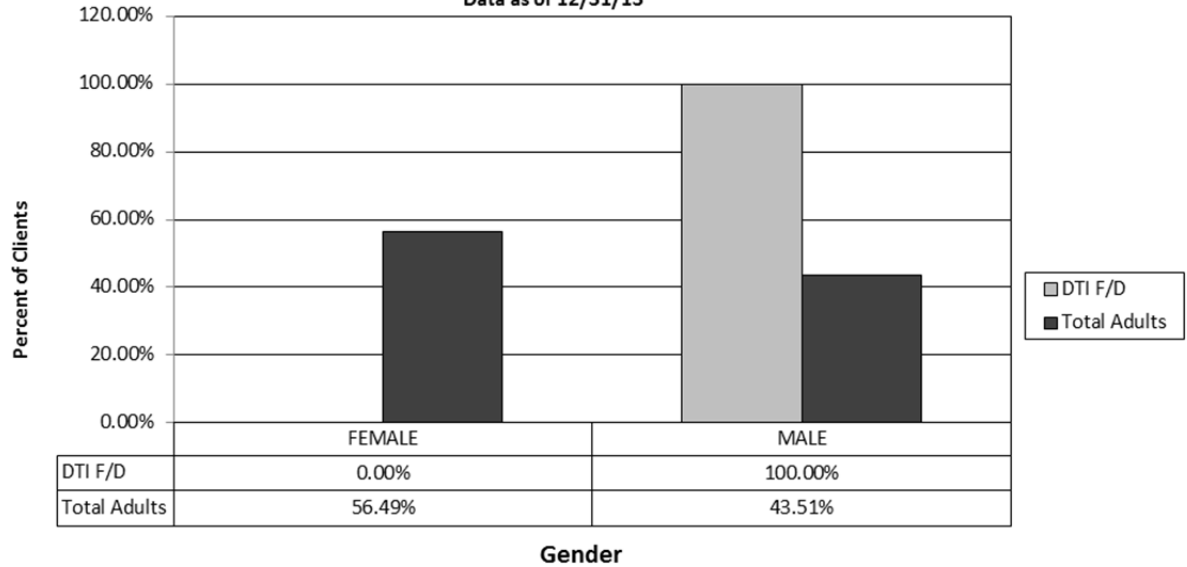


Table 7d
Other Services Received by Adults Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1	100%
DAY TX INTENSIVE FULL DAY	1	100%
MEDICATION SUPPORT	1	100%

Service Metrics:

Table 7e
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2012-13

Statistic	Amount	Quartile	Amount
Number of Clients	1	100%	\$12,789
Mean	\$12,789	99%	\$12,789
Standard Deviation	.	95%	\$12,789
Median	\$12,789	90%	\$12,789
Mode	\$12,789	75%	\$12,789
Interquartile Range	-	50%	\$12,789
		25%	\$12,789

Table 7f
Day Treatment Intensive Full Day Days
Fiscal Year 2012-13

Statistic	Amount	Quartile	Days
Number of Clients	1	100%	56
Mean	56	99%	56
Standard Deviation	-	95%	56
Median	56	90%	56
Mode	56	75%	56
Interquartile Range	-	50%	56
		25%	56

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	97	61	16	1
Number of Days	2,984	2,724	428	56
Days Per Client	31	45	27	56
Approved Amount	\$463,225	\$465,618	\$74,071	\$12,789

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 is forecast to decrease slightly with an overall decrease in minutes per client and an increase costs per minute and total costs through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$201,050,251	172,016
Actual	FY 2009-10	\$189,094,354	164,806
Actual	FY 2010-11	\$187,276,324	163,003
Actual	FY 2011-12	\$193,049,475	165,130
Actual*	FY 2012-13	\$226,527,913	163,021
Actual + Forecast	FY 2013-14	\$231,957,748	153,740
Forecast	FY 2014-15	\$239,015,730	151,088

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

The Medication Support costs are expected to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 8a
ADULTS
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

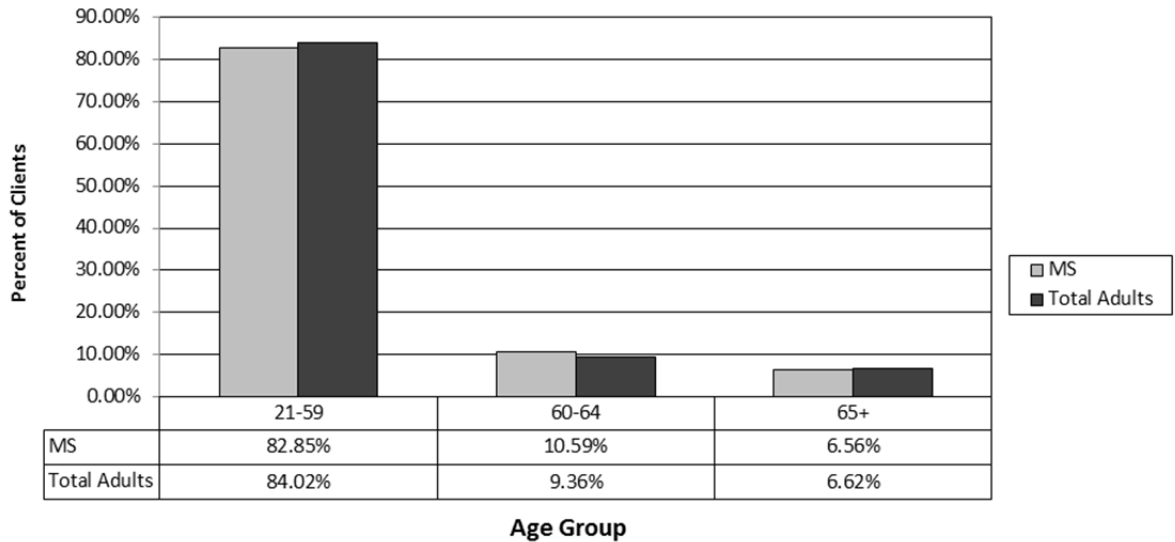


Table 8b
ADULTS
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

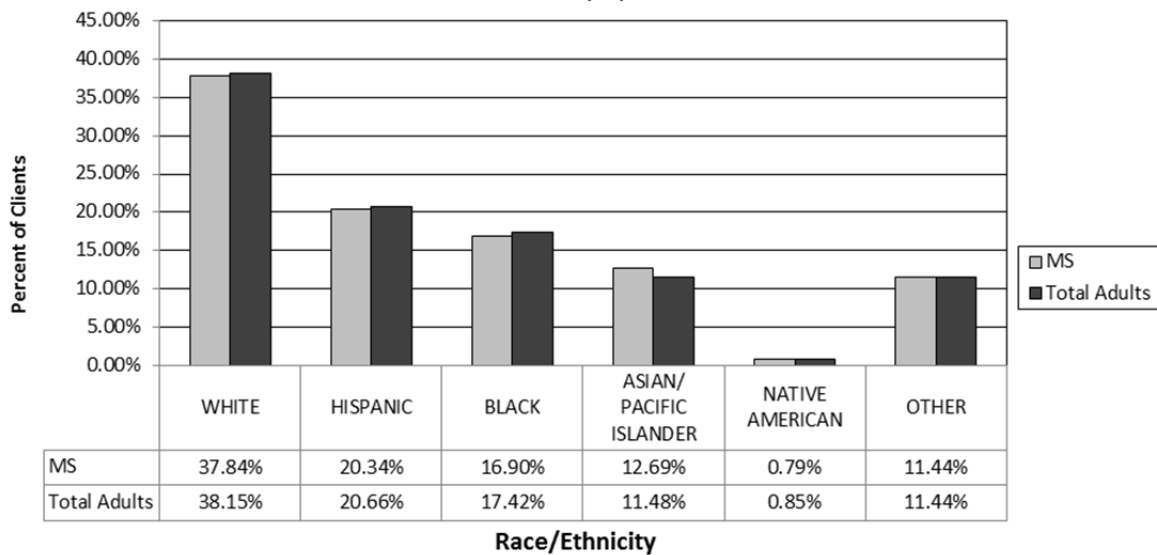


Table 8c
ADULTS
Clients Receiving Medication Support Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

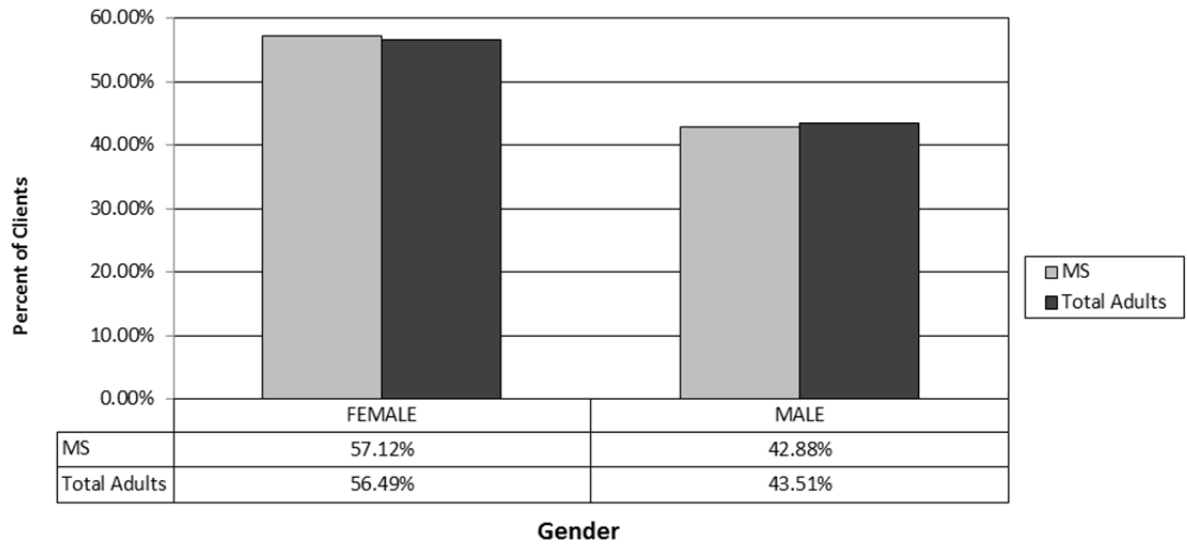


Table 8d
Other Services Received by Adults Receiving Medication Support Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
MEDICATION SUPPORT	163,021	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	118,831	72.89%
TARGETED CASE MANAGEMENT	77,632	47.62%
CRISIS INTERVENTION	19,042	11.68%
CRISIS STABILIZATION	12,420	7.62%
FFS-HOSPITAL INPATIENT	9,973	6.12%
HOSPITAL INPATIENT	4,131	2.53%
ADULT CRISIS RESIDENTIAL	3,507	2.15%
PHF	1,872	1.15%
ADULT RESIDENTIAL	969	0.59%
DAY TX REHABILITATIVE FULL DAY	674	0.41%
DAY TX REHABILITATIVE HALF DAY	143	0.09%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

**Table 8e
Medication Support Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	163,021	100%	\$ 92,966
Mean	\$1,390	99%	\$ 9,991
Standard Deviation	\$2,150	95%	\$ 4,506
Median	\$815	90%	\$ 2,967
Mode	\$0	75%	\$ 1,530
Interquartile Range	\$1,167	50%	\$ 815
		25%	\$ 364

**Table 8f
Medication Support Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	163,021	100%	19,137
Mean	285	99%	2,058
Standard Deviation	440	95%	905
Median	165	90%	595
Mode	60	75%	307
Interquartile Range	222	50%	165
		25%	85

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	164,806	163,003	165,130	163,021
Number of Minutes	47,158,444	52,841,207	50,503,910	46,445,927
Minutes Per Client	286	324	306	285
Approved Amount	\$189,094,354	\$187,276,324	\$193,049,475	\$226,527,913

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$14,542,834	2,388
Actual	FY 2009-10	\$14,211,935	2,307
Actual	FY 2010-11	\$15,450,117	2,418
Actual	FY 2011-12	\$17,393,561	2,749
Actual*	FY 2012-13	\$24,884,264	2,945
Actual + Forecast	FY 2013-14	\$26,066,064	2,840
Forecast	FY 2014-15	\$28,130,184	2,939

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

The total annual costs are expected to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 9a
ADULTS
Clients Receiving PHF Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

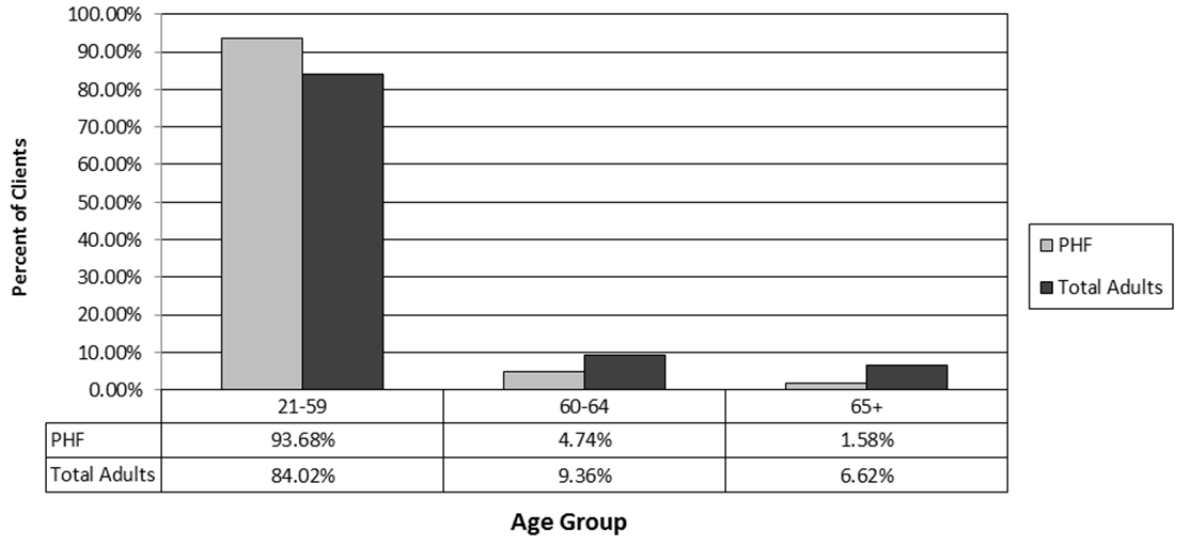


Table 9b
ADULTS
Clients Receiving PHF Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

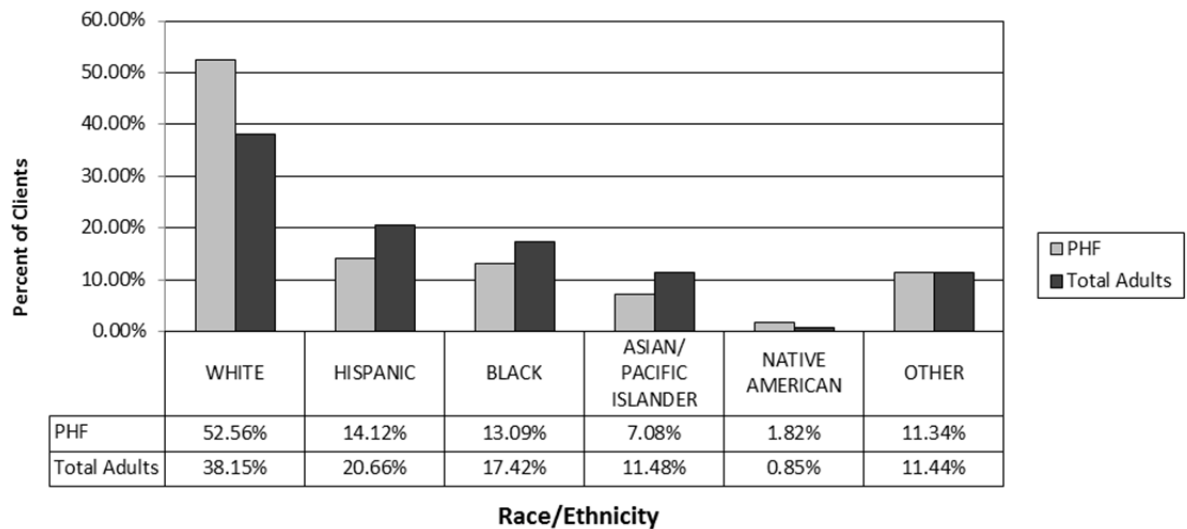


Table 9c
ADULTS
Clients Receiving PHF Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

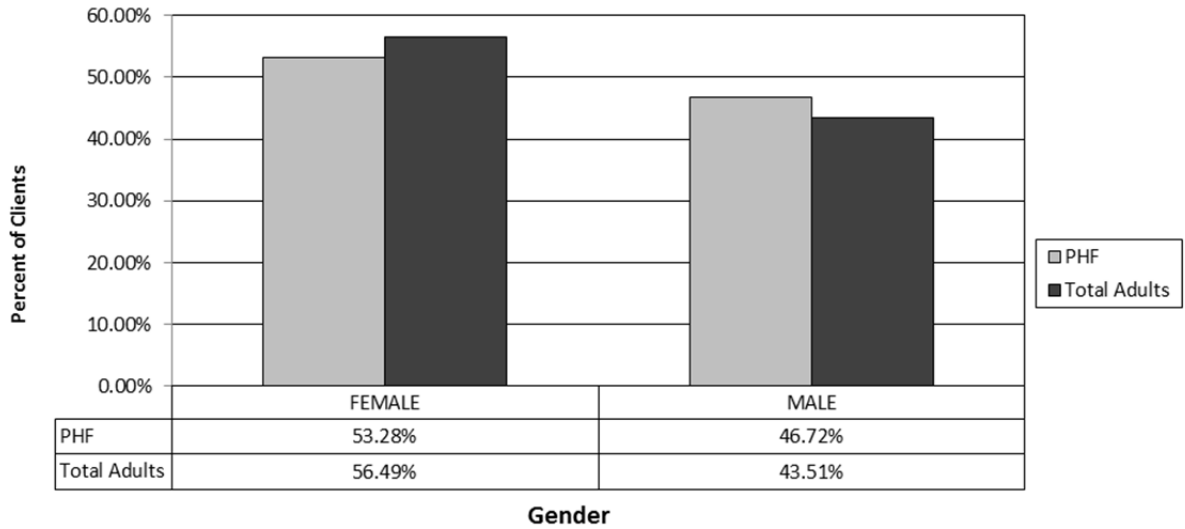


Table 9d
Other Services Received by Adults Receiving Psychiatric Health Facility Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
PHF	100.00%	2,945
MEDICATION SUPPORT	64.54%	1,901
THERAPY AND OTHER SERVICE ACTIVITIES	63.80%	1,879
TARGETED CASE MANAGEMENT	62.33%	1,836
CRISIS INTERVENTION	53.98%	1,590
CRISIS STABILIZATION	47.62%	1,403
ADULT CRISIS RESIDENTIAL	11.53%	340
FFS-HOSPITAL INPATIENT	10.66%	314
HOSPITAL INPATIENT	4.54%	134
ADULT RESIDENTIAL	1.68%	49
DAY TX REHABILITATIVE FULL DAY	0.66%	20

Service Metrics:

**Table 9e
Psychiatric Health Facility Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	2,945	100%	\$ 209,974
Mean	\$8,450	99%	\$ 56,727
Standard Deviation	\$12,682	95%	\$ 31,220
Median	\$4,052	90%	\$ 20,800
Mode	\$1,272	75%	\$ 10,064
Interquartile Range	\$8,177	50%	\$ 4,052
		25%	\$ 1,887

**Table 9f
Psychiatric Health Facility Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	2,945	100%	258
Mean	13	99%	94
Standard Deviation	20	95%	50
Median	6	90%	33
Mode	2	75%	15
Interquartile Range	12	50%	6
		25%	3

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	2,307	2,418	2,749	2,945
Number of Days	25,668	27,499	29,876	38,324
Days Per Client	11	11	11	13
Approved Amount	\$14,211,935	\$15,450,117	\$17,393,561	\$24,884,264

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Psychiatric Inpatient Hospital Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

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 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 inpatient hospital 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 inpatient hospital services through the FFS/MC Fiscal Intermediary system. 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.

Summary:

The forecast for Psychiatric Hospital Inpatient Services shows a small increase in cost and a slight decrease in clients through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$60,505,545	6,444
Actual	FY 2009-10	\$56,053,797	6,359
Actual	FY 2010-11	\$55,554,162	6,160
Actual	FY 2011-12	\$55,207,439	6,293
Actual*	FY 2012-13	\$70,976,011	6,184
Actual + Forecast	FY 2013-14	\$63,145,159	5,222
Forecast	FY 2014-15	\$63,843,334	5,078

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services for FY 2014-15 are forecasted to be on par with the prior two 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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 10a
ADULTS
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

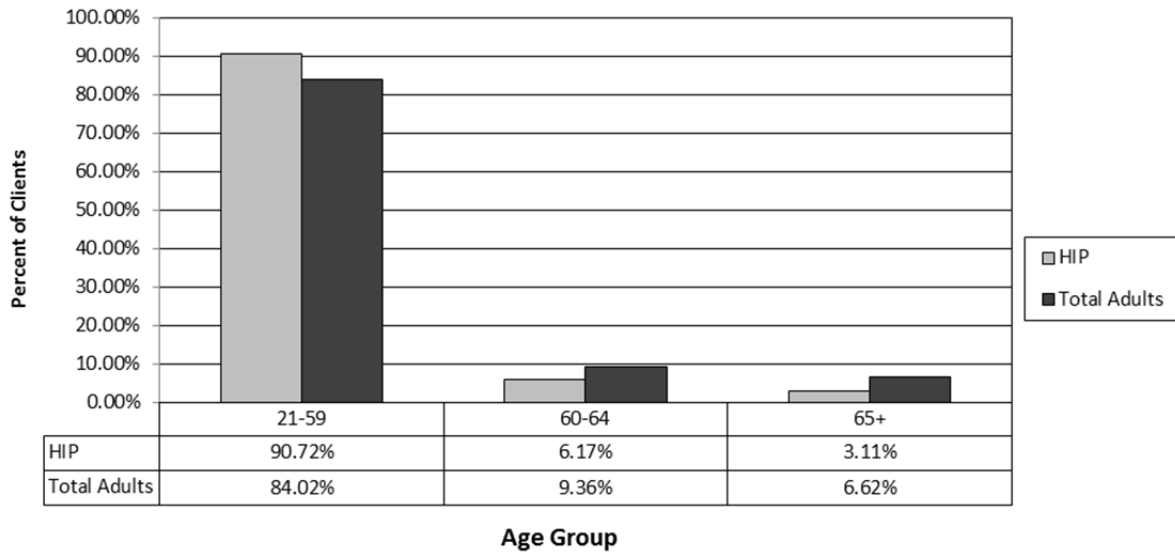


Table 10b
ADULTS
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

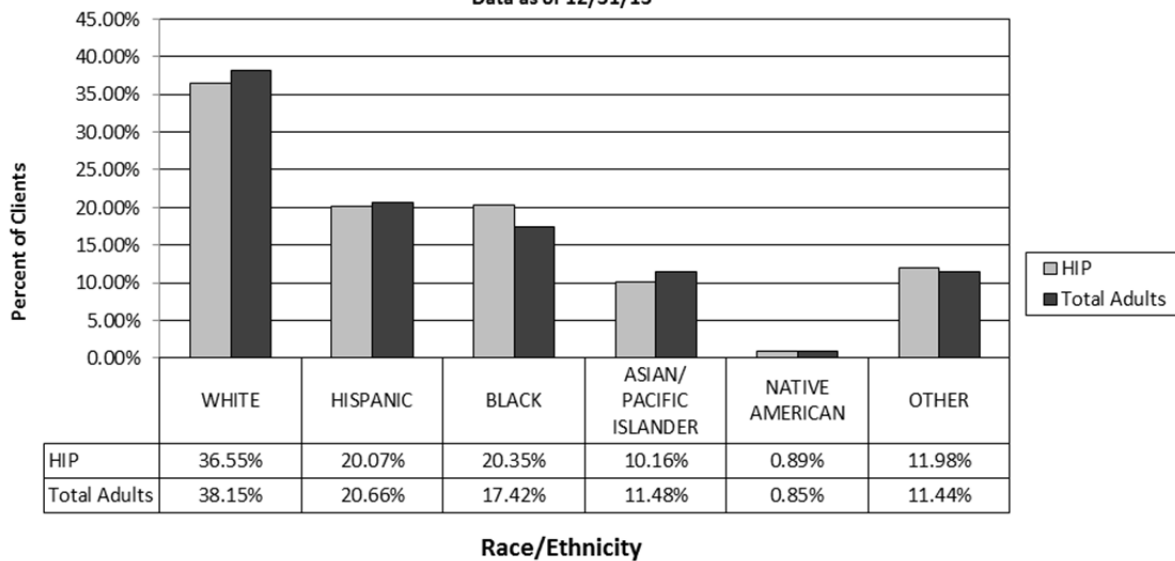


Table 10c
ADULTS
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

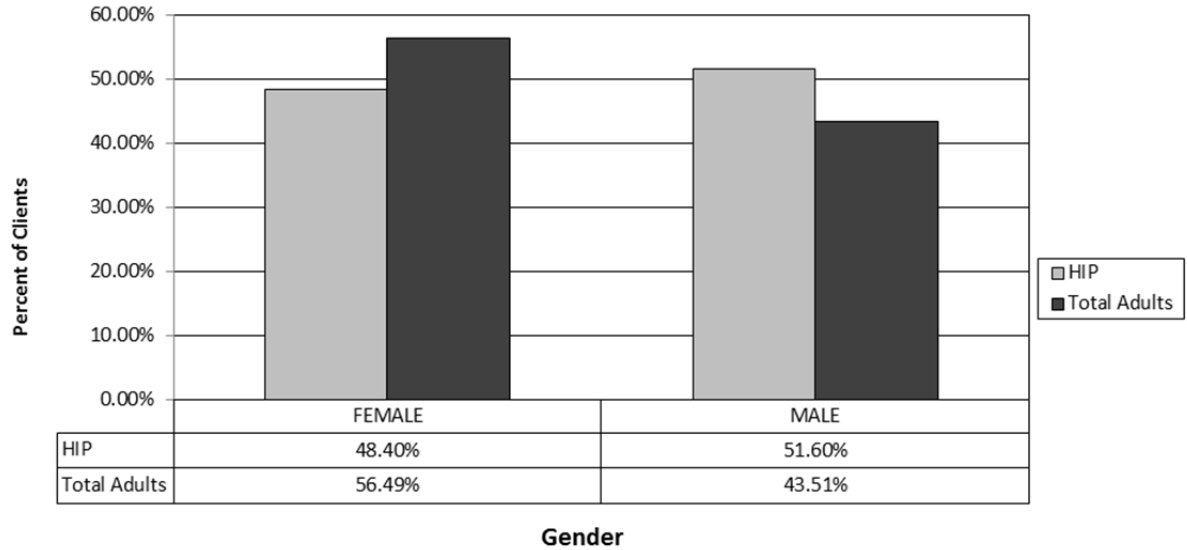


Table 10d
Other Services Received by Adults Receiving Psychiatric Hospital Inpatient Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	6,184	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	4,417	71.43%
MEDICATION SUPPORT	4,225	68.33%
CRISIS STABILIZATION	3,942	63.75%
TARGETED CASE MANAGEMENT	3,109	50.27%
CRISIS INTERVENTION	2,932	47.42%
FFS-HOSPITAL INPATIENT	1,001	16.18%
ADULT CRISIS RESIDENTIAL	684	11.07%
ADULT RESIDENTIAL	196	3.17%
DAY TX REHABILITATIVE FULL DAY	174	2.82%
PHF	135	2.18%
DAY TX REHABILITATIVE HALF DAY	34	0.55%

Service Metrics:

**Table 10e
Psychiatric Hospital Inpatient Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	6,184	100%	\$ 275,659
Mean	\$11,477	99%	\$ 89,256
Standard Deviation	\$17,424	95%	\$ 41,614
Median	\$5,682	90%	\$ 27,669
Mode	\$3,251	75%	\$ 13,227
Interquartile Range	\$10,195	50%	\$ 5,682
		25%	\$ 3,032

**Table 10f
Psychiatric Hospital Inpatient Days
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	6,184	100%	202
Mean	10	99%	82
Standard Deviation	16	95%	39
Median	5	90%	26
Mode	2	75%	11
Interquartile Range	9	50%	5
		25%	2

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	6,359	6,160	6,293	6,184
Number of Days	73,846	72,409	68,888	63,705
Days Per Client	12	12	11	10
Approved Amount	\$56,053,797	\$55,554,162	\$55,207,439	\$70,976,011

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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 a small decrease in clients through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$98,727,675	104,990
Actual	FY 2009-10	\$90,880,578	101,679
Actual	FY 2010-11	\$86,546,631	97,740
Actual	FY 2011-12	\$84,972,063	97,633
Actual*	FY 2012-13	\$104,879,631	96,827
Actual + Forecast	FY 2013-14	\$108,236,857	95,331
Forecast	FY 2014-15	\$110,330,294	93,519

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Targeted Case Management are forecast to be slightly lower through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

Table 11a
ADULTS
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

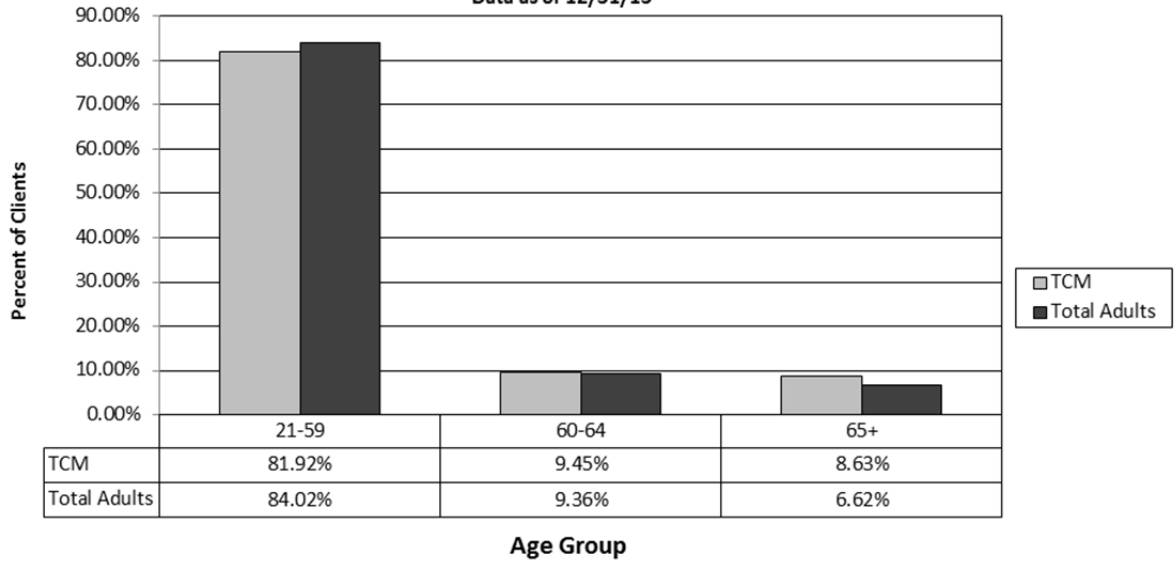


Table 11b
ADULTS
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

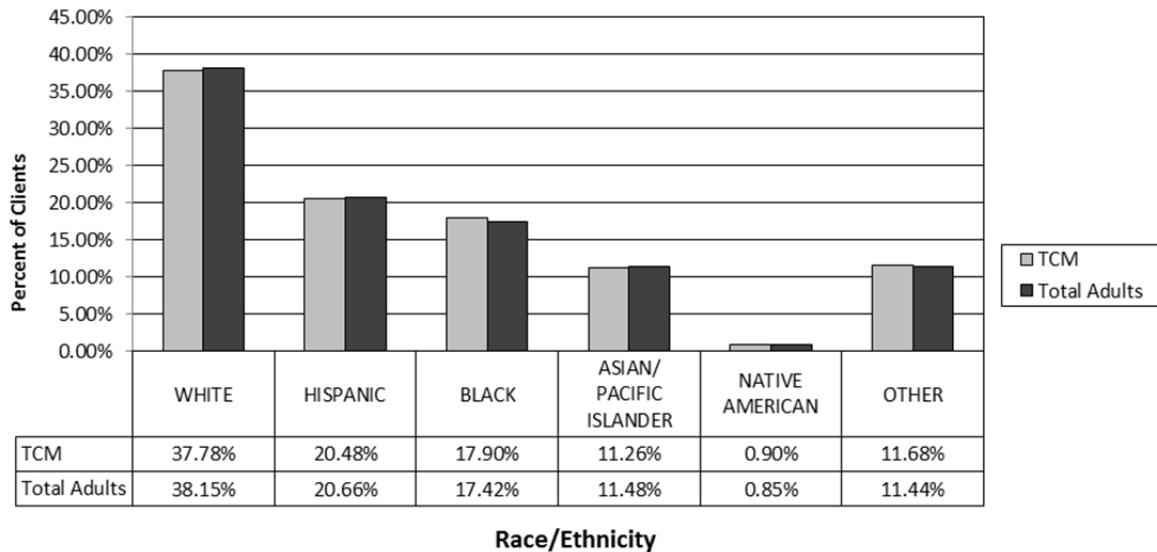


Table 11c
ADULTS
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

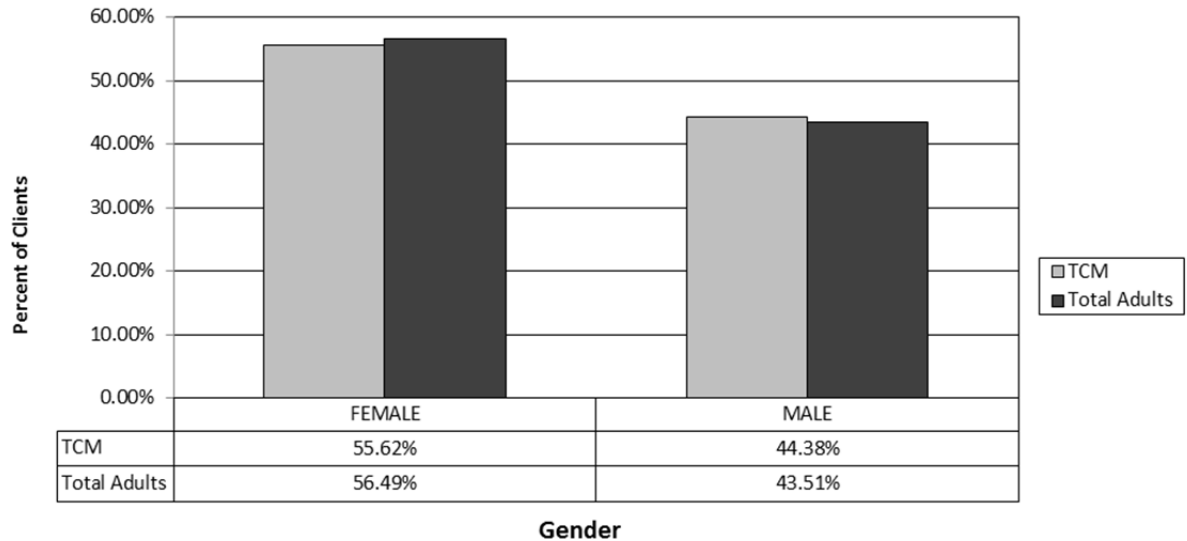


Table 11d
Other Services Received by Adults Receiving Targeted Case Management Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	96,827	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	83,792	86.54%
MEDICATION SUPPORT	77,900	80.45%
CRISIS INTERVENTION	16,861	17.41%
CRISIS STABILIZATION	9,846	10.17%
FFS-HOSPITAL INPATIENT	6,739	6.96%
HOSPITAL INPATIENT	3,050	3.15%
ADULT CRISIS RESIDENTIAL	2,785	2.88%
PHF	1,815	1.87%
ADULT RESIDENTIAL	1,007	1.04%
DAY TX REHABILITATIVE FULL DAY	710	0.73%
DAY TX REHABILITATIVE HALF DAY	109	0.11%

Service Metrics:

**Table 11e
Targeted Case Management Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	96,827	100%	\$ 113,395
Mean	\$1,083	99%	\$ 11,090
Standard Deviation	\$2,403	95%	\$ 4,488
Median	\$323	90%	\$ 2,653
Mode	\$74	75%	\$ 989
Interquartile Range	\$868	50%	\$ 323
		25%	\$ 121

**Table 11f
Targeted Case Management Minutes
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	96,827	100%	25,032
Mean	453	99%	4,265
Standard Deviation	889	95%	1,905
Median	147	90%	1,155
Mode	30	75%	441
Interquartile Range	385	50%	147
		25%	56

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	101,679	97,740	97,633	96,827
Number of Minutes	47,380,850	46,091,620	49,331,241	43,835,969
Minutes Per Client	466	472	505	453
Approved Amount	\$90,880,578	\$86,546,631	\$84,972,063	\$104,879,631

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

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, treatment 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 2011-12.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$324,321,054	174,524
Actual	FY 2009-10	\$302,792,436	163,668
Actual	FY 2010-11	\$307,651,699	162,143
Actual	FY 2011-12	\$325,602,290	167,271
Actual*	FY 2012-13	\$383,539,620	172,187
Actual + Forecast	FY 2013-14	\$399,433,436	171,712
Forecast	FY 2014-15	\$415,435,456	171,687

*It is estimated that 97% of claims for adults for FY 12-13 have been received as of Dec 31, 2013

Budget Forecast Narrative:

Costs for Therapy and Other Service Activities are forecast to increase through FY 2014-15.

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 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2013.

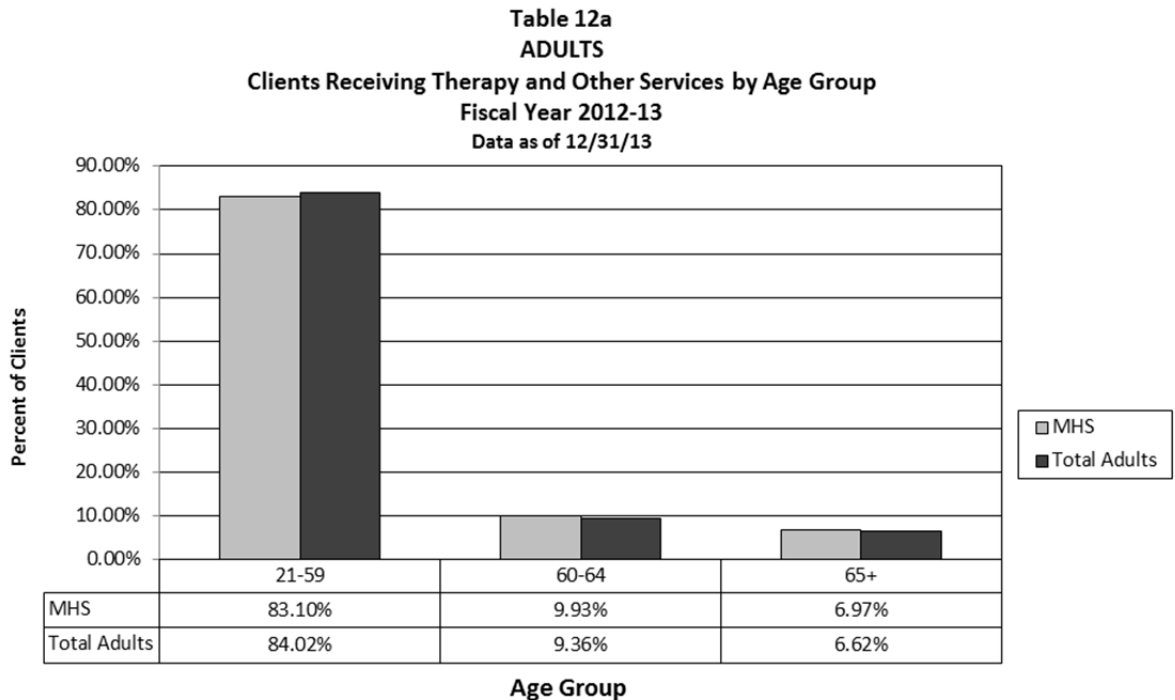


Table 12b
ADULTS
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

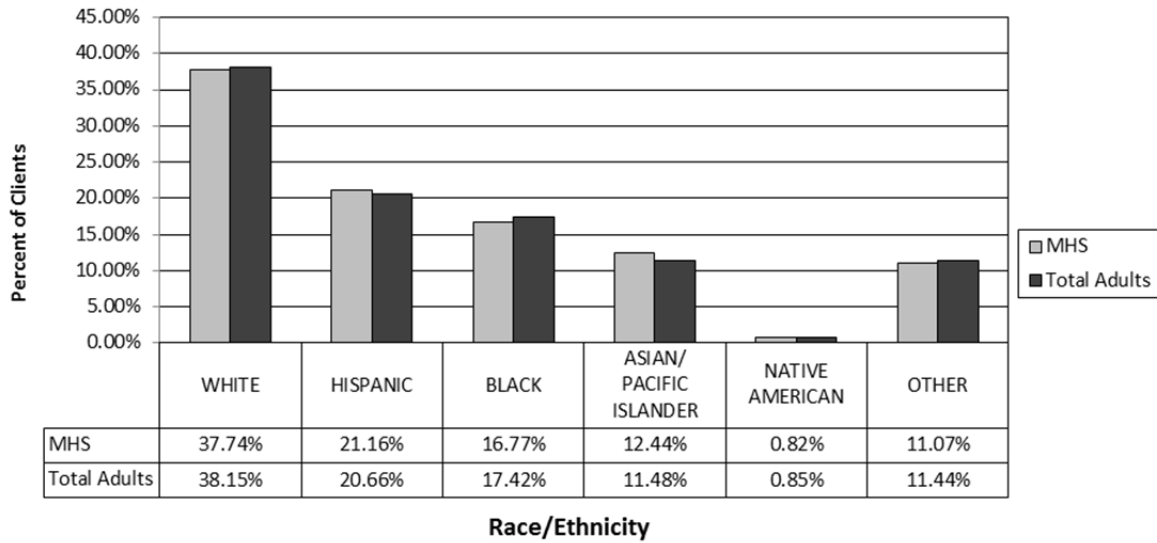


Table 12c
ADULTS
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

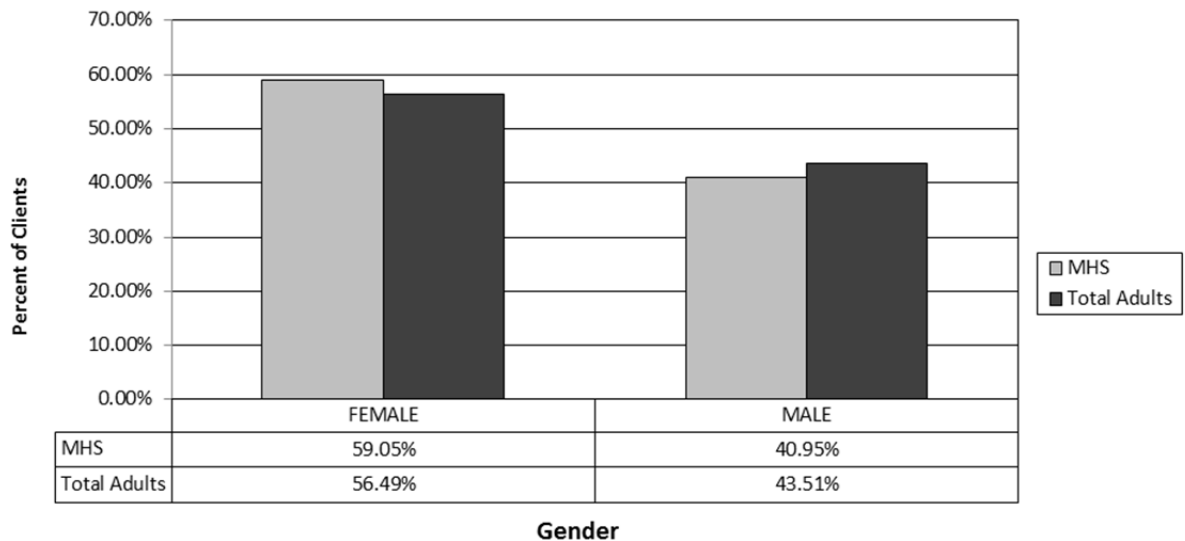


Table 12d
Other Services Received by Adults Receiving Therapy and Other Service Activities
Fiscal Year 2012-13

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	172,187	100.00%
MEDICATION SUPPORT	119,537	69.42%
TARGETED CASE MANAGEMENT	84,000	48.78%
CRISIS INTERVENTION	20,534	11.93%
CRISIS STABILIZATION	13,631	7.92%
FFS-HOSPITAL INPATIENT	12,034	6.99%
HOSPITAL INPATIENT	4,344	2.52%
ADULT CRISIS RESIDENTIAL	3,036	1.76%
PHF	1,862	1.08%
ADULT RESIDENTIAL	1,029	0.60%
DAY TX REHABILITATIVE FULL DAY	709	0.41%
DAY TX REHABILITATIVE HALF DAY	141	0.08%

Service Metrics:

Table 12e
Therapy and Other Services Approved Amount
Fiscal Year 2012-13

Statistic	Amount	Quartile	Amount
Number of Clients	172,187	100%	\$ 104,169
Mean	\$2,227	99%	\$ 20,112
Standard Deviation	\$4,219	95%	\$ 9,571
Median	\$697	90%	\$ 5,958
Mode	\$53	75%	\$ 2,204
Interquartile Range	\$1,930	50%	\$ 697
		25%	\$ 274

Table 12f
Therapy and Other Services Minutes
Fiscal Year 2012-13

Statistic	Minutes	Quartile	Minutes
Number of Clients	172,187	100%	55,037
Mean	856	99%	7,618
Standard Deviation	1,613	95%	3,536
Median	300	90%	2,185
Mode	60	75%	865
Interquartile Range	745	50%	300
		25%	120

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

Data Type	2009-2010	2010-2011	2011-2012	2012-2013*
Number of Clients	163,668	162,143	167,271	172,187
Number of Minutes	150,423,716	165,637,635	157,233,152	147,363,973
Minutes Per Client	919	1,022	940	856
Approved Amount	\$302,792,436	\$307,651,699	\$325,602,290	\$383,539,620

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.

Psychiatric Inpatient Hospital Services – FFS/MC Hospitals

Psychiatric Inpatient Hospital Services – FFS/MC Hospitals:

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 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 inpatient hospital 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 inpatient hospital services through the FFS/MC Fiscal Intermediary system. 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.

Summary:

The forecast for Psychiatric Inpatient Hospital Services provided by FFS/MC hospitals shows growth in costs through FY 2014-15.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2008-09	\$203,231	14,362
Actual	FY 2009-10	\$194,522	14,543
Actual	FY 2010-11	\$201,586	14,899
Actual	FY 2011-12	\$210,165	14,397
Actual	FY 2012-13	\$213,202	15,076
Actual + Forecast	FY 2013-14	\$210,595	14,695
Forecast	FY 2014-15	\$211,651	14,492

Budget Forecast Narrative:

Costs for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2014-15.

Client Profile Data:

Client 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 2011-12 client tables and the historical trends tables are based upon claims received as of August 23, 2013.

Table 13a
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2012-13
Data as of 12/31/13

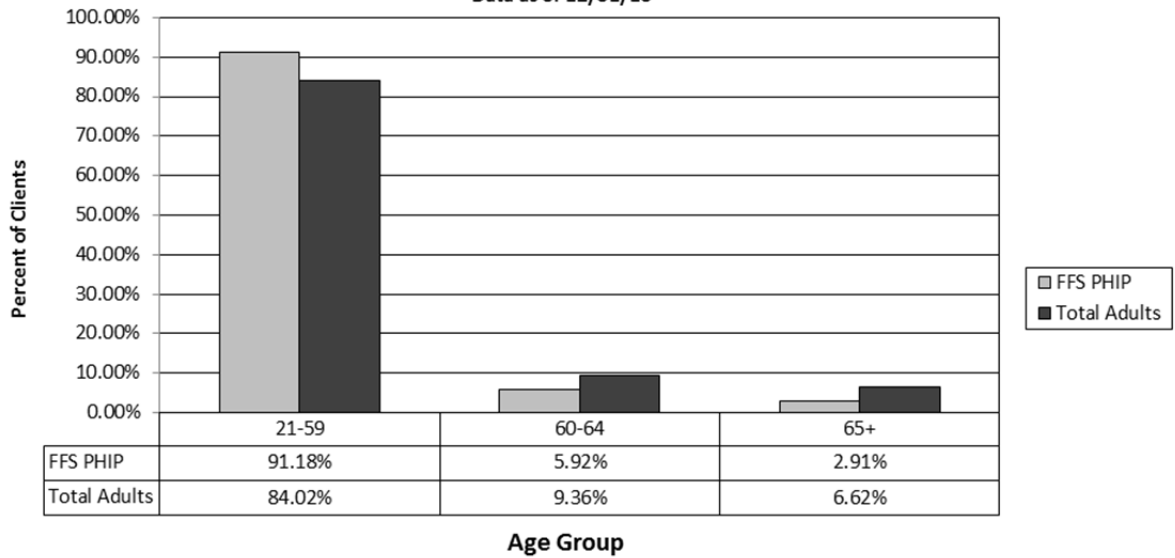


Table 13b
ADULTS
Clients Receiving Fee For Service Psychiatric Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-13
Data as of 12/31/13

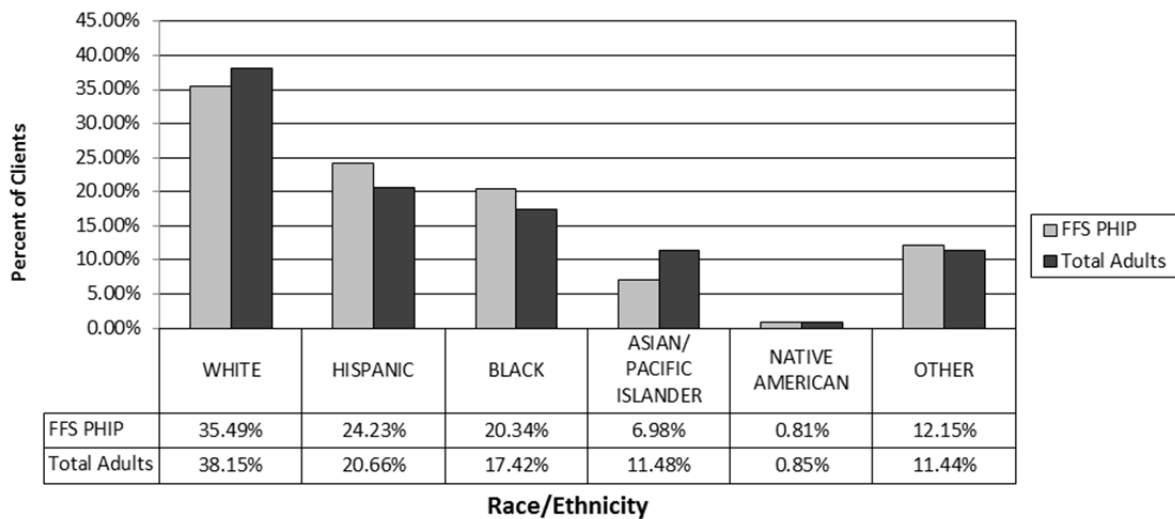


Table 13c
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2012-13
Data as of 12/31/13

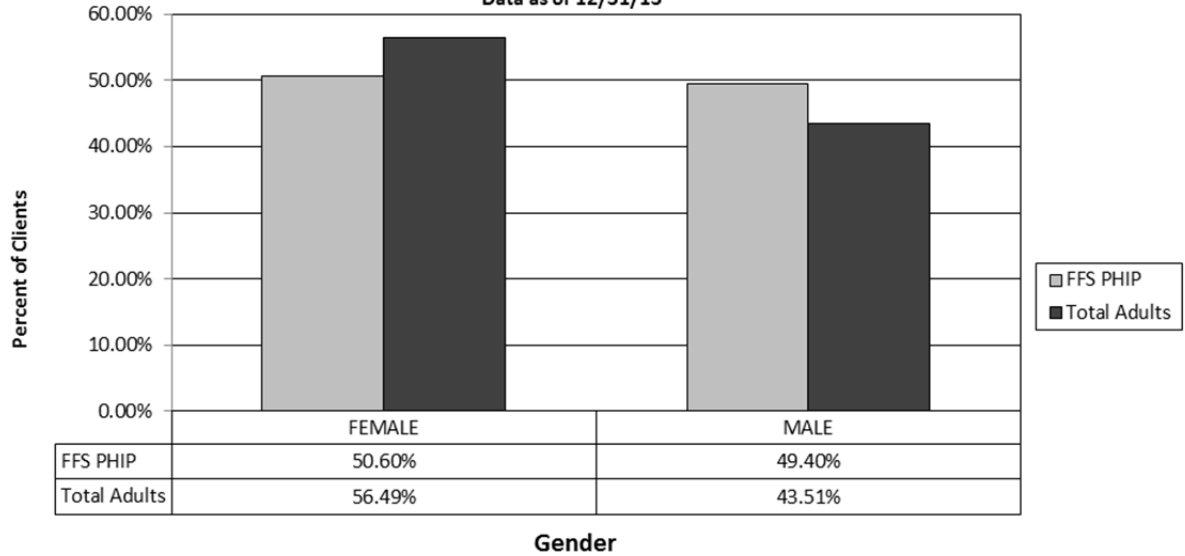


Table 13d
Other Services Received by Adults Receiving Fee for Service Psychiatric Inpatient Services
Fiscal Year 2012-13

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	15,076	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	12,028	79.79%
MEDICATION SUPPORT	10,028	66.51%
TARGETED CASE MANAGEMENT	6,753	44.79%
CRISIS INTERVENTION	6,021	39.94%
CRISIS STABILIZATION	4,858	32.22%
ADULT CRISIS RESIDENTIAL	1,029	6.83%
HOSPITAL INPATIENT	984	6.52%
PHF	311	2.06%
ADULT RESIDENTIAL	128	0.85%
DAY TX REHABILITATIVE FULL DAY	72	0.48%
DAY TX REHABILITATIVE HALF DAY	17	0.11%

Service Metrics:

**Table 13e
Fee for Service Psychiatric Inpatient Approved Amount
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	15,076	100%	\$ 240,655
Mean	\$9,444	99%	\$ 80,798
Standard Deviation	\$16,104	95%	\$ 35,564
Median	\$4,184	90%	\$ 21,815
Mode	\$1,569	75%	\$ 9,711
Interquartile Range	\$7,619	50%	\$ 4,184
		25%	\$ 2,092

**Table 13f
Fee for Service Psychiatric Inpatient Services Days
Fiscal Year 2012-13**

Statistic	Days	Quartile	Days
Number of Clients	15,076	100%	364
Mean	14	99%	128
Standard Deviation	25	95%	54
Median	6	90%	33
Mode	3	75%	15
Interquartile Range	12	50%	6
		25%	3

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

<u>Data Type</u>	<u>2009-2010</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013*</u>
Number of Clients	14,543	14,899	14,397	15,076
Number of Days	194,522	201,586	210,165	213,202
Days Per Client	13	14	15	14
Approved Amount	\$111,886,058	\$121,109,670	\$131,092,925	\$142,380,808

*FY 2012-13 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2013.