

Department of Health Care Services

## Medi-Cal Specialty Mental Health Services

November Estimate

Policy Change Supplement

For Fiscal Years  
2014-15 and 2015-16

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## Executive Summary

Welfare and Institutions (W&I) Code, Section 14100.51 requires the Department of Health Care Services (DHCS) to provide to the Legislature, by January 10 and concurrently with the release of the May Revision, supplemental fiscal information for the Medi-Cal Specialty Mental Health Services Program. This supplemental fiscal information must include service type descriptions, children's and adults' caseloads and fiscal forecasts by service type, explanations of changes to these forecasts, fiscal charts containing children's and adults' claimed costs and unduplicated client counts, and summary fiscal charts for the current-year and budget-year. The Medi-Cal Specialty Mental Health Services (SMHS) November Estimate Policy Change Supplement (SMHS Supplement) provides this information for the Fiscal Year 2015-16 Governor's Budget.

The fiscal information contained in the SMHS Supplement shows continued growth in costs for services provided to child beneficiaries as well as the number of child beneficiaries served. Children's service costs are projected to grow 5.1% from \$1.77 billion in the current year to \$1.86 billion in the budget year. The unduplicated number of children receiving specialty mental health services through Short-Doyle/Medi-Cal (SD/MC) providers is projected to grow 4.45% from 278,686 in the current year to 291,075 in the budget year. The unduplicated number of children receiving acute psychiatric inpatient hospital services through Fee-for-Service (FFS/MC) providers is projected to grow 6.62% from 12,507 in the current year to 13,335 in the budget year.

These increases in the cost of services and the number of children receiving specialty mental health services are being impacted, in part, by the transition of Healthy Families Program (HFP) beneficiaries to the Medi-Cal program. Approximately 19,314 clients who received services under HFP were transitioned to full scope Medi-Cal in FY 13-14. These former HFP clients are now part of the full scope Medi-Cal client base and budget estimate. In Fiscal Year 2011-12, 7,666 HFP beneficiaries received specialty mental health services through SD/MC providers. The total approved claims for these services were \$31,715,140. No HFP beneficiaries received acute psychiatric inpatient hospital services provided through a FFS/MC hospital. In Fiscal Year 2012-13, the number of HFP beneficiaries and HFP beneficiaries transitioned to the Medi-Cal program receiving specialty mental health services through SD/MC providers more than doubled to 16,183. The number of HFP beneficiaries and HFP beneficiaries who transitioned to the Medi-Cal program receiving acute psychiatric inpatient hospital services through a FFS/MC hospital increased to 179.

The cost for services provided to adult beneficiaries is expected to grow from current year to budget year while the number of adult beneficiaries served is expected to decline slightly. The cost for adult services is projected to grow 3.5% from \$1.172 billion in the current year to \$1.213 billion in the budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers is projected to decline 0.45% from 232,112 in the current year to 231,063 in the budget year. The unduplicated number of adults receiving acute psychiatric inpatient hospital services through FFS/MC hospitals is projected to decline 0.75% from 13,546 in the current and

to 13,445 in the budget year. This change in cost and clients served does not include the impact of the Affordable Care Act (ACA) Optional Expansion.

The SMHS Supplement contains data on the actual utilization of SMHS by Medi-Cal beneficiaries enrolled under the ACA Optional Expansion. In Fiscal Year 2013-14, approved claims submitted through June 30, 2014 for specialty mental health services provided to Medi-Cal beneficiaries enrolled under the ACA Optional Expansion was \$109 million, which was 8.8% of approved claims for all beneficiaries during that same period of time. The number of beneficiaries served in Fiscal Year 2013-14 who enrolled under the ACA Optional Expansion was 54,078, which was 18% of total beneficiaries served during that same period of time.

## Service Descriptions

### Overview

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

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

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

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

\*Includes Children Age 18 through 20

## **Service Descriptions**

### **Adult Crisis Residential Services (CRS)**

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

### **Adult Residential Treatment Services**

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

### **Crisis Intervention**

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

### **Crisis Stabilization**

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

### **Day 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.

### **Intensive Care Coordination (ICC)**

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

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

### **Intensive Home Based Services (IHBS)**

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). The Child and Family Team (CFT) participates in the development of the child's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

### **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 SD/MC hospitals and FFS/MC hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the 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.

## **Litigation and the Specialty Mental Health Services Program**

### **Katie A. v. Bonta**

The Katie A. v. Bonta lawsuit Settlement Agreement – in place since December 2011 - outlines a series of actions that are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specifies that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) (once clarified as a Medi-Cal service). County MHPs are required to provide ICC and, when medically necessary, IHBS services to subclass members. MHPs provide ICC and IHBS and claim federal reimbursement through the SDMC claiming system.

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

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This November budget estimate contains actual claims data for ICC and IHBS claims received through June 30, 2014. At present there is not enough data to generate budget forecasts for ICC and IHBS services.

### **Emily Q. v. Bonta**

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

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

Fiscal Year 2014-15 May 2014 Estimate Compared to Fiscal Year 2014-15 November 2014 Estimate														
POLICY CHG.		May 2014 Est. for FY 2014-15				November 2014 Est. for FY 2014-15				DIFFERENCE				
TYPE	NO.	DESCRIPTION	TF	SF	FFP	CF <sup>(1)</sup>	TF	SF	FFP	CF <sup>(1)</sup>	TF	SF	FFP	CF <sup>(1)</sup>
Base	69/70	SMHS FOR CHILDREN	\$1,747,880	\$0	\$891,900	\$855,980	\$1,767,004	\$0	\$912,467	\$854,537	\$19,124	\$0	\$20,567	-\$1,443
Base	70/69	SMHS FOR ADULTS	\$1,142,787	\$0	\$571,394	\$571,393	\$1,172,309	\$0	\$586,155	\$586,154	\$29,522	\$0	\$14,761	\$14,761
Regular	71/78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT <sup>(2)</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	75/76	HEALTHY FAMILIES - SED	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	74/73	KATIE A. V. DIANA BONTA	\$53,502	\$0	\$26,751	\$26,751	\$61,368	\$0	\$30,684	\$30,684	\$7,866	\$0	\$3,933	\$3,933
Regular	73/72	TRANSITION OF HFP - SMH SERVICES	\$65,430	\$0	\$42,529	\$22,900	\$65,430	\$0	\$42,529	\$22,901	\$0	\$0	\$0	\$1
Regular	77/77	OVER ONE-YEAR CLAIMS	\$6,000	\$0	\$3,000	\$3,000	\$7,170	\$0	\$3,585	\$3,585	\$1,170	\$0	\$585	\$585
Regular	79/79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	\$0	\$0	\$0	\$0	\$2,397	-\$2,397	\$0	\$0	\$2,397	-\$2,397	\$0
Regular	80/80	IMD ANCILLARY SERVICES	-\$12,000	-\$6,000	-\$6,000	\$0	\$0	\$0	\$0	\$0	\$12,000	\$6,000	\$6,000	\$0
Regular	81/81	CHART REVIEW	-\$320	\$0	-\$320	\$0	-\$1,807	\$0	-\$1,807	\$0	-\$1,487	\$0	-\$1,487	\$0
Regular	83/74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	72/71	ELIMINATION OF STATE MAXIMUM RATES	\$147,107	\$0	\$73,554	\$73,553	\$91,236	\$0	\$45,618	\$45,618	-\$55,871	\$0	-\$27,936	-\$27,935
Regular	76/75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$0	\$0	\$0	\$0
Other	3/4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$325,444	\$0	\$163,042	\$162,402	\$204,300	\$0	\$102,851	\$101,449	-\$121,144	\$0	-\$60,191	-\$60,953
Other	7/12	SMH MAA	\$42,596	\$0	\$24,864	\$17,732	\$27,780	\$0	\$16,629	\$11,151	-\$14,816	\$0	-\$8,235	-\$6,581
Other	14/11	COUNTY UR & QA ADMIN	\$27,940	\$600	\$17,981	\$9,359	\$25,775	\$600	\$17,175	\$8,000	-\$2,165	\$0	-\$806	-\$1,359
Other	5/57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$82,730	\$0	-\$82,730	\$0	\$0	\$0	\$0	\$0	\$82,730	\$0	\$82,730	\$0
<b>SPECIALTY MENTAL HEALTH TOTAL</b>			<b>\$3,488,436</b>	<b>-\$5,400</b>	<b>\$1,750,765</b>	<b>\$1,743,070</b>	<b>\$3,445,365</b>	<b>\$2,997</b>	<b>\$1,778,289</b>	<b>\$1,664,079</b>	<b>-\$43,071</b>	<b>\$8,397</b>	<b>\$27,524</b>	<b>-\$78,991</b>

Fiscal Year 2014-15 November 2014 Estimate Compared to Fiscal Year 2015-16 November 2014 Estimate														
POLICY CHG.		November 2014 Est. for FY 2014-15				November 2014 Est. for FY 2015-16				DIFFERENCE				
TYPE	NO.	DESCRIPTION	TF	SF	FFP	CF <sup>(1)</sup>	TF	SF	FFP	CF <sup>(1)</sup>	TF	SF	FFP	CF <sup>(1)</sup>
Base	70	SMHS FOR CHILDREN	\$1,767,004	\$0	\$912,467	\$854,537	\$1,857,276	\$0	\$961,916	\$895,360	\$90,272	\$0	\$49,449	\$40,823
Base	69	SMHS FOR ADULTS	\$1,172,309	\$0	\$586,155	\$586,154	\$1,213,371	\$0	\$606,686	\$606,685	\$41,062	\$0	\$20,531	\$20,531
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT <sup>(2)</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	76	HEALTHY FAMILIES - SED	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	73	KATIE A. V. DIANA BONTA	\$61,368	\$0	\$30,684	\$30,684	\$69,234	\$0	\$34,617	\$34,617	\$7,866	\$0	\$3,933	\$3,933
Regular	72	TRANSITION OF HFP - SMH SERVICES	\$65,430	\$0	\$42,529	\$22,901	\$65,430	\$0	\$42,529	\$22,901	\$0	\$0	\$0	\$0
Regular	77	OVER ONE-YEAR CLAIMS	\$7,170	\$0	\$3,585	\$3,585	\$1,884	\$0	\$942	\$942	-\$5,286	\$0	-\$2,643	-\$2,643
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	\$2,397	-\$2,397	\$0	\$0	\$0	\$0	\$0	\$0	-\$2,397	\$2,397	\$0
Regular	80	IMD ANCILLARY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	81	CHART REVIEW	-\$1,807	\$0	-\$1,807	\$0	-\$795	\$0	-\$795	\$0	\$1,012	\$0	\$1,012	\$0
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	\$91,236	\$0	\$45,618	\$45,618	\$93,734	\$0	\$46,867	\$46,867	\$2,498	\$0	\$1,249	\$1,249
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$24,800	\$0	\$0	\$0	\$0	\$0
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$204,300	\$0	\$102,851	\$101,449	\$210,347	\$0	\$105,895	\$104,452	\$6,047	\$0	\$3,044	\$3,003
Other	12	SMH MAA	\$27,780	\$0	\$16,629	\$11,151	\$29,622	\$0	\$17,731	\$11,891	\$1,842	\$0	\$1,102	\$740
Other	11	COUNTY UR & QA ADMIN	\$25,775	\$600	\$17,175	\$8,000	\$25,302	\$0	\$17,066	\$8,236	-\$473	-\$600	-\$109	\$236
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SPECIALTY MENTAL HEALTH TOTAL</b>			<b>\$3,445,365</b>	<b>\$2,997</b>	<b>\$1,778,289</b>	<b>\$1,664,079</b>	<b>\$3,590,205</b>	<b>\$0</b>	<b>\$1,858,254</b>	<b>\$1,731,951</b>	<b>\$144,840</b>	<b>-\$2,997</b>	<b>\$79,965</b>	<b>\$67,872</b>

(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.

(In thousands)

Children			May 2014 Est for FY 2014-15		Nov. 2014 Est for FY 2014-15		DIFFERENCE	
POLICY CHANGE			SF	FFP	SF	FFP	SF	FFP
TYPE	NO.	DESCRIPTION						
Base	69/70	SMHS FOR CHILDREN	\$ -	\$ 875,642	\$ 36,848	\$ 901,603	\$ 36,848	\$ 25,961
Base	70/69	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71/78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 175,533	\$ -	\$ -	\$ -	\$ (175,533)
Regular	75/76	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74/73	KATIE A. V. DIANA BONTA	\$ -	\$ 26,751	\$ -	\$ 27,247	\$ -	\$ 496
Regular	73/72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 41,848	\$ -	\$ 42,008	\$ -	\$ 160
Regular	77/77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,205	\$ -	\$ 1,440	\$ -	\$ 235
Regular	79/79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ 1,175	\$ (1,175)	\$ 1,175	\$ (1,175)
Regular	80/80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81/81	CHART REVIEW	\$ -	\$ (84)	\$ -	\$ (474)	\$ -	\$ (390)
Regular	83/74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72/71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 45,686	\$ -	\$ 57,763	\$ -	\$ 12,077
Regular	76/75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 10,168	\$ -	\$ 3,966	\$ -	\$ (6,202)
Other	3/4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 94,586	\$ -	\$ 62,820	\$ -	\$ (31,766)
Other	7/12	SMH MAA	\$ -	\$ 15,009	\$ -	\$ 9,856	\$ -	\$ (5,153)
Other	14/11	COUNTY UR & QA ADMIN	\$ 372	\$ 11,011	\$ 372	\$ 10,129	\$ -	\$ (882)
Other	5/57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (51,319)	\$ -	\$ -	\$ -	\$ 51,319
<b>Total Children</b>			<b>\$ 372</b>	<b>\$ 1,246,036</b>	<b>\$ 38,395</b>	<b>\$ 1,115,183</b>	<b>\$ 38,023</b>	<b>\$ (130,853)</b>

Adults			May 2014 Est for FY 2014-15		Nov. 2014 Est for FY 2014-15		DIFFERENCE	
POLICY CHANGE			SF	FFP	SF	FFP	SF	FFP
TYPE	NO.	DESCRIPTION						
Base	69/70	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70/69	SMHS FOR ADULTS	\$ -	\$ 565,334	\$ 69,364	\$ 953,411	\$ 69,364	\$ 388,077
Regular	71/78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 177,485	\$ -	\$ -	\$ -	\$ (177,485)
Regular	75/76	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74/73	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73/72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77/77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,795	\$ -	\$ 2,145	\$ -	\$ 350
Regular	79/79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ 1,222	\$ (1,222)	\$ 1,222	\$ (1,222)
Regular	80/80	IMD ANCILLARY SERVICES	\$ 6,000	\$ (6,000)	\$ 8,000	\$ (8,000)	\$ 2,000	\$ (2,000)
Regular	81/81	CHART REVIEW	\$ -	\$ (236)	\$ -	\$ (1,333)	\$ -	\$ (1,097)
Regular	83/74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72/71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 26,475	\$ -	\$ 33,473	\$ -	\$ 6,998
Regular	76/75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 14,632	\$ -	\$ 5,706	\$ -	\$ (8,926)
Other	3/4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 56,207	\$ -	\$ 37,330	\$ -	\$ (18,877)
Other	7/12	SMH MAA	\$ -	\$ 9,077	\$ -	\$ 5,961	\$ -	\$ (3,116)
Other	14/11	COUNTY UR & QA ADMIN	\$ 228	\$ 6,661	\$ 228	\$ 6,127	\$ -	\$ (534)
Other	5/57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (26,337)	\$ -	\$ -	\$ -	\$ 26,337
<b>Total Adults</b>			<b>\$ 6,228</b>	<b>\$ 825,093</b>	<b>\$ 78,814</b>	<b>\$ 1,033,598</b>	<b>\$ 72,586</b>	<b>\$ 208,505</b>

Note: The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

(In thousands)

Healthy Families Program			May 2014 Est for FY 2014-15		Nov. 2014 Est for FY 2014-15		DIFFERENCE	
POLICY CHANGE			SF	FFP	SF	FFP	SF	FFP
TYPE	NO.	DESCRIPTION						
Base	69/70	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	70/69	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71/78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75/76	HEALTHY FAMILIES - SED	\$ -	\$ 7,070	\$ -	\$ 4,095	\$ -	\$ (2,975)
Regular	74/73	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73/72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77/77	OVER ONE-YEAR CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79/79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80/80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81/81	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	83/74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72/71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76/75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	3/4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 554	\$ -	\$ 368	\$ -	\$ (186)
Other	7/12	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	14/11	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	5/57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (5,074)	\$ -	\$ -	\$ -	\$ 5,074
<b>Total Healthy Families Program</b>			<b>\$ -</b>	<b>\$ 2,550</b>	<b>\$ -</b>	<b>\$ 4,463</b>	<b>\$ -</b>	<b>\$ 1,913</b>

Grand Total			May 2014 Est for FY 2014-15		Nov. 2014 Est for FY 2014-15		DIFFERENCE	
POLICY CHANGE			SF	FFP	SF	FFP	SF	FFP
TYPE	NO.	DESCRIPTION						
Base	69/70	SMHS FOR CHILDREN	\$ -	\$ 875,642	\$ 36,848	\$ 901,603	\$ 36,848	\$ 25,961
Base	70/69	SMHS FOR ADULTS	\$ -	\$ 565,334	\$ 69,364	\$ 953,411	\$ 69,364	\$ 388,077
Regular	71/78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ 353,018	\$ -	\$ -	\$ -	\$ (353,018)
Regular	75/76	HEALTHY FAMILIES - SED	\$ -	\$ 7,070	\$ -	\$ 4,095	\$ -	\$ (2,975)
Regular	74/73	KATIE A. V. DIANA BONTA	\$ -	\$ 26,751	\$ -	\$ 27,247	\$ -	\$ 496
Regular	73/72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 41,848	\$ -	\$ 42,008	\$ -	\$ 160
Regular	77/77	OVER ONE-YEAR CLAIMS	\$ -	\$ 3,000	\$ -	\$ 3,585	\$ -	\$ 585
Regular	79/79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ 2,397	\$ (2,397)	\$ 2,397	\$ (2,397)
Regular	80/80	IMD ANCILLARY SERVICES	\$ 6,000	\$ (6,000)	\$ 8,000	\$ (8,000)	\$ 2,000	\$ (2,000)
Regular	81/81	CHART REVIEW	\$ -	\$ (320)	\$ -	\$ (1,807)	\$ -	\$ (1,487)
Regular	83/74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72/71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 72,161	\$ -	\$ 91,236	\$ -	\$ 19,075
Regular	76/75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 24,800	\$ -	\$ 9,672	\$ -	\$ (15,128)
Other	3/4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 151,347	\$ -	\$ 100,518	\$ -	\$ (50,829)
Other	7/12	SMH MAA	\$ -	\$ 24,086	\$ -	\$ 15,817	\$ -	\$ (8,269)
Other	14/11	COUNTY UR & QA ADMIN	\$ 600	\$ 17,672	\$ 600	\$ 16,256	\$ -	\$ (1,416)
Other	5/57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (82,730)	\$ -	\$ -	\$ -	\$ 82,730
<b>Grand Total</b>			<b>\$ 6,600</b>	<b>\$ 2,073,679</b>	<b>\$ 117,209</b>	<b>\$ 2,153,244</b>	<b>\$ 110,609</b>	<b>\$ 79,565</b>

Note: The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

(In thousands)

<b>Children</b>								
<b>POLICY CHANGE</b>			<b>Nov. 2014 Est for FY 2014-15</b>		<b>Nov. 2014 Est for FY 2015-16</b>		<b>DIFFERENCE</b>	
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>
Base	70	SMHS FOR CHILDREN	\$ 36,848	\$ 901,603	\$ 39,354	\$ 951,132	\$ 2,506	\$ 49,529
Base	69	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 204,466	\$ -	\$ 204,466
Regular	76	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73	KATIE A. V. DIANA BONTA	\$ -	\$ 27,247	\$ -	\$ 36,192	\$ -	\$ 8,945
Regular	72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 42,008	\$ -	\$ 42,520	\$ -	\$ 512
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 1,440	\$ -	\$ 378	\$ -	\$ (1,062)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 1,175	\$ (1,175)	\$ -	\$ -	\$ (1,175)	\$ 1,175
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ (474)	\$ -	\$ (209)	\$ -	\$ 265
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ 11,200	\$ 2,063	\$ 11,200	\$ 2,063
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 57,763	\$ -	\$ 59,344	\$ -	\$ 1,582
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 3,966	\$ -	\$ 5,033	\$ -	\$ 1,067
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 62,820	\$ -	\$ 64,543	\$ -	\$ 1,723
Other	12	SMH MAA	\$ -	\$ 9,856	\$ -	\$ 10,511	\$ -	\$ 655
Other	11	COUNTY UR & QA ADMIN	\$ 372	\$ 10,129	\$ -	\$ 10,027	\$ (372)	\$ (102)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ 4,404	\$ -	\$ 4,404
<b>Total Children</b>			<b>\$ 38,395</b>	<b>\$ 1,115,183</b>	<b>\$ 50,554</b>	<b>\$ 1,390,404</b>	<b>\$ 12,159</b>	<b>\$ 275,222</b>

<b>Adults</b>								
<b>POLICY CHANGE</b>			<b>Nov. 2014 Est for FY 2014-15</b>		<b>Nov. 2014 Est for FY 2015-16</b>		<b>DIFFERENCE</b>	
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>
Base	70	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	69	SMHS FOR ADULTS	\$ 69,364	\$ 953,411	\$ 71,820	\$ 1,073,208	\$ 2,456	\$ 119,797
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 212,557	\$ -	\$ 212,557
Regular	76	HEALTHY FAMILIES - SED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	73	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 2,145	\$ -	\$ 564	\$ -	\$ (1,581)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 1,222	\$ (1,222)	\$ -	\$ -	\$ (1,222)	\$ 1,222
Regular	80	IMD ANCILLARY SERVICES	\$ 8,000	\$ (8,000)	\$ 3,000	\$ (3,000)	\$ (5,000)	\$ 5,000
Regular	81	CHART REVIEW	\$ -	\$ (1,333)	\$ -	\$ (586)	\$ -	\$ 747
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ 12,630	\$ 2,588	\$ 12,630	\$ 2,588
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 33,473	\$ -	\$ 34,390	\$ -	\$ 916
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 5,706	\$ -	\$ 7,243	\$ -	\$ 1,537
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 37,330	\$ -	\$ 38,354	\$ -	\$ 1,024
Other	12	SMH MAA	\$ -	\$ 5,961	\$ -	\$ 6,356	\$ -	\$ 395
Other	11	COUNTY UR & QA ADMIN	\$ 228	\$ 6,127	\$ -	\$ 6,066	\$ (228)	\$ (61)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ 4,966	\$ -	\$ 4,966
<b>Total Adults</b>			<b>\$ 78,814</b>	<b>\$ 1,033,598</b>	<b>\$ 87,450</b>	<b>\$ 1,382,706</b>	<b>\$ 8,636</b>	<b>\$ 349,107</b>

Note: The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.

(In thousands)

<b>Healthy Families Program</b>								
<b>POLICY CHANGE</b>			<b>Nov. 2014 Est for FY 2014-15</b>		<b>Nov. 2014 Est for FY 2015-16</b>		<b>DIFFERENCE</b>	
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>
Base	70	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	69	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	76	HEALTHY FAMILIES - SED	\$ -	\$ 4,095	\$ -	\$ 186	\$ -	\$ (3,909)
Regular	73	KATIE A. V. DIANA BONTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	80	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	81	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ (1,106)	\$ -	\$ (1,106)
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 368	\$ -	\$ 378	\$ -	\$ 10
Other	12	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	11	COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Healthy Families Program</b>			<b>\$ -</b>	<b>\$ 4,463</b>	<b>\$ -</b>	<b>\$ (542)</b>	<b>\$ -</b>	<b>\$ (5,005)</b>

<b>Grand Total</b>								
<b>POLICY CHANGE</b>			<b>Nov. 2014 Est for FY 2014-15</b>		<b>Nov. 2014 Est for FY 2015-16</b>		<b>DIFFERENCE</b>	
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>	<b>SF</b>	<b>FFP</b>
Base	70	SMHS FOR CHILDREN	\$ 36,848	\$ 901,603	\$ 39,354	\$ 951,132	\$ 2,506	\$ 49,529
Base	69	SMHS FOR ADULTS	\$ 69,364	\$ 953,411	\$ 71,820	\$ 1,073,208	\$ 2,456	\$ 119,797
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ 417,023	\$ -	\$ 417,023
Regular	76	HEALTHY FAMILIES - SED	\$ -	\$ 4,095	\$ -	\$ 186	\$ -	\$ (3,909)
Regular	73	KATIE A. V. DIANA BONTA	\$ -	\$ 27,247	\$ -	\$ 36,192	\$ -	\$ 8,945
Regular	72	TRANSITION OF HFP - SMH SERVICES	\$ -	\$ 42,008	\$ -	\$ 42,520	\$ -	\$ 512
Regular	77	OVER ONE-YEAR CLAIMS	\$ -	\$ 3,585	\$ -	\$ 942	\$ -	\$ (2,643)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$ 2,397	\$ (2,397)	\$ -	\$ -	\$ (2,397)	\$ 2,397
Regular	80	IMD ANCILLARY SERVICES	\$ 8,000	\$ (8,000)	\$ 3,000	\$ (3,000)	\$ (5,000)	\$ 5,000
Regular	81	CHART REVIEW	\$ -	\$ (1,807)	\$ -	\$ (795)	\$ -	\$ 1,012
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ 23,830	\$ 3,545	\$ 23,830	\$ 3,545
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	\$ -	\$ 91,236	\$ -	\$ 93,734	\$ -	\$ 2,498
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	\$ -	\$ 9,672	\$ -	\$ 12,276	\$ -	\$ 2,604
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 100,518	\$ -	\$ 103,275	\$ -	\$ 2,757
Other	12	SMH MAA	\$ -	\$ 15,817	\$ -	\$ 16,867	\$ -	\$ 1,050
Other	11	COUNTY UR & QA ADMIN	\$ 600	\$ 16,256	\$ -	\$ 16,093	\$ (600)	\$ (163)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ -	\$ -	\$ 9,370	\$ -	\$ 9,370
<b>Grand Total</b>			<b>\$ 117,209</b>	<b>\$ 2,153,244</b>	<b>\$ 138,004</b>	<b>\$ 2,772,568</b>	<b>\$ 20,795</b>	<b>\$ 619,324</b>

Note: The SF amounts for PC 69 and PC 70 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary.



(In Thousands)	TF	FFP	CF
<b>FISCAL YEAR 2012-13 APPROPRIATION</b>			
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
<b>Total Fiscal Year 2012-13 Appropriation</b>	<u>\$1,382,637</u>	<u>\$698,713</u>	<u>\$683,924</u>
<b>MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
Policy Change 69/70 - SMHS for Children	\$1,747,880	\$891,900	\$855,980
Less FFS Inpatient	(\$74,596)	(\$37,819)	(\$36,778)
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$93,349)	(\$46,675)	(\$46,674)
Policy Change 69/70 - Subtotal	\$1,579,935	\$807,406	\$772,528
Policy Change 74/73 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73/72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,900
<b>Total Fiscal Year 2014-15 May 2014 Estimate</b>	<u>\$1,698,867</u>	<u>\$876,686</u>	<u>\$822,179</u>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
Policy Change 70 - SMHS for Children	\$1,767,004	\$912,467	\$854,537
Less FFS Inpatient	(\$77,333)	(\$39,934)	(\$37,399)
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$57,895)	(\$28,948)	(\$28,947)
Policy Change 70 - Subtotal	\$1,631,776	\$843,585	\$788,192
Policy Change 73 - Katie A. v. Bontá	\$61,368	\$30,684	\$30,684
Policy Change 72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,901
<b>Total Fiscal Year 2014-15 Nov 2014 Estimate</b>	<u>\$1,758,574</u>	<u>\$916,798</u>	<u>\$841,777</u>

(1) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance (SMA) rate that would have been in effect 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
<b>MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
Policy Change 69/70 - SMHS for Children	\$1,747,880	\$891,900	\$855,980
Less FFS Inpatient	(\$74,596)	(\$37,819)	(\$36,778)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>(\$93,349)</u>	<u>(\$46,675)</u>	<u>(\$46,674)</u>
Policy Change 69/70 - Subtotal	\$1,579,935	\$807,406	\$772,528
Policy Change 74/73 - Katie A. v. Bontá	\$53,502	\$26,751	\$26,751
Policy Change 73/72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,900
<b>Total Fiscal Year 2014-15 May 2014 Estimate</b>	<u>\$1,698,867</u>	<u>\$876,686</u>	<u>\$822,179</u>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
Policy Change 70 - SMHS for Children	\$1,767,004	\$912,467	\$854,537
Less FFS Inpatient	(\$77,333)	(\$39,934)	(\$37,399)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>(\$57,895)</u>	<u>(\$28,948)</u>	<u>(\$28,947)</u>
Policy Change 70 - Subtotal	\$1,631,776	\$843,585	\$788,192
Policy Change 73 - Katie A. v. Bontá	\$61,368	\$30,684	\$30,684
Policy Change 72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,901
<b>Total Fiscal Year 2014-15 Nov 2014 Estimate</b>	<u>\$1,758,574</u>	<u>\$916,798</u>	<u>\$841,777</u>
<b>DIFFERENCE (NOV 2014 ESTIMATE LESS MAY 2014 ESTIMATE)</b>			
Policy Change 69/70 - SMHS for Children	\$19,124	\$20,567	(\$1,443)
Less FFS Inpatient	(\$2,737)	(\$2,115)	(\$621)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>\$35,454</u>	<u>\$17,727</u>	<u>\$17,727</u>
Policy Change 69/70 - Subtotal	\$51,841	\$36,179	\$15,664
Policy Change 74/73 - Katie A. v. Bontá	\$7,866	\$3,933	\$3,933
Policy Change 73/72 - Transition of HFP - SMHS	\$0	\$0	\$1
<b>Total Difference in Fiscal Year 2014-15 Estimates</b>	<u>\$59,707</u>	<u>\$40,113</u>	<u>\$19,598</u>

(1) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance (SMA) rate that would have been in effect 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
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
Policy Change 70 - SMHS for Children	\$1,767,004	\$912,467	\$854,537
Less FFS Inpatient	(\$77,333)	(\$39,934)	(\$37,399)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>(\$57,895)</u>	<u>(\$28,948)</u>	<u>(\$28,947)</u>
Policy Change 70 - Subtotal	\$1,631,776	\$843,585	\$788,192
Policy Change 73 - Katie A. v. Bontá	\$61,368	\$30,684	\$30,684
Policy Change 72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,901
<b>Total Fiscal Year 2014-15 November 2014 Estimate</b>	<u>\$1,758,574</u>	<u>\$916,798</u>	<u>\$841,777</u>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2015-16</b>			
Policy Change 70 - SMHS for Children	\$1,857,276	\$961,916	\$895,360
Less FFS Inpatient	(\$82,623)	(\$42,792)	(\$39,831)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>(\$59,480)</u>	<u>(\$29,740)</u>	<u>(\$29,740)</u>
Policy Change 70 - Subtotal	\$1,715,173	\$889,384	\$825,789
Policy Change 73 - Katie A. v. Bontá	\$69,234	\$34,617	\$34,617
Policy Change 72 - Transition of HFP - SMHS	\$65,430	\$42,529	\$22,901
<b>Total Fiscal Year 2015-16 November 2014 Estimate</b>	<u>\$1,849,837</u>	<u>\$966,530</u>	<u>\$883,307</u>
<b>DIFFERENCE (FISCAL YEAR 2015-16 LESS FISCAL YEAR 2014-15)</b>			
Policy Change 70 - SMHS for Children	\$90,272	\$49,449	\$40,823
Less FFS Inpatient	(\$5,290)	(\$2,858)	(\$2,432)
Less Rates Elimination Adjustment <sup>(1)</sup>	<u>(\$1,585)</u>	<u>(\$793)</u>	<u>(\$794)</u>
Policy Change 70 - Subtotal	\$83,397	\$45,799	\$37,597
Policy Change 73 - Katie A. v. Bontá	\$7,866	\$3,933	\$3,933
Policy Change 72 - Transition of HFP - SMHS	\$0	\$0	\$0
<b>Year over year change between estimates</b>	<u>\$91,263</u>	<u>\$49,732</u>	<u>\$41,530</u>

(1) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance (SMA) rate that would have been in effect 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
<b>FISCAL YEAR 2012-13 APPROPRIATION</b>			
<b>Mental Health Managed Care Program</b>			
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)
<b>Subtotal</b>	\$392,561	\$198,669	\$193,892
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
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 <sup>(1)</sup>	\$0	\$0	\$0
<b>Subtotal</b>	\$751,963	\$357,921	\$394,042
<b>FY 2012-13 Appropriation</b>	<u>\$1,144,524</u>	<u>\$556,590</u>	<u>\$587,934</u>
<b>MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 69/70 - FFS Inpatient - Children	\$74,596	\$37,818	\$36,778
PC 70/69 - FFS Inpatient Adults	\$155,405	\$77,703	\$77,702
Psychiatric Inpatient Services - Subtotal	\$230,001	\$115,521	\$114,480
<b>Subtotal</b>	\$230,001	\$115,521	\$114,480
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
Total Direct Service Forecast - PC 70/69 Adults	\$987,382	\$493,691	\$493,691
Less Rates Elimination Adjustment <sup>(2)</sup>	(\$53,758)	(\$26,879)	(\$26,879)
<b>Subtotal</b>	\$933,624	\$466,812	\$466,812
<b>MAY 2014 Estimate for Fiscal Year 2014-15</b>	<u>\$1,163,625</u>	<u>\$582,333</u>	<u>\$581,292</u>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 70 - FFS Inpatient - Children	\$77,333	\$39,206	\$38,127
PC 69 - FFS Inpatient Adults	\$139,849	\$69,925	\$69,924
Psychiatric Inpatient Services - Subtotal	\$217,182	\$109,130	\$108,051
<b>Subtotal</b>	\$217,182	\$109,130	\$108,051
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
Total Direct Service Forecast - PC 69 Adults	\$1,032,460	\$516,230	\$516,230
Less Rates Elimination Adjustment <sup>(2)</sup>	(\$33,341)	(\$16,671)	(\$16,670)
<b>Subtotal</b>	\$999,119	\$499,559	\$499,560
<b>NOV 2014 Estimate for Fiscal Year 2014-15</b>	<u>\$1,216,301</u>	<u>\$608,689</u>	<u>\$607,612</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 statewide maximum allowance (SMA) adjustment.
- (2) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. 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 effect 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
<b>MAY 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 69/70 - FFS Inpatient - Children	\$74,596	\$37,818	\$36,778
PC 70/69 - FFS Inpatient Adults	\$155,405	\$77,703	\$77,702
Psychiatric Inpatient Services - Subtotal	\$230,001	\$115,521	\$114,480
<b>Subtotal</b>	\$230,001	\$115,521	\$114,480
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 70/69 - SD/MC	\$987,382	\$493,691	\$493,691
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$53,758)	(\$26,879)	(\$26,879)
<b>Subtotal</b>	\$933,624	\$466,812	\$466,812
<b>May 2014 Estimate for Fiscal Year 2014-15</b>	<b>\$1,163,625</b>	<b>\$582,333</b>	<b>\$581,292</b>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 70 - FFS Inpatient - Children	\$77,333	\$39,206	\$38,127
PC 69 - FFS Inpatient Adults	\$139,849	\$69,925	\$69,924
Psychiatric Inpatient Services - Subtotal	\$217,182	\$109,130	\$108,051
<b>Subtotal</b>	\$217,182	\$109,130	\$108,051
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 69 - SD/MC - Adults	\$1,032,460	\$516,230	\$516,230
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$33,341)	(\$16,671)	(\$16,670)
<b>Subtotal</b>	\$999,119	\$499,559	\$499,560
<b>Nov. 2014 Estimate for Fiscal Year 2014-15</b>	<b>\$1,216,301</b>	<b>\$608,689</b>	<b>\$607,612</b>
<b>DIFFERENCE (NOV 2014 ESTIMATE LESS MAY 2014 ESTIMATE)</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 69/70 - FFS Inpatient - Children	\$2,737	\$1,388	\$1,349
PC 70/69 - FFS Inpatient Adults	(\$15,556)	(\$7,778)	(\$7,778)
Psychiatric Inpatient Services - Subtotal	(\$12,819)	(\$6,390)	(\$6,428)
<b>Subtotal</b>	(\$12,819)	(\$6,390)	(\$6,428)
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 70/69 - SD/MC - Adults	\$45,078	\$22,539	\$22,539
Less Rates Elimination Adjustment <sup>(1)</sup>	\$20,417	\$10,208	\$10,209
<b>Subtotal</b>	\$65,495	\$32,747	\$32,748
<b>Difference in Estimates for Fiscal Year 2014-15</b>	<b>\$52,676</b>	<b>\$26,357</b>	<b>\$26,320</b>

(1) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance (SMA) rate that would have been in effect 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
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 70 - FFS Inpatient - Children	\$77,333	\$39,206	\$38,127
PC 69 - FFS Inpatient Adults	\$139,849	\$69,925	\$69,924
Psychiatric Inpatient Services - Subtotal	\$217,182	\$109,130	\$108,051
<b>Subtotal</b>	\$217,182	\$109,130	\$108,051
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 69 - SD/MC - Adults	\$1,032,460	\$516,230	\$516,230
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$33,341)	(\$16,671)	(\$16,670)
<b>Subtotal</b>	\$999,119	\$499,559	\$499,560
<b>NOV. 2014 ESTIMATE FOR FISCAL YEAR 2014-15</b>	<u>\$1,216,301</u>	<u>\$608,689</u>	<u>\$607,612</u>
<b>NOV 2014 ESTIMATE FOR FISCAL YEAR 2015-16</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 70 - FFS Inpatient - Children	\$82,623	\$41,887	\$40,736
PC 69 - FFS Inpatient Adults	\$144,889	\$72,445	\$72,444
Psychiatric Inpatient Services - Subtotal	\$227,512	\$114,332	\$113,180
<b>Subtotal</b>	\$227,512	\$114,332	\$113,180
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 69 - SD/MC - Adults	\$1,068,482	\$534,241	\$534,241
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$34,254)	(\$17,127)	(\$17,127)
<b>Subtotal</b>	\$1,034,228	\$517,114	\$517,114
<b>Nov. 2014 Estimate for Fiscal Year 2015-16</b>	<u>\$1,261,740</u>	<u>\$631,447</u>	<u>\$630,294</u>
<b>DIFFERENCE (FISCAL YEAR 2015-16 LESS FISCAL YEAR 2014-15)</b>			
<b>Mental Health Managed Care Program</b>			
Psychiatric Inpatient Services			
PC 70 - FFS Inpatient - Children	\$5,290	\$2,682	\$2,608
PC 69 - FFS Inpatient Adults	\$5,040	\$2,521	\$2,520
Psychiatric Inpatient Services - Subtotal	\$10,330	\$5,202	\$5,128
<b>Subtotal</b>	\$10,330	\$5,202	\$5,128
<b>Other Short-Doyle/Medi-Cal Reimbursements</b>			
PC 69 - SD/MC - Adults	\$36,022	\$18,011	\$18,011
Less Rates Elimination Adjustment <sup>(1)</sup>	(\$913)	(\$456)	(\$457)
<b>Subtotal</b>	\$35,109	\$17,555	\$17,554
<b>Year over year change Nov 2014 Estimate</b>	<u>\$45,439</u>	<u>\$22,757</u>	<u>\$22,682</u>

(1) The rates elimination adjustment estimates the effect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance (SMA) rate that would have been in effect 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 SMA rate for each service type and county.

**CHILDREN'S TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS**  
**STATE FISCAL YEARS 2000-01 THROUGH 2015-16**  
**DATA AS OF 6/30/2014 SD/MC Only Claims**

	Fiscal Year	Approved Claims <sup>(1&amp;3)</sup> (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 <sup>(2)</sup>
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	\$1,181,356	-0.12%	208,555	2.09%	\$5,664	-2.17%	6.05%	3,851,248
Actual	2010-11	\$1,226,530	3.82%	214,455	2.83%	\$5,719	0.97%	3.36%	3,980,825
Actual	2011-12	\$1,296,888	5.74%	227,922	6.28%	\$5,690	-0.51%	1.11%	4,025,194
Actual <sup>(5)</sup>	2012-13	\$1,501,265	15.76%	244,141	7.12%	\$6,149	8.07%	6.61%	4,291,248
Forecast <sup>(4)</sup>	2013-14	\$1,604,688	6.89%	266,295	9.07%	\$6,026	-2.00%	17.22%	5,030,249
Forecast	2014-15	\$1,689,671	5.30%	278,686	4.65%	\$6,063	0.61%		
Forecast	2015-16	\$1,774,653	5.03%	291,075	4.45%	\$6,097	0.56%		

<sup>(1)</sup> Actual Approved Claims SD/MC Data for Specialty Mental Health as of June 30, 2014.

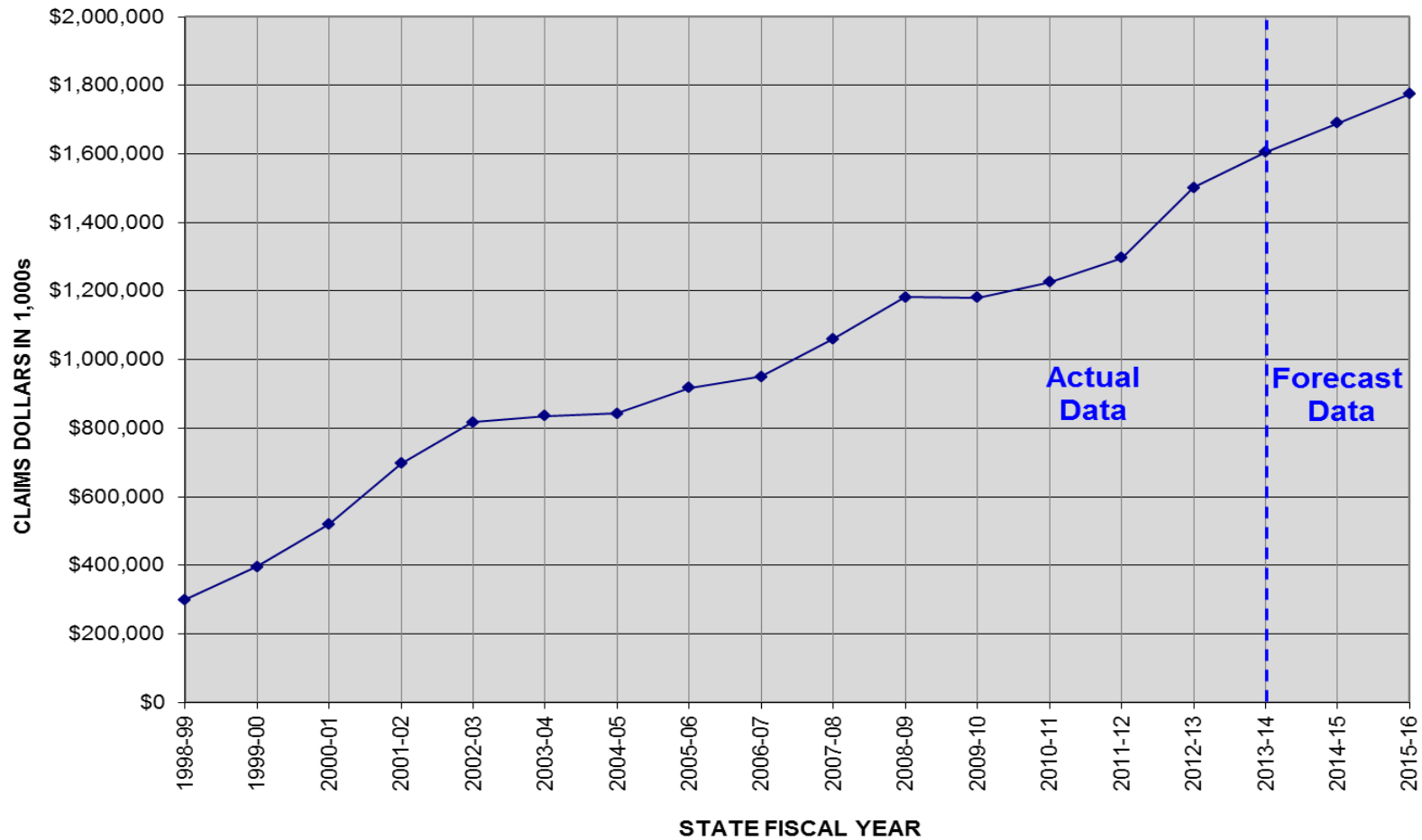
<sup>(2)</sup> Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year (years prior to 2005-06 not readily available).

<sup>(3)</sup> 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.

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

<sup>(5)</sup> 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).

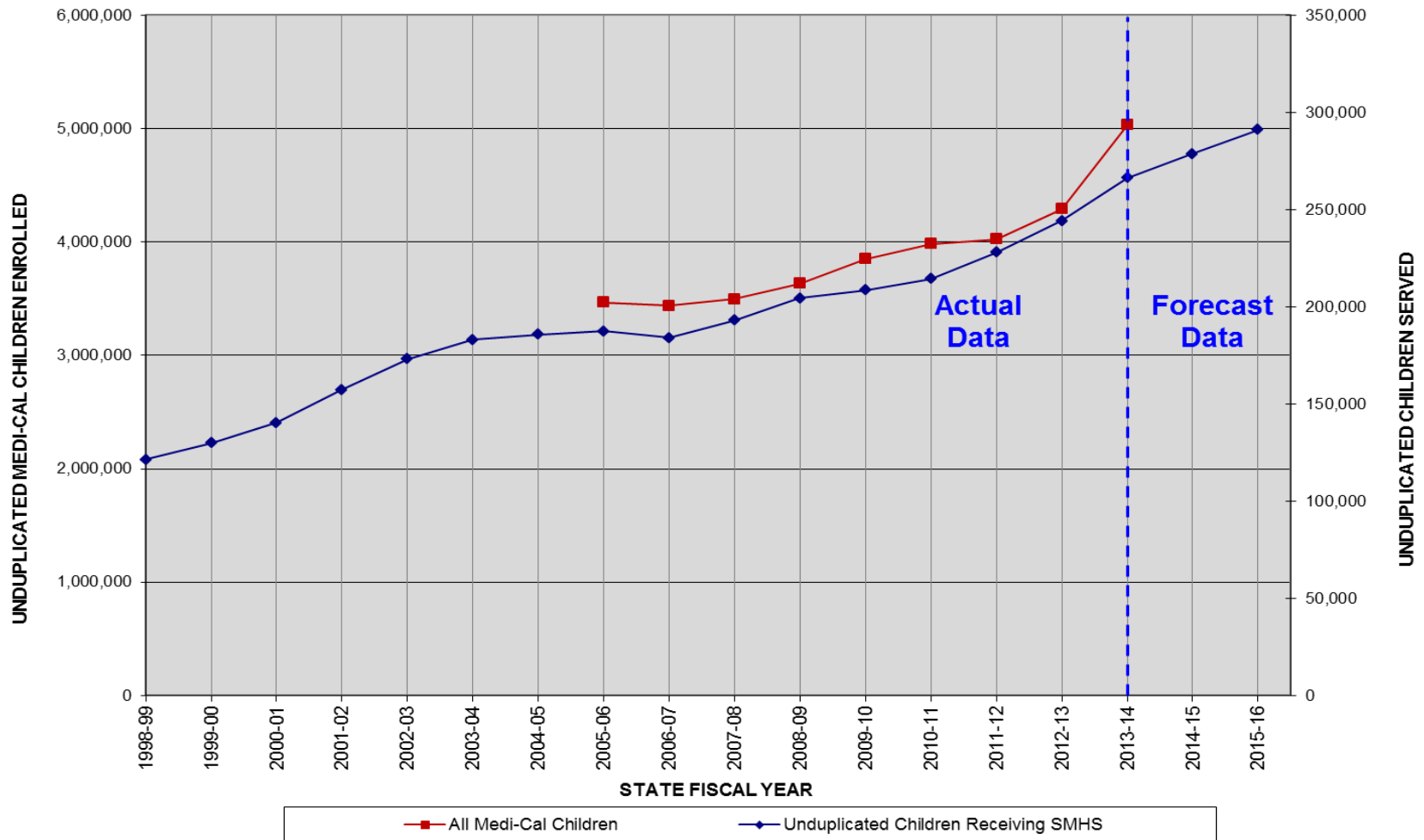
**CHILDREN'S APPROVED CLAIMS AND CLAIMS FORECAST  
SFY 1998-99 THROUGH SFY 2015-16**



Source: Approved Claims, SD/MC Specialty Mental Health Services as of June 30, 2014



**UNDUPLICATED CLIENTS AND CLIENT FORECASTS**  
**All Medi-Cal Children Compared to Children Receiving Specialty Mental Health Services**  
**SFY 1998-99 THROUGH SFY 2015-16**



Source: Approved Claims, SD/MC Specialty Mental Health Services As of June 30, 2014

### Children's Services Approved Claims Data

#### Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service

FY 2009-10 through FY 2012-13 utilizes actual data and FY 2013-14 through FY 2015-16 utilizes actual and forecast data

\*Actual claims data as of 06/30/2014

Psychiatric Health Facility Services - SMA <sup>(1)</sup> \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	585	7,274	12	\$514.59	\$ 3,743,149
2010-11	600	8,586	14	\$547.36	\$ 4,699,605
2011-12	627	8,273	13	\$567.88	\$ 4,698,032
2012-13	748	10,830	14	\$558.98	\$ 6,053,800
2013-14	793	11,183	14	\$656.27	\$ 7,339,076
2014-15	841	11,966	14	\$672.87	\$ 8,051,516
2015-16	889	12,752	14	\$687.26	\$ 8,763,960
<b>Change</b>	5.71%	6.57%	0.81%	2.14%	8.85%

Adult Crisis Residential Services - SMA <sup>(1)</sup> \$345.38					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
203	3,111	15	\$276.50	\$ 860,182	
203	3,190	16	\$285.73	\$ 911,478	
234	3,076	13	\$291.53	\$ 896,745	
256	4,731	18	\$320.22	\$ 1,514,957	
317	6,137	19	\$324.11	\$ 1,989,084	
345	6,765	20	\$327.50	\$ 2,215,525	
372	7,394	20	\$330.26	\$ 2,441,969	
<b>Change</b>	7.83%	9.30%	1.36%	0.84%	10.22%

Adult Residential Services - SMA <sup>(1)</sup> \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
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	111	10,058	91	\$159.90	\$ 1,608,292
2013-14	112	10,137	91	\$168.38	\$ 1,706,839
2014-15	111	9,538	86	\$174.53	\$ 1,664,624
2015-16	108	8,939	83	\$181.50	\$ 1,622,412
<b>Change</b>	-2.70%	-6.28%	-3.68%	4.00%	-2.54%

Crisis Stabilization Services - SMA <sup>(1)</sup> \$94.54					
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount	
5,696	76,811	13	\$92.01	\$ 7,067,162	
6,384	86,805	14	\$90.83	\$ 7,884,457	
6,990	97,625	14	\$90.24	\$ 8,809,735	
8,471	133,445	16	\$108.06	\$ 14,420,503	
8,351	129,561	16	\$99.65	\$ 12,910,688	
8,990	141,263	16	\$100.74	\$ 14,231,500	
9,633	152,966	16	\$101.67	\$ 15,552,312	
<b>Change</b>	7.15%	8.28%	1.06%	0.92%	9.28%

Day Treatment Intensive Half Day Services <sup>(2)</sup> - SMA <sup>(1)</sup> \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
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	15	236	16	\$175.87	\$ 41,506
2013-14	10	130	13	\$202.21	\$ 26,287
2014-15	-	-	-	-	\$ -
2015-16	-	-	-	-	\$ -
<b>Change</b>	0.00%	0.00%	0.00%	0.00%	0.00%

Day Treatment Intensive Full Day Services - SMA <sup>(1)</sup> \$202.43					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
2,650	252,788	95	\$179.91	\$ 45,479,444	
2,369	225,274	95	\$184.63	\$ 41,591,508	
2,282	211,008	92	\$186.32	\$ 39,315,126	
1,902	170,893	90	\$204.96	\$ 35,026,730	
1,581	148,371	94	\$217.84	\$ 32,321,384	
1,321	122,637	93	\$233.87	\$ 28,681,376	
1,065	96,903	91	\$258.42	\$ 25,041,369	
<b>Change</b>	-19.38%	-20.98%	-1.99%	10.49%	-12.69%

(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 and FY 13-14 for Day Treatment Intensive Half Day services and no cost forecast for FY 14-15 of FY 15-16.

### Children's Services Approved Claims Data

#### Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service

FY 2009-10 through FY 2012-13 utilizes actual data and FY 2013-14 through FY 2015-16 utilizes actual and forecast data

\*Actual claims data as of 06/30/2014

Day Rehabilitative Half Day Services - SMA <sup>(1)</sup> \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day <sup>(2)</sup>	Approved Amount
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	6,059	87	\$84.15	\$ 509,853
2013-14	67	5,910	88	\$85.58	\$ 505,786
2014-15	43	3,652	85	\$95.68	\$ 349,439
2015-16	19	1,391	73	\$138.81	\$ 193,091
<b>Change</b>	-55.81%	-61.91%	-13.80%	45.08%	-44.74%

Day Rehabilitative Full Day Services - SMA <sup>(1)</sup> \$131.24					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
2,202	150,231	68	\$113.04	\$ 16,981,995	
1,478	116,242	79	\$117.36	\$ 13,641,791	
1,759	120,826	69	\$118.93	\$ 14,370,106	
1,932	144,001	75	\$131.98	\$ 19,005,324	
1,709	130,454	76	\$137.99	\$ 18,000,887	
1,553	121,371	78	\$143.70	\$ 17,441,057	
1,397	112,290	80	\$150.34	\$ 16,881,225	
<b>Change</b>	-10.05%	-7.48%	2.85%	4.62%	-3.21%

Targeted Case Management Services - SMA <sup>(1)</sup> \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	90,202	41,692,165	462	\$1.88	\$ 78,354,609
2010-11	90,139	40,609,703	451	\$1.87	\$ 76,063,078
2011-12	94,279	41,902,516	444	\$1.81	\$ 75,895,631
2012-13	95,980	38,422,202	400	\$2.29	\$ 88,161,665
2013-14	101,446	37,424,291	369	\$2.36	\$ 88,451,893
2014-15	104,021	36,246,335	348	\$2.48	\$ 89,934,483
2015-16	106,598	35,068,379	329	\$2.61	\$ 91,417,072
<b>Change</b>	2.48%	-3.25%	-5.59%	5.06%	1.65%

Therapy & Other Service Activities - SMA <sup>(1,3)</sup> \$2.61					
Number of Clients	Number of Minutes <sup>(3)</sup>	Minutes Per Client	Cost Per Minute	Approved Amount	
194,242	446,921,289	2,301	\$1.86	\$ 829,514,456	
199,759	381,300,566	1,909	\$2.28	\$ 870,567,321	
212,985	402,621,419	1,890	\$2.31	\$ 930,852,393	
230,336	421,381,912	1,829	\$2.55	\$ 1,075,426,039	
251,341	433,710,607	1,726	\$2.64	\$ 1,144,275,382	
263,445	447,098,170	1,697	\$2.70	\$ 1,207,982,355	
275,549	460,485,734	1,671	\$2.76	\$ 1,271,689,329	
<b>Change</b>	4.59%	2.99%	-1.53%	2.21%	5.27%

Therapeutic Behavioral Services - SMA <sup>(1)</sup> \$2.61					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	5,165	33,250,139	6,438	\$2.08	\$ 69,124,055
2010-11	6,424	40,154,583	6,251	\$2.00	\$ 80,379,748
2011-12	7,332	41,811,604	5,703	\$2.08	\$ 87,156,166
2012-13	7,988	42,627,421	5,336	\$2.43	\$ 103,570,118
2013-14	8,336	42,943,055	5,152	\$2.46	\$ 105,798,339
2014-15	9,159	45,836,412	5,005	\$2.50	\$ 114,368,997
2015-16	9,982	48,729,768	4,882	\$2.52	\$ 122,939,654
<b>Change</b>	8.99%	6.31%	-2.45%	1.11%	7.49%

Medication Support Services - SMA <sup>(1)</sup> \$4.82					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
69,655	22,039,068	316	\$4.20	\$ 92,641,950	
70,304	23,003,425	327	\$4.16	\$ 95,691,707	
72,828	23,416,399	322	\$4.19	\$ 98,102,749	
77,035	23,872,901	310	\$4.85	\$ 115,689,638	
80,821	24,667,482	305	\$5.01	\$ 123,563,989	
83,282	25,333,158	304	\$5.14	\$ 130,179,409	
85,745	25,998,831	303	\$5.26	\$ 136,794,824	
<b>Change</b>	2.96%	2.63%	-0.32%	2.39%	5.08%

- (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 for therapy & other service activities 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 2009-10 through FY 2012-13 utilizes actual data and FY 2013-14 through FY 2015-16 utilizes actual and forecast data

\*Actual claims data as of 06/30/2014

Crisis Intervention Services - SMA <sup>(1)</sup> \$3.88					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	16,566	4,631,015	280	\$3.74	\$ 17,307,221
2010-11	16,771	5,082,317	303	\$3.69	\$ 18,745,805
2011-12	16,895	5,324,456	315	\$3.61	\$ 19,225,956
2012-13	17,605	5,320,697	302	\$4.38	\$ 23,291,320
2013-14	18,702	5,773,740	309	\$4.48	\$ 25,851,133
2014-15	19,028	5,970,044	314	\$4.59	\$ 27,414,809
2015-16	19,352	6,166,346	319	\$4.70	\$ 28,978,486
<b>Change</b>	1.70%	3.29%	1.56%	2.34%	5.70%

Psychiatric Inpatient Hospital Services - SD/MC - SMA <sup>(1)</sup> \$1,213.75					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
1,844	17,701	10	\$816.53	\$ 14,453,454	
1,975	15,928	8	\$785.22	\$ 12,506,982	
2,009	15,975	8	\$826.34	\$ 13,200,712	
2,085	17,393	8	\$948.02	\$ 16,488,930	
1,757	16,307	9	\$929.50	\$ 15,157,413	
1,740	16,336	9	\$959.40	\$ 15,672,698	
1,723	16,365	9	\$989.18	\$ 16,187,983	
<b>Change</b>	-0.98%	0.18%	1.17%	3.10%	3.29%

Psychiatric Inpatient Hospital Services - FFS/MC <sup>(2)</sup>					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
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	8,939	82,496	9	\$716.67	\$ 59,122,594
2012-13	10,329	88,580	9	\$721.09	\$ 63,874,465
2013-14	11,679	99,140	8	\$726.69	\$ 72,044,062
2014-15	12,507	105,250	8	\$734.76	\$ 77,333,493
2015-16	13,335	111,369	8	\$741.88	\$ 82,622,925
<b>Change</b>	6.62%	5.81%	-0.76%	0.97%	6.84%

Intensive Care Coordination				
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
179	38,753	216	\$2.73	\$ 105,727
4,794	5,798,496	1,210	\$2.01	\$ 11,657,611
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Intensive Home Based Services					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10					
2010-11					
2011-12					
2012-13	110	90,794	825	\$3.86	350,794
2013-14	3,838	5,868,302	1,529	\$2.59	15,186,966
2014-15	N/A	N/A	N/A	N/A	N/A
2015-16	N/A	N/A	N/A	N/A	N/A
<b>Change</b>					

(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 June 30, 2014.

## ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

**2014-15 and 2015-16 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)**

**STATE FISCAL YEARS 2005-06 THROUGH 2015-16**

**DATA AS OF 6/30/2014 SD/MC Only Claims**

	Fiscal Year	Approved Claims <sup>(1&amp;3)</sup> (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 <sup>(2)</sup>
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	\$763,221	-6.65%	229,064	-4.01%	\$3,332	-2.76%	4.64%	3,394,954
Actual	2010-11	\$762,013	-0.16%	227,630	-0.63%	\$3,348	0.47%	3.66%	3,523,766
Actual	2011-12	\$793,080	4.08%	231,507	1.70%	\$3,426	2.33%	1.75%	3,586,641
Actual <sup>(4, 5)</sup>	2012-13	\$946,078	19.29%	232,512	0.43%	\$4,069	18.78%	1.00%	3,622,709
Forecast	2013-14	\$996,437	5.32%	233,161	0.28%	\$4,274	5.03%	17.19%	4,374,678
Forecast	2014-15	\$1,032,460	3.62%	232,112	-0.45%	\$4,448	4.08%		
Forecast	2015-16	\$1,068,482	3.49%	231,063	-0.45%	\$4,624	3.96%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of June 30, 2014.

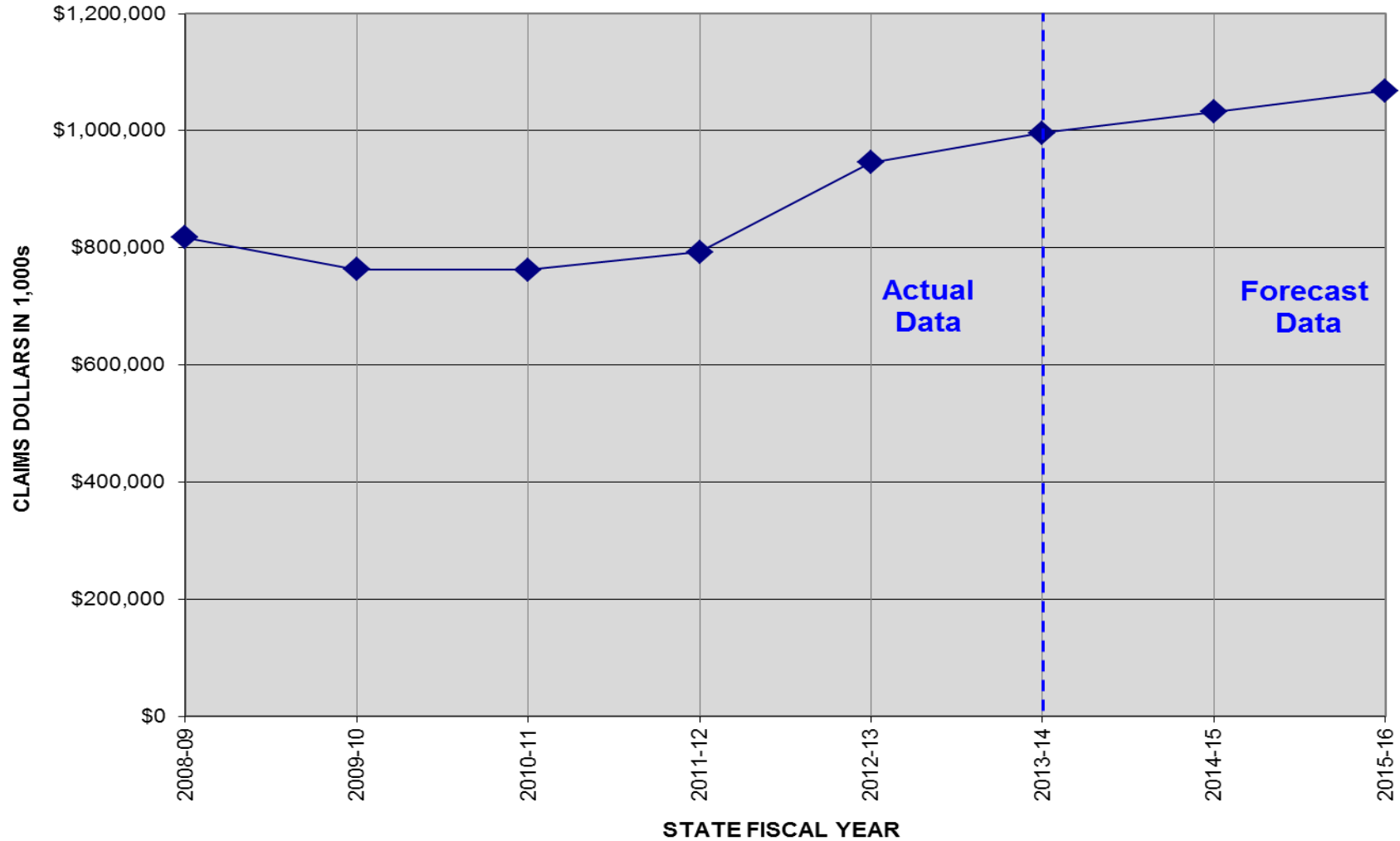
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year.

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

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

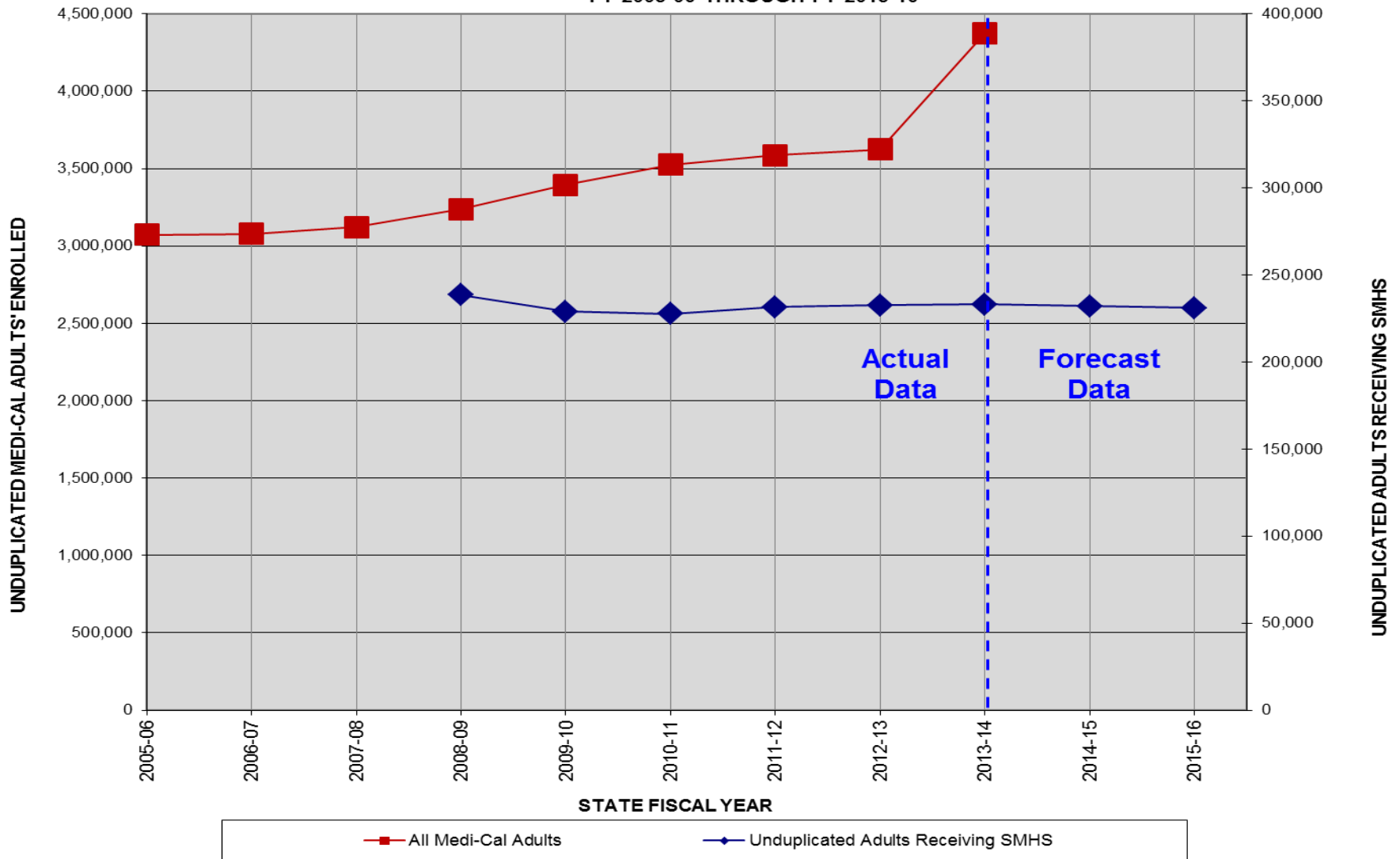
(5) The increase in approved claims costs are due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011).

**ADULTS' APPROVED CLAIMS AND CLAIMS FORECAST  
FY 2008-09 THROUGH FY 2015-16**



Source: Approved Claims, SD/MC Specialty Mental Health Services as of June 30, 2014

**UNDUPLICATED CLIENTS AND CLIENT FORECASTS**  
**All Medi-Cal Adults' Compared to Adults' Receiving Specialty Mental Health Services**  
**FY 2005-06 THROUGH FY 2015-16**



Source: Approved Claims, SD/MC Specialty Mental Health Services As of June 30, 2014

**Adults' Services Approved Claims Data**  
**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service**  
**FY 2009-10 through FY 2012-13 utilizes actual data**  
**FY 2013-14 through FY 2015-16 utilizes actual and forecast data**  
**\*Actual claims data as of 06/30/2014**

Psychiatric Health Facility Services - SMA <sup>(1)</sup> \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	2,288	25,668	11	\$553.68	\$ 14,211,935
2010-11	2,400	27,499	11	\$561.84	\$ 15,450,117
2011-12	2,729	29,876	11	\$582.19	\$ 17,393,561
2012-13	2,893	37,805	13	\$648.78	\$ 24,527,254
2013-14	3,134	42,834	14	\$714.28	\$ 30,595,432
2014-15	3,283	45,881	14	\$735.38	\$ 33,740,130
2015-16	3,432	48,929	14	\$753.84	\$ 36,884,828
<b>Change</b>	4.54%	6.6%	2.01%	2.51%	9.32%

Adult Crisis Residential Services - SMA <sup>(1)</sup> \$345.38				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
3,431	65,690	19	\$287.28	\$ 18,871,631
3,699	68,122	18	\$295.62	\$ 20,138,209
3,893	72,360	19	\$304.36	\$ 22,023,680
4,051	72,185	18	\$324.33	\$ 23,411,811
4,410	75,619	17	\$330.71	\$ 25,007,789
4,607	77,427	17	\$337.83	\$ 26,157,449
4,804	79,233	16	\$344.64	\$ 27,307,109
4.28%	2.3%	-1.86%	2.02%	4.40%

Adult Residential Services - SMA <sup>(1)</sup> \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	1,433	120,395	84	\$149.83	\$ 18,039,205
2010-11	1,155	97,308	84	\$154.28	\$ 15,013,032
2011-12	1,162	98,224	85	\$154.79	\$ 15,204,153
2012-13	1,172	103,259	88	\$158.15	\$ 16,330,394
2013-14	1,146	105,286	92	\$164.87	\$ 17,358,335
2014-15	1,073	95,938	89	\$170.52	\$ 16,359,311
2015-16	1,001	86,590	87	\$177.39	\$ 15,360,288
<b>Change</b>	-6.71%	-9.7%	-3.25%	4.03%	-6.11%

Crisis Stabilization Services - SMA <sup>(1)</sup> \$94.54				
Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
18,777	378,019	20	\$90.88	\$ 34,354,978
20,517	412,881	20	\$90.65	\$ 37,428,446
22,629	469,538	21	\$92.30	\$ 43,338,845
23,964	593,363	25	\$102.07	\$ 60,567,074
23,895	580,000	24	\$108.45	\$ 62,898,935
24,843	620,063	25	\$110.72	\$ 68,651,556
25,792	660,126	26	\$112.71	\$ 74,404,179
3.82%	6.5%	2.54%	1.80%	8.38%

Day Treatment Intensive Half Day Services <sup>(2)</sup> - SMA <sup>(1)</sup> \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10					
2010-11					
2011-12					
2012-13					
2013-14					
2014-15					
2015-16					
<b>Change</b>					

Day Treatment Intensive Full Day Services <sup>(2)</sup> - SMA <sup>(1)</sup> \$202.43				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
97	2,984	31	\$155.24	\$ 463,225
61	2,724	45	\$170.93	\$ 465,618
16	428	27	\$173.06	\$ 74,071
1	56	56	\$207.48	\$ 11,619
2	78	39	\$248.63	\$ 19,393
-	-	0	\$0.00	\$ -
-	-	0	\$0.00	\$ -
0.00%	0.0%	0.00%	0.00%	0.00%

- (1) The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.
- (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 or forecast costs for FY 2014-15 and FY 15-16.



**Adults' Services Approved Claims Data**

**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service**

FY 2009-10 through FY 2012-13 utilizes actual data

FY 2013-14 through FY 2015-16 utilizes actual and forecast data

\*Actual claims data as of 06/30/2014

Day Rehabilitative Half Day Services - SMA <sup>(1)</sup> \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day <sup>(2)</sup>	Approved Amount
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	212	8,951	42	\$89.74	\$ 803,302
2013-14	197	8,900	45	\$82.61	\$ 735,227
2014-15	209	9,199	44	\$82.68	\$ 760,583
2015-16	221	9,495	43	\$82.77	\$ 785,939
Change	5.74%	3.2%	-2.39%	0.11%	3.33%

Day Rehabilitative Full Day Services - SMA <sup>(1)</sup> \$131.24					
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	
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	
831	47,778	57	\$137.53	\$ 6,570,935	
778	46,402	60	\$148.69	\$ 6,899,590	
613	34,471	56	\$168.22	\$ 5,798,678	
445	22,537	51	\$208.45	\$ 4,697,768	
-27.41%	-34.6%	-9.94%	23.91%	-18.99%	

Targeted Case Management Services - SMA <sup>(1)</sup> \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	101,167	47,384,625	468	\$1.92	\$ 90,872,952
2010-11	97,276	46,113,027	474	\$1.88	\$ 86,503,389
2011-12	97,221	49,367,150	508	\$1.72	\$ 84,917,037
2012-13	96,266	43,352,285	450	\$2.38	\$ 103,214,389
2013-14	98,115	44,099,662	449	\$2.46	\$ 108,621,925
2014-15	96,872	42,574,351	439	\$2.60	\$ 110,614,897
2015-16	95,632	41,049,036	429	\$2.74	\$ 112,607,868
Change	-1.28%	-3.6%	-2.33%	5.58%	1.80%

Therapy & Other Service Activities - SMA <sup>(1)</sup> \$2.61					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
162,397	150,430,972	926	\$2.01	\$ 302,773,513	
160,894	165,656,715	1,030	\$1.86	\$ 307,602,063	
165,965	157,339,738	948	\$2.07	\$ 325,530,783	
171,228	147,042,990	859	\$2.58	\$ 380,031,177	
173,040	150,481,284	870	\$2.69	\$ 404,351,225	
173,040	151,011,810	873	\$2.78	\$ 420,555,536	
173,040	151,542,333	876	\$2.88	\$ 436,759,851	
0.00%	0.4%	0.35%	3.49%	3.85%	

Medication Support Services - SMA <sup>(1)</sup> \$4.82					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	163,635	47,158,444	288	\$4.01	\$ 189,094,354
2010-11	161,831	52,841,709	327	\$3.54	\$ 187,275,527
2011-12	163,942	50,514,517	308	\$3.82	\$ 193,023,059
2012-13	163,598	46,776,074	286	\$4.86	\$ 227,429,225
2013-14	160,233	47,541,251	297	\$5.08	\$ 241,453,947
2014-15	158,181	47,867,471	303	\$5.22	\$ 249,784,341
2015-16	156,125	48,193,691	309	\$5.36	\$ 258,114,736
Change	-1.30%	0.7%	2.01%	2.64%	3.34%

Crisis Intervention Services - SMA <sup>(1)</sup> \$3.88					
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount	
33,437	7,451,819	223	\$3.74	\$ 27,845,460	
31,309	7,121,676	227	\$3.74	\$ 26,650,279	
30,707	7,290,028	237	\$3.72	\$ 27,152,681	
28,973	6,938,621	239	\$4.28	\$ 29,724,923	
28,279	6,805,770	241	\$4.34	\$ 29,550,375	
26,864	6,589,638	245	\$4.48	\$ 29,552,568	
25,452	6,373,503	250	\$4.64	\$ 29,554,764	
-5.26%	-3.3%	2.09%	3.40%	0.01%	

- (1) The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.
- (2) Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 2009-10, 2010-11, and 2011-12.

**Adults' Services Approved Claims Data**  
**Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service**  
 FY 2009-10 through FY 2012-13 utilizes actual data  
 FY 2013-14 through FY 2015-16 utilizes actual and forecast data  
 \*Actual claims data as of 06/30/2014

Psychiatric Inpatient Hospital Services - SD/MC - SMA <sup>(1)</sup> \$1,213.75						Psychiatric Inpatient Hospital Services - FFS/MC <sup>(2)</sup>				
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
2009-10	6,272	73,846	12	\$759.06	\$ 56,053,797	14,376	194,535	14	\$575.19	\$ 111,894,622
2010-11	6,085	72,410	12	\$767.22	\$ 55,554,560	14,712	201,725	14	\$600.73	\$ 121,181,877
2011-12	6,222	68,888	11	\$801.41	\$ 55,207,439	14,208	210,613	15	\$623.73	\$ 131,364,939
2012-13	6,258	66,656	11	\$1,102.02	\$ 73,455,958	14,945	217,463	15	\$655.72	\$ 142,594,659
2013-14	5,160	55,830	11	\$1,235.42	\$ 68,973,669	13,649	196,110	14	\$687.41	\$ 134,808,463
2014-15	4,927	52,026	11	\$1,358.02	\$ 70,652,452	13,546	195,090	14	\$716.84	\$ 139,848,684
2015-16	4,694	48,221	10	\$1,499.99	\$ 72,331,233	13,445	194,068	14	\$746.59	\$ 144,888,909
Change	-4.73%	-7.3%	-2.71%	10.45%	2.38%	-0.75%	-0.5%	0.22%	4.15%	3.60%

- (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 June 30, 2014.

## **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 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 transitioned 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 was implemented in four separate phases over the course of one year and in a manner that was intended to minimize disruptions in services, maintain adequate provider networks, and ensure access to care. Each Phase required an implementation plan, including information on health and dental plan network adequacy, continuity of care, eligibility and enrollment requirements, consumer protections, and family notifications.

**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 <sup>3</sup> (HFP, Transitioned, and OTLICP)	
	Total Costs	Total Clients	Total Costs <sup>2</sup>	Total Clients	Total Costs	Total Clients
<i>All SDMC Services Combined</i> <sup>1</sup>	\$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	

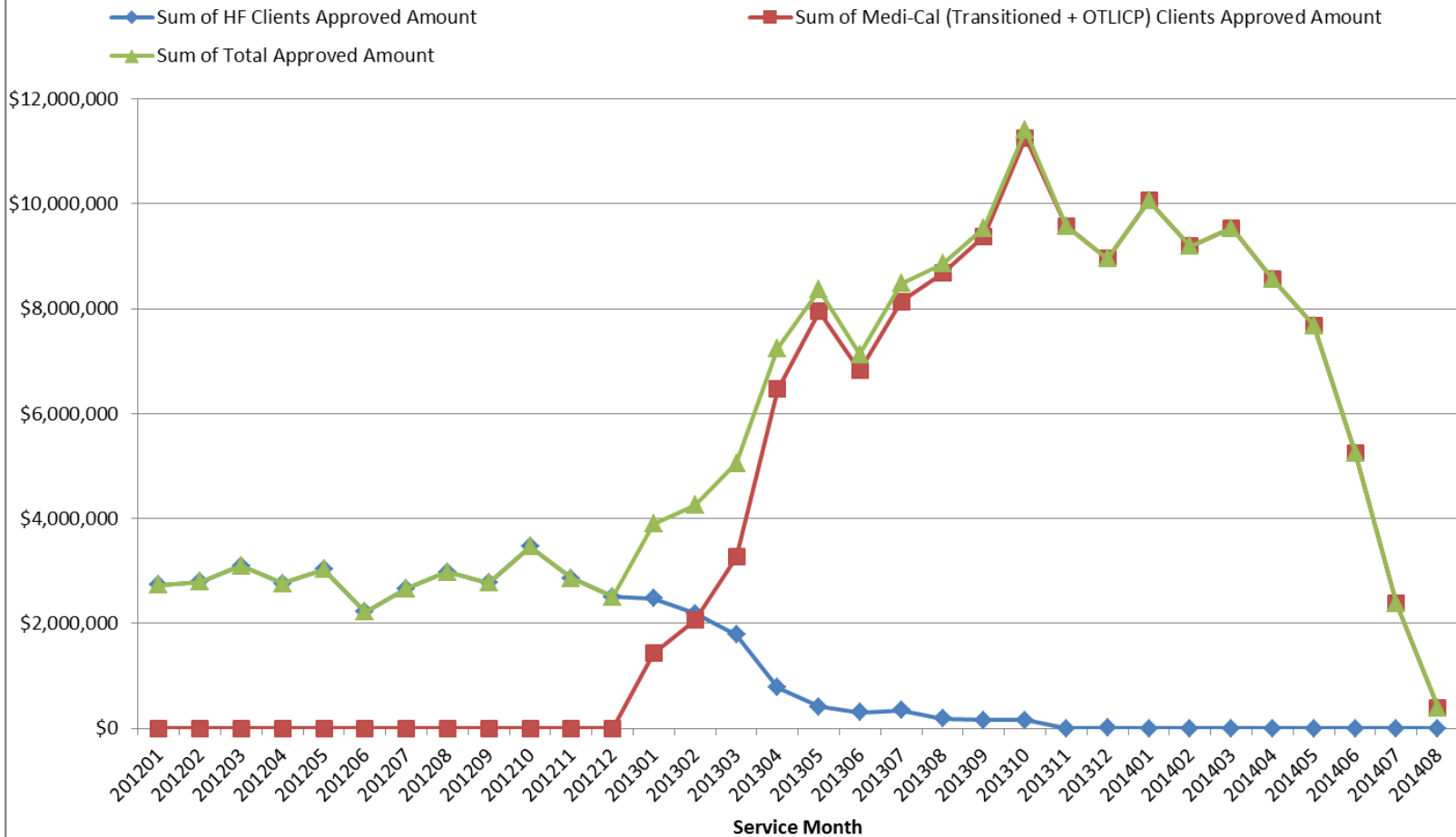
<sup>1</sup> Unique Client Count for All SDMC Services Combined is not the sum of the individual service because it is an unduplicated count, and a single client may have received multiple types of Specialty Mental Health services during the year; SDMC Services include all listed services *except* Psychiatric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

<sup>2</sup> 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.

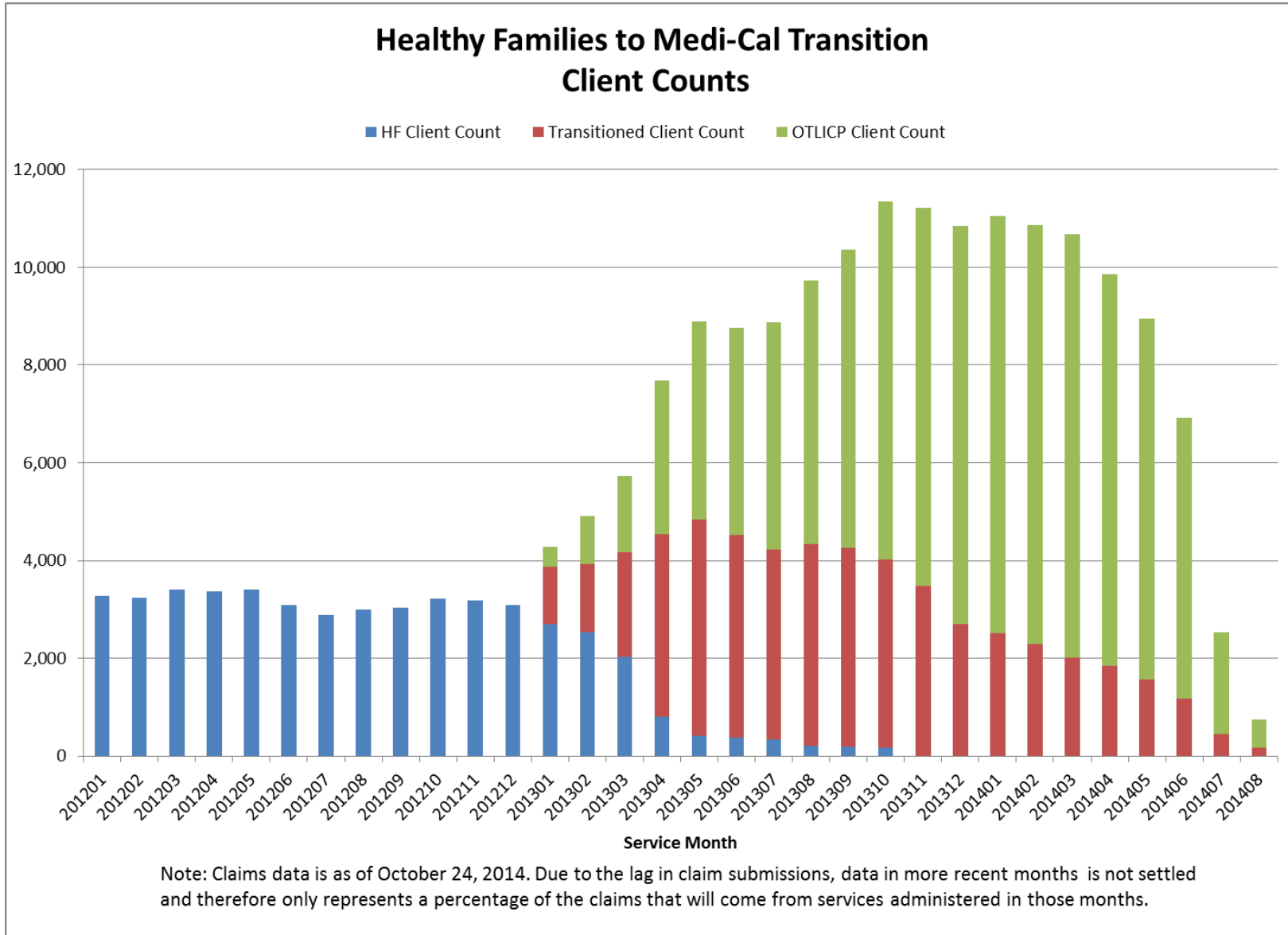
<sup>3</sup> This data is current as of April, 8 2014 and does not represent a full fiscal year of services

	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.						

### Healthy Families Transition Approved Claims Amounts Statewide Summary



Note: Claims data is as of October 24, 2014. Due to the lag in claim submissions, data in more recent months is not settled and therefore only represents a percentage of the claims that will come from services administered in those months.

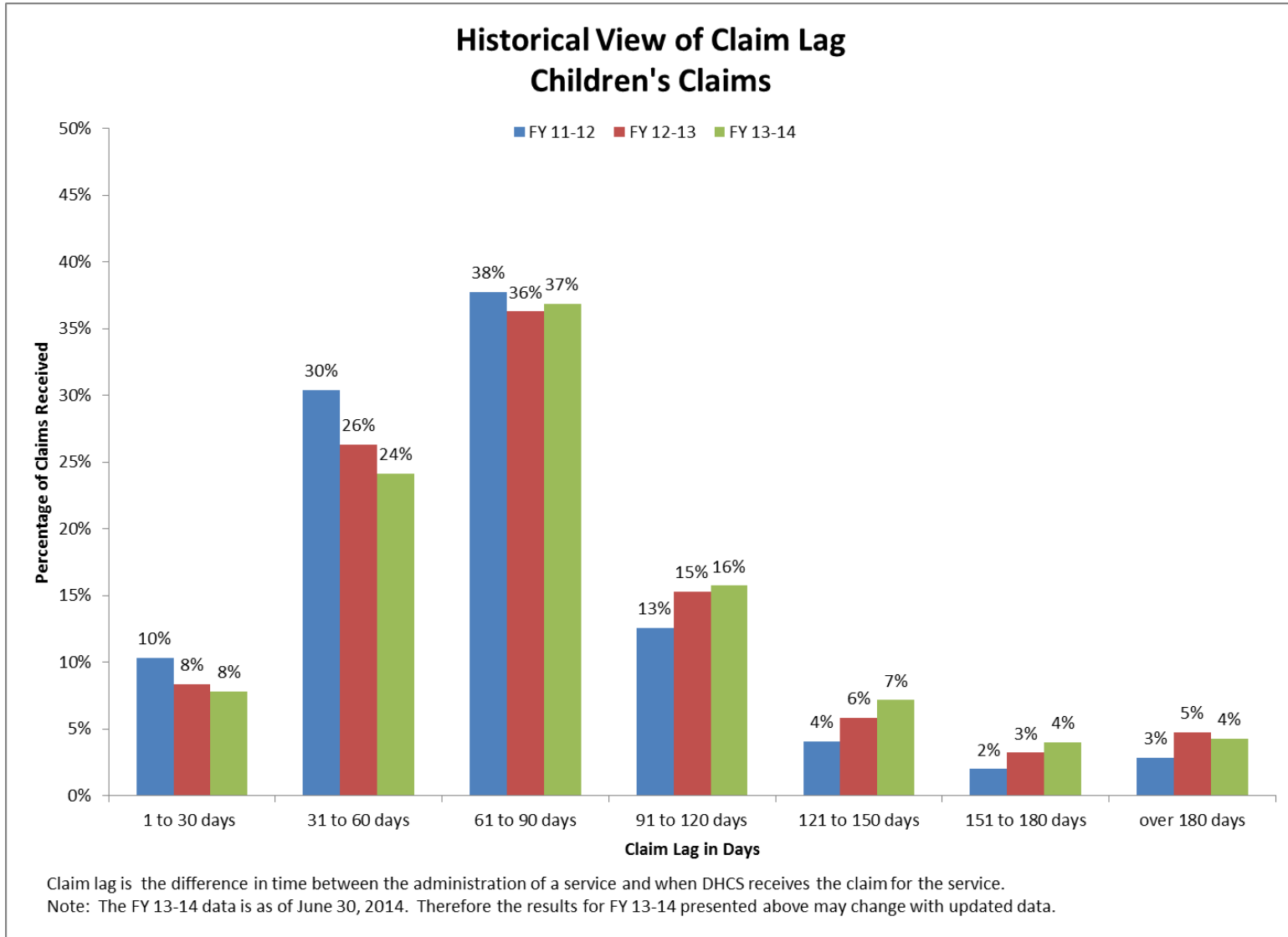


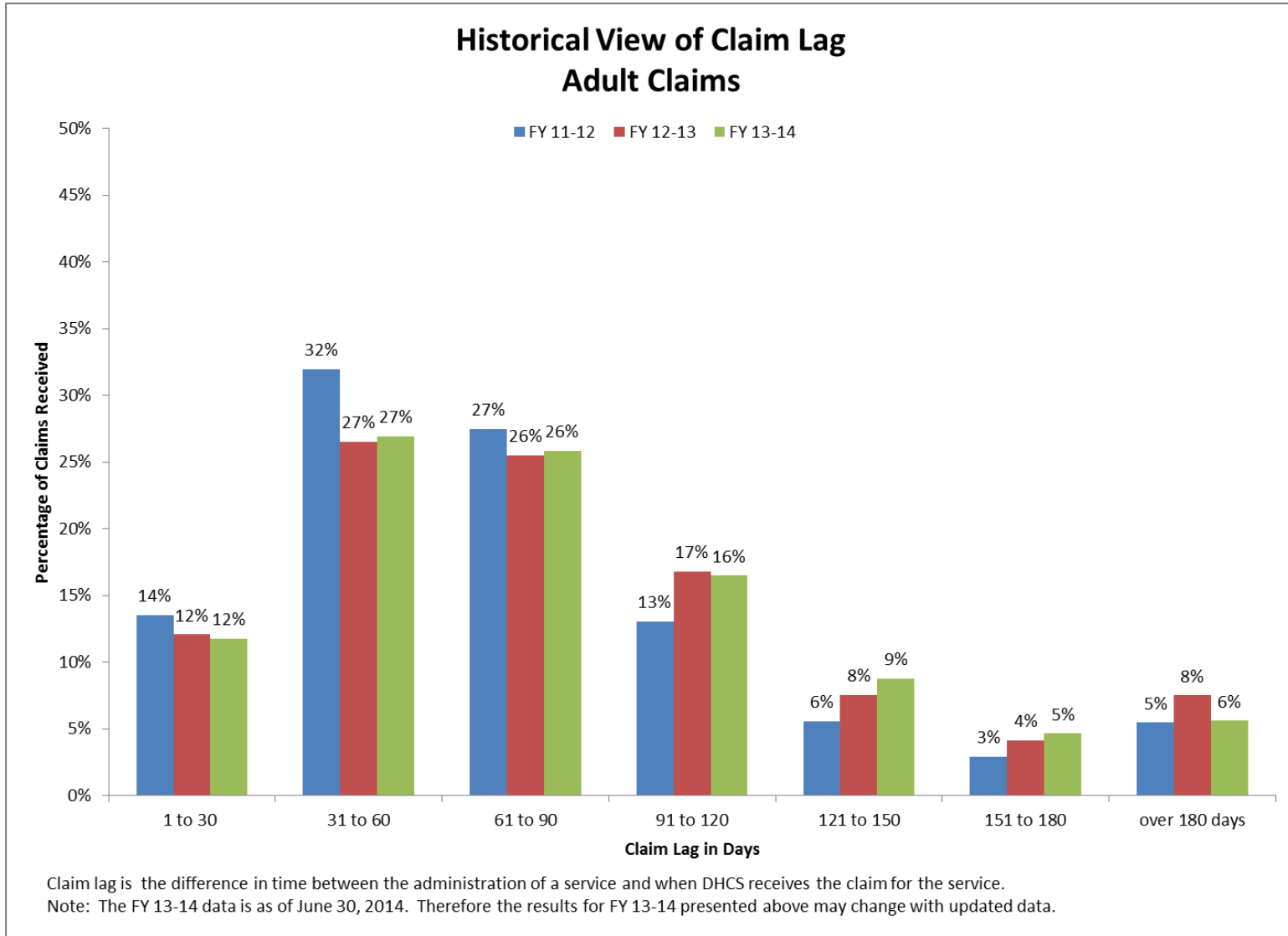
## **About Claim Lag**

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

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







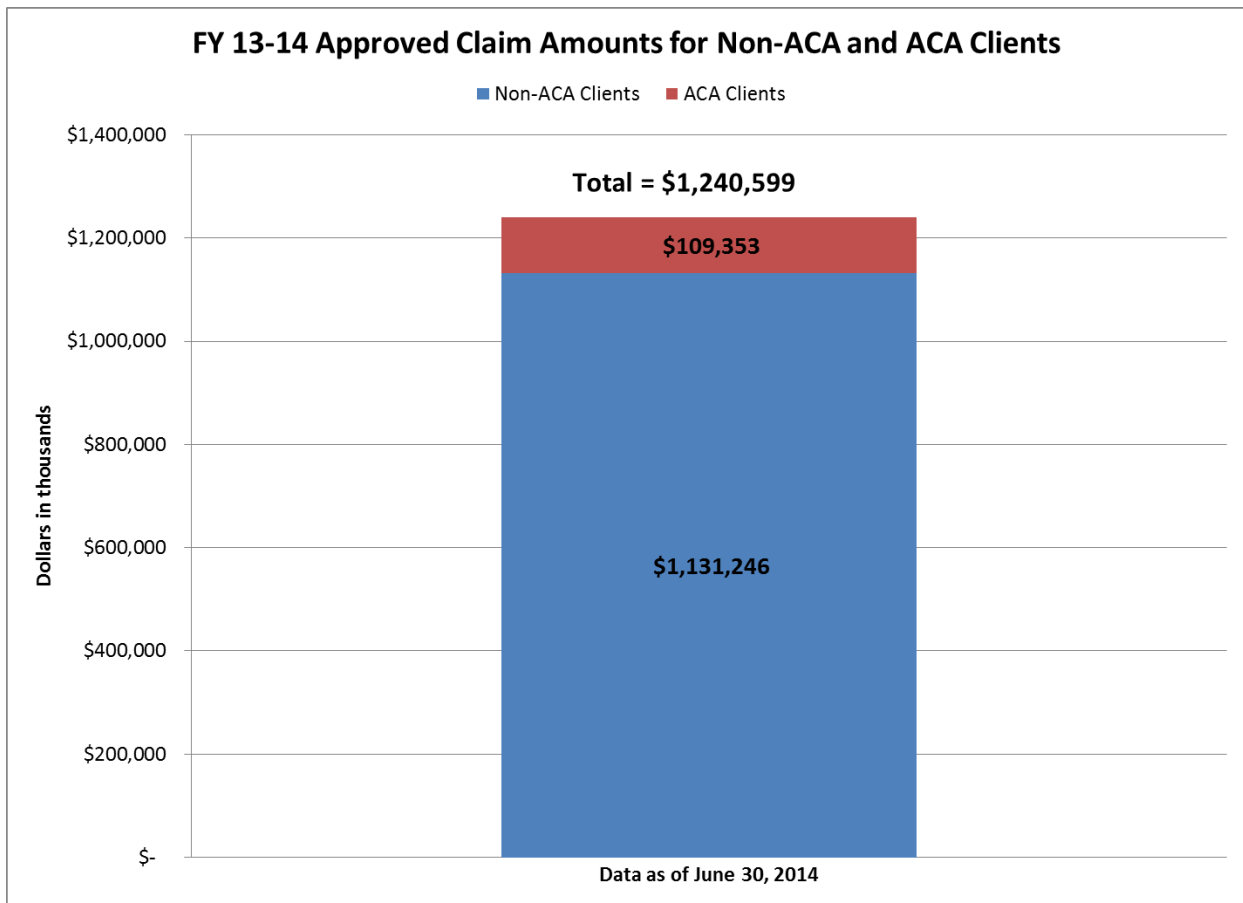
## **The Affordable Care Act and Specialty Mental Health Services**

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of June 30, 2014. The data represents actual approved claims received as of June 30, 2014 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an early indication of the growth and utilization of SMHS by ACA Expansion Clients.

### **Impact of the ACA on SMHS**

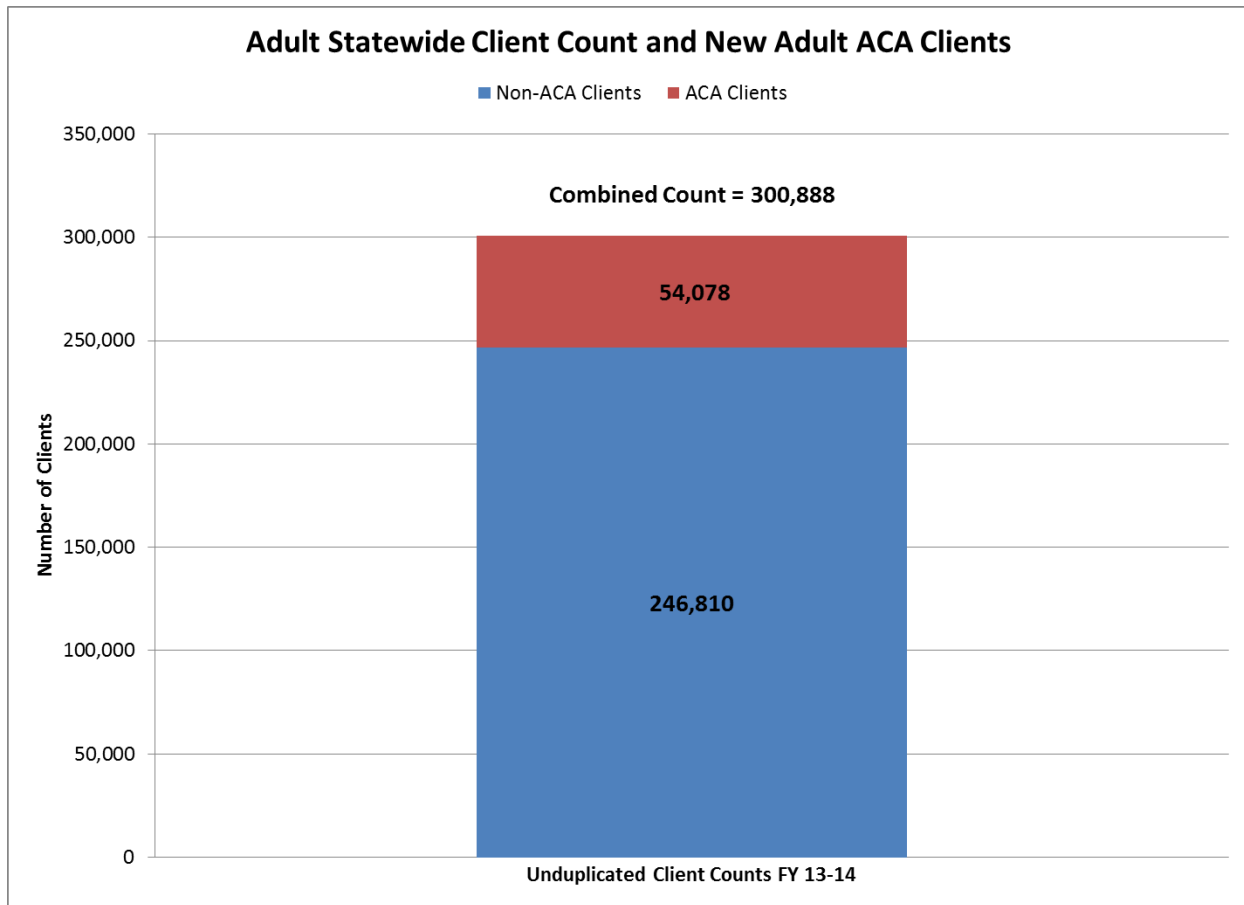
Based on the current data, the ACA has increased the number and dollar amount of approved SMHS claims for adults ages 21 and older. Specialty Mental Health Services defines adults as individuals who are 21 or older. Under the ACA expansion, individuals between the ages of 19 and 64 can apply for Medi-Cal. As such the ACA expansion clients being compared with Non-ACA adults currently receiving SMHS cannot be equally compared; however, given that only 1.3% of the ACA clients are between the ages of 18 and 20, the comparison should be considered reasonably accurate.

The ACA approved claim amounts shown below are not forecasted amounts due to the short six month data collection period. The \$109 million shown below represents approved claims from ACA clients that were received by June 30, 2014. Counties have up to one year to submit claims after the administered service, so the actual approved amount for claims from ACA clients will be higher once those claims are received.



**Growth in the Client Base**

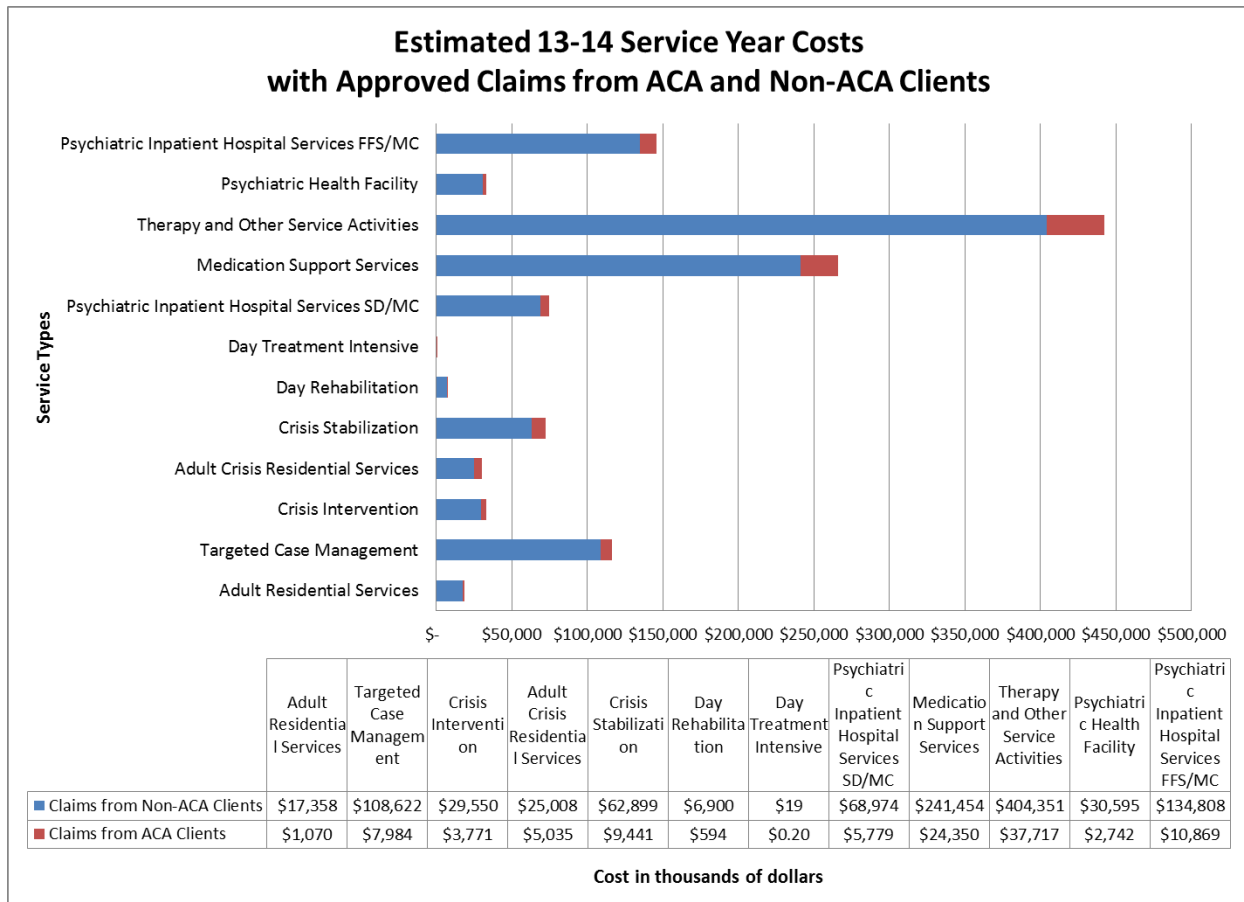
The growth in new adult clients for SMHS due to new ACA clients is significant.



Note: ACA Client adults are defined as individuals who are 18 and older, while existing SMHS adults are defined as being 21 and older. Only 1.3% of the ACA clients are between the ages of 18 and 20 and therefore are being grouped with the SMHS adult client base as they do not significantly impact the comparative analysis.

**Impact of the ACA at the Service Type Level**

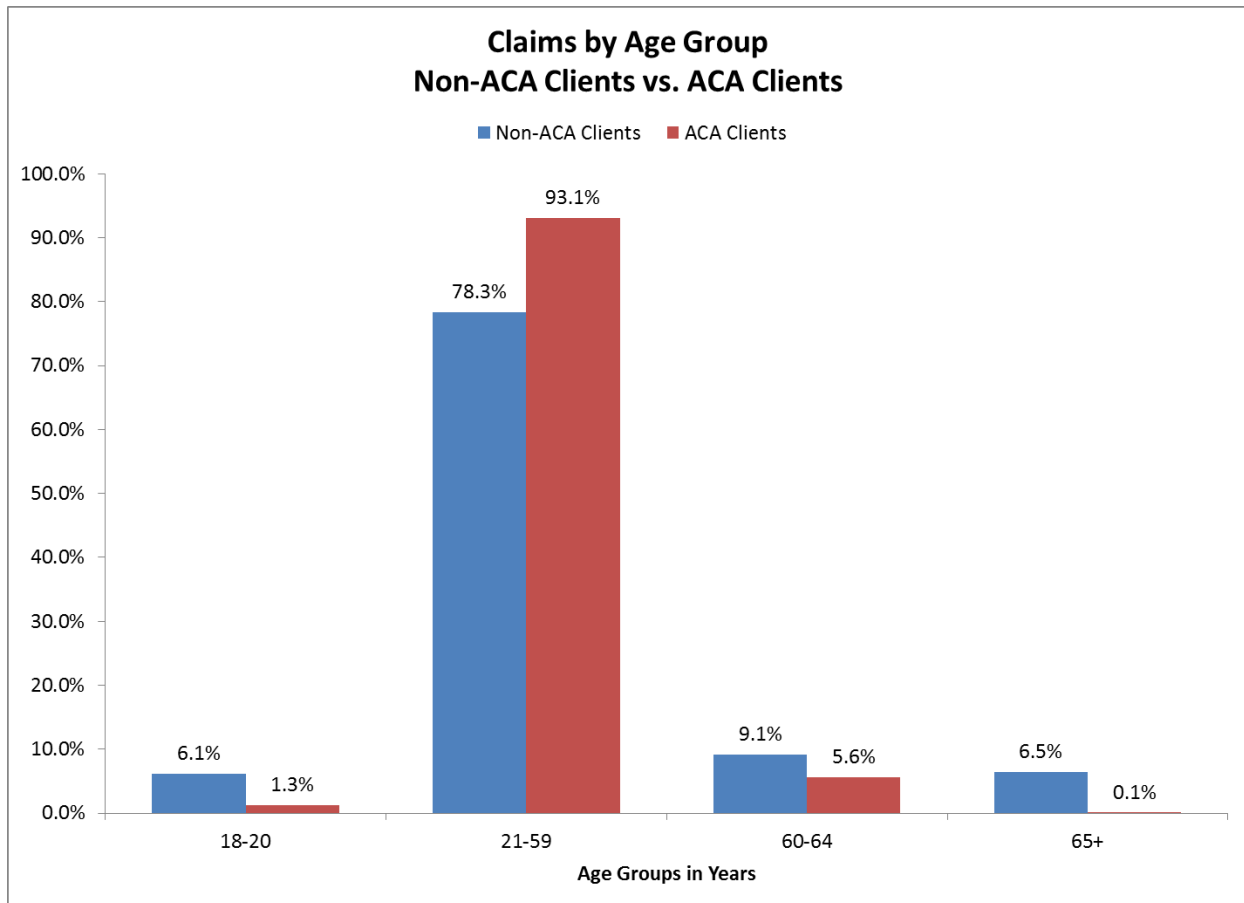
The chart below shows the FY 13-14 forecasted service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of June 30, 2014. At present the average service type may see an 8% to 15% increase in costs due to new ACA clients. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 13-14 approved claim amounts by service type with ACA clients.



**Demographics Age: Non-ACA vs. ACA enrollees**

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

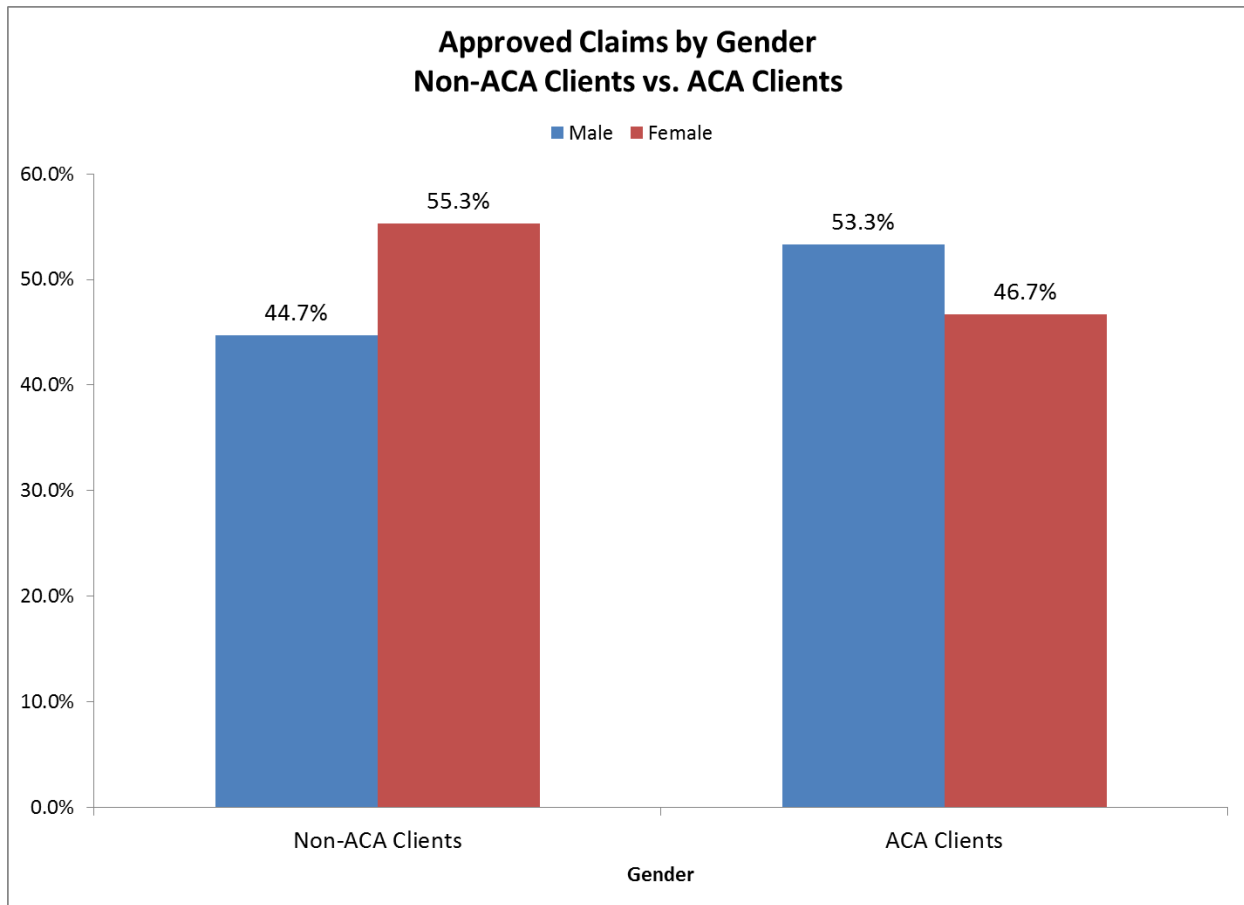
The expansion of Medi-Cal has allowed many individuals between the ages of 21 and 64 to enroll for full scope Medi-Cal. Prior to the implementation of the ACA, most individuals who qualified for Medi-Cal were either children under 21 or adults aged 65 and older.



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

**Demographics Gender: Non-ACA vs. ACA enrollees**

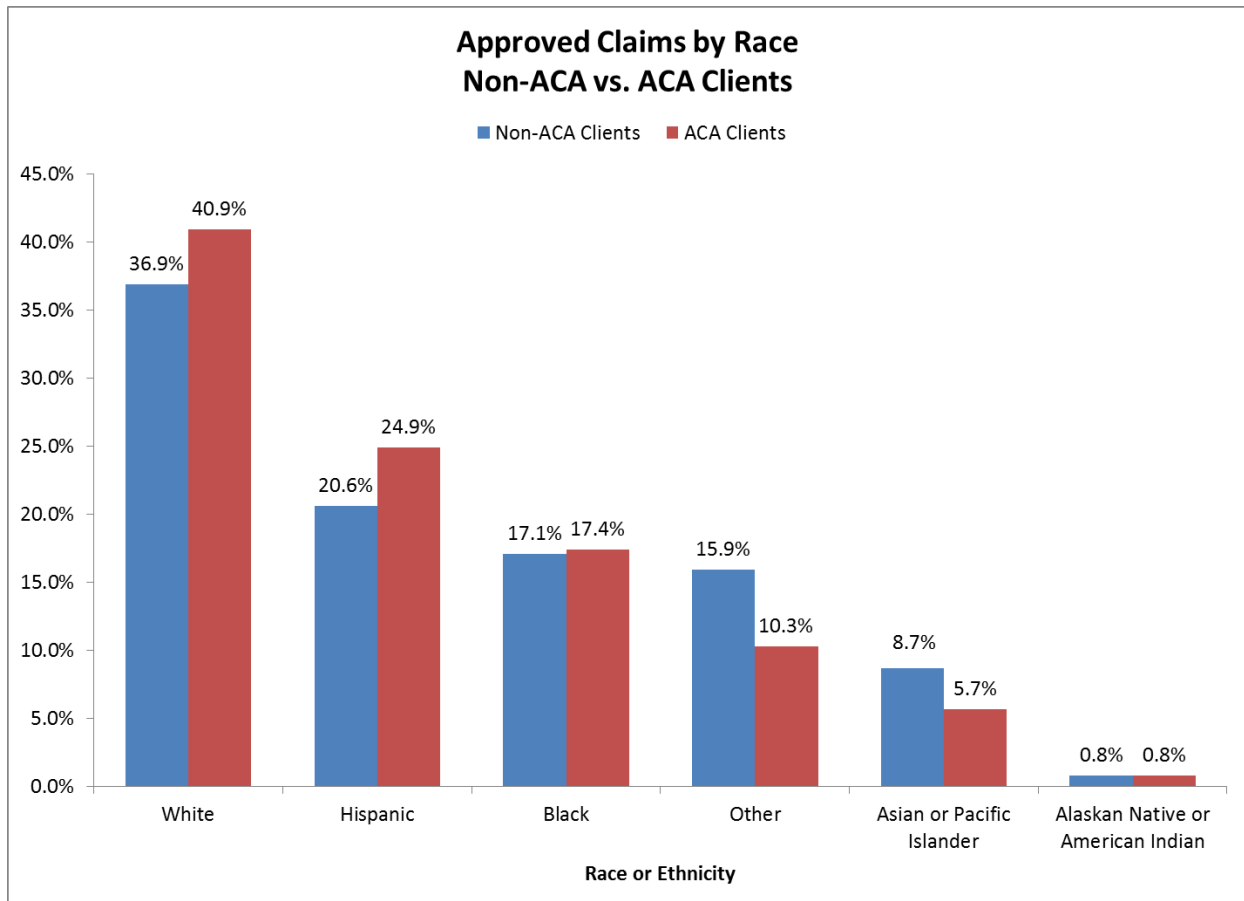
Of the ACA clients who received SMHS, 53.3% were men, while 46.7% were women.





**Race Demographics: Non-ACA vs. ACA enrollees**

At the moment it is difficult to determine if there are significant differences in SMHS utilizations by race for new ACA clients. Additional data needs to be collected to determine if utilization of SMHS differs significantly by race.



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**Summary Findings ACA and its impact to SMHS**

The ACA is having a significant impact to SMHS. Utilizing claims data as of June 30, 2014 we can conservatively state that an additional \$109 million in SMHS services was provided to new Medi-Cal ACA clients. The \$109 million is a very conservative figure as it just represents claims received through June 30, 2014 and is not adjusted for claim lag. The full impact of the ACA on SMHS will not be known until additional data become available.

## Service Type Forecasts

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## **Children Services Section**

## 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.

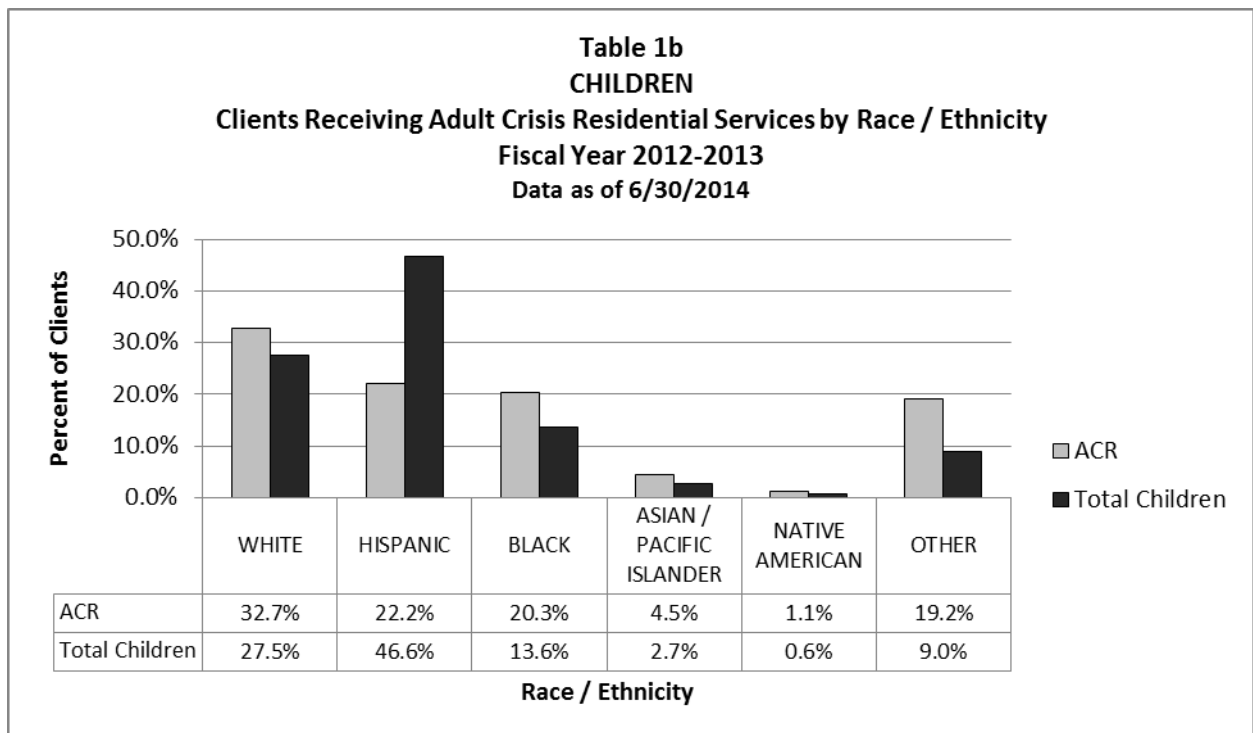
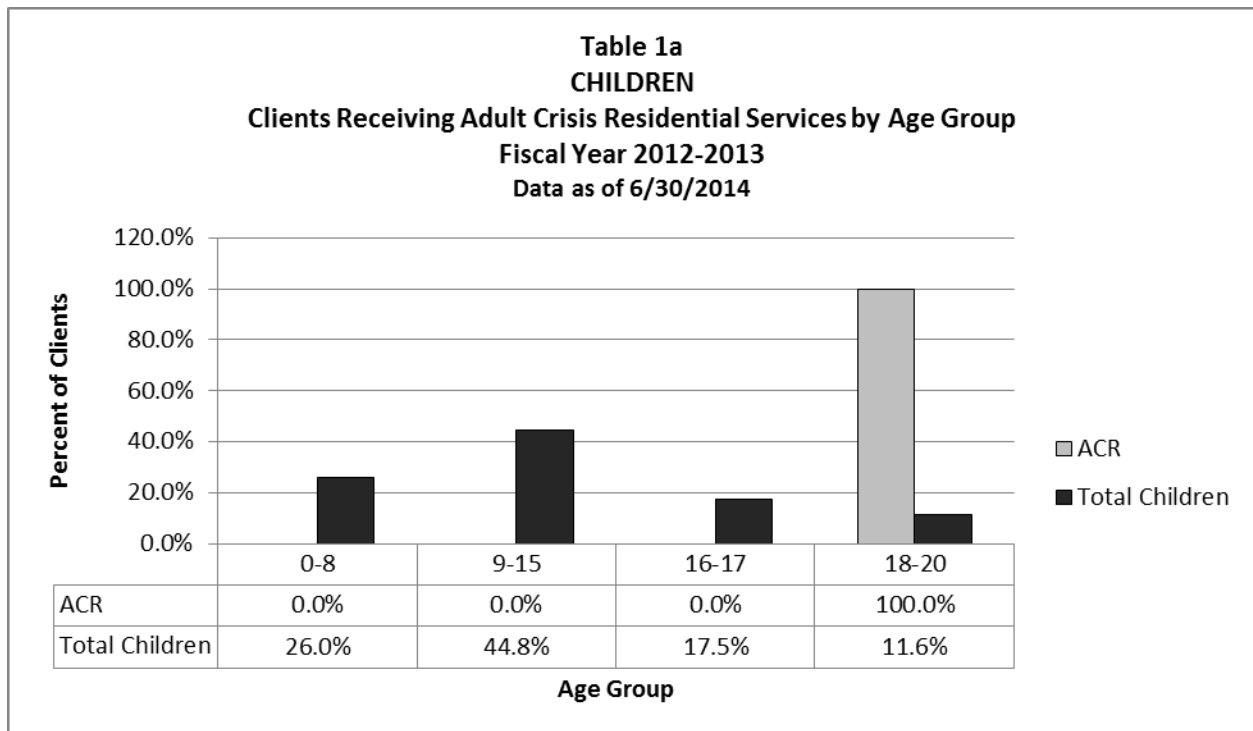
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$860,182	203
Actual	FY 2010-11	\$911,478	203
Actual	FY 2011-12	\$896,745	234
Actual	FY 2012-13	\$1,514,957	256
Actual + Forecast	FY 2013-14	\$1,989,084	317
Forecast	FY 2014-15	\$2,215,525	345
Forecast	FY 2015-16	\$2,441,969	372
Actual data as of June 30, 2014			

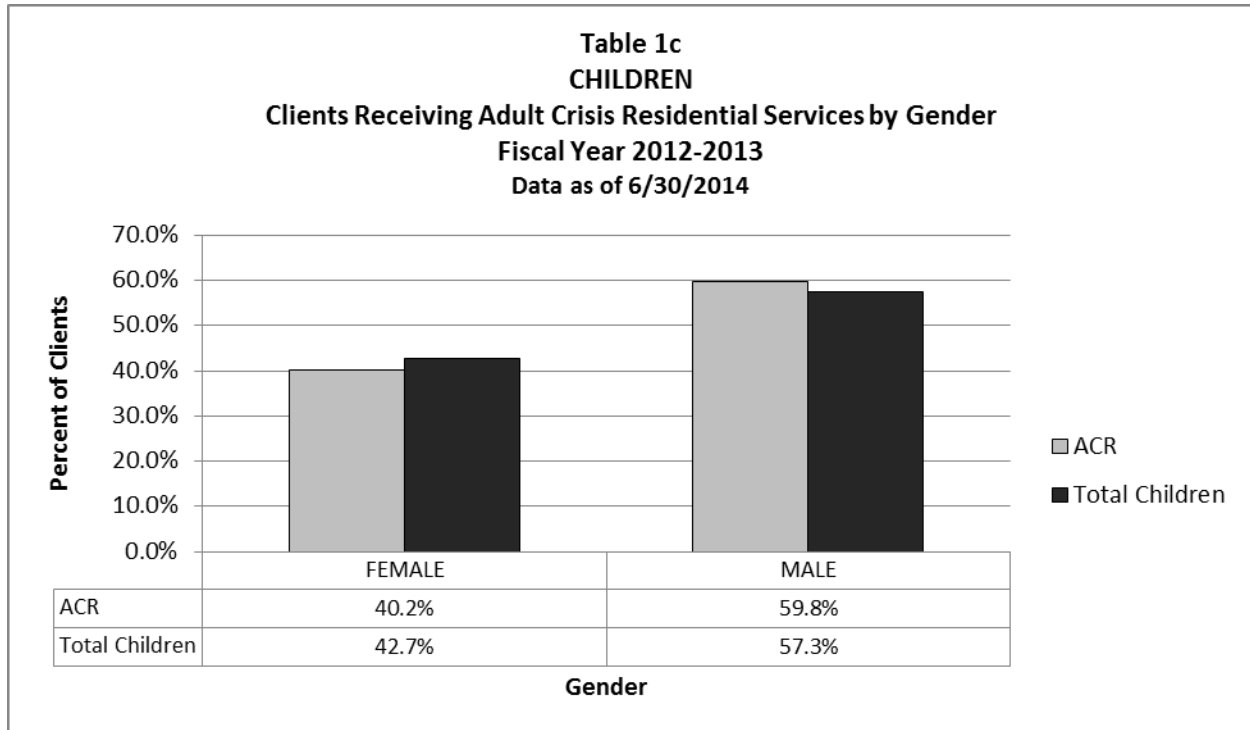
### **Budget Forecast Narrative:**

Slight growth in dollars and clients is expected for FY 2014-15 and FY 2015-16 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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
ADULT CRISIS RESIDENTIAL	256	100.00%
MEDICATION SUPPORT	238	92.97%
THERAPY AND OTHER SERVICE ACTIVITIES	198	77.34%
TARGETED CASE MANAGEMENT	188	73.44%
CRISIS STABILIZATION	144	56.25%
CRISIS INTERVENTION	135	52.73%
FFS-HOSPITAL INPATIENT	111	43.36%
HOSPITAL INPATIENT	48	18.75%
PHF	37	14.45%
ADULT RESIDENTIAL	26	10.16%
DAY TX REHABILITATIVE FULL DAY	10	3.91%
THERAPEUTIC BEHAVIORAL SERVICES	8	3.13%
DAY TX INTENSIVE FULL DAY	4	1.56%



**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	256	100%	\$ 30,739
Mean	\$ 5,918	99%	\$ 24,830
Standard Deviation	\$ 5,650	95%	\$ 18,226
Median	\$ 4,146	90%	\$ 13,834
Mode	\$ 3,902	75%	\$ 8,253
Interquartile Range	\$ 6,503	50%	\$ 4,146
		25%	\$ 1,750

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

<b>Statistic</b>	<b>Days</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	256	100%	89
Mean	18	99%	71
Standard Deviation	17	95%	55
Median	14	90%	43
Mode	5	75%	27
Interquartile Range	20	50%	14
		25%	7

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	203	234	256	317
Number of Days	3,190	3,076	4,731	6,137
Days Per Client	16	13	18	19
Approved Amount	\$911,478	\$896,745	\$1,514,957	\$1,989,084

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## Adult Residential Services

### **Adult Residential Treatment Services:**

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

### **Summary:**

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

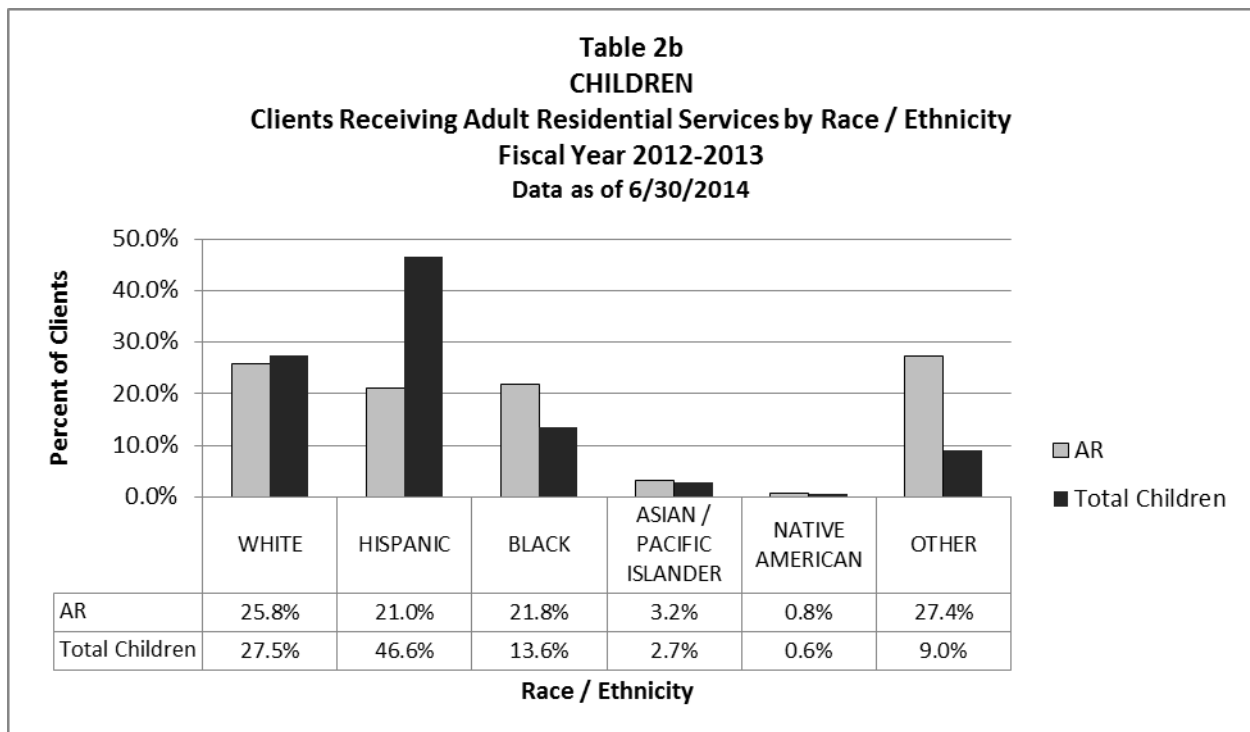
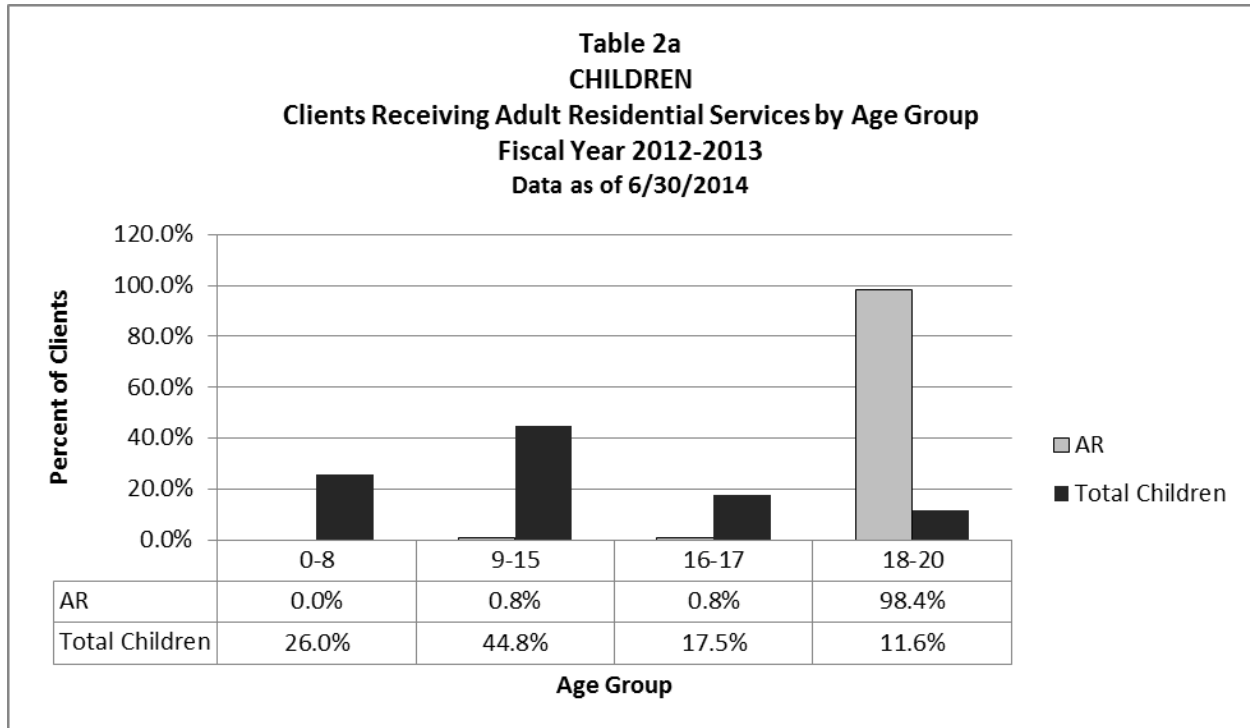
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 1,756,485	130
Actual	FY 2010-11	\$ 1,631,533	115
Actual	FY 2011-12	\$ 1,092,880	98
Actual	FY 2012-13	\$ 1,608,292	111
Actual + Forecast	FY 2013-14	\$ 1,706,839	112
Forecast	FY 2014-15	\$ 1,664,624	111
Forecast	FY 2015-16	\$ 1,622,412	108
Actual data as of June 30, 2014			

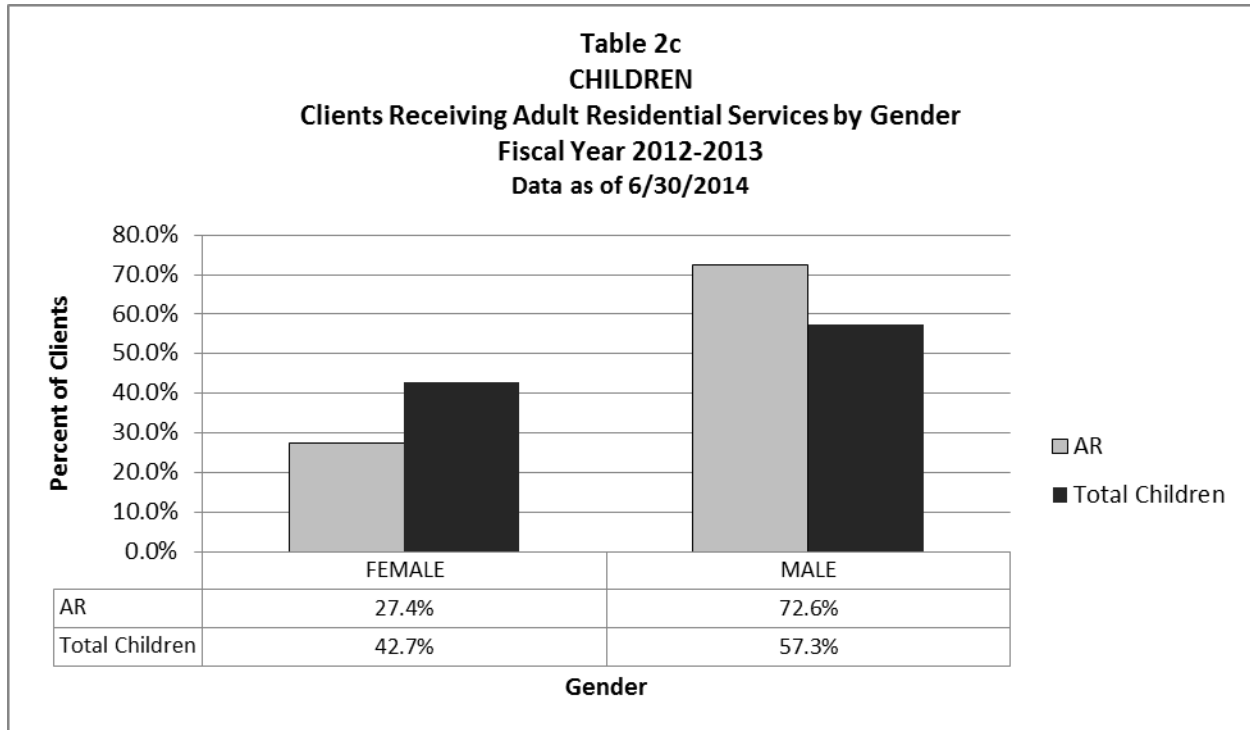
### **Budget Forecast Narrative:**

The forecast indicates a slight declining trend in costs through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percentage of Clients</b>
ADULT RESIDENTIAL	111	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	101	90.99%
TARGETED CASE MANAGEMENT	100	90.09%
MEDICATION SUPPORT	97	87.39%
CRISIS INTERVENTION	41	36.94%
CRISIS STABILIZATION	38	34.23%
ADULT CRISIS RESIDENTIAL	26	23.42%
FFS-HOSPITAL INPATIENT	23	20.72%
DAY TX REHABILITATIVE FULL DAY	20	18.02%
DAY TX INTENSIVE FULL DAY	18	16.22%
HOSPITAL INPATIENT	15	13.51%
THERAPEUTIC BEHAVIORAL SERVICES	8	7.21%
PHF	5	4.50%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	111	100%	\$ 58,571
Mean	\$ 14,489	99%	\$ 58,240
Standard Deviation	\$ 13,496	95%	\$ 42,906
Median	\$ 10,900	90%	\$ 32,122
Mode	\$ 822	75%	\$ 21,058
Interquartile Range	\$ 17,078	50%	\$ 10,900
		25%	\$ 3,979

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

Statistic	Days	Quartile	Days
Number of Clients	111	100%	364
Mean	91	99%	347
Standard Deviation	82	95%	277
Median	68	90%	190
Mode	5	75%	125
Interquartile Range	100	50%	68
		25%	25

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

<u>Data Type</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014*</u>
Number of Clients	115	98	111	112
Number of Days	10,519	7,593	10,058	10,137
Days Per Client	91	77	91	91
Approved Amount	\$1,631,533	\$1,092,880	\$1,608,292	\$1,706,839

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

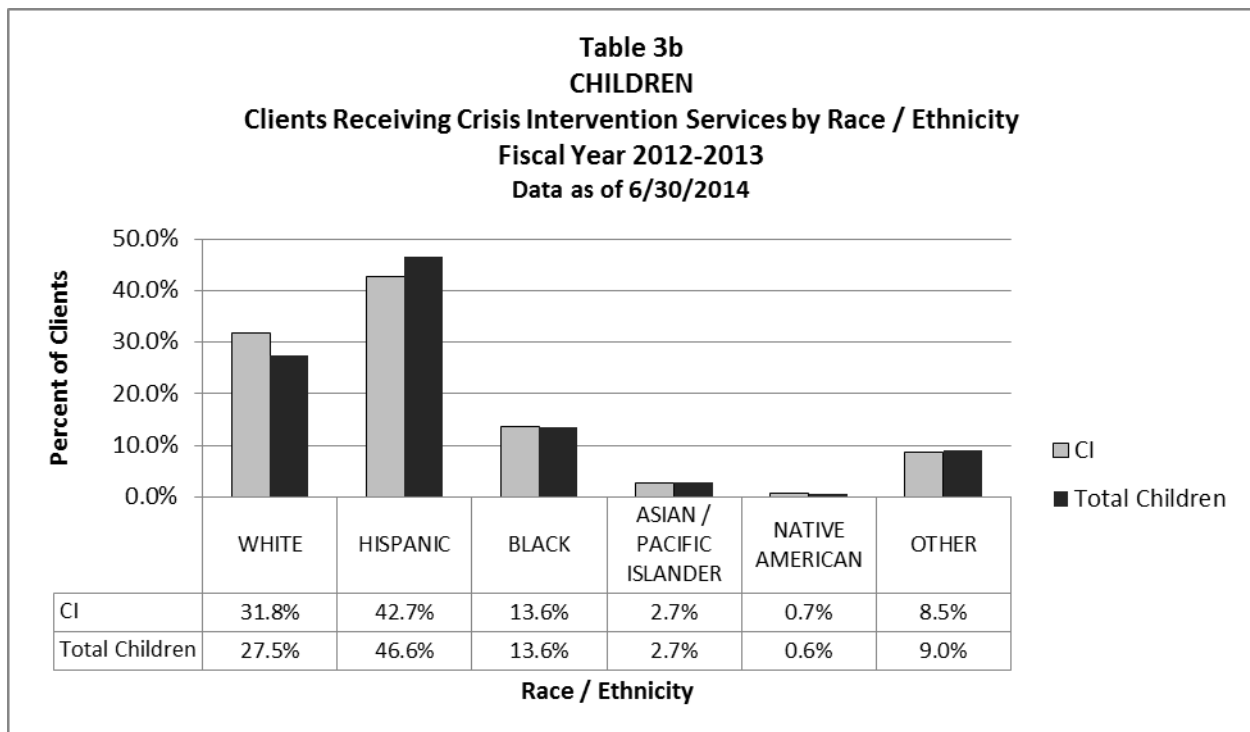
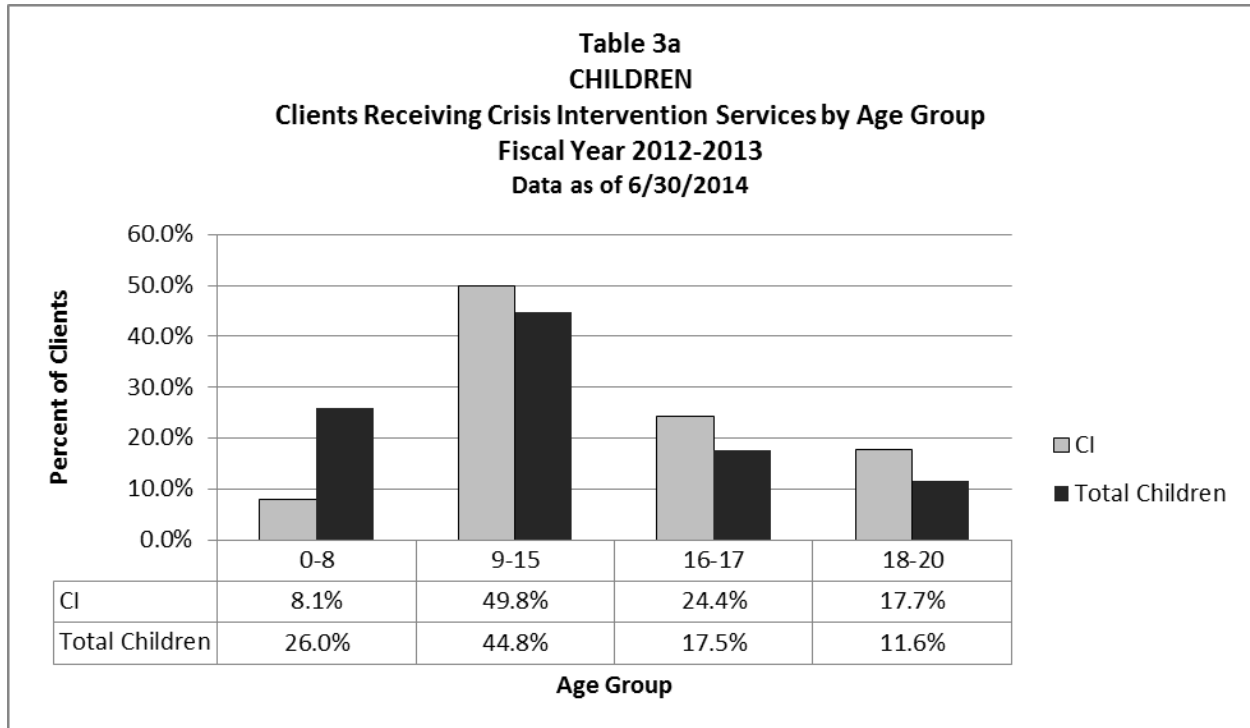
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 17,307,221	16,566
Actual	FY 2010-11	\$ 18,745,805	16,771
Actual	FY 2011-12	\$ 19,225,956	16,895
Actual	FY 2012-13	\$ 23,291,320	17,605
Actual + Forecast	FY 2013-14	\$ 25,851,133	18,702
Forecast	FY 2014-15	\$ 27,414,809	19,028
Forecast	FY 2015-16	\$ 28,978,486	19,352
Actual data as of June 30, 2014			

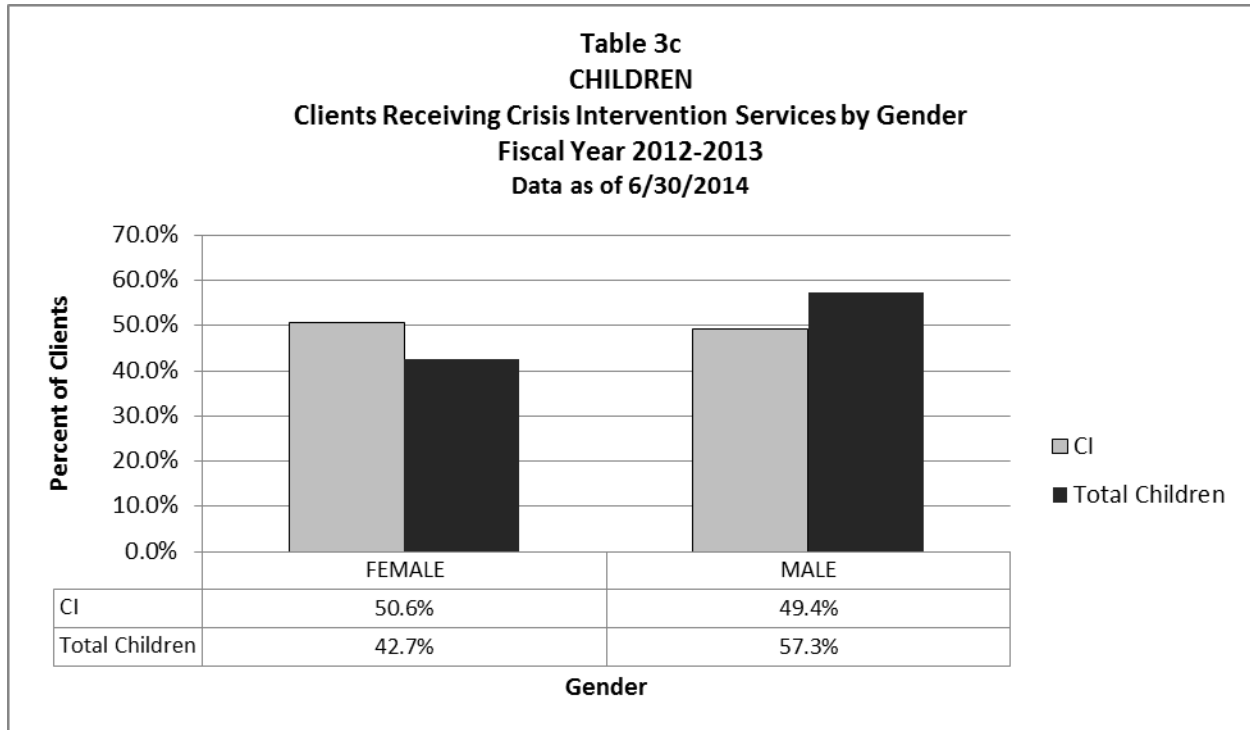
### **Budget Forecast Narrative:**

Costs for Crisis Intervention services are projected to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
CRISIS INTERVENTION	17,605	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,944	84.88%
TARGETED CASE MANAGEMENT	11,522	65.45%
MEDICATION SUPPORT	10,326	58.65%
FFS-HOSPITAL INPATIENT	5,450	30.96%
CRISIS STABILIZATION	2,880	16.36%
THERAPEUTIC BEHAVIORAL SERVICES	2,129	12.09%
HOSPITAL INPATIENT	1,037	5.89%
DAY TX INTENSIVE FULL DAY	437	2.48%
PHF	381	2.16%
DAY TX REHABILITATIVE FULL DAY	265	1.51%
ADULT CRISIS RESIDENTIAL	135	0.77%
ADULT RESIDENTIAL	41	0.23%
ICC	25	0.14%
IHBS	12	0.07%
DAY TX INTENSIVE HALF DAY	8	0.05%
DAY TX REHABILITATIVE HALF DAY	4	0.02%



**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	17,605	100%	\$ 41,533
Mean	\$ 1,323	99%	\$ 7,620
Standard Deviation	\$ 1,612	95%	\$ 4,176
Median	\$ 782	90%	\$ 2,575
Mode	\$ 2,395	75%	\$ 1,796
Interquartile Range	\$ 1,403	50%	\$ 782
		25%	\$ 393

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

<b>Statistic</b>	<b>Minutes</b>	<b>Quartile</b>	<b>Minutes</b>
Number of Clients	17,605	100%	11,225
Mean	302	99%	1,707
Standard Deviation	358	95%	951
Median	188	90%	595
Mode	480	75%	420
Interquartile Range	316	50%	188
		25%	104

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	16,771	16,895	17,605	18,702
Number of Minutes	5,082,317	5,324,456	5,320,697	5,773,740
Minutes Per Client	303	315	302	309
Approved Amount	\$18,745,805	\$19,225,956	\$23,291,320	\$25,851,133

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 2009-10	\$ 7,067,162	5,696
Actual	FY 2010-11	\$ 7,884,457	6,384
Actual	FY 2011-12	\$ 8,809,735	6,990
Actual	FY 2012-13	\$ 14,420,503	8,471
Actual + Forecast	FY 2013-14	\$ 12,910,688	8,351
Forecast	FY 2014-15	\$ 14,231,500	8,990
Forecast	FY 2015-16	\$ 15,552,312	9,633

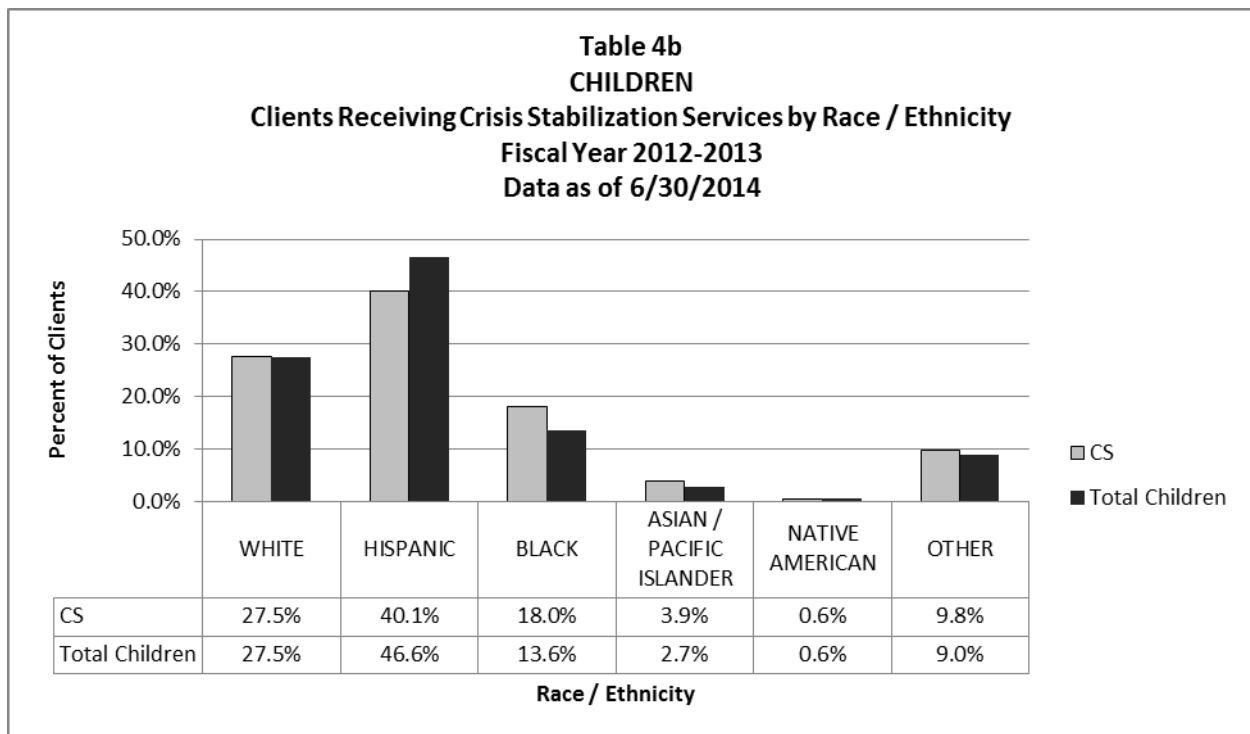
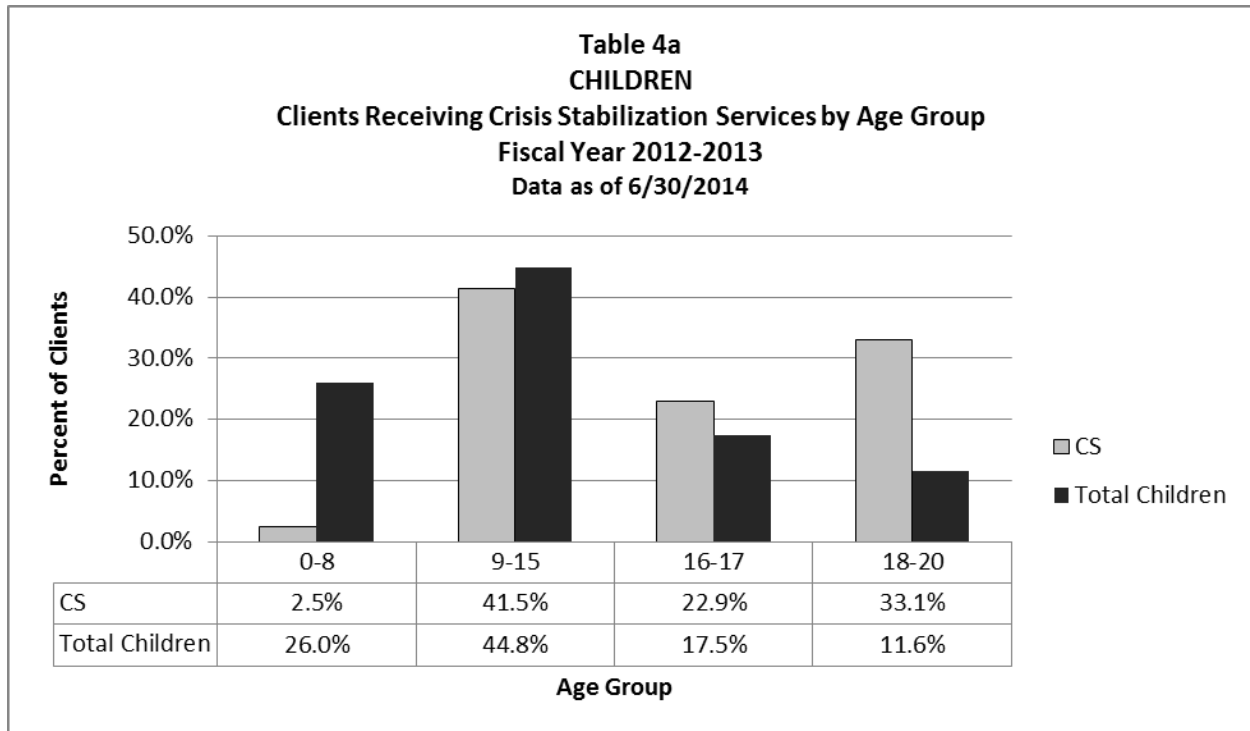
Actual data as of June 30, 2014

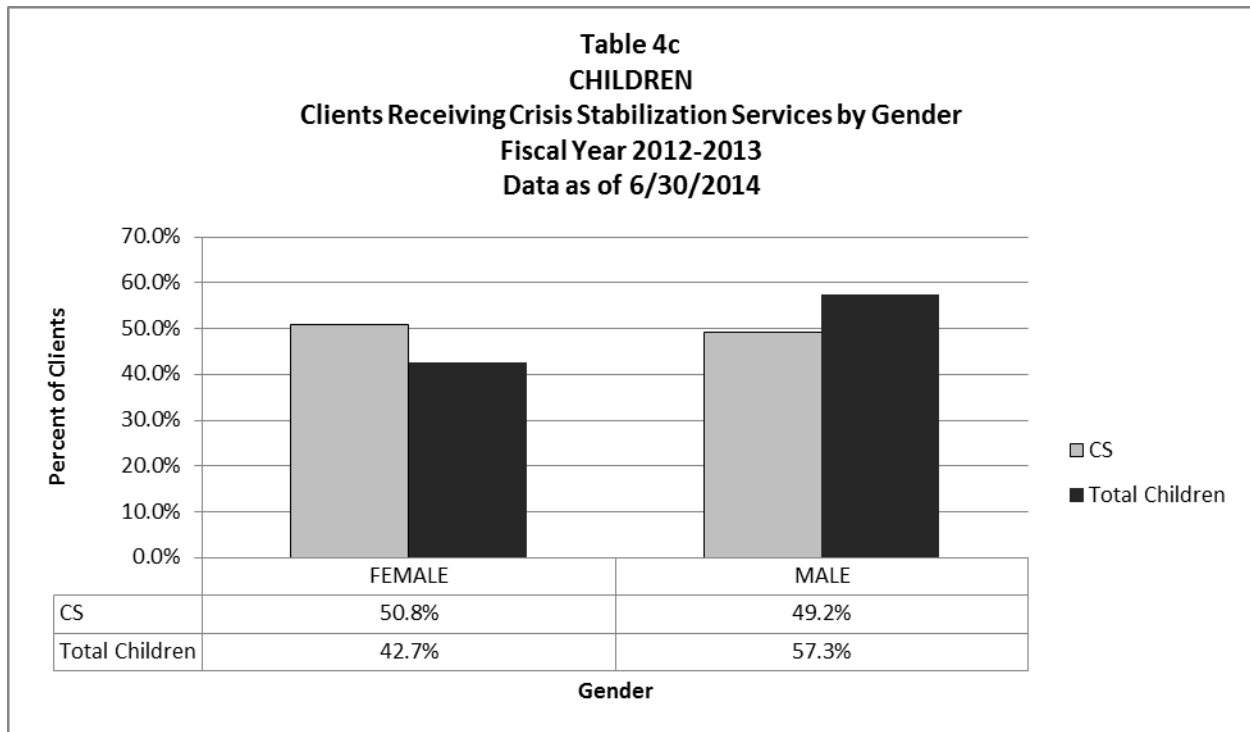
**Budget Forecast Narrative:**

Moderate growth in costs and clients is forecasted through FY 2014-15 and FY 2015-16.

**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 June 30, 2014.





**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	8,471	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,113	72.16%
MEDICATION SUPPORT	4,587	54.15%
TARGETED CASE MANAGEMENT	4,261	50.30%
FFS-HOSPITAL INPATIENT	2,897	34.20%
CRISIS INTERVENTION	2,880	34.00%
HOSPITAL INPATIENT	1,194	14.10%
THERAPEUTIC BEHAVIORAL SERVICES	925	10.92%
PHF	472	5.57%
DAY TX INTENSIVE FULL DAY	241	2.85%
DAY TX REHABILITATIVE FULL DAY	196	2.31%
ADULT CRISIS RESIDENTIAL	144	1.70%
ADULT RESIDENTIAL	38	0.45%
DAY TX REHABILITATIVE HALF DAY	4	0.05%
ICC	2	0.02%
DAY TX INTENSIVE HALF DAY	1	0.01%
IHBS	1	0.01%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	8,471	100%	\$ 52,257
Mean	\$ 1,702	99%	\$ 11,262
Standard Deviation	\$ 2,389	95%	\$ 5,467
Median	\$ 1,105	90%	\$ 3,593
Mode	\$ 1,891	75%	\$ 1,942
Interquartile Range	\$ 1,490	50%	\$ 1,105
		25%	\$ 452

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

Statistic	Days	Quartile	Days
Number of Clients	8,471	100%	409
Mean	16	99%	100
Standard Deviation	20	95%	44
Median	11	90%	34
Mode	20	75%	20
Interquartile Range	16	50%	11
		25%	4

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	6,384	6,990	8,471	8,351
Number of Hours	86,805	97,625	133,445	129,561
Hours Per Client	14	14	16	16
Approved Amount	\$7,884,457	\$8,809,735	\$14,420,503	\$12,910,688

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

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

### **Summary:**

For Day Rehabilitative Half Day Services, the forecast for FY 2014-15 and FY 2015-16 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 through more cost-effective 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 ongoing Katie A. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 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	\$ 509,853	70
Actual + Forecast	FY 2013-14	\$ 505,786	67
Forecast	FY 2014-15	\$ 349,439	43
Forecast	FY 2015-16	\$ 193,091	19

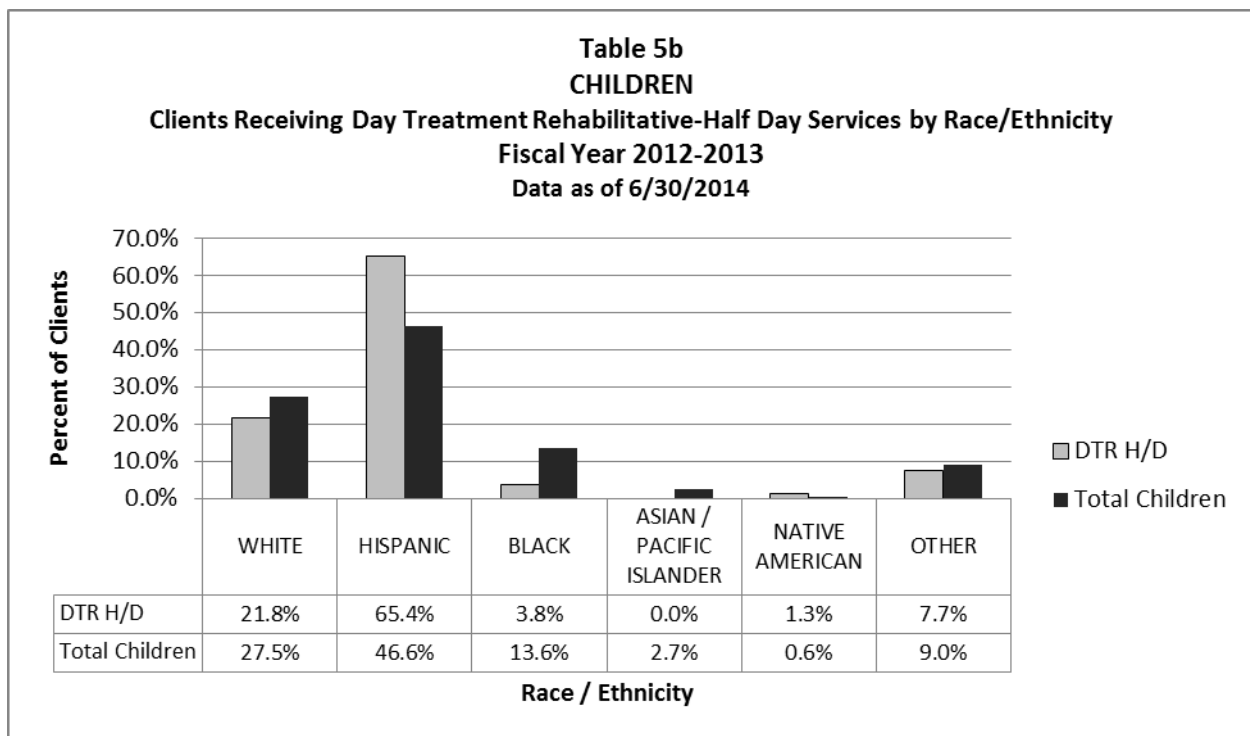
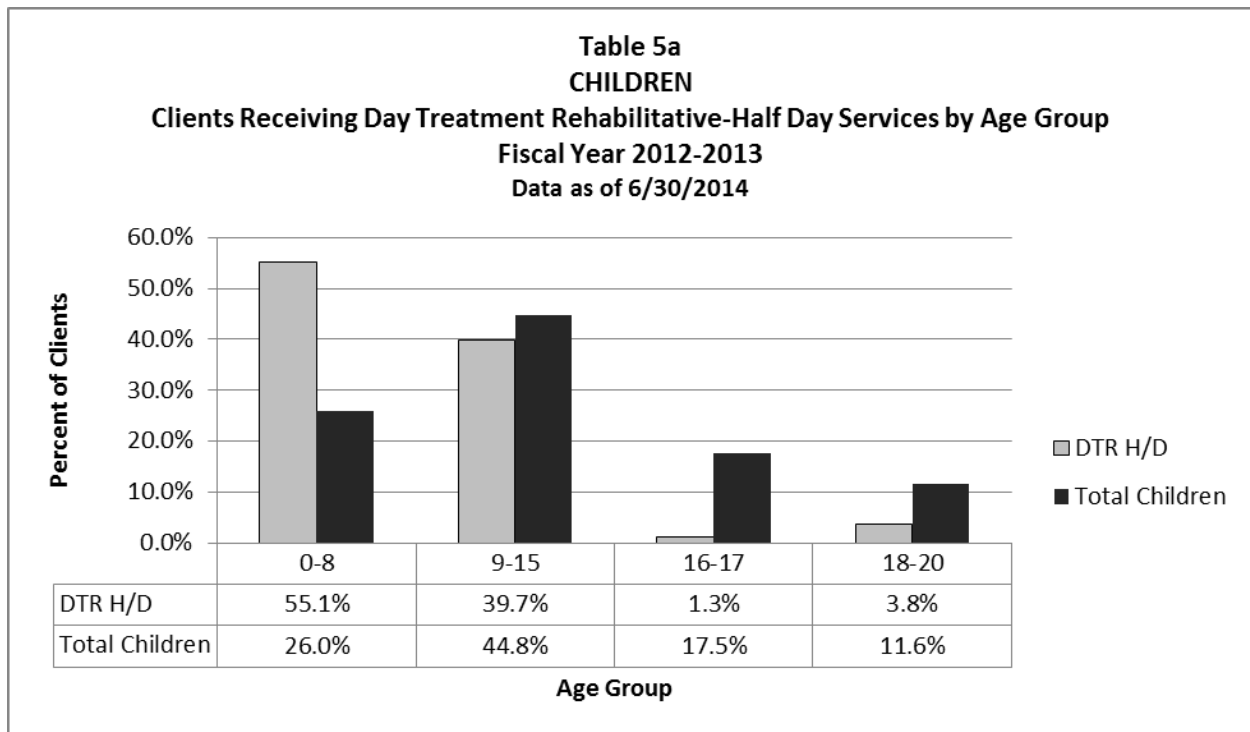
Actual data as of June 30, 2014

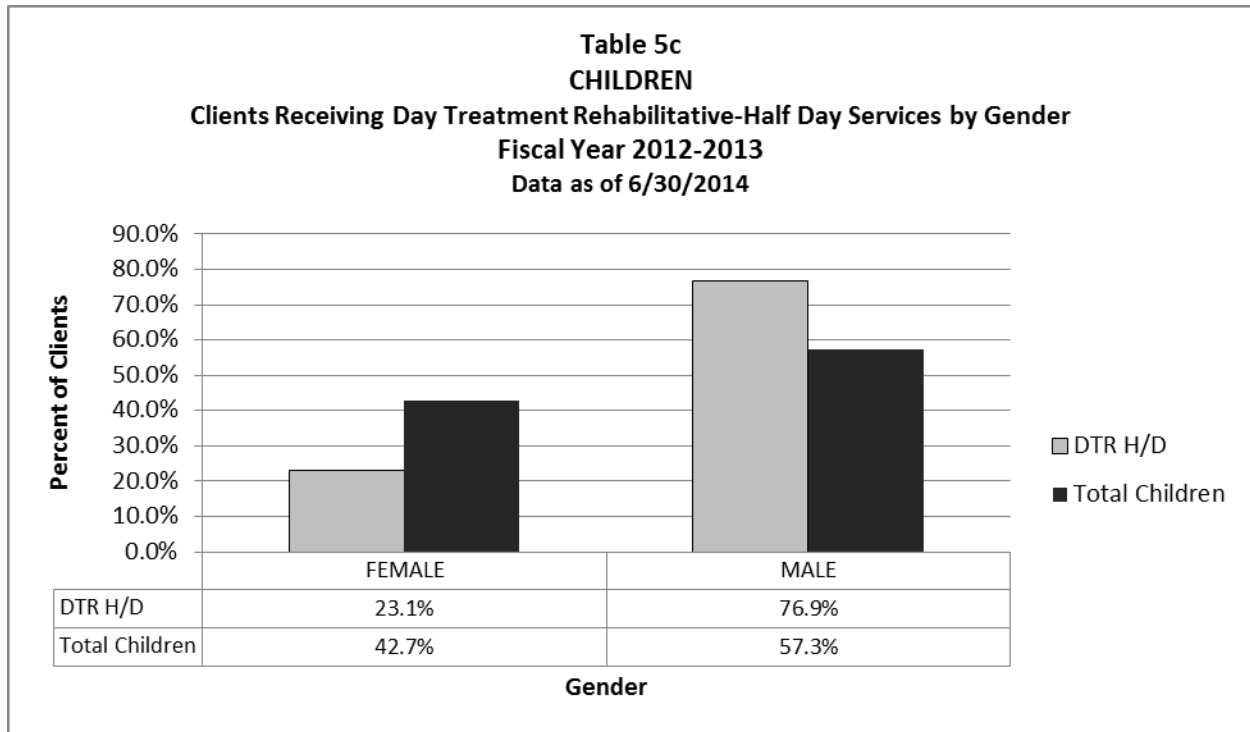
### **Budget Forecast Narrative:**

Day Rehabilitative Half Day service costs are forecast to decline through FY 2014-15 and 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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
DAY TX REHABILITATIVE HALF DAY	70	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	49	70.00%
MEDICATION SUPPORT	46	65.71%
TARGETED CASE MANAGEMENT	17	24.29%
THERAPEUTIC BEHAVIORAL SERVICES	6	8.57%
CRISIS INTERVENTION	4	5.71%
CRISIS STABILIZATION	4	5.71%
DAY TX INTENSIVE FULL DAY	3	4.29%
HOSPITAL INPATIENT	3	4.29%
FFS-HOSPITAL INPATIENT	2	2.86%



**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	70	100%	\$ 19,591
Mean	\$ 7,284	99%	\$ 19,591
Standard Deviation	\$ 5,739	95%	\$ 19,086
Median	\$ 5,928	90%	\$ 16,564
Mode	\$ 757	75%	\$ 10,762
Interquartile Range	\$ 8,660	50%	\$ 5,928
		25%	\$ 2,102

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	70	100%	233
Mean	87	99%	233
Standard Deviation	68	95%	227
Median	71	90%	197
Mode	5	75%	128
Interquartile Range	104	50%	71
		25%	24

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	127	102	70	67
Number of Days	14,239	9,358	6,059	5,910
Days Per Client	112	92	87	88
Approved Amount	\$1,395,605	\$904,599	\$509,853	\$505,786

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 FY 2014-15 and FY 2015-16.

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. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 16,981,995	2,202
Actual	FY 2010-11	\$ 13,641,791	1,478
Actual	FY 2011-12	\$ 14,370,106	1,759
Actual	FY 2012-13	\$ 19,005,324	1,932
Actual + Forecast	FY 2013-14	\$ 18,000,887	1,709
Forecast	FY 2014-15	\$ 17,441,057	1,553
Forecast	FY 2015-16	\$ 16,881,225	1,397

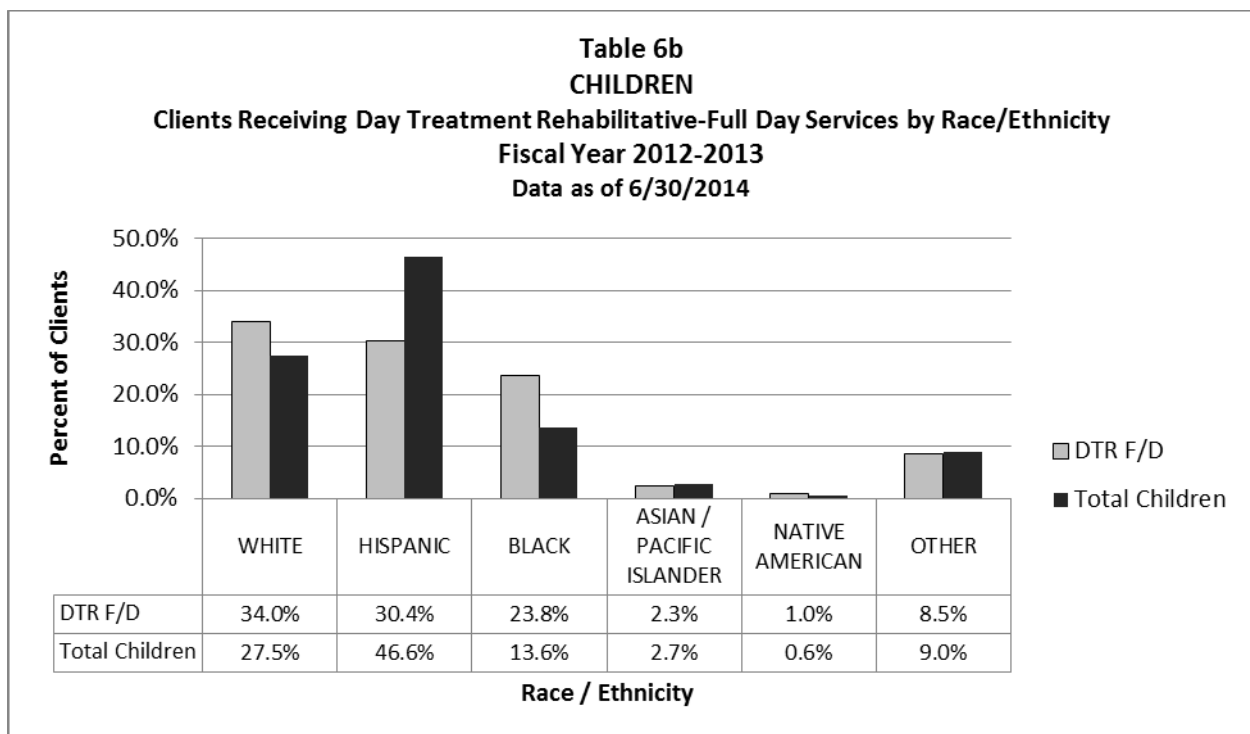
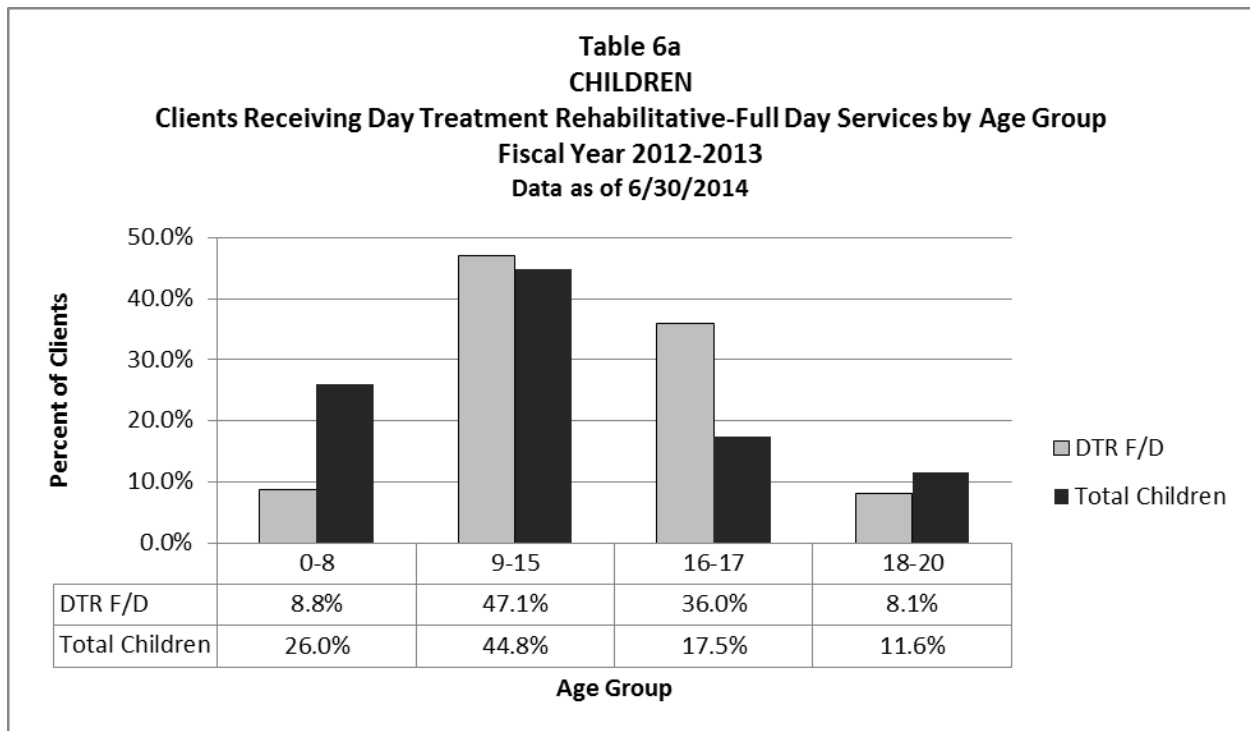
Actual data as of June 30, 2014

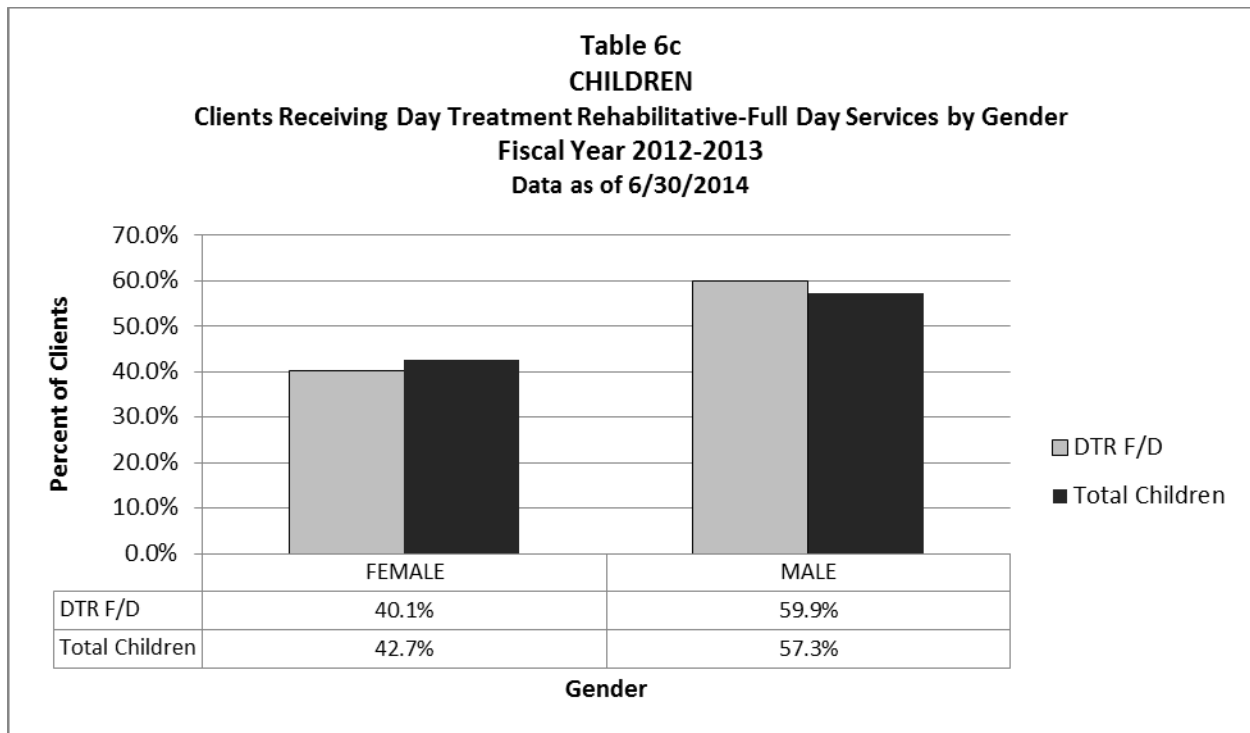
### **Budget Forecast Narrative:**

Day Rehabilitation Full Day costs are forecast to decline through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
DAY TX REHABILITATIVE FULL DAY	1,932	100.00%
MEDICATION SUPPORT	1,346	69.67%
THERAPY AND OTHER SERVICE ACTIVITIES	1,312	67.91%
TARGETED CASE MANAGEMENT	627	32.45%
THERAPEUTIC BEHAVIORAL SERVICES	328	16.98%
CRISIS INTERVENTION	265	13.72%
FFS-HOSPITAL INPATIENT	202	10.46%
CRISIS STABILIZATION	196	10.14%
DAY TX INTENSIVE FULL DAY	154	7.97%
HOSPITAL INPATIENT	100	5.18%
PHF	25	1.29%
ADULT RESIDENTIAL	20	1.04%
ADULT CRISIS RESIDENTIAL	10	0.52%
DAY TX INTENSIVE HALF DAY	3	0.16%
ICC	1	0.05%
IHBS	1	0.05%

**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	1,932	100%	\$ 25,461
Mean	\$ 9,837	99%	\$ 15,729
Standard Deviation	\$ 9,446	95%	\$ 6,450
Median	\$ 6,450	90%	\$ 1,837
Mode	\$ 131	75%	\$ 525
Interquartile Range	\$ 13,891	50%	\$ 262
		25%	\$ 131

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

<b>Statistic</b>	<b>Days</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	1,932	100%	299
Mean	75	99%	247
Standard Deviation	72	95%	222
Median	48	90%	192
Mode	1	75%	119
Interquartile Range	105	50%	48
		25%	14

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	1,478	1,759	1,932	1,709
Number of Days	116,242	120,826	144,001	130,454
Days Per Client	79	69	75	76
Approved Amount	13,641,791	14,370,106	19,005,324	18,000,887

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 2,678,755	284
Actual	FY 2010-11	\$ 819,123	228
Actual	FY 2011-12	\$ 2,367,074	217
Actual	FY 2012-13	\$ 41,506	15
Actual + Forecast	FY 2013-14	\$ 26,287	10
Forecast	FY 2014-15	\$ -	-
Forecast	FY 2015-16	\$ -	-

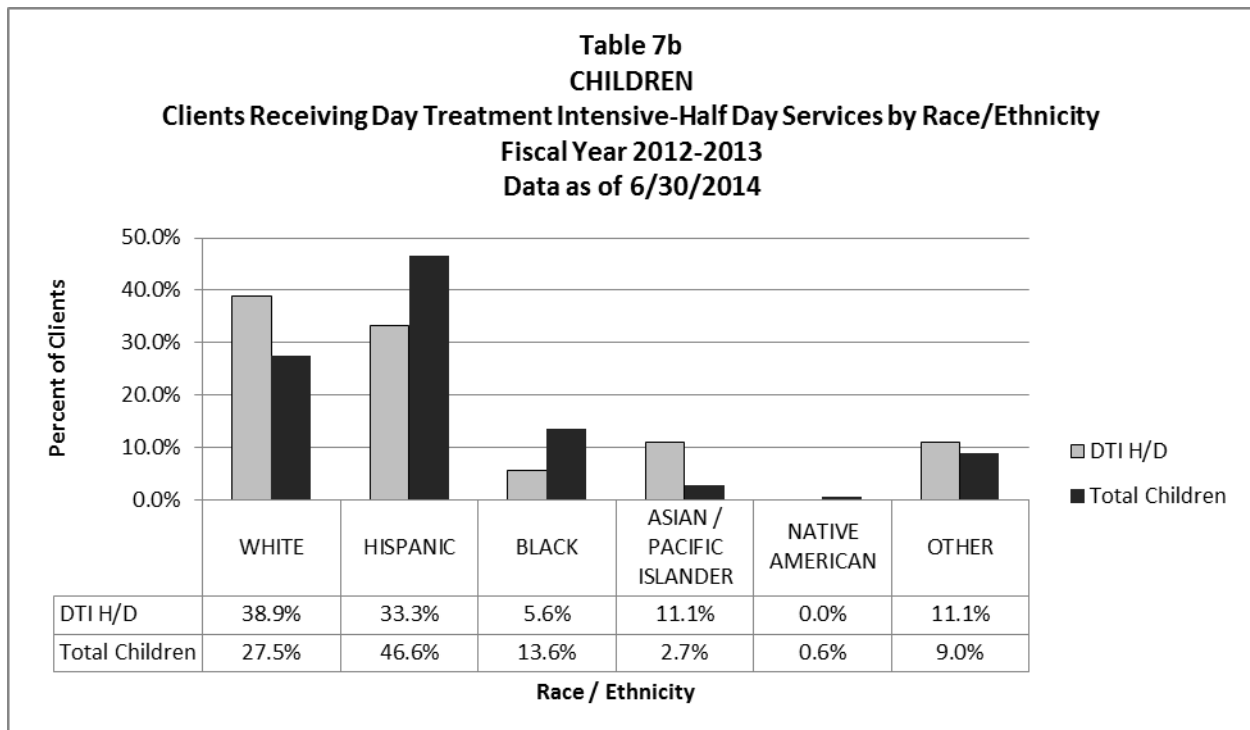
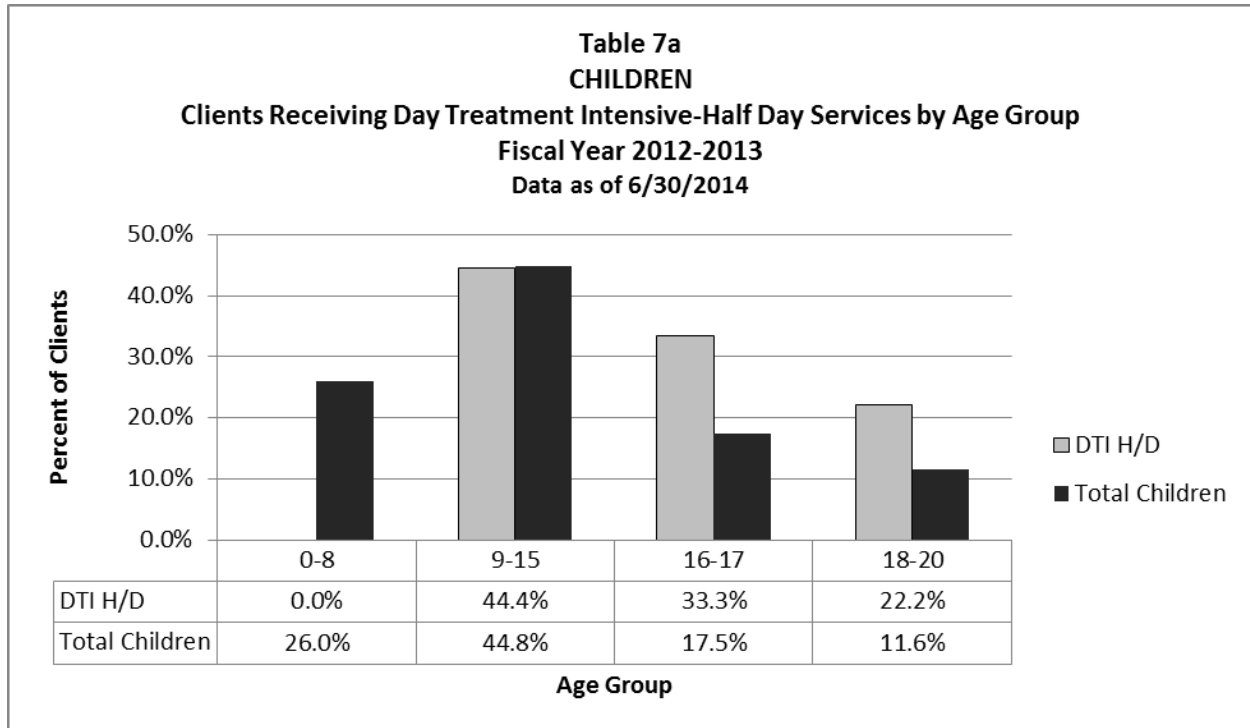
<sup>(1)</sup>The forecast dollars are unreasonably low due to a reporting error by San Diego county that year  
 Actual data as of June 30, 2014

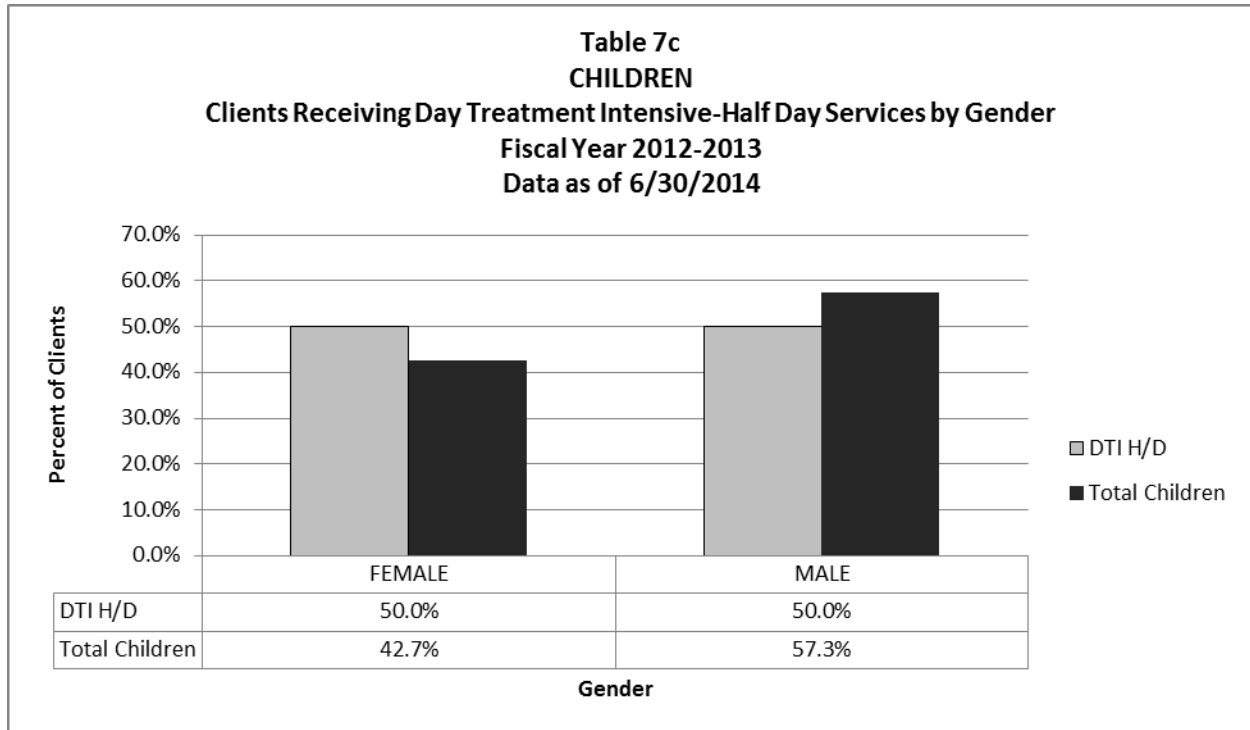
### **Budget Forecast Narrative:**

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 and FY 2015-16 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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
DAY TX INTENSIVE HALF DAY	15	100.00%
DAY TX INTENSIVE FULL DAY	15	100.00%
MEDICATION SUPPORT	15	100.00%
TARGETED CASE MANAGEMENT	14	93.33%
THERAPY AND OTHER SERVICE ACTIVITIES	13	86.67%
CRISIS INTERVENTION	8	53.33%
FFS-HOSPITAL INPATIENT	7	46.67%
THERAPEUTIC BEHAVIORAL SERVICES	5	33.33%
DAY TX REHABILITATIVE FULL DAY	3	20.00%
CRISIS STABILIZATION	1	6.67%
PHF	1	6.67%



**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	15	100%	\$ 14,980
Mean	\$ 2,767	99%	\$ 14,980
Standard Deviation	\$ 3,669	95%	\$ 14,980
Median	\$ 1,694	90%	\$ 5,189
Mode	\$ 169	75%	\$ 2,710
Interquartile Range	\$ 1,524	50%	\$ 1,694
		25%	\$ 1,185

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

Statistic	Days	Quartile	Days
Number of Clients	15	100%	74
Mean	16	99%	74
Standard Deviation	19	95%	74
Median	10	90%	36
Mode	1	75%	16
Interquartile Range	9	50%	10
		25%	7

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

Data Type	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014*</u>
Number of Clients	228	217	15	10
Number of Days	23,151	22,212	236	130
Days Per Client	102	102	16	13
Approved Amount	\$819,123	\$2,367,074	\$41,506	\$26,287

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## **Day Treatment Intensive Full Day**

### **Day Treatment Intensive (Full-Day):**

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

### **Summary:**

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

The 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. core practice model and services, and other innovations that allow counties to effectively meet the needs of clients at home rather than institutional settings.

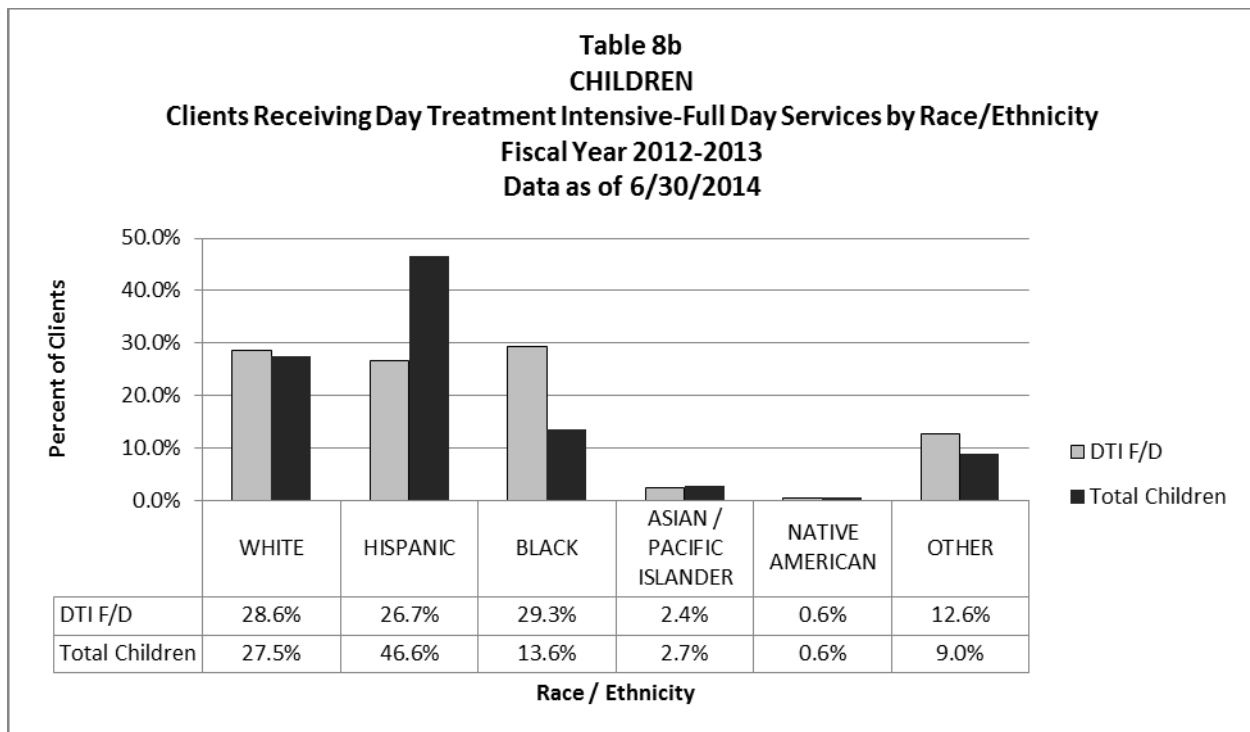
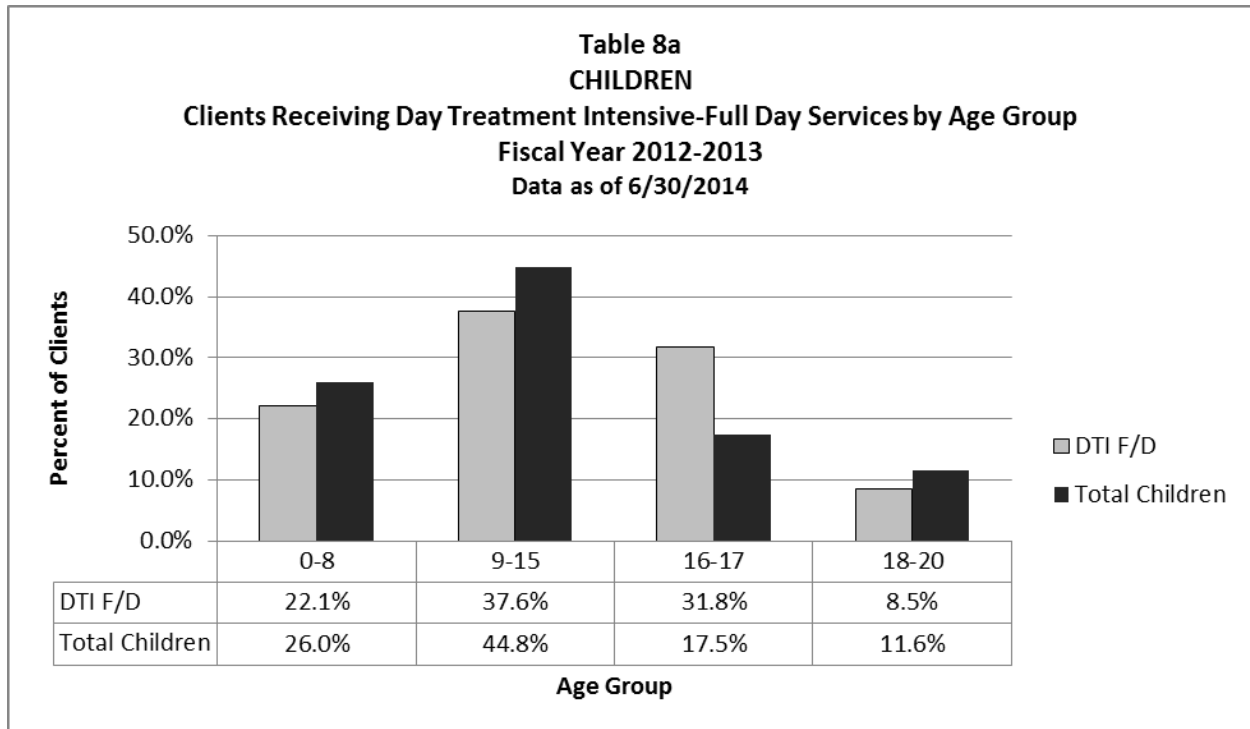
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 45,479,444	2,650
Actual	FY 2010-11	\$ 41,591,508	2,369
Actual	FY 2011-12	\$ 39,315,126	2,282
Actual	FY 2012-13	\$ 35,026,730	1,902
Actual + Forecast	FY 2013-14	\$ 32,321,384	1,581
Forecast	FY 2014-15	\$ 28,681,376	1,321
Forecast	FY 2015-16	\$ 25,041,369	1,065
Actual data as of June 30, 2014			

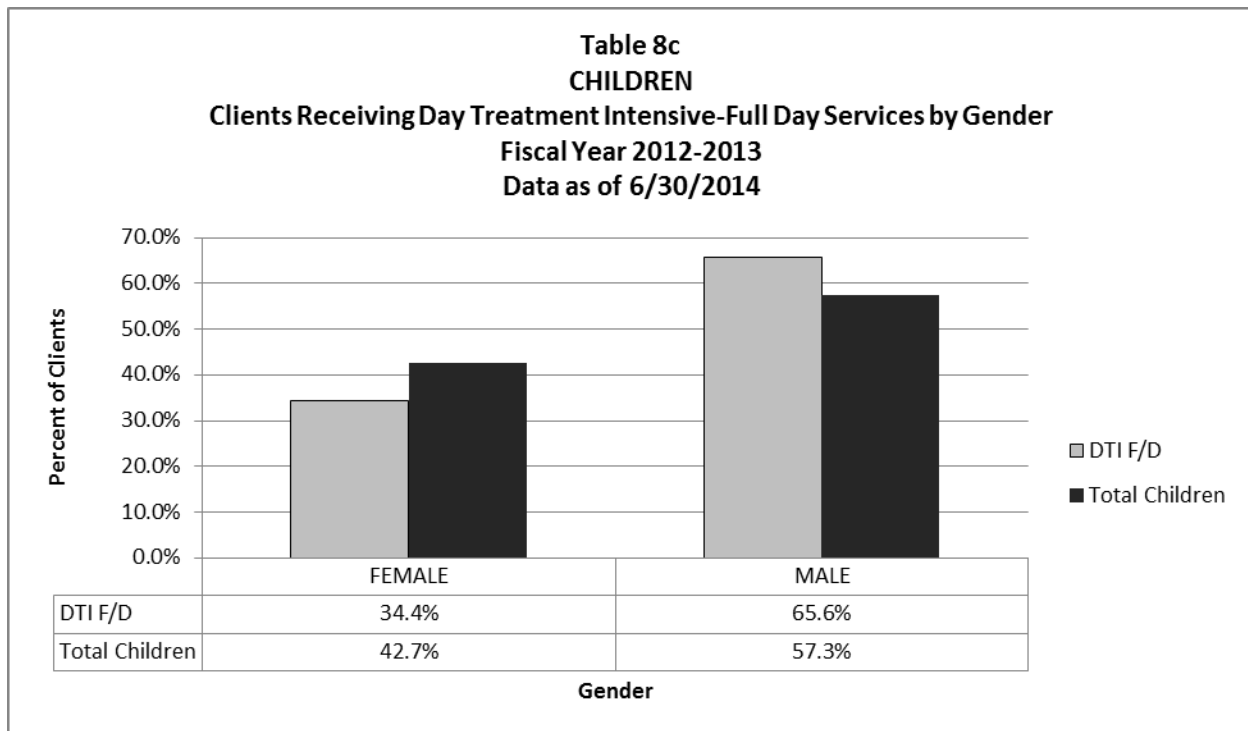
### **Budget Forecast Narrative:**

Costs and clients are expected to decline through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
DAY TX INTENSIVE FULL DAY	1,902	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,567	82.39%
MEDICATION SUPPORT	1,453	76.39%
TARGETED CASE MANAGEMENT	1,003	52.73%
THERAPEUTIC BEHAVIORAL SERVICES	458	24.08%
CRISIS INTERVENTION	437	22.98%
FFS-HOSPITAL INPATIENT	276	14.51%
CRISIS STABILIZATION	241	12.67%
DAY TX REHABILITATIVE FULL DAY	154	8.10%
PHF	114	5.99%
HOSPITAL INPATIENT	64	3.36%
ADULT RESIDENTIAL	18	0.95%
DAY TX INTENSIVE HALF DAY	15	0.79%
IHBS	5	0.26%
ADULT CRISIS RESIDENTIAL	4	0.21%
DAY TX REHABILITATIVE HALF DAY	3	0.16%
ICC	3	0.16%

**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	1,902	100%	\$ 77,008
Mean	\$ 18,416	99%	\$ 51,881
Standard Deviation	\$ 14,354	95%	\$ 43,659
Median	\$ 14,444	90%	\$ 40,486
Mode	\$ 3,644	75%	\$ 29,150
Interquartile Range	\$ 23,121	50%	\$ 14,444
		25%	\$ 6,029

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

<b>Statistic</b>	<b>Days</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	1,902	100%	342
Mean	90	99%	247
Standard Deviation	71	95%	212
Median	72	90%	198
Mode	0	75%	144
Interquartile Range	116	50%	72
		25%	28

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	2,369	2,282	1,902	1,581
Number of Days	225,274	211,008	170,893	148,371
Days Per Client	95	92	90	94
Approved Amount	\$41,591,508	\$39,315,126	\$35,026,730	\$32,321,384

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## Medication Support

### **Medication Support:**

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

### **Summary:**

The number of clients is forecasted to increase slightly with an overall increase in costs per minute and total costs through FY 2014-15 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 92,641,950	69,655
Actual	FY 2010-11	\$ 95,691,707	70,304
Actual	FY 2011-12	\$ 98,102,749	72,828
Actual	FY 2012-13	\$ 115,689,638	77,035
Actual + Forecast	FY 2013-14	\$ 123,563,989	80,821
Forecast	FY 2014-15	\$ 130,179,409	83,282
Forecast	FY 2015-16	\$ 136,794,824	85,745

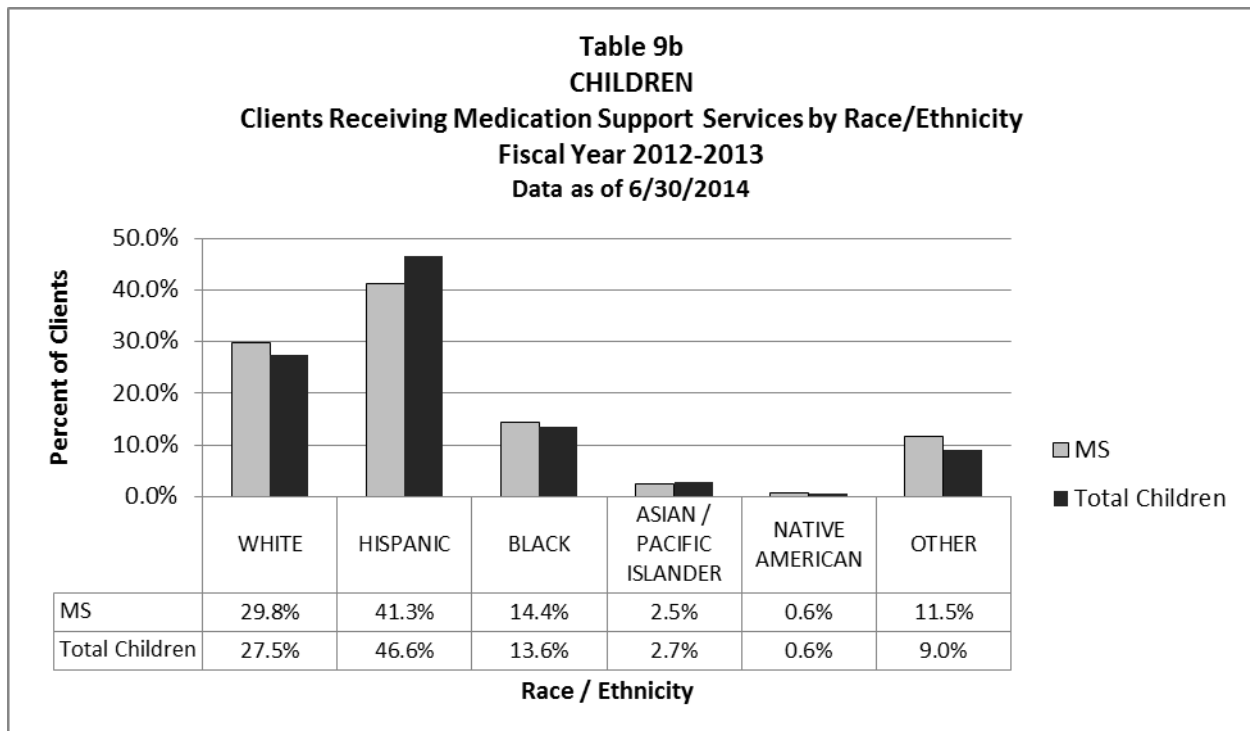
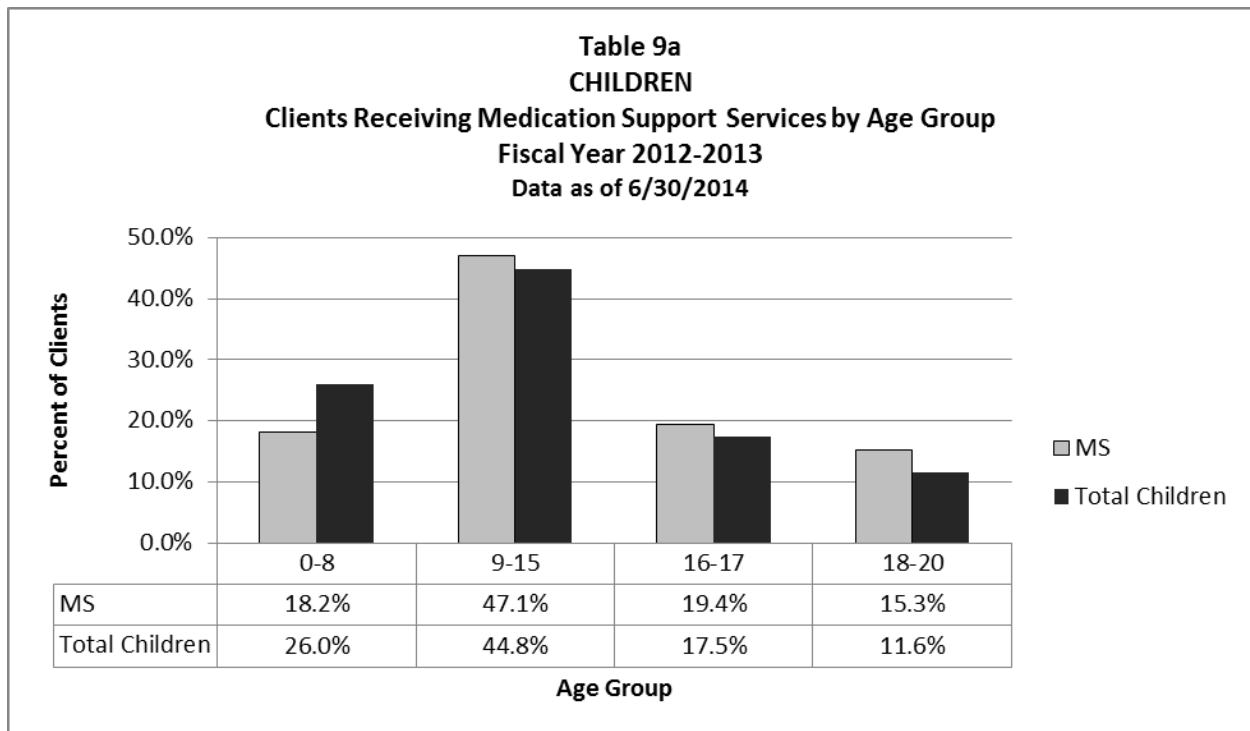
Actual data as of June 30, 2014

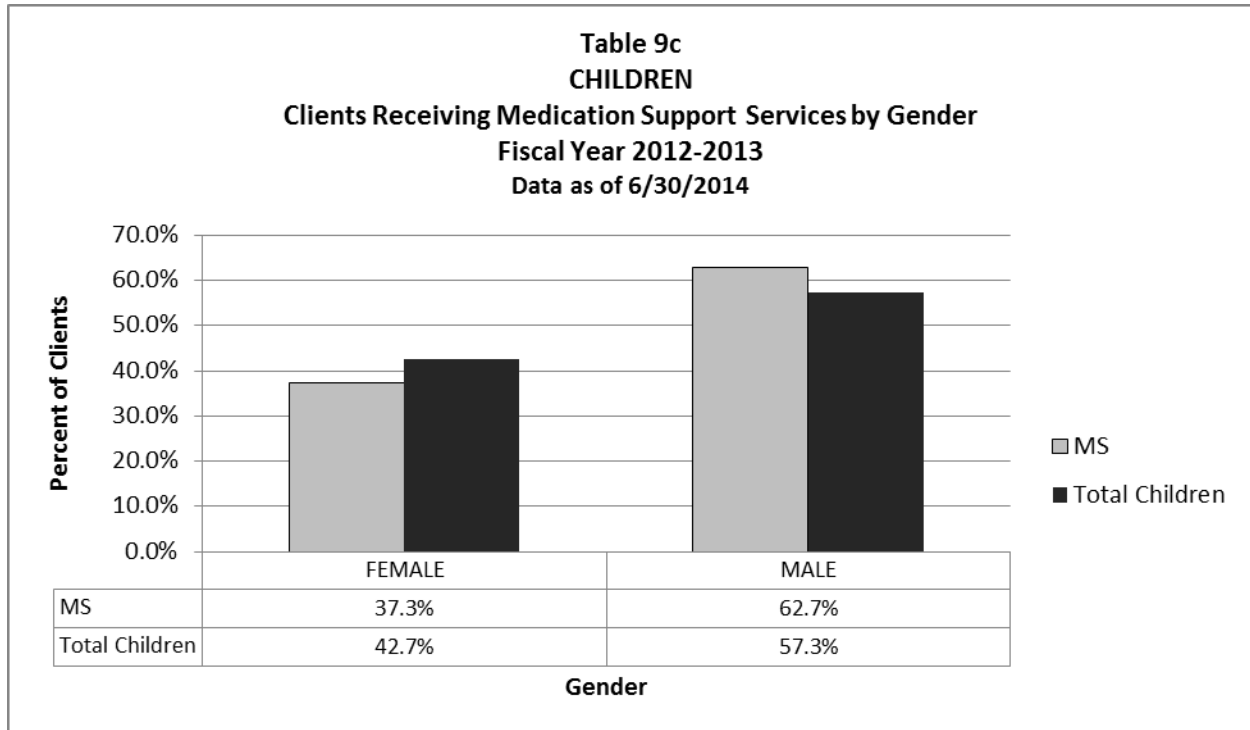
### **Budget Forecast Narrative:**

The Medication Support costs are expected to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
MEDICATION SUPPORT	77,035	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	68,897	89.44%
TARGETED CASE MANAGEMENT	40,868	53.05%
CRISIS INTERVENTION	10,326	13.40%
FFS-HOSPITAL INPATIENT	7,291	9.46%
THERAPEUTIC BEHAVIORAL SERVICES	5,702	7.40%
CRISIS STABILIZATION	4,587	5.95%
DAY TX INTENSIVE FULL DAY	1,453	1.89%
HOSPITAL INPATIENT	1,365	1.77%
DAY TX REHABILITATIVE FULL DAY	1,346	1.75%
PHF	500	0.65%
ADULT CRISIS RESIDENTIAL	238	0.31%
ADULT RESIDENTIAL	97	0.13%
ICC	65	0.08%
DAY TX REHABILITATIVE HALF DAY	46	0.06%
IHBS	35	0.05%
DAY TX INTENSIVE HALF DAY	15	0.02%



**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	77,035	100%	\$ 84,428
Mean	\$ 1,502	99%	\$ 9,279
Standard Deviation	\$ 2,087	95%	\$ 4,422
Median	\$ 944	90%	\$ 3,209
Mode	\$ 136	75%	\$ 1,837
Interquartile Range	\$ 1,372	50%	\$ 944
		25%	\$ 464

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

<b>Statistic</b>	<b>Minutes</b>	<b>Quartile</b>	<b>Minutes</b>
Number of Clients	77,035	100%	10,140
Mean	310	99%	1,825
Standard Deviation	409	95%	868
Median	206	90%	631
Mode	90	75%	375
Interquartile Range	266	50%	206
		25%	109

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	70,304	72,828	77,035	80,821
Number of Minutes	23,003,425	23,416,399	23,872,901	24,667,482
Minutes Per Client	327	322	310	305
Approved Amount	\$95,691,707	\$98,102,749	\$115,689,638	\$123,563,989

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 3,743,149	585
Actual	FY 2010-11	\$ 4,699,605	600
Actual	FY 2011-12	\$ 4,698,032	627
Actual	FY 2012-13	\$ 6,053,800	748
Actual + Forecast	FY 2013-14	\$ 7,339,076	793
Forecast	FY 2014-15	\$ 8,051,516	841
Forecast	FY 2015-16	\$ 8,763,960	889

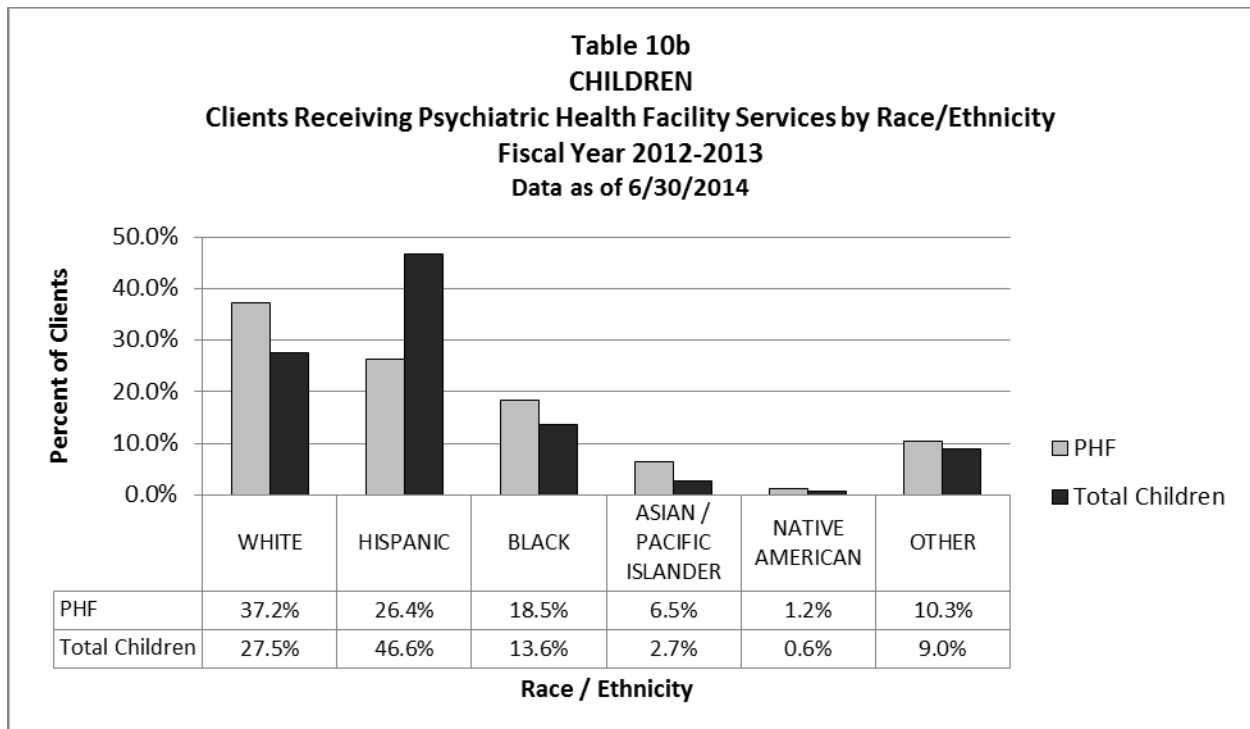
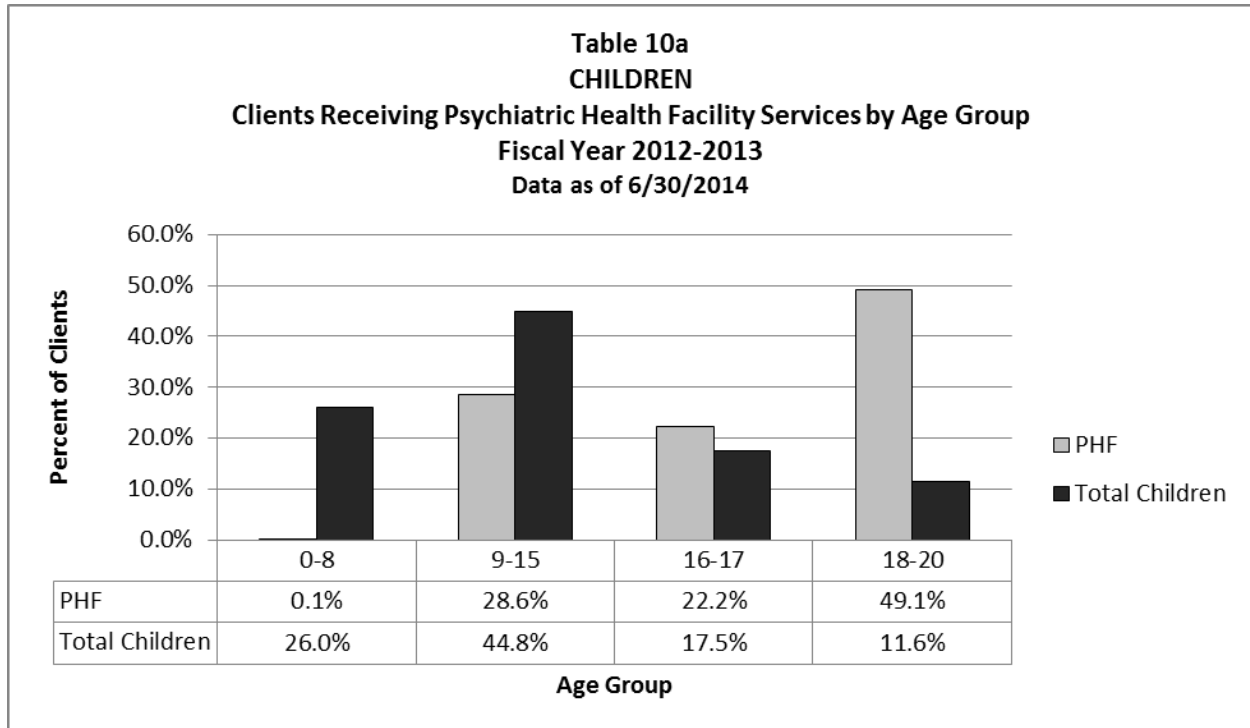
Actual data as of June 30, 2014

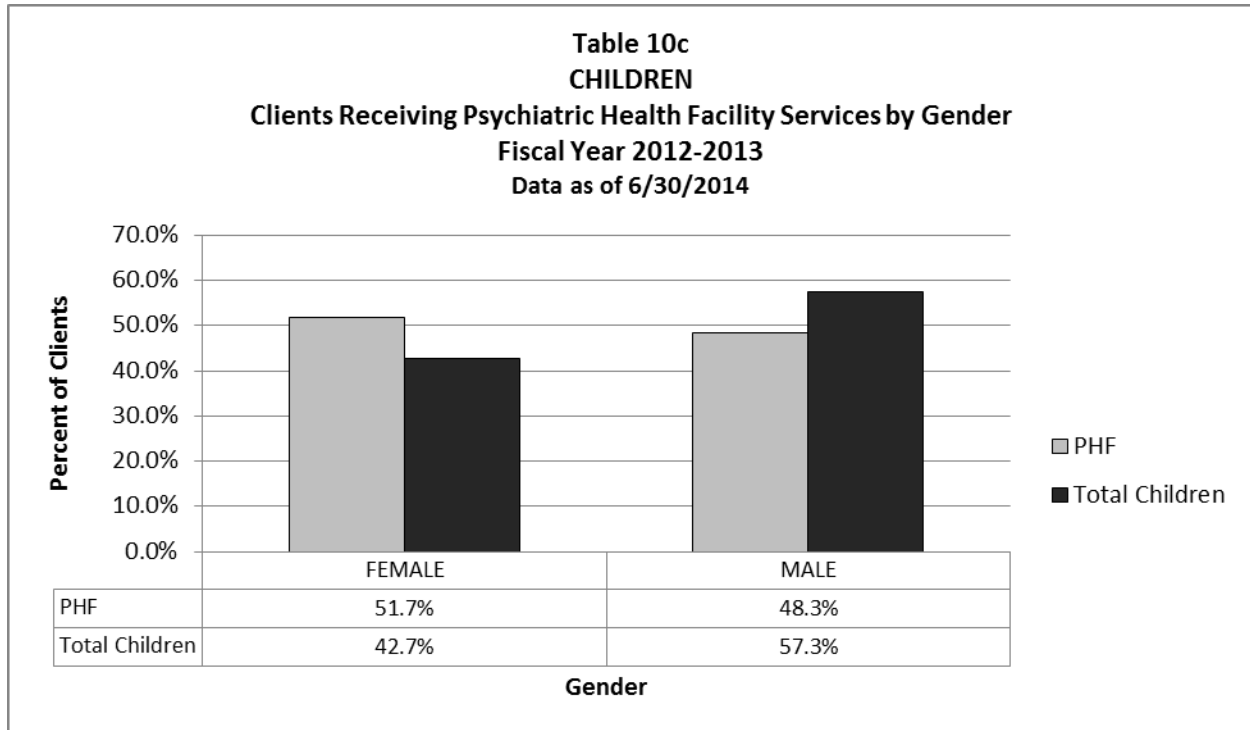
### **Budget Forecast Narrative:**

The total annual costs are expected to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
PHF	748	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	559	74.73%
MEDICATION SUPPORT	500	66.84%
CRISIS STABILIZATION	472	63.10%
TARGETED CASE MANAGEMENT	458	61.23%
CRISIS INTERVENTION	381	50.94%
FFS-HOSPITAL INPATIENT	176	23.53%
DAY TX INTENSIVE FULL DAY	114	15.24%
THERAPEUTIC BEHAVIORAL SERVICES	104	13.90%
ADULT CRISIS RESIDENTIAL	37	4.95%
HOSPITAL INPATIENT	29	3.88%
DAY TX REHABILITATIVE FULL DAY	25	3.34%
ADULT RESIDENTIAL	5	0.67%
DAY TX INTENSIVE HALF DAY	1	0.13%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	748	100%	\$ 190,399
Mean	\$ 8,093	99%	\$ 93,271
Standard Deviation	\$ 17,411	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	Days	Quartile	Days
Number of Clients	748	100%	317
Mean	14	99%	196
Standard Deviation	34	95%	50
Median	5	90%	31
Mode	2	75%	12
Interquartile Range	10	50%	5
		25%	2

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	600	627	748	793
Number of Days	8,586	8,273	10,830	11,183
Days Per Client	14	13	14	14
Approved Amount	\$4,699,605	\$4,698,032	\$6,053,800	\$7,339,076

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 SD/MC hospitals and FFS/MC hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the 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 a slight decrease in clients through FY 2014-15 and FY 2015-16.

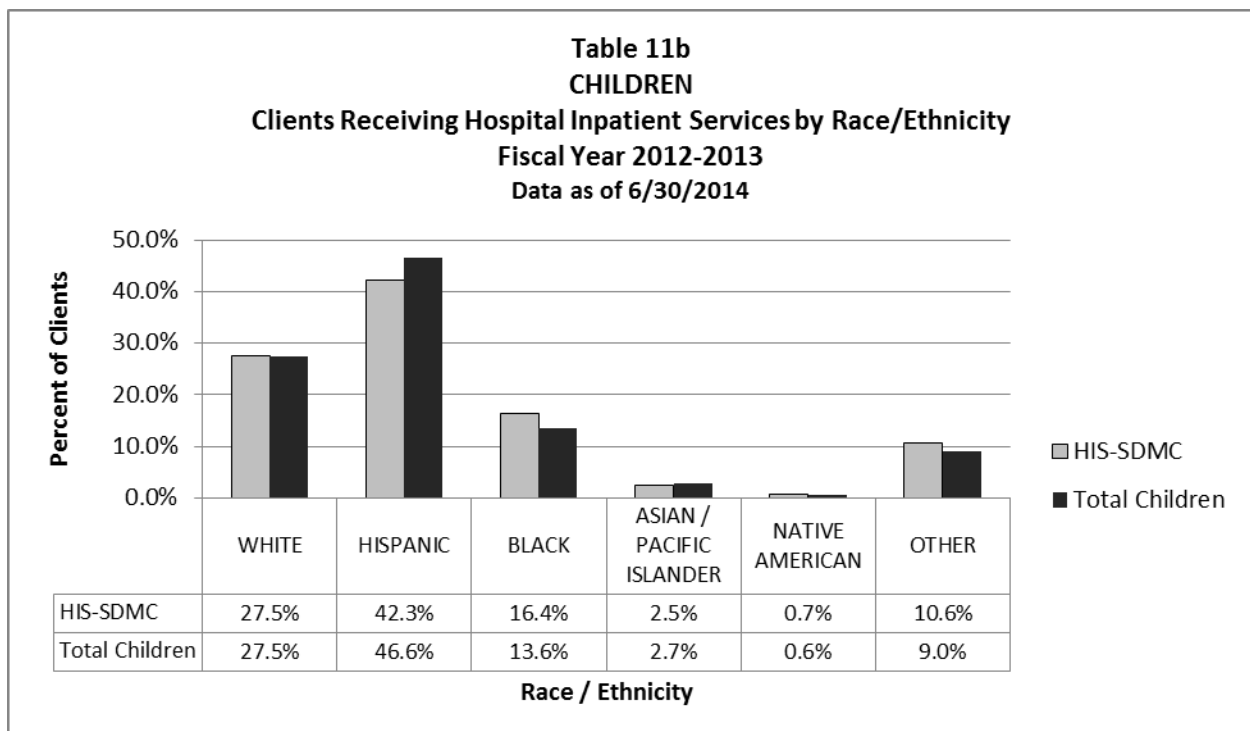
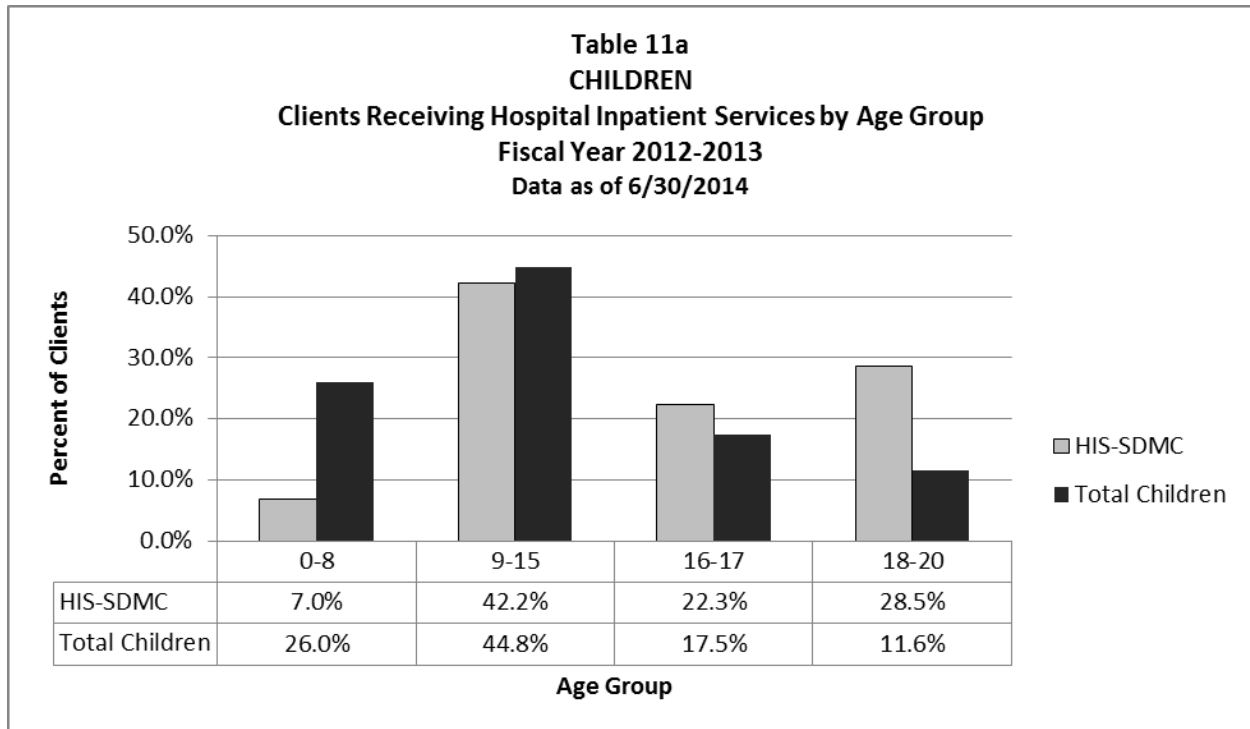
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 14,453,454	1,844
Actual	FY 2010-11	\$ 12,506,982	1,975
Actual	FY 2011-12	\$ 13,200,712	2,009
Actual	FY 2012-13	\$ 16,488,930	2,085
Actual + Forecast	FY 2013-14	\$ 15,157,413	1,757
Forecast	FY 2014-15	\$ 15,672,698	1,740
Forecast	FY 2015-16	\$ 16,187,983	1,723
Actual data as of June 30, 2014			

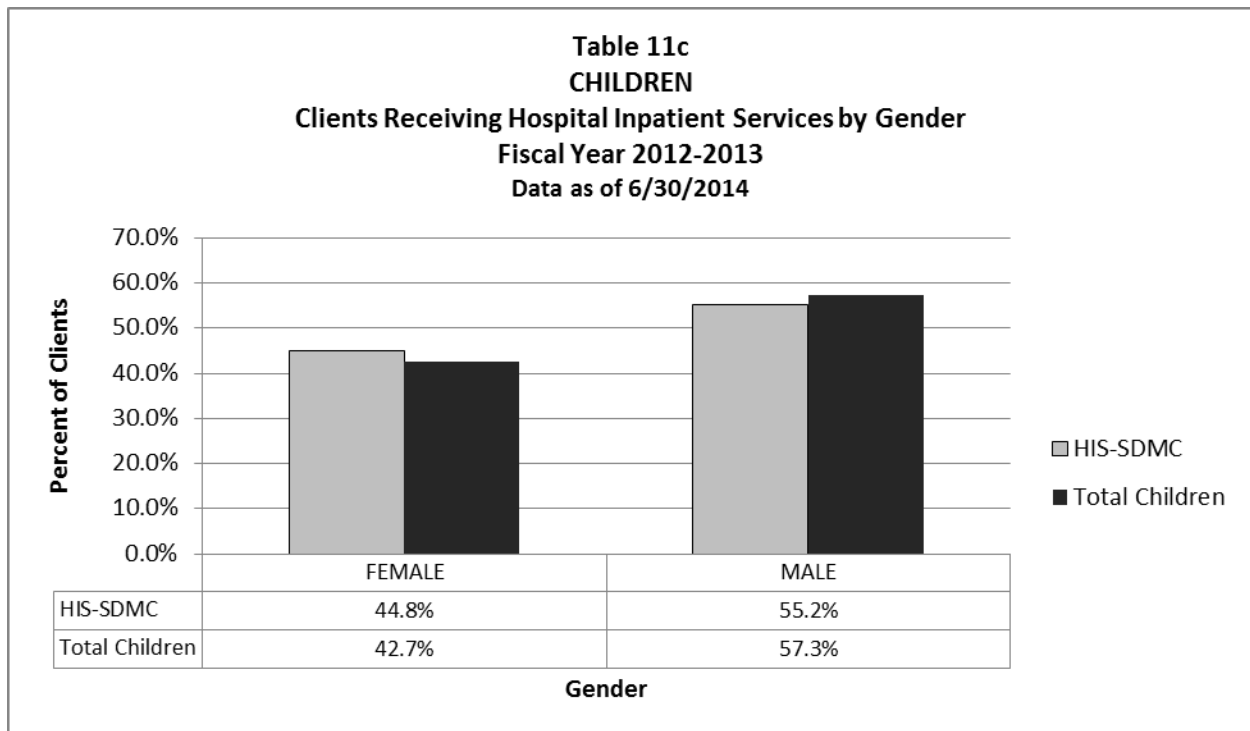
### **Budget Forecast Narrative:**

Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2014-15 and FY 2015-16.

**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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
HOSPITAL INPATIENT	2,085	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,693	81.20%
MEDICATION SUPPORT	1,365	65.47%
TARGETED CASE MANAGEMENT	1,314	63.02%
CRISIS STABILIZATION	1,194	57.27%
CRISIS INTERVENTION	1,037	49.74%
FFS-HOSPITAL INPATIENT	567	27.19%
THERAPEUTIC BEHAVIORAL SERVICES	309	14.82%
DAY TX REHABILITATIVE FULL DAY	100	4.80%
DAY TX INTENSIVE FULL DAY	64	3.07%
ADULT CRISIS RESIDENTIAL	48	2.30%
PHF	29	1.39%
ADULT RESIDENTIAL	15	0.72%
DAY TX REHABILITATIVE HALF DAY	3	0.14%



**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	2,085	100%	\$ 147,566
Mean	\$ 7,908	99%	\$ 54,707
Standard Deviation	\$ 10,798	95%	\$ 23,454
Median	\$ 4,868	90%	\$ 16,227
Mode	\$ 3,245	75%	\$ 9,083
Interquartile Range	\$ 6,051	50%	\$ 4,868
		25%	\$ 3,032

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

Statistic	Days	Quartile	Days
Number of Clients	2085	100%	169
Mean	8	99%	54
Standard Deviation	12	95%	28
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	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,975	2,009	2,085	1,757
Number of Days	15,928	15,975	17,393	16,307
Days Per Client	8	8	8	9
Approved Amount	\$12,506,982	\$13,200,712	\$16,488,930	\$15,157,413

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

### **Summary:**

The forecast for Targeted Case Management Services shows slight growth in cost and clients through FY 2014-15 and FY 2015-16.

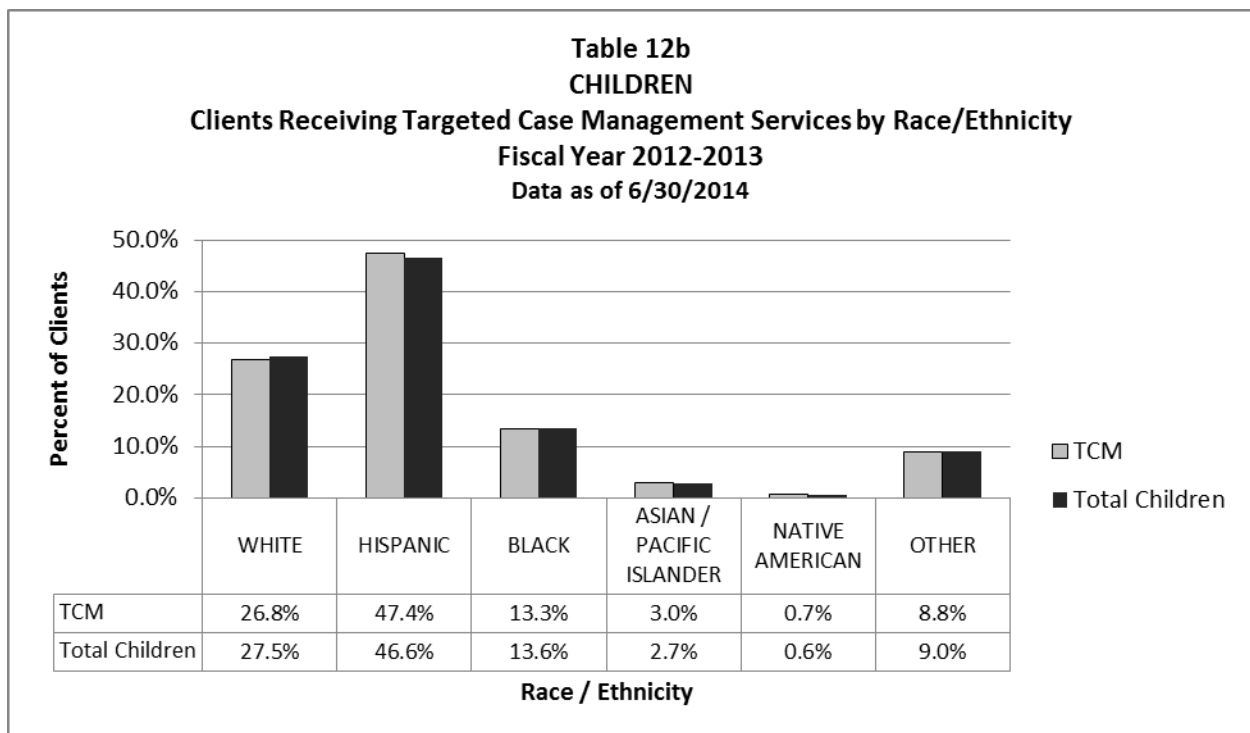
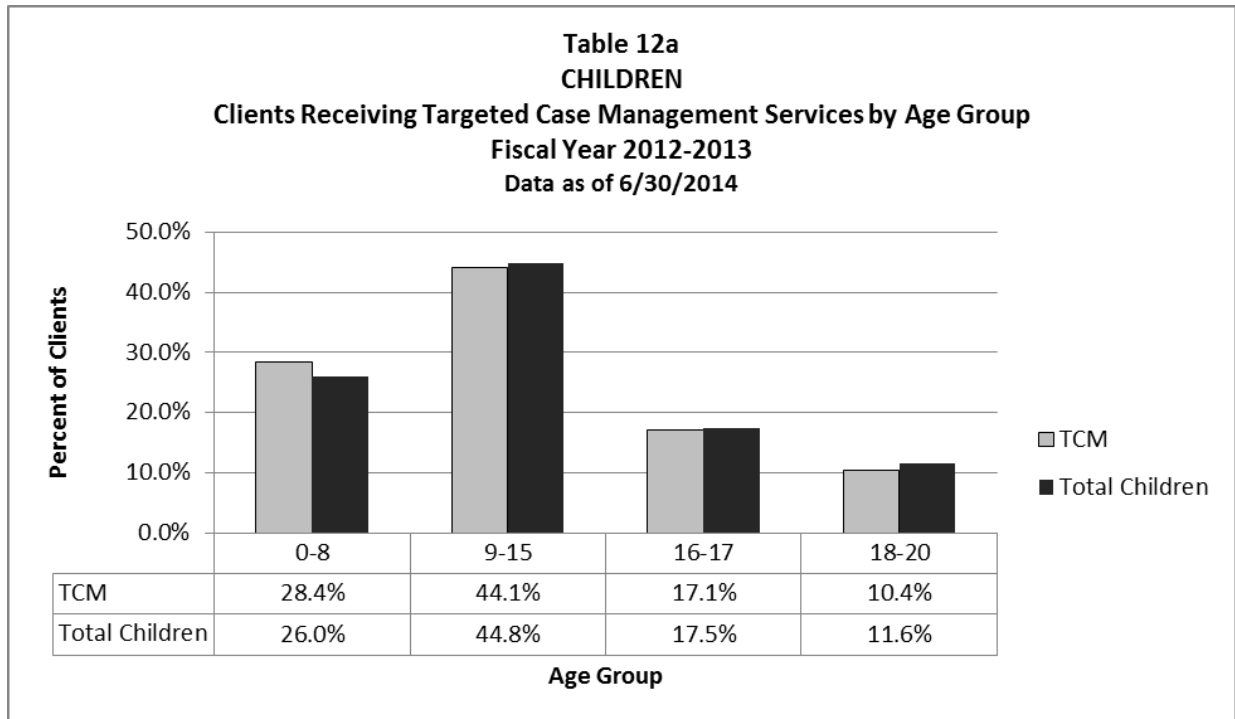
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 78,354,609	90,202
Actual	FY 2010-11	\$ 76,063,078	90,139
Actual	FY 2011-12	\$ 75,895,631	94,279
Actual	FY 2012-13	\$ 88,161,665	95,980
Actual + Forecast	FY 2013-14	\$ 88,451,893	101,446
Forecast	FY 2014-15	\$ 89,934,483	104,021
Forecast	FY 2015-16	\$ 91,417,072	106,598
Actual data as of June 30, 2014			

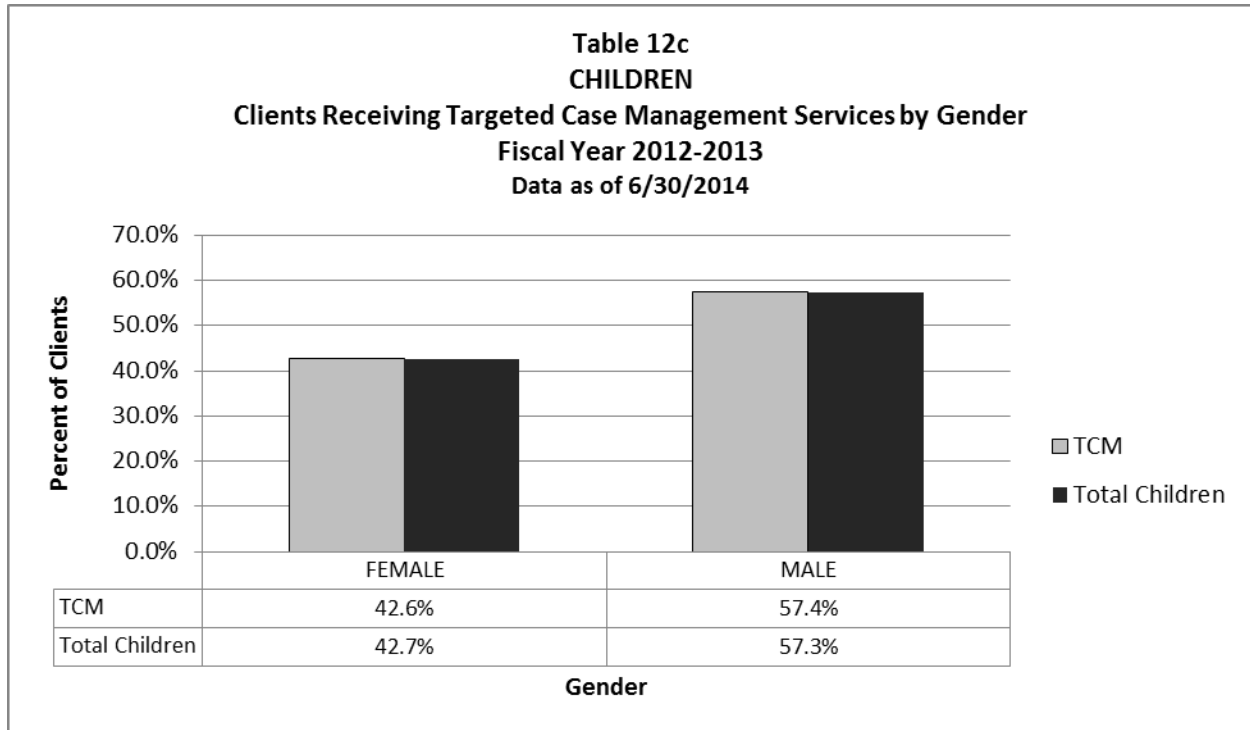
### **Budget Forecast Narrative:**

Costs and clients for Targeted Case Management are forecast to slightly increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
TARGETED CASE MANAGEMENT	95,980	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	92,046	95.90%
MEDICATION SUPPORT	40,868	42.58%
CRISIS INTERVENTION	11,522	12.00%
FFS-HOSPITAL INPATIENT	5,992	6.24%
THERAPEUTIC BEHAVIORAL SERVICES	5,862	6.11%
CRISIS STABILIZATION	4,261	4.44%
HOSPITAL INPATIENT	1,314	1.37%
DAY TX INTENSIVE FULL DAY	1,003	1.05%
DAY TX REHABILITATIVE FULL DAY	627	0.65%
PHF	458	0.48%
ADULT CRISIS RESIDENTIAL	188	0.20%
ICC	159	0.17%
IHBS	105	0.11%
ADULT RESIDENTIAL	100	0.10%
DAY TX REHABILITATIVE HALF DAY	17	0.02%
DAY TX INTENSIVE HALF DAY	14	0.01%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	95,980	100%	\$ 113,638
Mean	\$ 919	99%	\$ 10,140
Standard Deviation	\$ 2,359	95%	\$ 3,650
Median	\$ 289	90%	\$ 2,054
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	95,980	100%	28,644
Mean	400	99%	4,115
Standard Deviation	867	95%	1,606
Median	138	90%	936
Mode	60	75%	369
Interquartile Range	309	50%	138
		25%	60

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	90,139	94,279	95,980	101,446
Number of Minutes	40,609,703	41,902,516	38,422,202	37,424,291
Minutes Per Client	451	444	400	369
Approved Amount	\$76,063,078	\$75,895,631	\$88,161,665	\$88,451,893

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 2009-10	\$ 69,124,055	5,165
Actual	FY 2010-11	\$ 80,379,748	6,424
Actual	FY 2011-12	\$ 87,156,166	7,332
Actual	FY 2012-13	\$ 103,570,118	7,988
Actual + Forecast	FY 2013-14	\$ 105,798,339	8,336
Forecast	FY 2014-15	\$ 114,368,997	9,159
Forecast	FY 2015-16	\$ 122,939,654	9,982

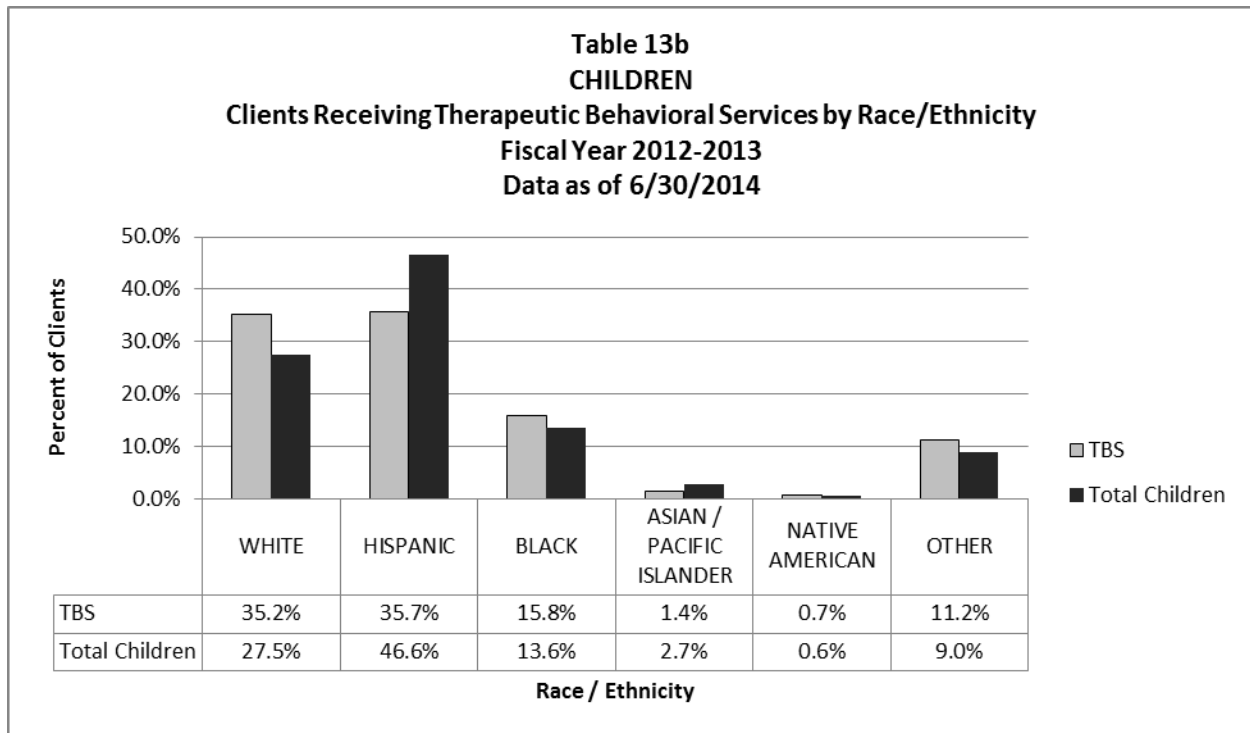
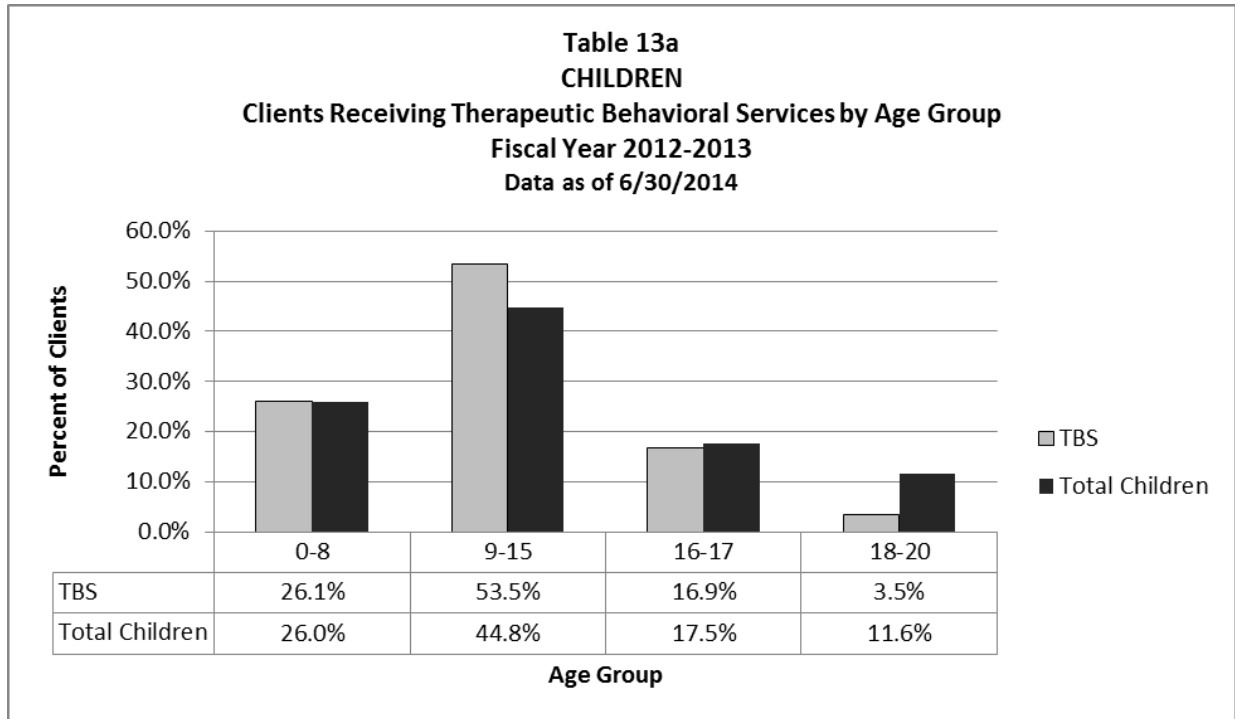
Actual data as of June 30, 2014

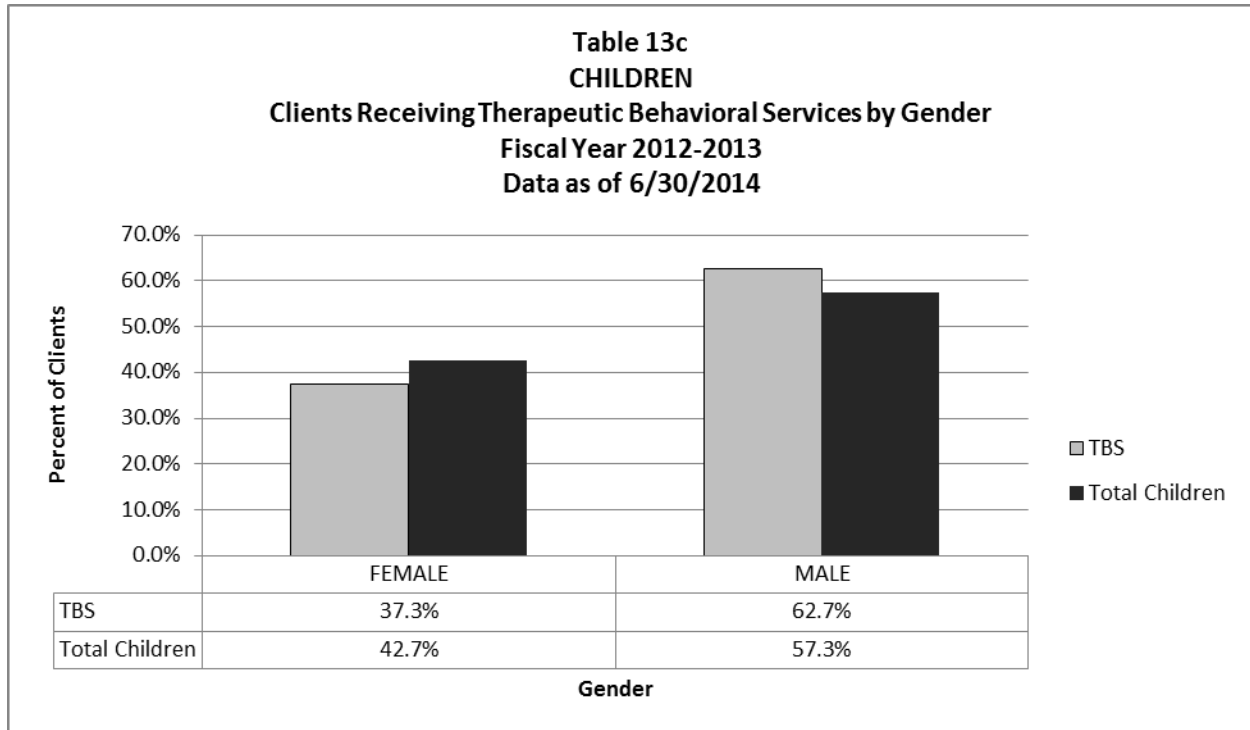
### **Budget Forecast Narrative:**

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

### **Client Profile Data:**

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
THERAPEUTIC BEHAVIORAL SERVICES	7,988	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,754	97.07%
TARGETED CASE MANAGEMENT	5,862	73.39%
MEDICATION SUPPORT	5,702	71.38%
CRISIS INTERVENTION	2,129	26.65%
FFS-HOSPITAL INPATIENT	1,298	16.25%
CRISIS STABILIZATION	925	11.58%
DAY TX INTENSIVE FULL DAY	458	5.73%
DAY TX REHABILITATIVE FULL DAY	328	4.11%
HOSPITAL INPATIENT	309	3.87%
PHF	104	1.30%
ICC	39	0.49%
IHBS	29	0.36%
ADULT CRISIS RESIDENTIAL	8	0.10%
ADULT RESIDENTIAL	8	0.10%
DAY TX REHABILITATIVE HALF DAY	6	0.08%
DAY TX INTENSIVE HALF DAY	5	0.06%



**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	7,988	100%	\$ 278,197
Mean	\$ 12,966	99%	\$ 68,702
Standard Deviation	\$ 15,309	95%	\$ 40,519
Median	\$ 8,408	90%	\$ 29,624
Mode	\$ -	75%	\$ 17,895
Interquartile Range	\$ 14,864	50%	\$ 8,408
		25%	\$ 3,030

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

Statistic	Minutes	Quartile	Minutes
Number of Clients	7,988	100%	57,690
Mean	5,336	99%	28,555
Standard Deviation	5,982	95%	17,335
Median	3,505	90%	12,196
Mode	150	75%	7,272
Interquartile Range	5,991	50%	3,505
		25%	1,281

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

Data Type	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014*</u>
Number of Clients	6,424	7,332	7,988	8,336
Number of Minutes	40,154,583	41,811,604	42,627,421	42,943,055
Minutes Per Client	6,251	5,703	5,336	5,152
Approved Amount	\$80,379,748	\$87,156,166	\$103,570,118	\$105,798,339

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 2009-10	\$ 829,514,456	194,242
Actual	FY 2010-11	\$ 870,567,321	199,759
Actual	FY 2011-12	\$ 930,852,393	212,985
Actual	FY 2012-13	\$ 1,075,426,039	230,336
Actual + Forecast	FY 2013-14	\$ 1,144,275,382	251,341
Forecast	FY 2014-15	\$ 1,207,982,355	263,445
Forecast	FY 2015-16	\$ 1,271,689,329	275,549

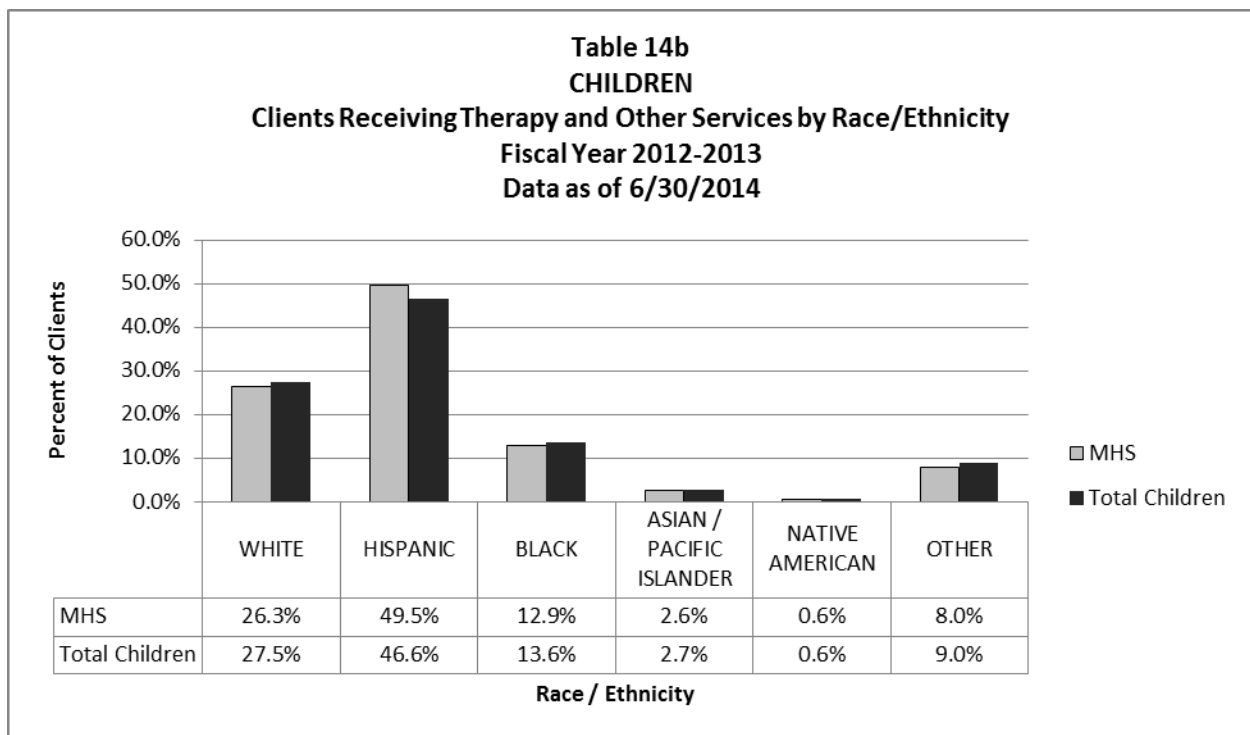
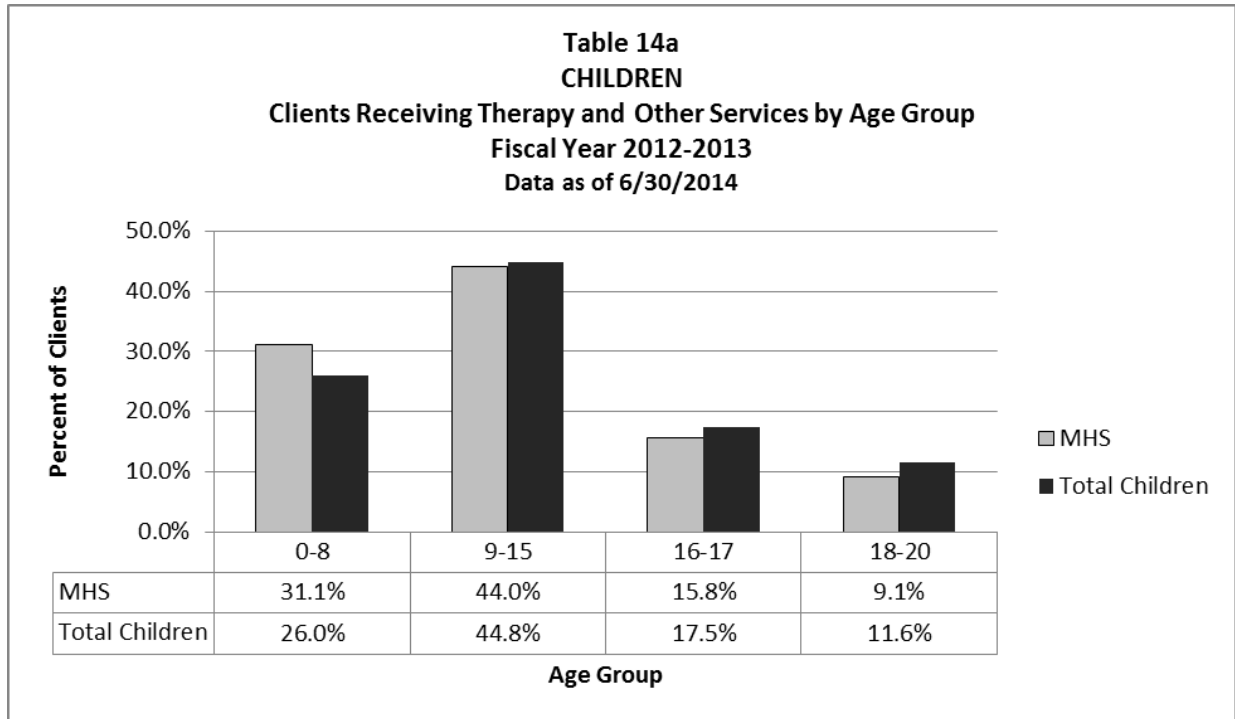
Actual data as of June 30, 2014

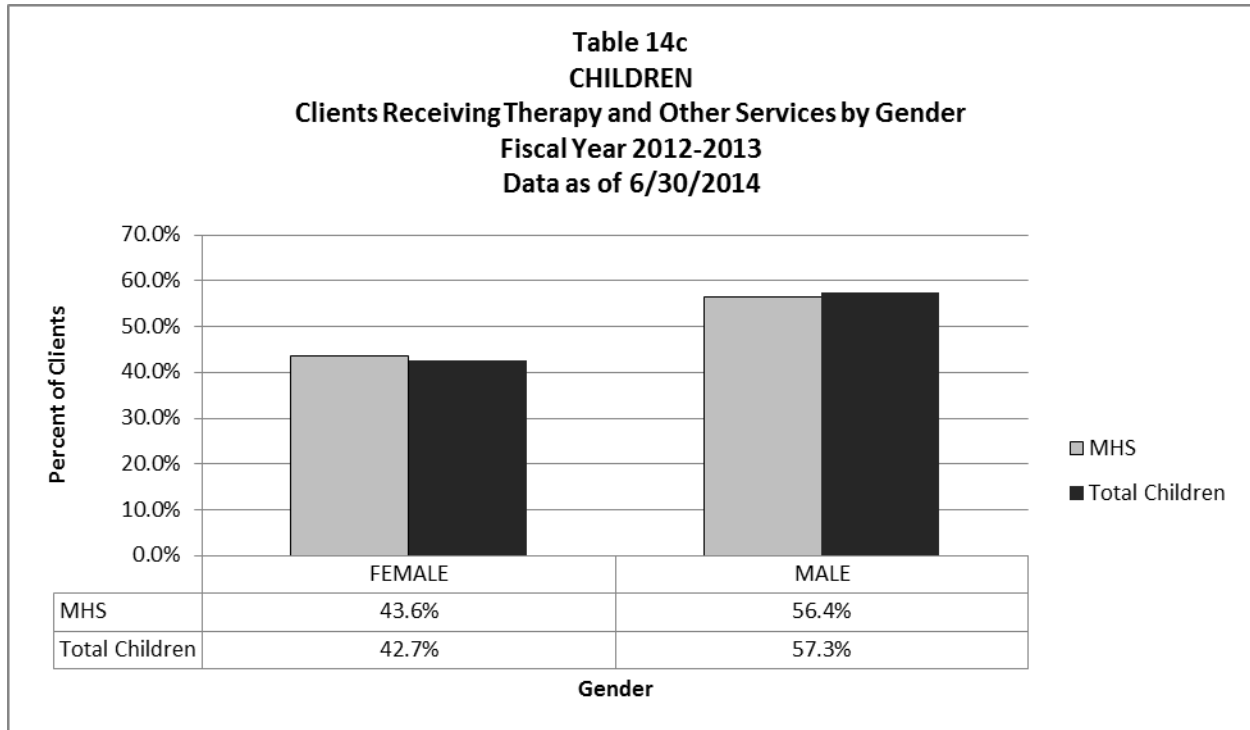
**Budget Forecast Narrative:**

Costs for Therapy and Other Service Activities are forecast to increase through FY 2014-15 and FY 2015-16.

**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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
THERAPY AND OTHER SERVICE ACTIVITIES	230,336	100.00%
TARGETED CASE MANAGEMENT	92,046	39.96%
MEDICATION SUPPORT	68,897	29.91%
CRISIS INTERVENTION	14,944	6.49%
FFS-HOSPITAL INPATIENT	8,936	3.88%
THERAPEUTIC BEHAVIORAL SERVICES	7,754	3.37%
CRISIS STABILIZATION	6,113	2.65%
HOSPITAL INPATIENT	1,693	0.74%
DAY TX INTENSIVE FULL DAY	1,567	0.68%
DAY TX REHABILITATIVE FULL DAY	1,312	0.57%
PHF	559	0.24%
ADULT CRISIS RESIDENTIAL	198	0.09%
ICC	178	0.08%
IHBS	108	0.05%
ADULT RESIDENTIAL	101	0.04%
DAY TX REHABILITATIVE HALF DAY	49	0.02%
DAY TX INTENSIVE HALF DAY	13	0.01%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	230,336	100%	\$ 573,905
Mean	\$ 4,669	99%	\$ 35,257
Standard Deviation	\$ 7,819	95%	\$ 16,753
Median	\$ 2,281	90%	\$ 11,076
Mode	\$ 60	75%	\$ 5,549
Interquartile Range	\$ 4,776	50%	\$ 2,281
		25%	\$ 773

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

Statistic	Minutes	Quartile	Minutes
Number of Clients	230,336	100%	99,357
Mean	1,829	99%	13,144
Standard Deviation	2,752	95%	6,470
Median	947	90%	4,321
Mode	60	75%	2,222
Interquartile Range	1,882	50%	947
		25%	340

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

<u>Data Type</u>	<u>2010-2011</u>	<u>2011-2012</u>	<u>2012-2013</u>	<u>2013-2014*</u>
Number of Clients	199,759	212,985	230,336	251,341
Number of Minutes	381,300,566	402,621,419	421,381,912	433,710,607
Minutes Per Client	1,909	1,890	1,829	1,726
Approved Amount	\$870,567,321	\$930,852,393	\$1,075,426,039	\$1,144,275,382

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## **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 and clients through 2014-15 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 51,795,601	8,257
Actual	FY 2010-11	\$ 55,327,881	9,039
Actual	FY 2011-12	\$ 59,122,594	8,939
Actual	FY 2012-13	\$ 63,874,465	10,329
Actual + Forecast	FY 2013-14	\$ 72,044,062	11,679
Forecast	FY 2014-15	\$ 77,333,493	12,507
Forecast	FY 2015-16	\$ 82,622,925	13,335

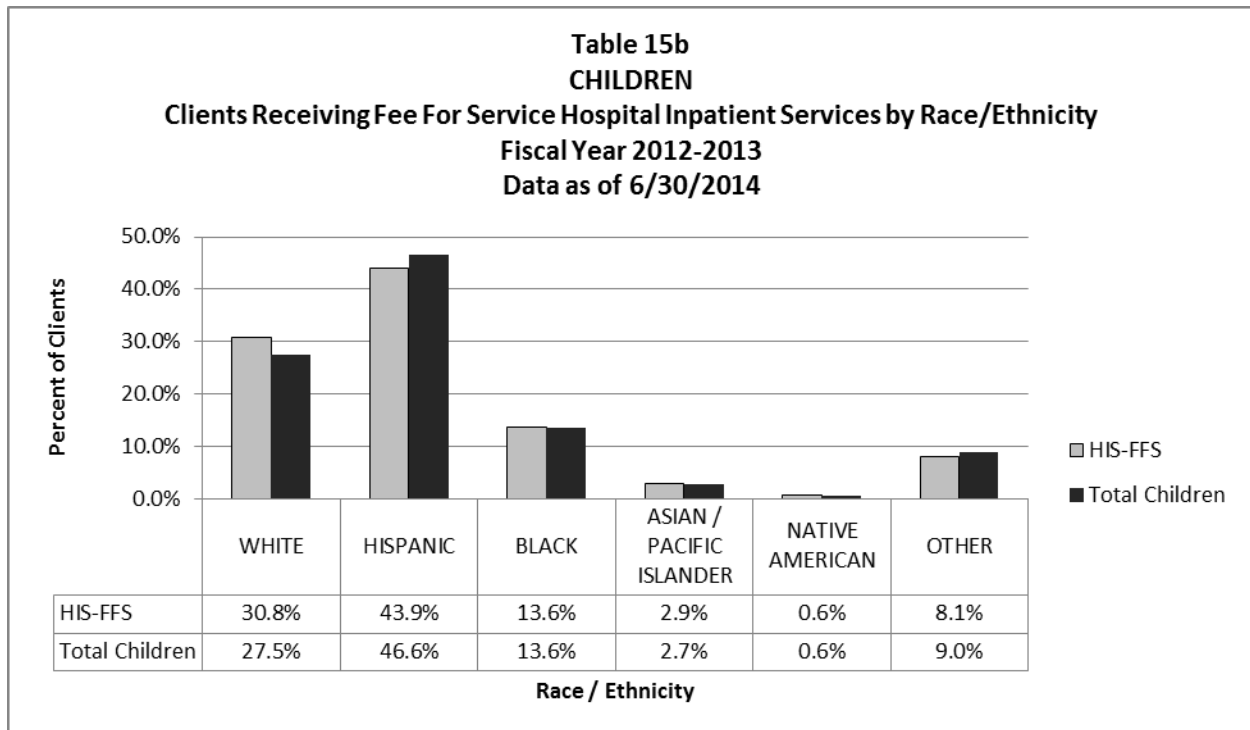
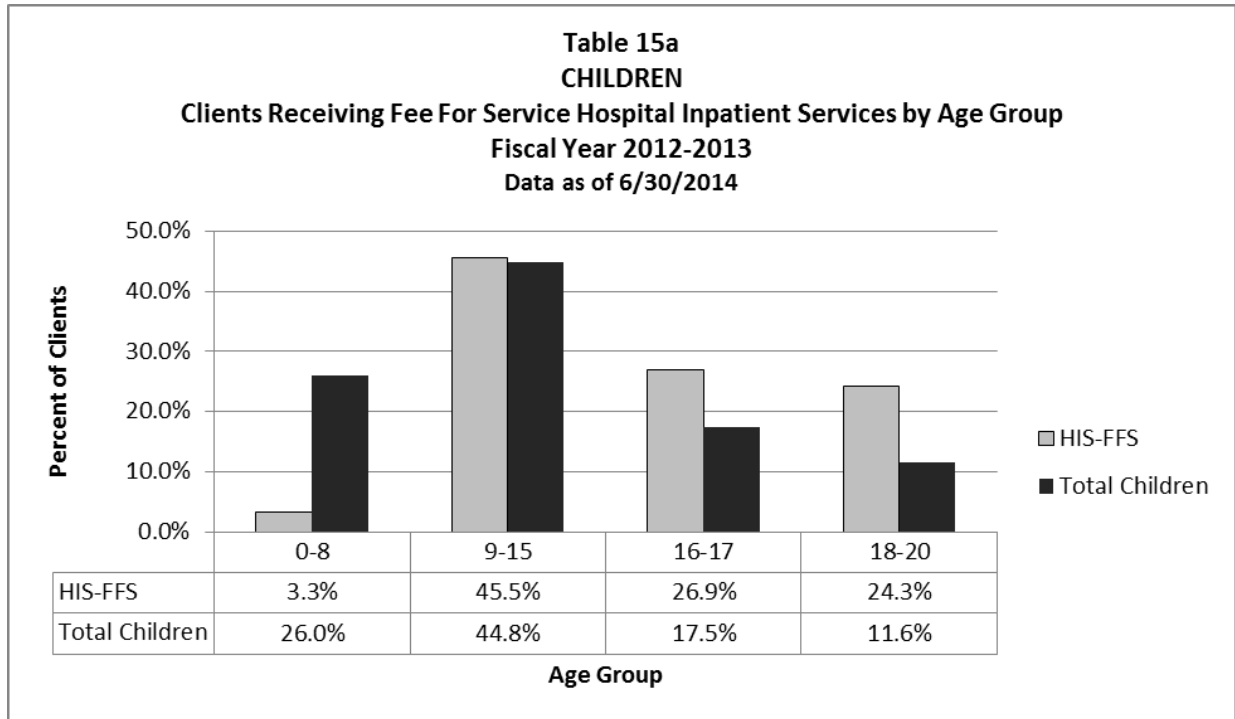
Actual data as of June 30, 2014

### **Budget Forecast Narrative:**

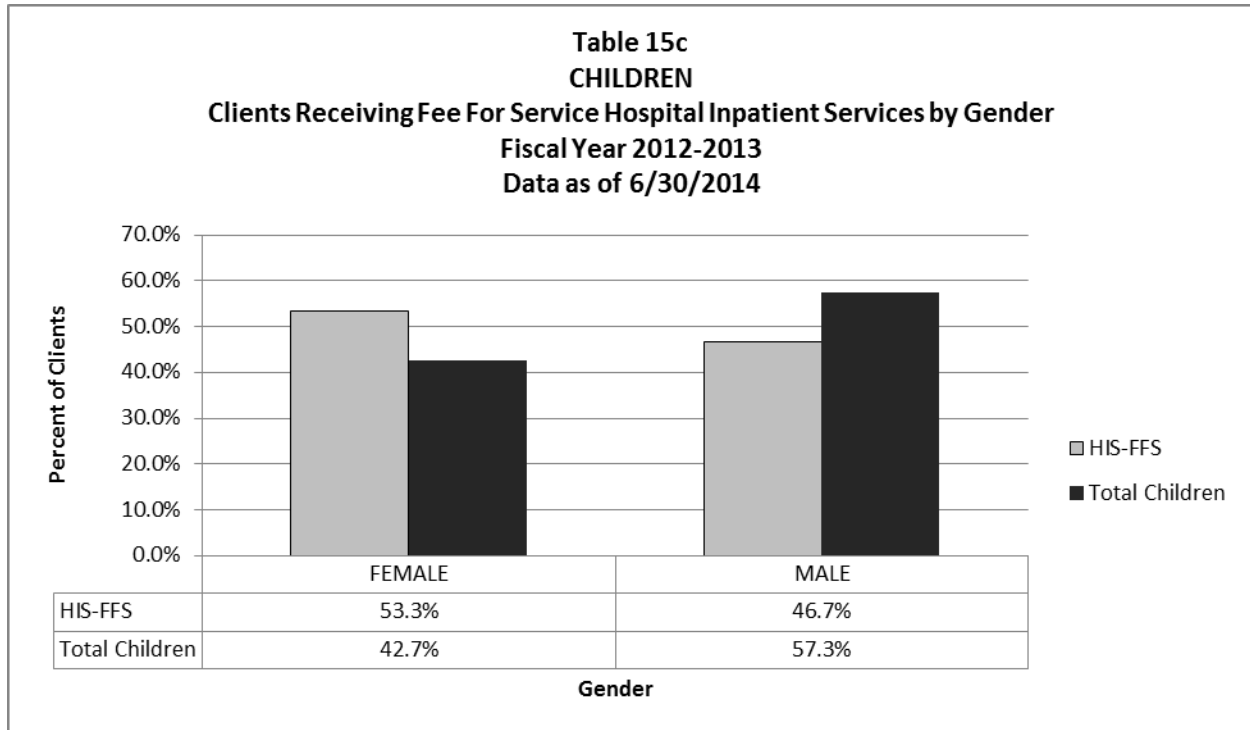
Costs for Psychiatric Inpatient Hospital Services by FFS/MC hospitals are forecast to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.







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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
FFS-HOSPITAL INPATIENT	10,329	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,936	86.51%
MEDICATION SUPPORT	7,291	70.59%
TARGETED CASE MANAGEMENT	5,992	58.01%
CRISIS INTERVENTION	5,450	52.76%
CRISIS STABILIZATION	2,897	28.05%
THERAPEUTIC BEHAVIORAL SERVICES	1,298	12.57%
HOSPITAL INPATIENT	567	5.49%
DAY TX INTENSIVE FULL DAY	276	2.67%
DAY TX REHABILITATIVE FULL DAY	202	1.96%
PHF	176	1.70%
ADULT CRISIS RESIDENTIAL	111	1.07%
ADULT RESIDENTIAL	23	0.22%
DAY TX INTENSIVE HALF DAY	7	0.07%
ICC	4	0.04%
DAY TX REHABILITATIVE HALF DAY	2	0.02%
IHBS	2	0.02%

**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	10,329	100%	\$ 206,599
Mean	\$ 6,184	99%	\$ 38,761
Standard Deviation	\$ 8,029	95%	\$ 19,236
Median	\$ 3,762	90%	\$ 13,300
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**

<b>Statistic</b>	<b>Days</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	10,329	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**

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
Number of Clients	9,039	8,939	10,329	11,679
Number of Days	78,706	82,496	88,580	99,140
Days Per Client	9	9	9	8
Approved Amount	\$55,327,881	\$59,122,594	\$63,874,465	\$72,044,062

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## Intensive Care Coordination

### **Intensive Care Coordination (ICC):**

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

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

### **Summary:**

Intensive Care Coordination is provided to members of the Katie A. subclass.

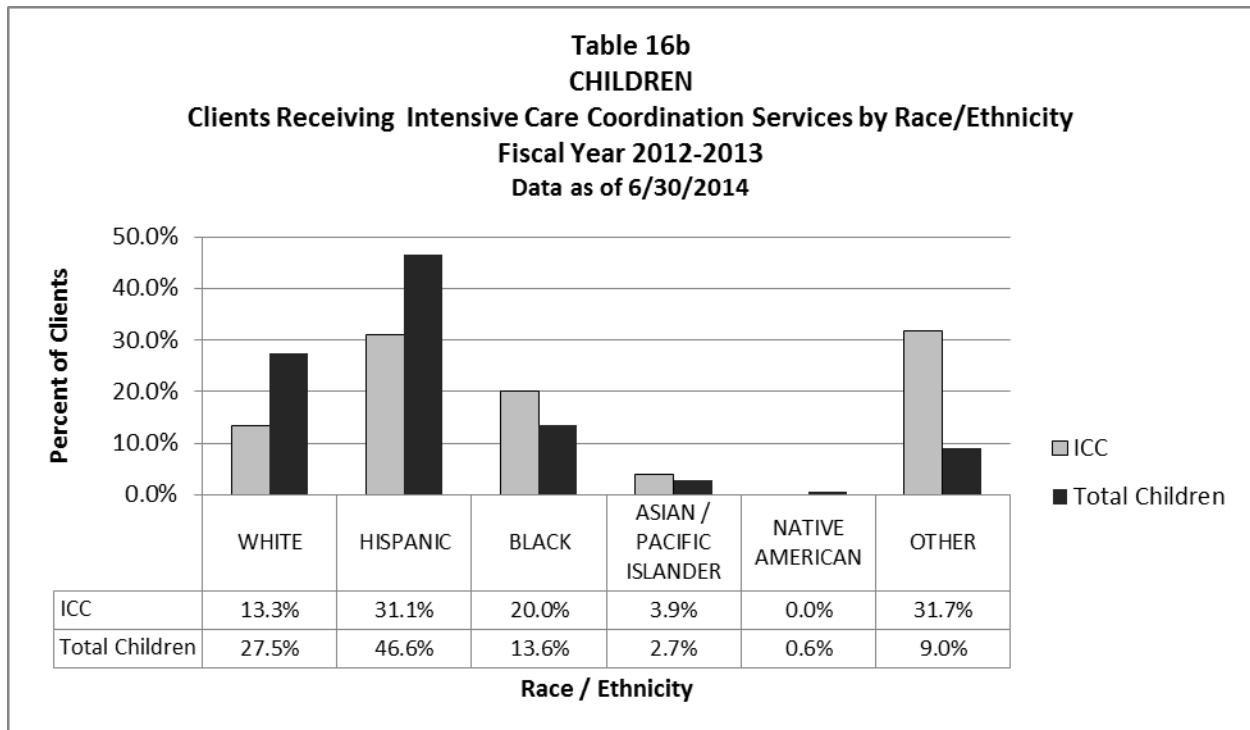
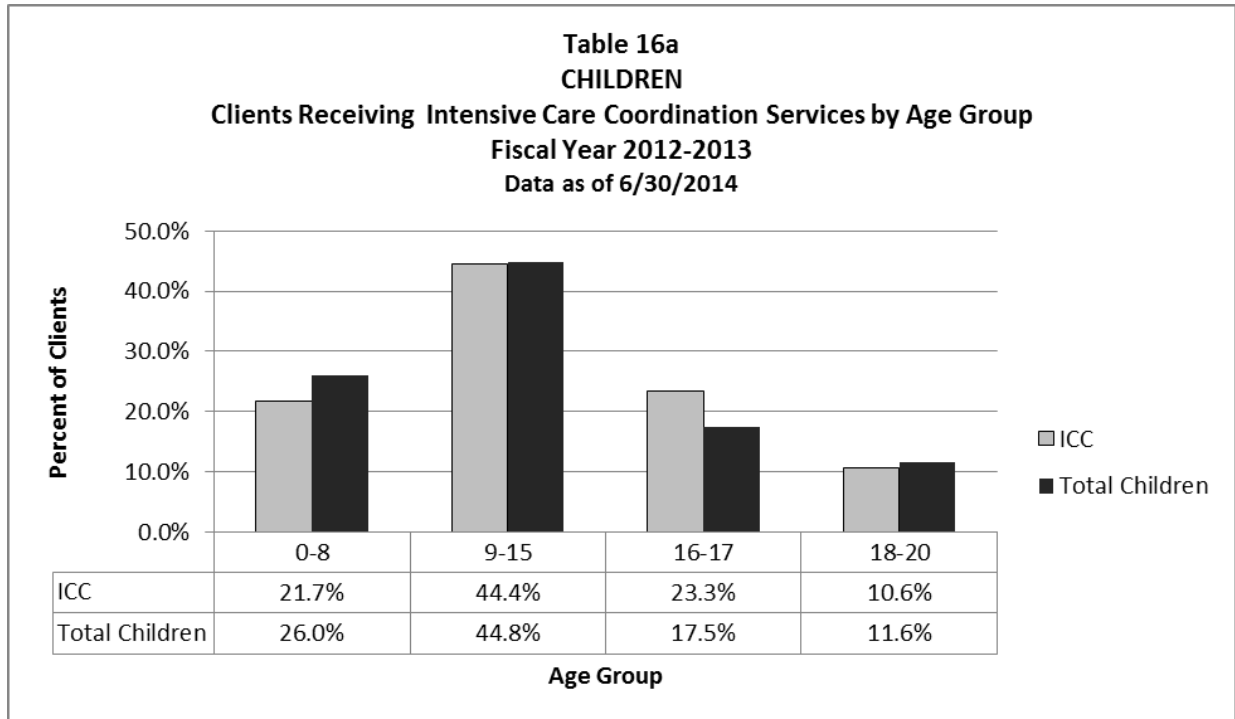
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 105,727	179
Actual*	FY 2013-14	\$ 11,657,611	4,794
Forecast	FY 2014-15	Not Available	Not Available
Forecast	FY 2015-16	Not Available	Not Available
Actual data as of June 30, 2014, data is not weighted and only represents claims received as of 6/30/2014			

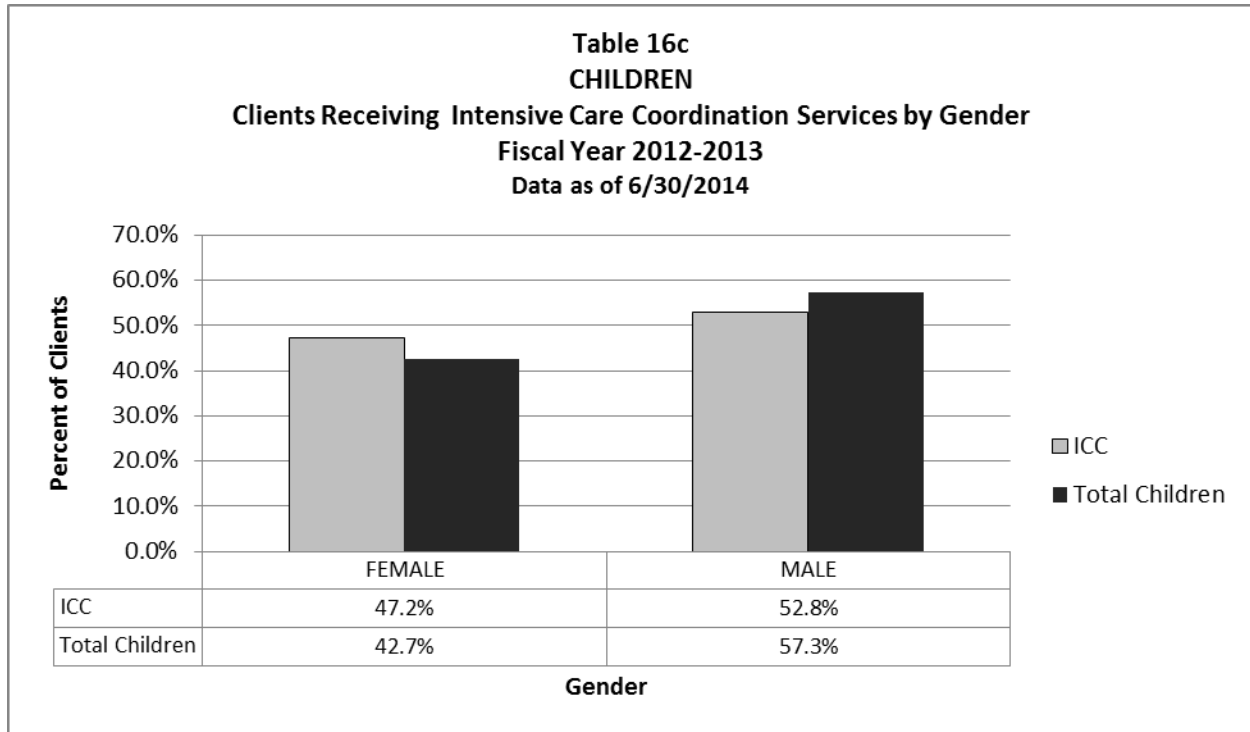
### **Budget Forecast Narrative:**

There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received through June 30, 2014 and therefore do not represent an estimate of total service costs for 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 June 30, 2014.





**Table 16d**  
**Other Services Received by Children Receiving Intensive Care Coordination Services**  
**Fiscal Year 2012-13**

	<b>Number of Clients</b>	<b>Percent of Clients</b>
ICC	179	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	178	99.44%
TARGETED CASE MANAGEMENT	159	88.83%
IHBS	93	51.96%
MEDICATION SUPPORT	65	36.31%
THERAPEUTIC BEHAVIORAL SERVICES	39	21.79%
CRISIS INTERVENTION	25	13.97%
FFS-HOSPITAL INPATIENT	4	2.23%
DAY TX INTENSIVE FULL DAY	3	1.68%
CRISIS STABILIZATION	2	1.12%
DAY TX REHABILITATIVE FULL DAY	1	0.56%

**Service Metrics:**

**Table 16e  
Intensive Care Coordination Services Approved Amount  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	179	100%	\$ 3,969
Mean	\$ 591	99%	\$ 3,438
Standard Deviation	\$ 715	95%	\$ 2,076
Median	\$ 303	90%	\$ 1,713
Mode	\$ -	75%	\$ 897
Interquartile Range	\$ 769	50%	\$ 303
		25%	\$ 128

**Table 16f  
Intensive Care Coordination Services Days  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Minutes</b>	<b>Quartile</b>	<b>Minutes</b>
Number of Clients	179	100%	1,323
Mean	216	99%	1,146
Standard Deviation	231	95%	692
Median	130	90%	571
Mode	30	75%	300
Interquartile Range	237	50%	130
		25%	63

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	N/A	N/A	179	4,794
Number of Minutes	N/A	N/A	38,753	5,798,496
Minutes Per Client	N/A	N/A	216	1,210
Approved Amount	N/A	N/A	\$105,727	\$11,657,611

\*Data includes actual claims through June 30, 2014, no weights or forecasting is applied. Figures represent the sum of claims collected as of June 30, 2014.

## Intensive Home Based Services

### **Intensive Home Based Services (IHBS):**

Intensive home based services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the CFT and in accordance with the Core Practice Model (CPM). The CFT participates in the development of the child's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

### **Summary:**

Intensive Home Based Services are provided to members of the Katie A. subclass

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 350,794	110
Actual*	FY 2013-14	\$ 15,186,966	3,838
Forecast	FY 2014-15	Not Available	Not Available
Forecast	FY 2015-16	Not Available	Not Available

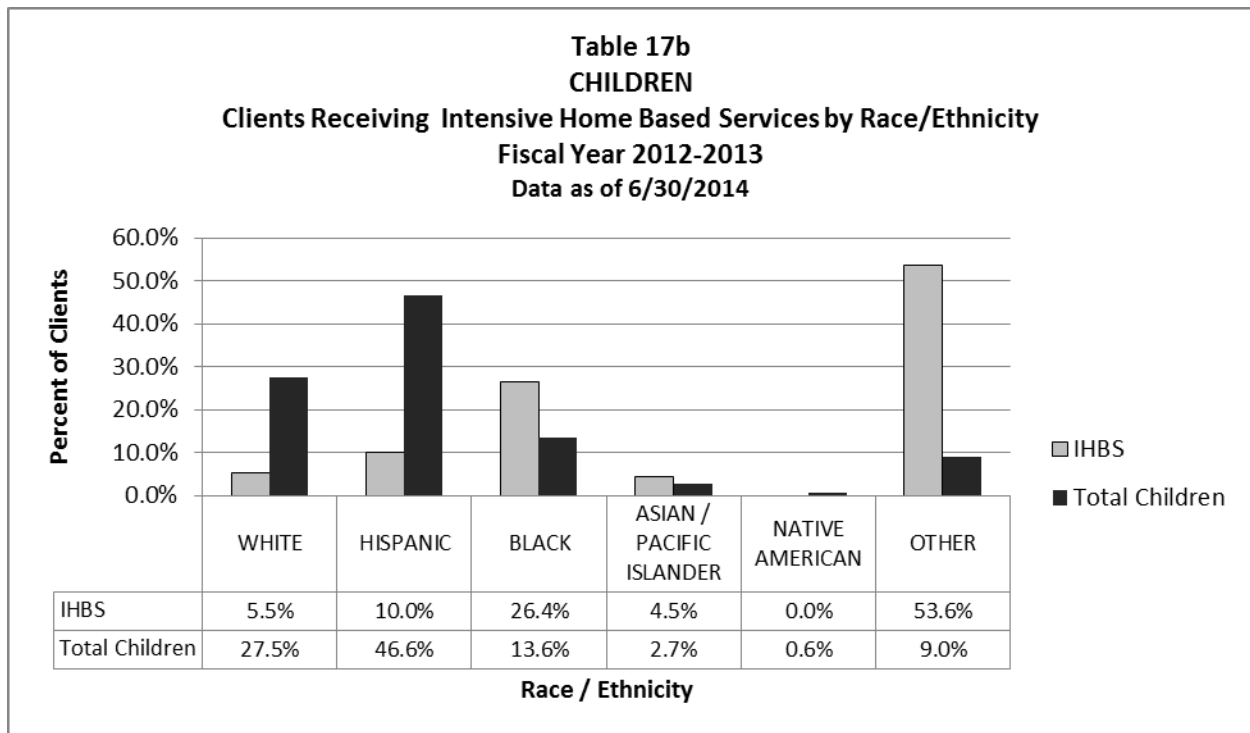
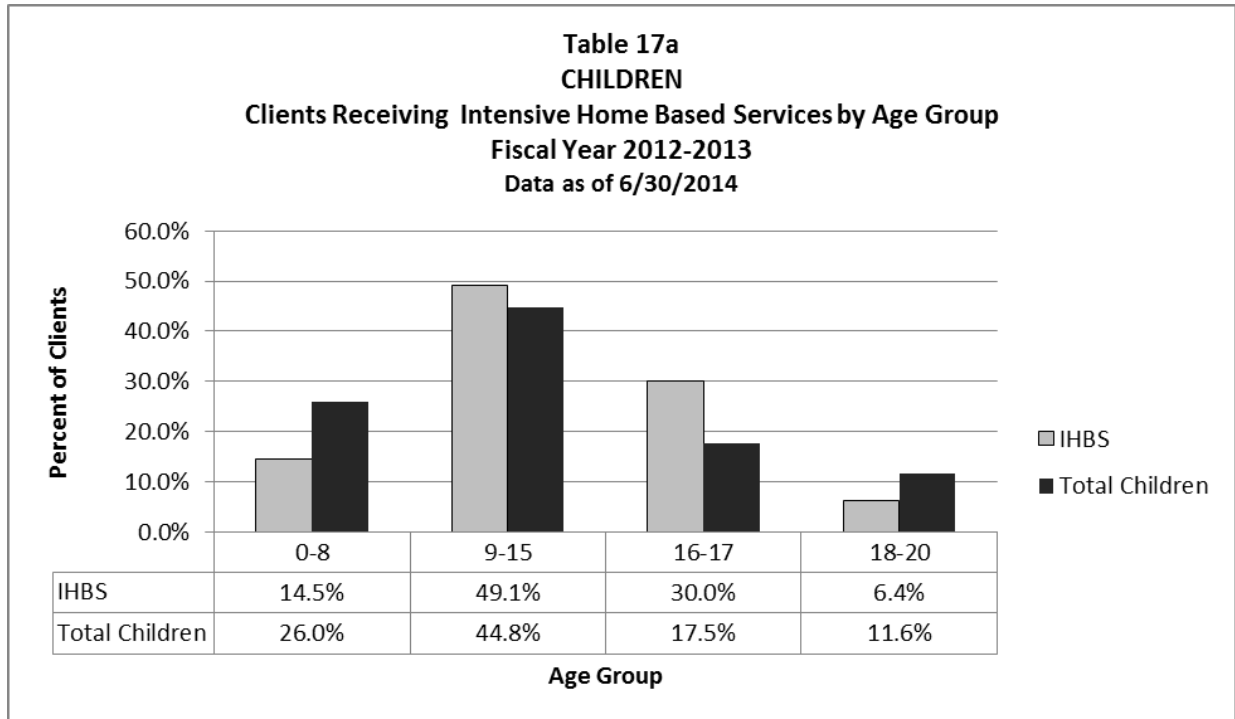
Actual data as of June 30, 2014, data is not weighted and only represents claims received as of 6/30/2014

### **Budget Forecast Narrative:**

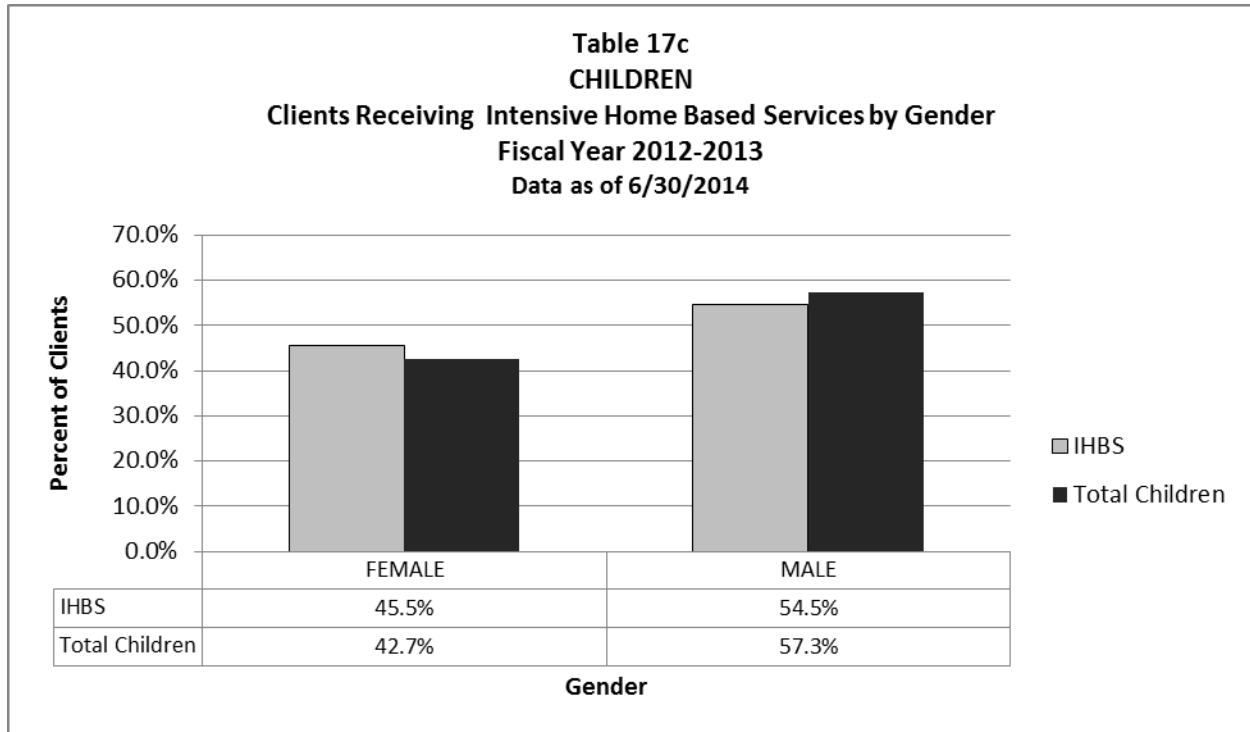
There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received as of June 30, 2014 and therefore do not represent an estimate of total service costs for FY 2013-14.

### **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 June 30, 2014.







**Table 17d  
 Other Services Received by Children Receiving Intensive Home Based Services  
 Fiscal Year 2012-13**

	<b>Number of Clients</b>	<b>Percent of Clients</b>
IHBS	110	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	108	98.18%
TARGETED CASE MANAGEMENT	105	95.45%
ICC	93	84.55%
MEDICATION SUPPORT	35	31.82%
THERAPEUTIC BEHAVIORAL SERVICES	29	26.36%
CRISIS INTERVENTION	12	10.91%
DAY TX INTENSIVE FULL DAY	5	4.55%
FFS-HOSPITAL INPATIENT	2	1.82%
CRISIS STABILIZATION	1	0.91%
DAY TX REHABILITATIVE FULL DAY	1	0.91%

**Service Metrics:**

**Table 17e  
Intensive Home Based Services Approved Amount  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	110	100%	\$ 9,576
Mean	\$ 3,189	99%	\$ 8,959
Standard Deviation	\$ 2,407	95%	\$ 7,791
Median	\$ 2,617	90%	\$ 7,091
Mode	\$ -	75%	\$ 4,578
Interquartile Range	\$ 3,250	50%	\$ 2,617
		25%	\$ 1,328

**Table 17f  
Intensive Home Based Services Minutes  
Fiscal Year 2012-13**

Statistic	Minutes	Quartile	Minutes
Number of Clients	110	100%	2,468
Mean	825	99%	2,309
Standard Deviation	617	95%	2,008
Median	675	90%	1,828
Mode	0	75%	1,180
Interquartile Range	835	50%	675
		25%	345

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	N/A	N/A	110	3,838
Number of Minutes	N/A	N/A	90,794	5,868,302
Minutes Per Client	N/A	N/A	825	1,529
Approved Amount	N/A	N/A	\$350,794	\$15,186,966

...  
\*Data includes actual claims through June 30, 2014, no weights or forecasting is applied. Figures represent the sum of claims collected as of June 30, 2014.

## **Adult Services Section**

## 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.

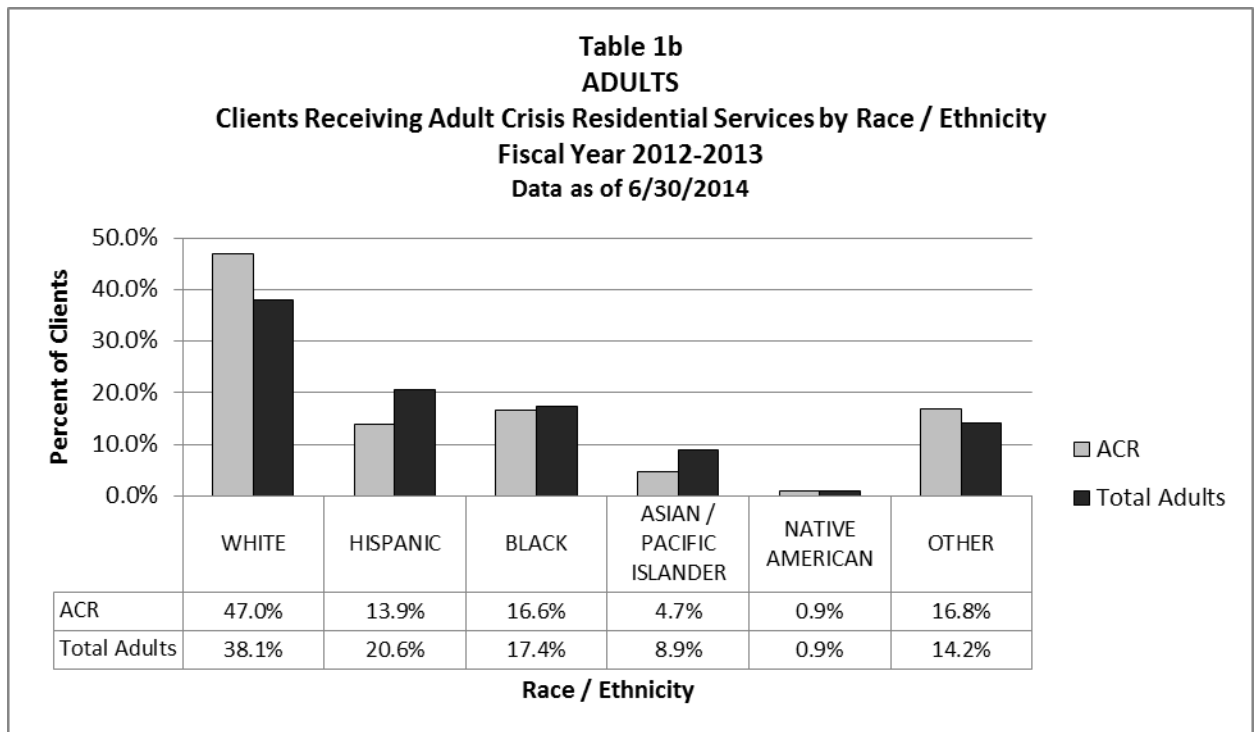
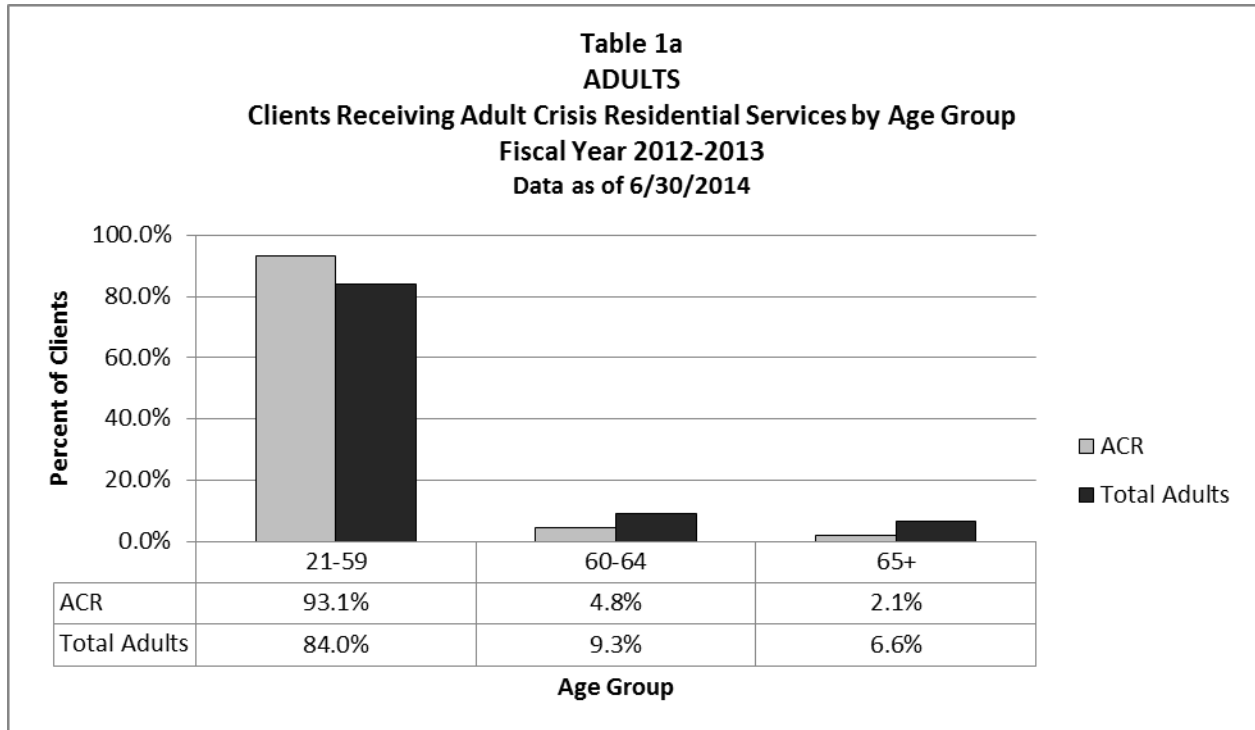
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 18,871,631	3,431
Actual	FY 2010-11	\$ 20,138,209	3,699
Actual	FY 2011-12	\$ 22,023,680	3,893
Actual	FY 2012-13	\$ 23,411,811	4,051
Actual + Forecast	FY 2013-14	\$ 25,007,789	4,410
Forecast	FY 2014-15	\$ 26,157,449	4,607
Forecast	FY 2015-16	\$ 27,307,109	4,804
Actual data as of June 30, 2014			

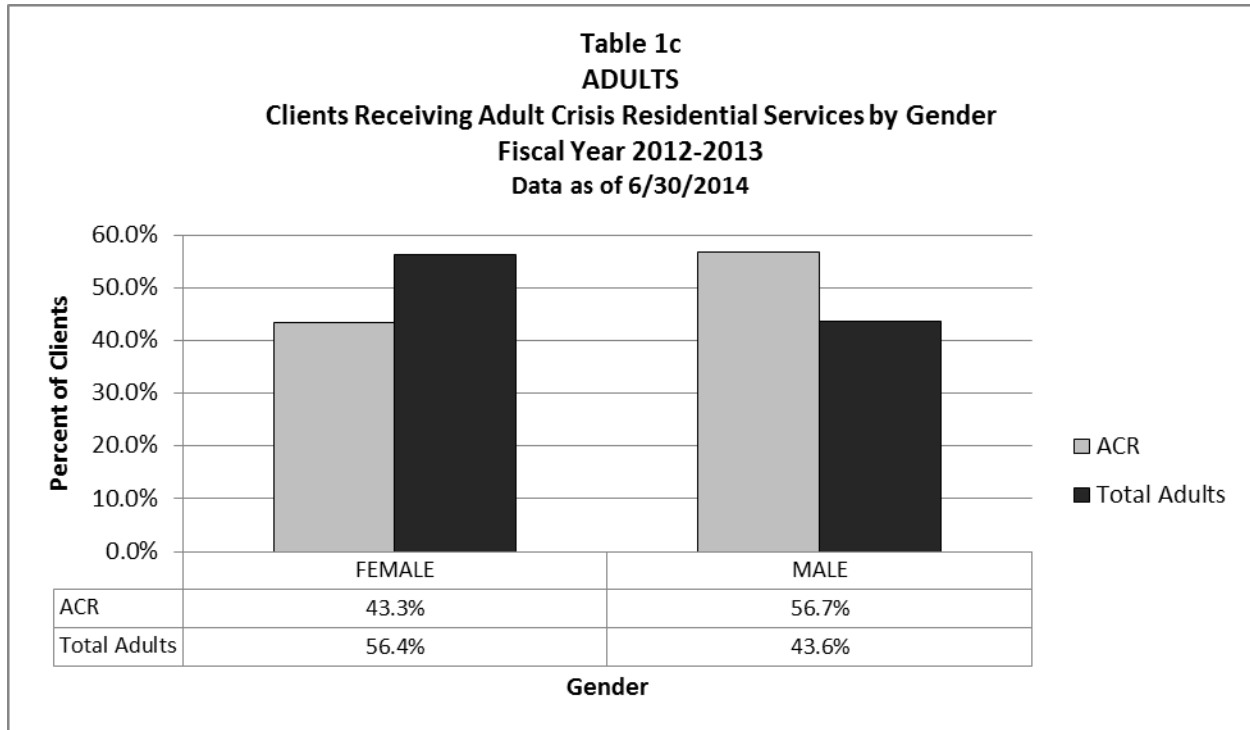
### **Budget Forecast Narrative:**

Slight growth in dollars and clients is expected for FY 2014-15 and FY 2015-16 for Adult Crisis Residential Services.

### **Client Profile Data:**

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
ADULT CRISIS RESIDENTIAL	4,051	100.00%
MEDICATION SUPPORT	3,633	89.68%
THERAPY AND OTHER SERVICE ACTIVITIES	3,101	76.55%
TARGETED CASE MANAGEMENT	2,867	70.77%
CRISIS STABILIZATION	2,000	49.37%
CRISIS INTERVENTION	1,783	44.01%
FFS-HOSPITAL INPATIENT	1,037	25.60%
HOSPITAL INPATIENT	719	17.75%
ADULT RESIDENTIAL	428	10.57%
PHF	341	8.42%
DAY TX REHABILITATIVE FULL DAY	339	8.37%
DAY TX REHABILITATIVE HALF DAY	24	0.59%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	4,051	100%	\$ 48,950
Mean	\$ 5,779	99%	\$ 25,040
Standard Deviation	\$ 5,299	95%	\$ 16,317
Median	\$ 4,448	90%	\$ 12,088
Mode	\$ 4,966	75%	\$ 7,946
Interquartile Range	\$ 5,831	50%	\$ 4,448
		25%	\$ 2,115

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

Statistic	Amount	Quartile	Days
Number of Clients	4,051	100%	164
Mean	18	99%	74
Standard Deviation	16	95%	49
Median	14	90%	36
Mode	14	75%	25
Interquartile Range	18	50%	14
		25%	7

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	3,699	3,893	4,051	4,410
Number of Days	68,122	72,360	72,185	75,619
Days Per Client	18	19	18	17
Approved Amount	\$20,138,209	\$22,023,680	\$23,411,811	\$25,007,789

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 18,039,205	1,433
Actual	FY 2010-11	\$ 15,013,032	1,155
Actual	FY 2011-12	\$ 15,204,153	1,162
Actual	FY 2012-13	\$ 16,330,394	1,172
Actual + Forecast	FY 2013-14	\$ 17,358,335	1,146
Forecast	FY 2014-15	\$ 16,359,311	1,073
Forecast	FY 2015-16	\$ 15,360,288	1,001

Actual data as of June 30, 2014

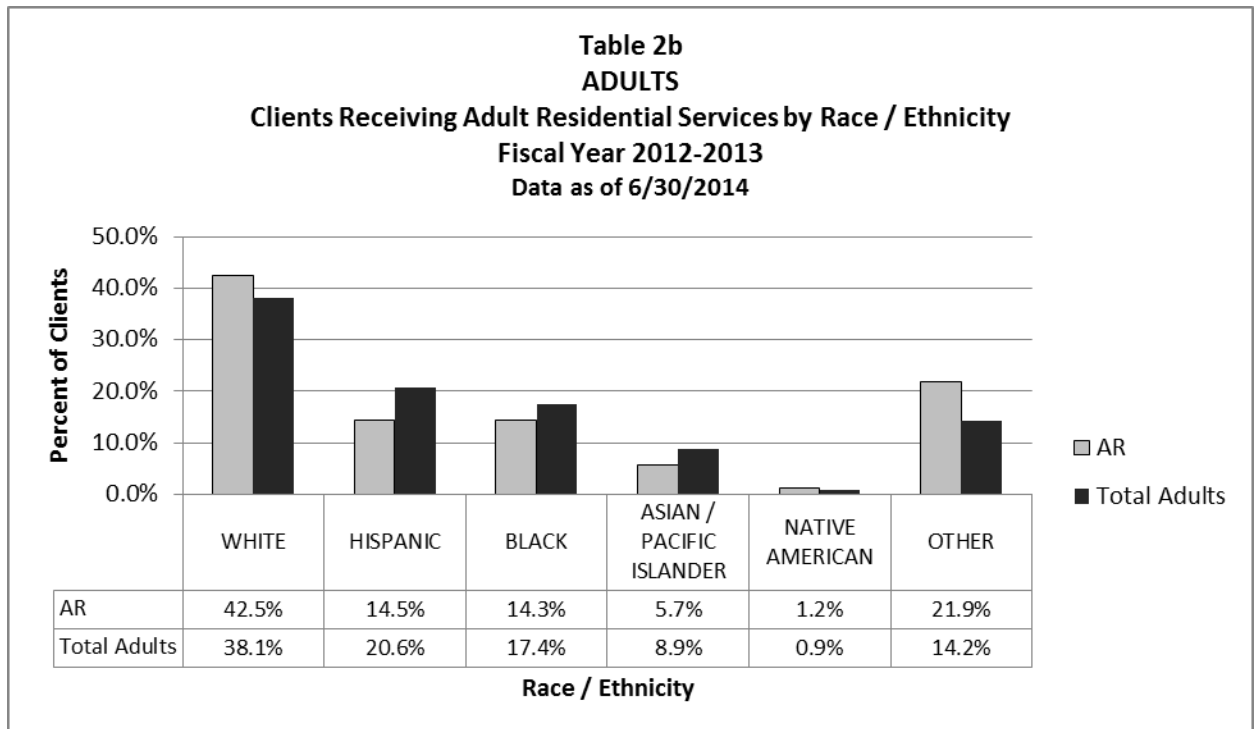
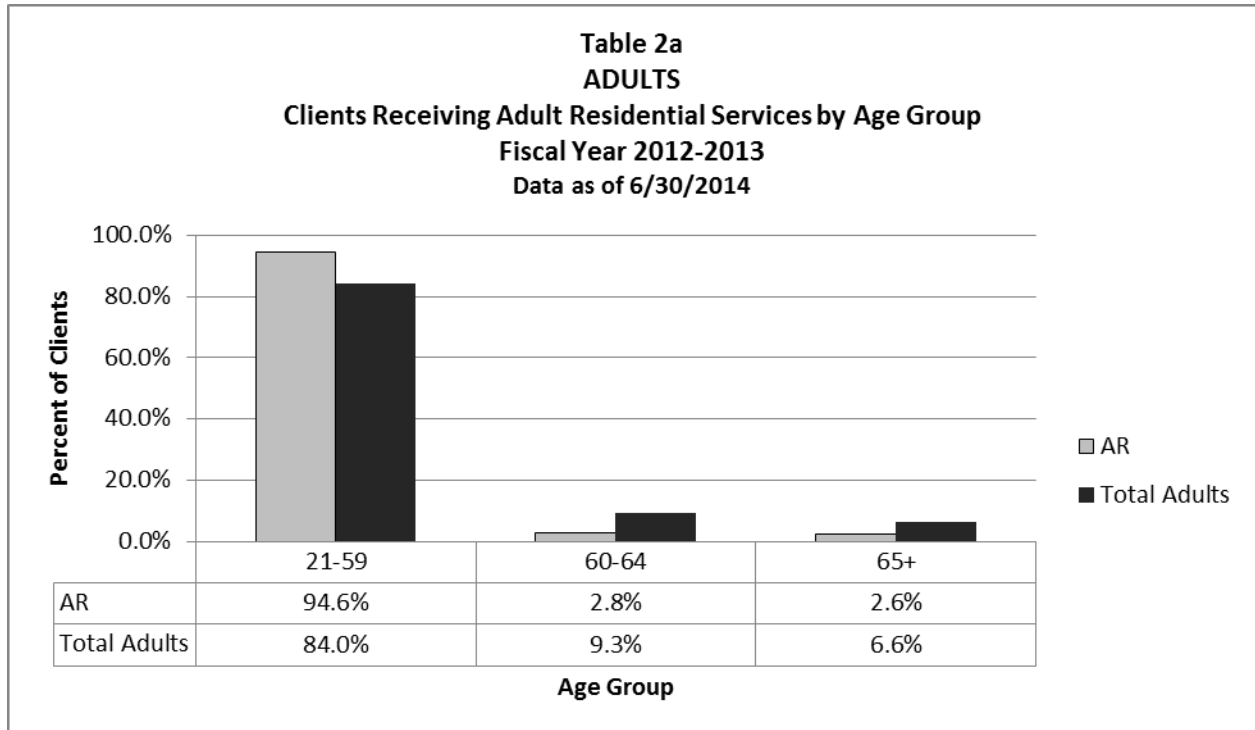
### **Budget Forecast Narrative:**

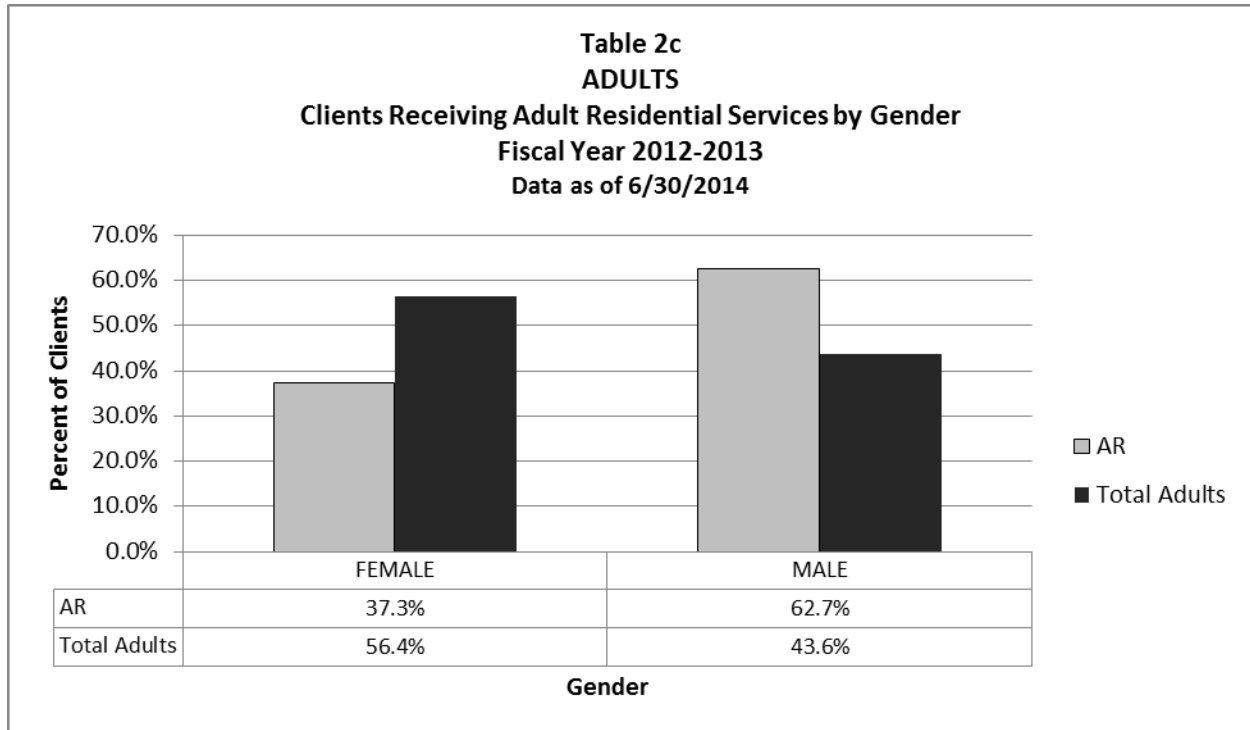
The forecast indicates a declining trend in costs through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.







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

	<b>Number of Clients</b>	<b>Percent Clients</b>
ADULT RESIDENTIAL	1,172	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,035	88.31%
TARGETED CASE MANAGEMENT	1,013	86.43%
MEDICATION SUPPORT	993	84.73%
CRISIS STABILIZATION	458	39.08%
CRISIS INTERVENTION	450	38.40%
DAY TX REHABILITATIVE FULL DAY	436	37.20%
ADULT CRISIS RESIDENTIAL	428	36.52%
HOSPITAL INPATIENT	194	16.55%
FFS-HOSPITAL INPATIENT	126	10.75%
PHF	50	4.27%
DAY TX REHABILITATIVE HALF DAY	8	0.68%
DAY TX INTENSIVE FULL DAY	1	0.09%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	1,172	100%	\$ 63,149
Mean	\$ 13,934	99%	\$ 55,363
Standard Deviation	\$ 12,612	95%	\$ 40,075
Median	\$ 11,117	90%	\$ 32,344
Mode	\$ 15,398	75%	\$ 19,222
Interquartile Range	\$ 15,011	50%	\$ 11,117
		25%	\$ 4,212

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

Statistic	Amount	Quartile	Days
Number of Clients	1,172	100%	365
Mean	88	99%	334
Standard Deviation	78	95%	251
Median	69	90%	201
Mode	4	75%	123
Interquartile Range	96	50%	69
		25%	27

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,155	1,162	1,172	1,146
Number of Days	97,308	98,224	103,259	105,286
Days Per Client	84	85	88	92
Approved Amount	\$15,013,032	\$15,204,153	\$16,330,394	\$17,358,335

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16 for Crisis Intervention services, the costs should hold around current estimated FY 2013-14 levels.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 27,845,460	33,437
Actual	FY 2010-11	\$ 26,650,279	31,309
Actual	FY 2011-12	\$ 27,152,681	30,707
Actual	FY 2012-13	\$ 29,724,923	28,973
Actual + Forecast	FY 2013-14	\$ 29,550,375	28,279
Forecast	FY 2014-15	\$ 29,552,568	26,864
Forecast	FY 2015-16	\$ 29,554,764	25,452

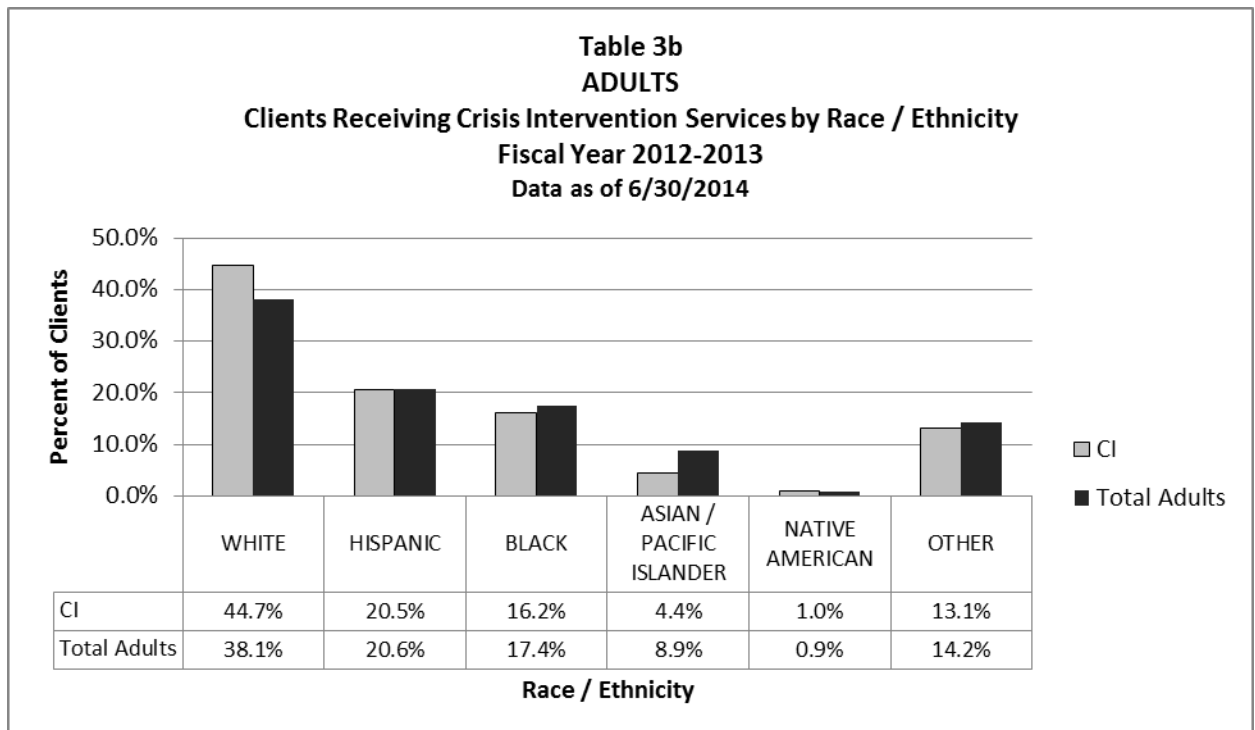
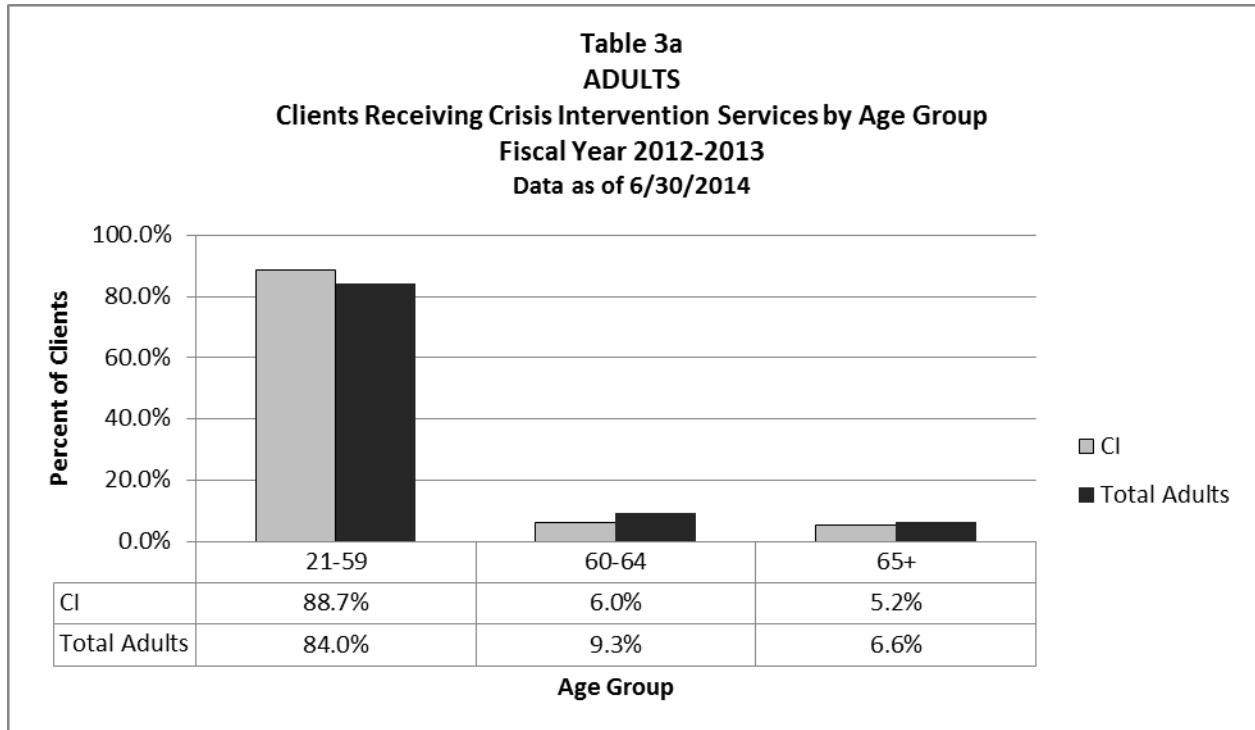
Actual data as of June 30, 2014

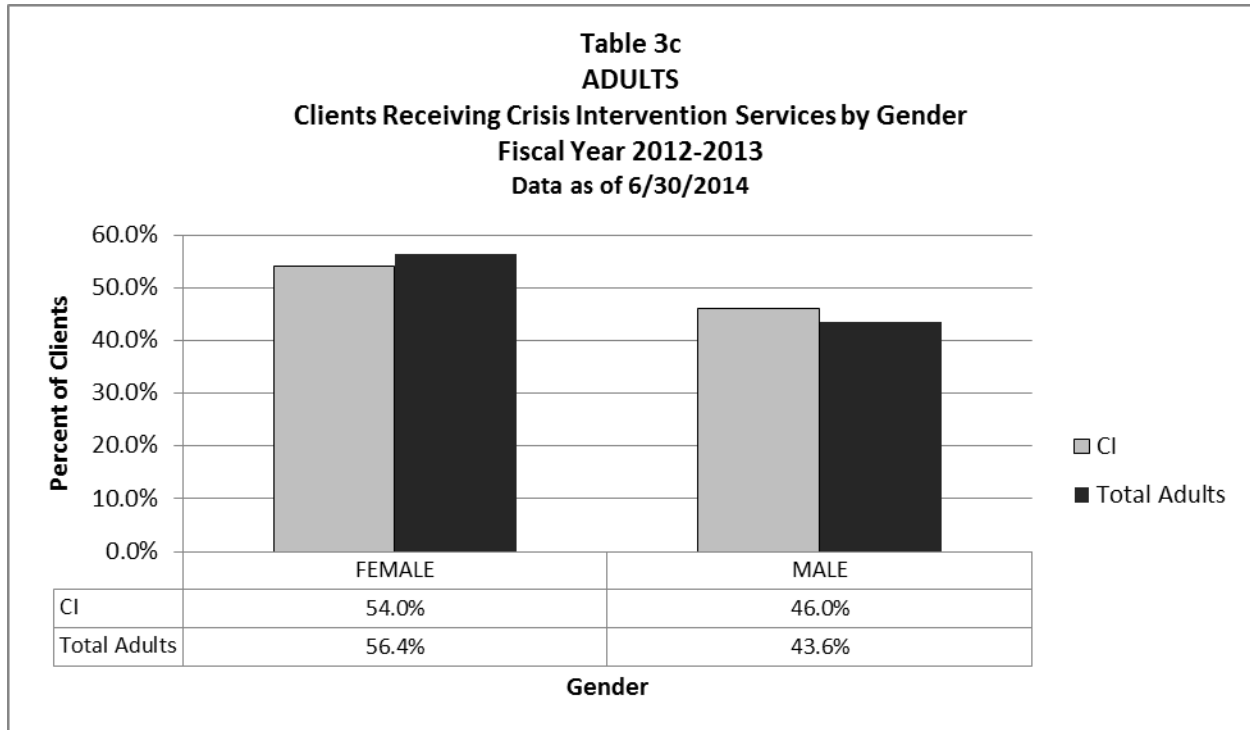
### **Budget Forecast Narrative:**

Costs for Crisis Intervention services are forecasted to hold around \$29.5 million for the next 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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
CRISIS INTERVENTION	28,973	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	20,550	70.93%
MEDICATION SUPPORT	19,308	66.64%
TARGETED CASE MANAGEMENT	16,920	58.40%
CRISIS STABILIZATION	7,016	24.22%
FFS-HOSPITAL INPATIENT	5,971	20.61%
HOSPITAL INPATIENT	2,995	10.34%
ADULT CRISIS RESIDENTIAL	1,783	6.15%
PHF	1,570	5.42%
ADULT RESIDENTIAL	450	1.55%
DAY TX REHABILITATIVE FULL DAY	280	0.97%
DAY TX REHABILITATIVE HALF DAY	38	0.13%

**Service Metrics:**

**Table 3e  
Crisis Intervention-Adult  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	28,973	100%	\$ 32,340
Mean	\$ 1,026	99%	\$ 5,933
Standard Deviation	\$ 1,234	95%	\$ 3,142
Median	\$ 625	90%	\$ 2,395
Mode	\$ 2,395	75%	\$ 1,245
Interquartile Range	\$ 929	50%	\$ 625
		25%	\$ 316

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

Statistic	Amount	Quartile	Time in Minutes
Number of Clients	28,973	100%	6,831
Mean	239	99%	1,377
Standard Deviation	283	95%	720
Median	150	90%	493
Mode	120	75%	290
Interquartile Range	209	50%	150
		25%	81

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	31,309	30,707	28,973	28,279
Number of Minutes	7,121,676	7,290,028	6,938,621	6,805,770
Minutes Per Client	227	237	239	241
Approved Amount	\$26,650,279	\$27,152,681	\$29,724,923	\$29,550,375

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014

## 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 2009-10	\$ 34,354,978	18,777
Actual	FY 2010-11	\$ 37,428,446	20,517
Actual	FY 2011-12	\$ 43,338,845	22,629
Actual	FY 2012-13	\$ 60,567,074	23,964
Actual + Forecast	FY 2013-14	\$ 62,898,935	23,895
Forecast	FY 2014-15	\$ 68,651,556	24,843
Forecast	FY 2015-16	\$ 74,404,179	25,792

Actual data as of June 30, 2014

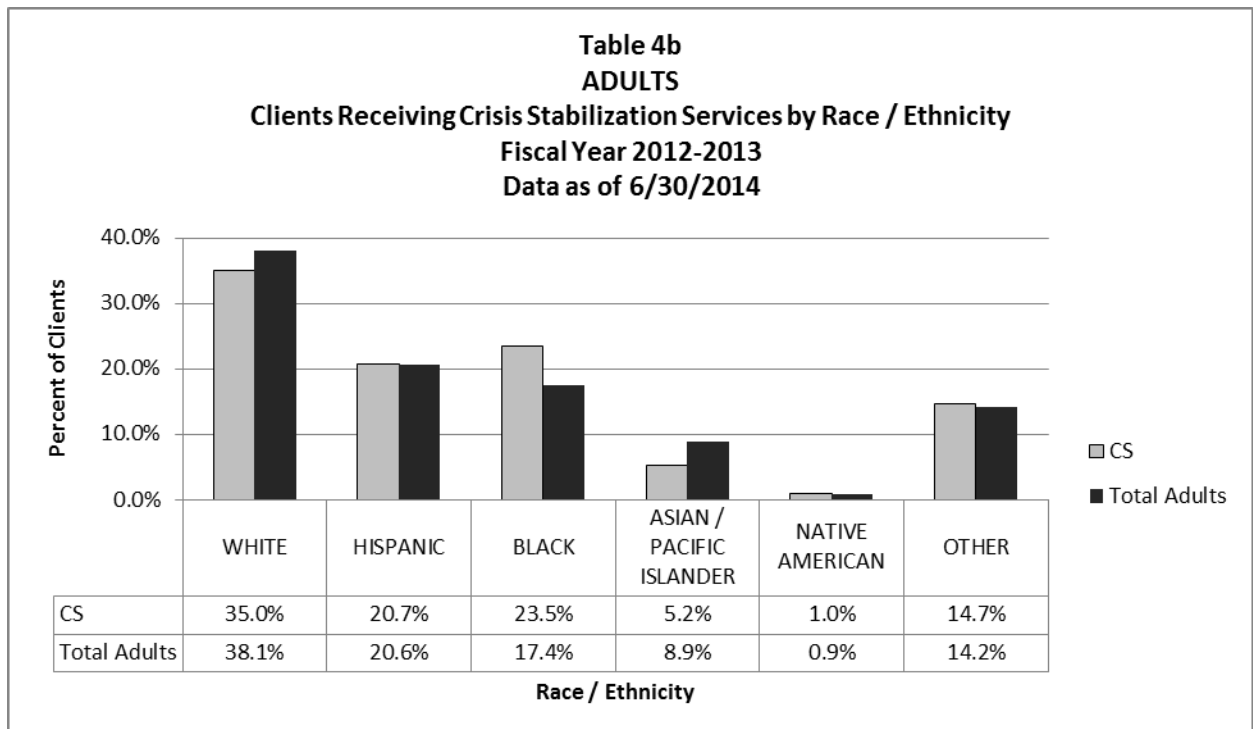
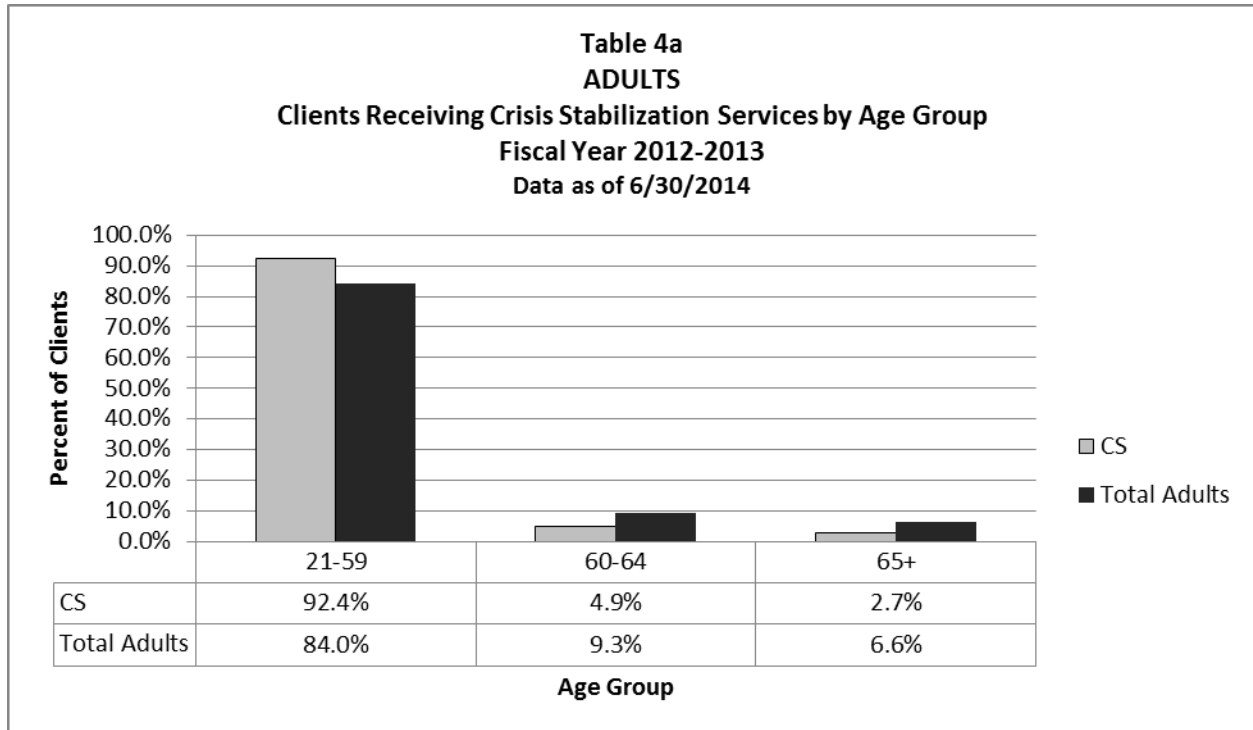
### **Budget Forecast Narrative:**

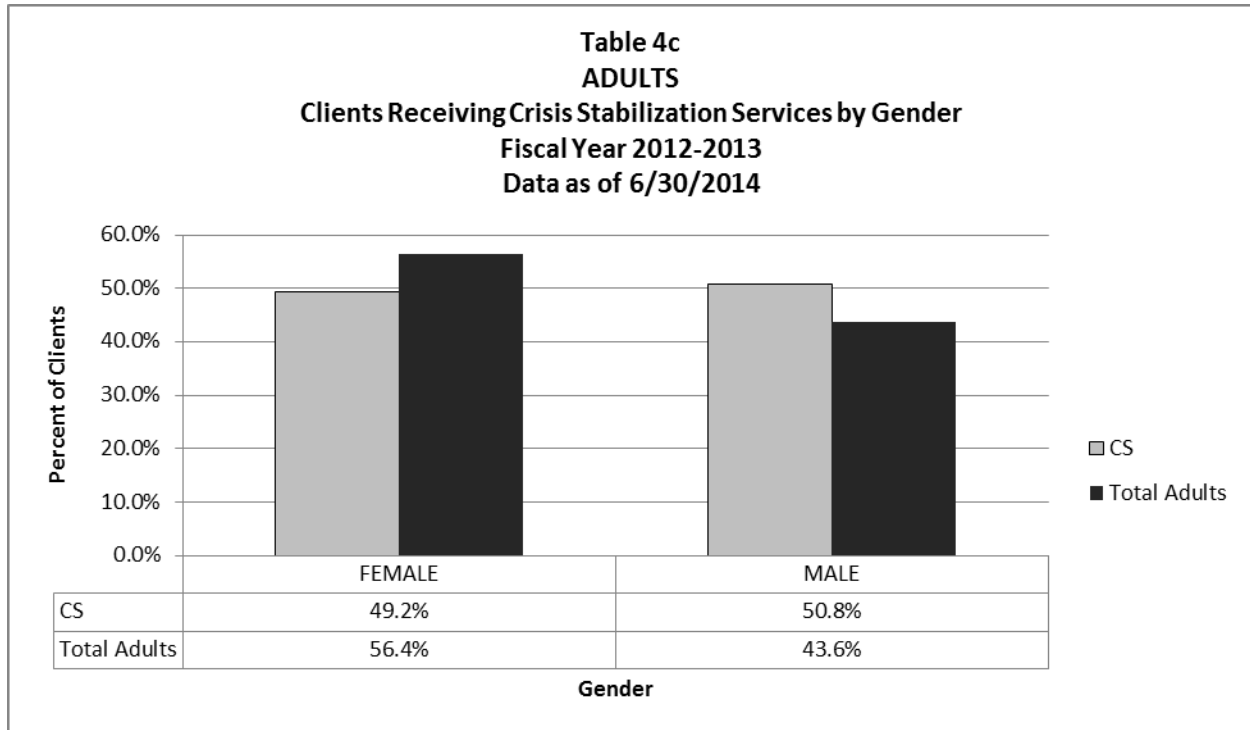
Moderate growth in costs is forecast through FY 2014-15 and FY 2015-16.

### **Client Profile Data:**

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of June 30, 2014.







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

	<b>Number of Clients</b>	<b>Percent Clients</b>
CRISIS STABILIZATION	23,964	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	13,813	57.64%
MEDICATION SUPPORT	12,787	53.36%
TARGETED CASE MANAGEMENT	10,007	41.76%
CRISIS INTERVENTION	7,016	29.28%
FFS-HOSPITAL INPATIENT	4,890	20.41%
HOSPITAL INPATIENT	4,094	17.08%
ADULT CRISIS RESIDENTIAL	2,000	8.35%
PHF	1,384	5.78%
ADULT RESIDENTIAL	458	1.91%
DAY TX REHABILITATIVE FULL DAY	350	1.46%
DAY TX REHABILITATIVE HALF DAY	99	0.41%

**Service Metrics:**

**Table 4e  
Crisis Stabilization-Adult  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	23,964	100%	\$ 123,110
Mean	\$ 2,527	99%	\$ 18,835
Standard Deviation	\$ 4,220	95%	\$ 8,156
Median	\$ 1,678	90%	\$ 5,467
Mode	\$ 1,891	75%	\$ 2,795
Interquartile Range	\$ 2,227	50%	\$ 1,678
		25%	\$ 567

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

Statistic	Amount	Quartile	Hours
Number of Clients	23,964	100%	1,458
Mean	25	99%	184
Standard Deviation	44	95%	80
Median	17	90%	52
Mode	20	75%	24
Interquartile Range	19	50%	17
		25%	5

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	20,517	22,629	23,964	23,895
Number of Hours	412,881	469,538	593,363	580,000
Hours Per Client	20	21	25	24
Approved Amount	\$37,428,446	\$43,338,845	\$60,567,074	\$62,898,935

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16 is slight increase in dollars and clients from FY 2013-14 levels.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
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	\$ 803,302	212
Actual + Forecast	FY 2013-14	\$ 735,227	197
Forecast	FY 2014-15	\$ 760,583	209
Forecast	FY 2015-16	\$ 785,939	221

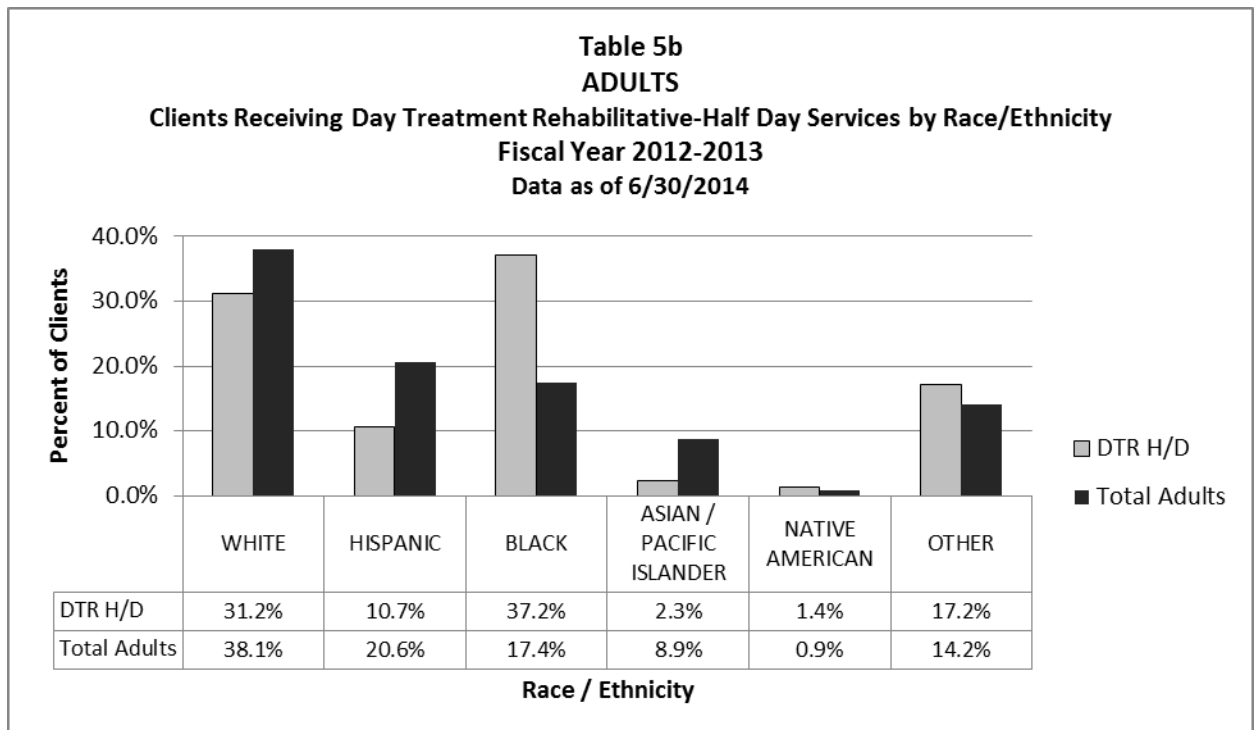
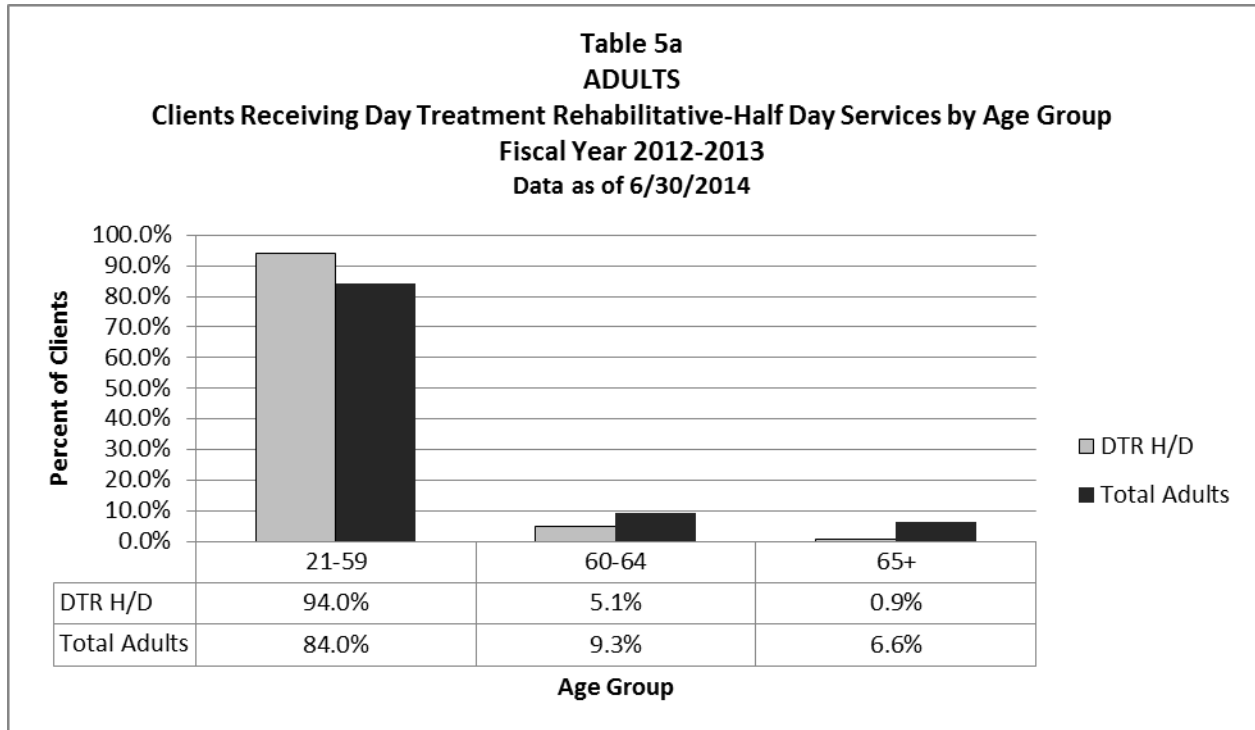
Actual data as of June 30, 2014

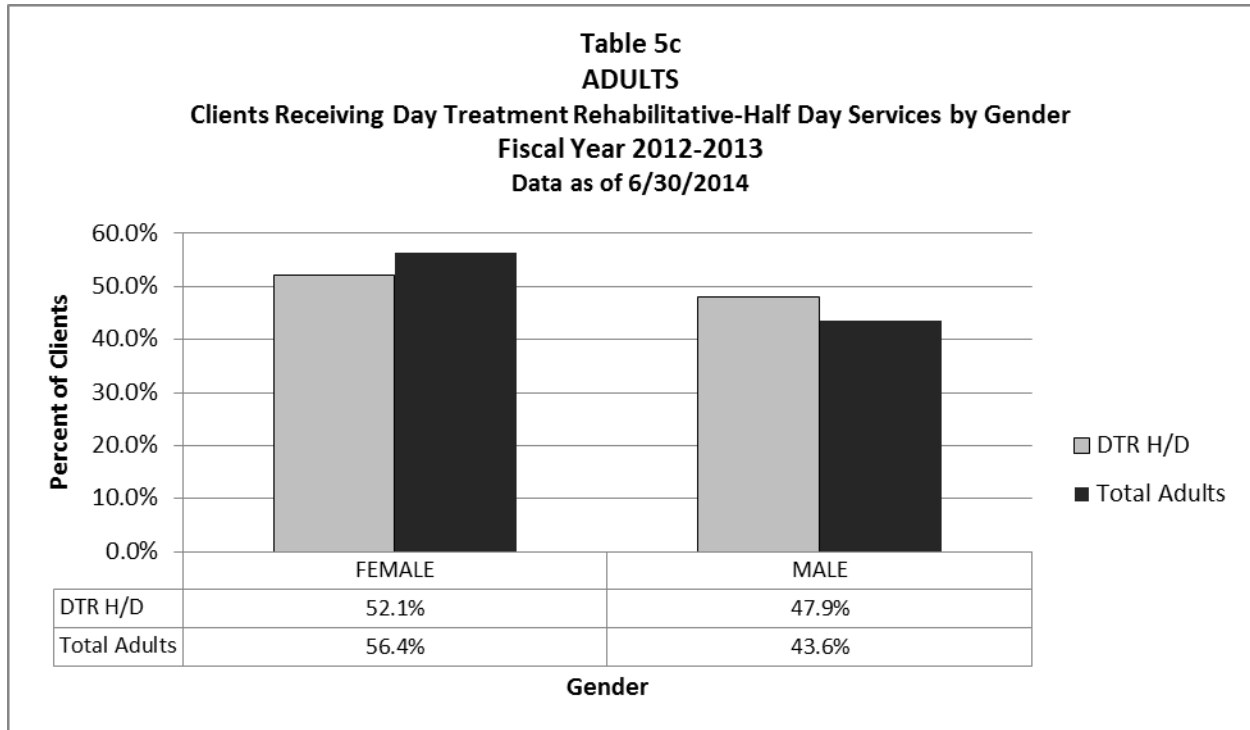
### **Budget Forecast Narrative:**

Day Rehabilitative Half Day service costs are increase slightly for the next few fiscal years.

### **Client Profile Data:**

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
DAY TX REHABILITATIVE HALF DAY	212	100.00%
MEDICATION SUPPORT	143	67.45%
THERAPY AND OTHER SERVICE ACTIVITIES	139	65.57%
TARGETED CASE MANAGEMENT	108	50.94%
CRISIS STABILIZATION	99	46.70%
HOSPITAL INPATIENT	33	15.57%
CRISIS INTERVENTION	38	17.92%
ADULT CRISIS RESIDENTIAL	24	11.32%
FFS-HOSPITAL INPATIENT	18	8.49%
ADULT RESIDENTIAL	8	3.77%
DAY TX REHABILITATIVE FULL DAY	3	1.42%

**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	212	100%	\$ 19,175
Mean	\$ 3,789	99%	\$ 17,842
Standard Deviation	\$ 4,080	95%	\$ 12,612
Median	\$ 2,398	90%	\$ 9,290
Mode	\$ 788	75%	\$ 5,407
Interquartile Range	\$ 4,613	50%	\$ 2,398
		25%	\$ 794

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	212	100%	211
Mean	42	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**

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	213	274	212	197
Number of Days	8,431	11,697	8,951	8,900
Days Per Client	40	43	42	45
Approved Amount	\$769,431	\$1,069,138	\$803,302	\$735,227

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 FY 2014-15 and continued declines in FY 2015-16.

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 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	\$ 6,570,935	831
Actual + Forecast	FY 2013-14	\$ 6,899,590	778
Forecast	FY 2014-15	\$ 5,798,678	613
Forecast	FY 2015-16	\$ 4,697,768	445
Actual data as of June 30, 2014			

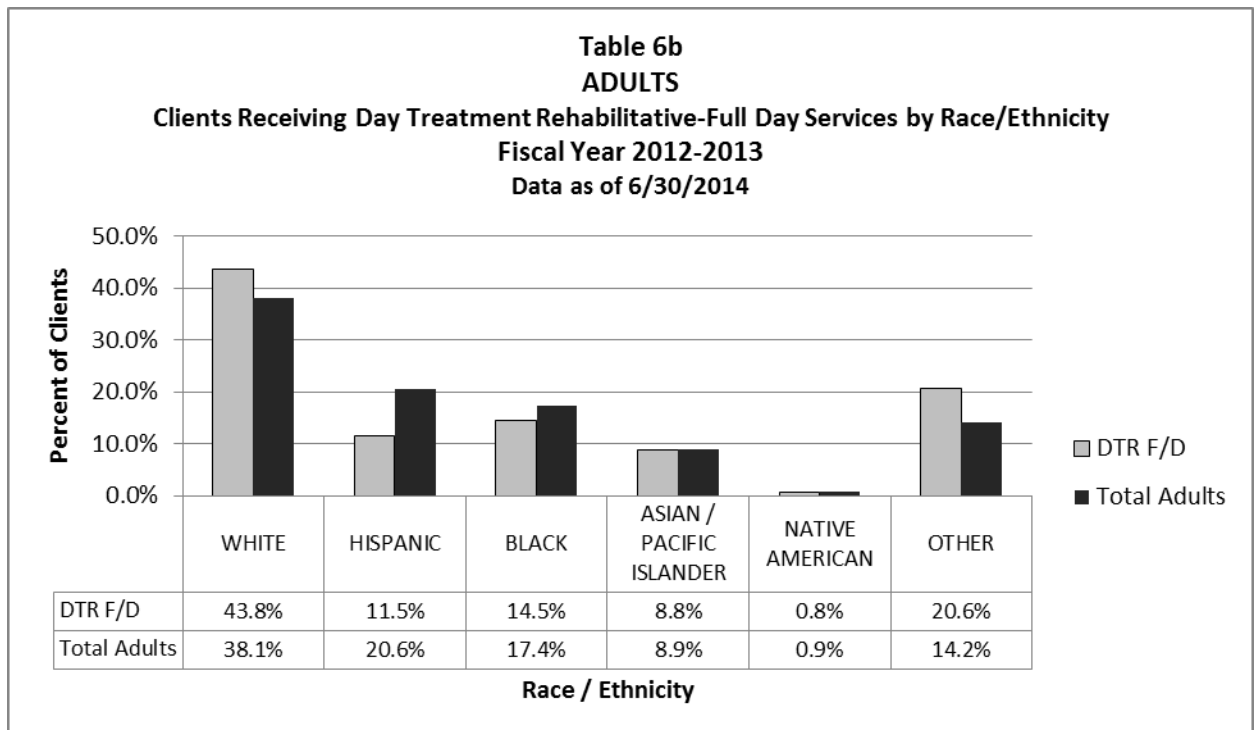
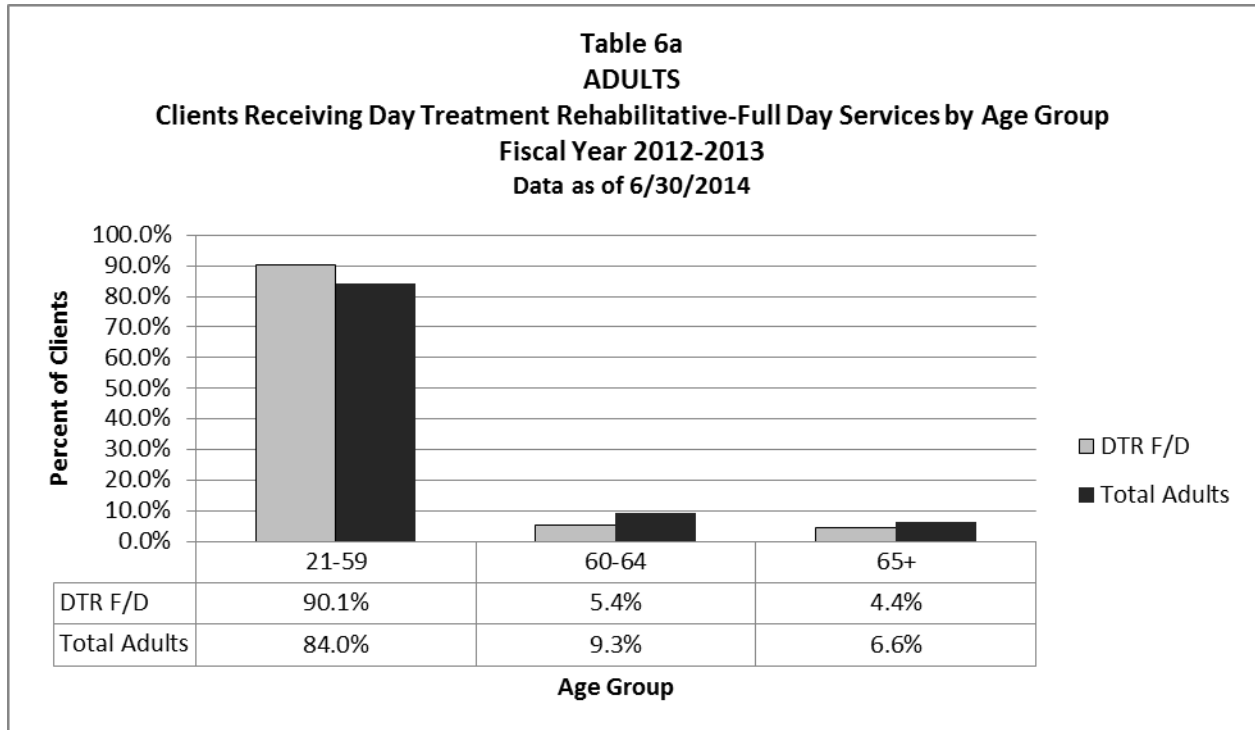
### **Budget Forecast Narrative:**

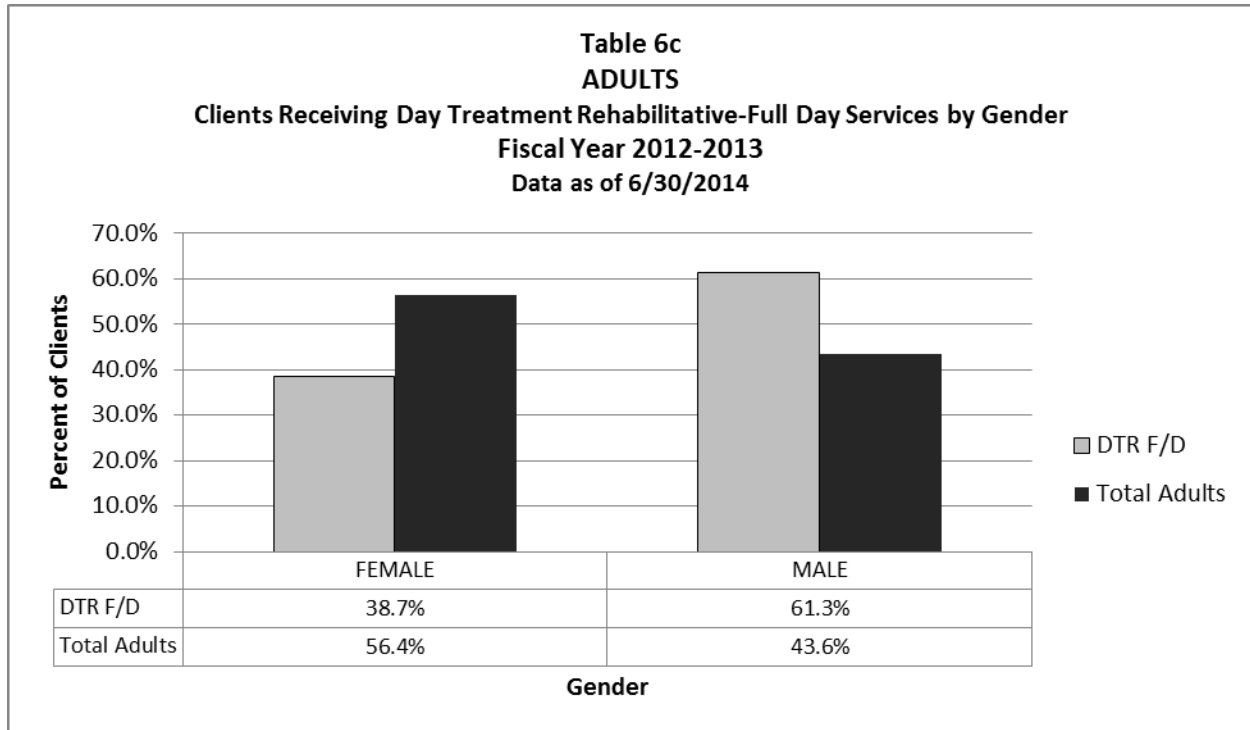
Day Rehabilitation Full Day costs are forecast to decline through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.







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

	<b>Number of Clients</b>	<b>Percent Clients</b>
DAY TX REHABILITATIVE FULL DAY	831	100.00%
TARGETED CASE MANAGEMENT	713	85.80%
THERAPY AND OTHER SERVICE ACTIVITIES	713	85.80%
MEDICATION SUPPORT	700	84.24%
ADULT RESIDENTIAL	436	52.47%
CRISIS STABILIZATION	350	42.12%
ADULT CRISIS RESIDENTIAL	339	40.79%
CRISIS INTERVENTION	280	33.69%
HOSPITAL INPATIENT	173	20.82%
FFS-HOSPITAL INPATIENT	71	8.54%
PHF	19	2.29%
DAY TX REHABILITATIVE HALF DAY	3	0.36%

**Service Metrics:**

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

Statistic	Amount	Quartile	Amount
Number of Clients	831	100%	\$ 53,244
Mean	\$ 7,907	99%	\$ 39,428
Standard Deviation	\$ 8,132	95%	\$ 23,901
Median	\$ 5,661	90%	\$ 19,004
Mode	\$ 129	75%	\$ 10,447
Interquartile Range	\$ 8,425	50%	\$ 5,661
		25%	\$ 2,022

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

Statistic	Amount	Quartile	Days
Number of Clients	831	100%	337
Mean	57	99%	235
Standard Deviation	55	95%	168
Median	43	90%	141
Mode	1	75%	79
Interquartile Range	64	50%	43
		25%	15

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,159	969	831	778
Number of Days	77,179	62,937	47,778	46,402
Days Per Client	67	65	57	60
Approved Amount	\$9,162,148	\$8,145,380	\$6,570,935	\$6,899,590

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## **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 and FY 2015-16.

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 2009-10	\$ 463,225	97
Actual	FY 2010-11	\$ 465,618	61
Actual	FY 2011-12	\$ 74,071	16
Actual	FY 2012-13	\$ 11,619	1
Actual + Forecast	FY 2013-14	\$ 19,393	2
Forecast	FY 2014-15	-	-
Forecast	FY 2015-16	-	-

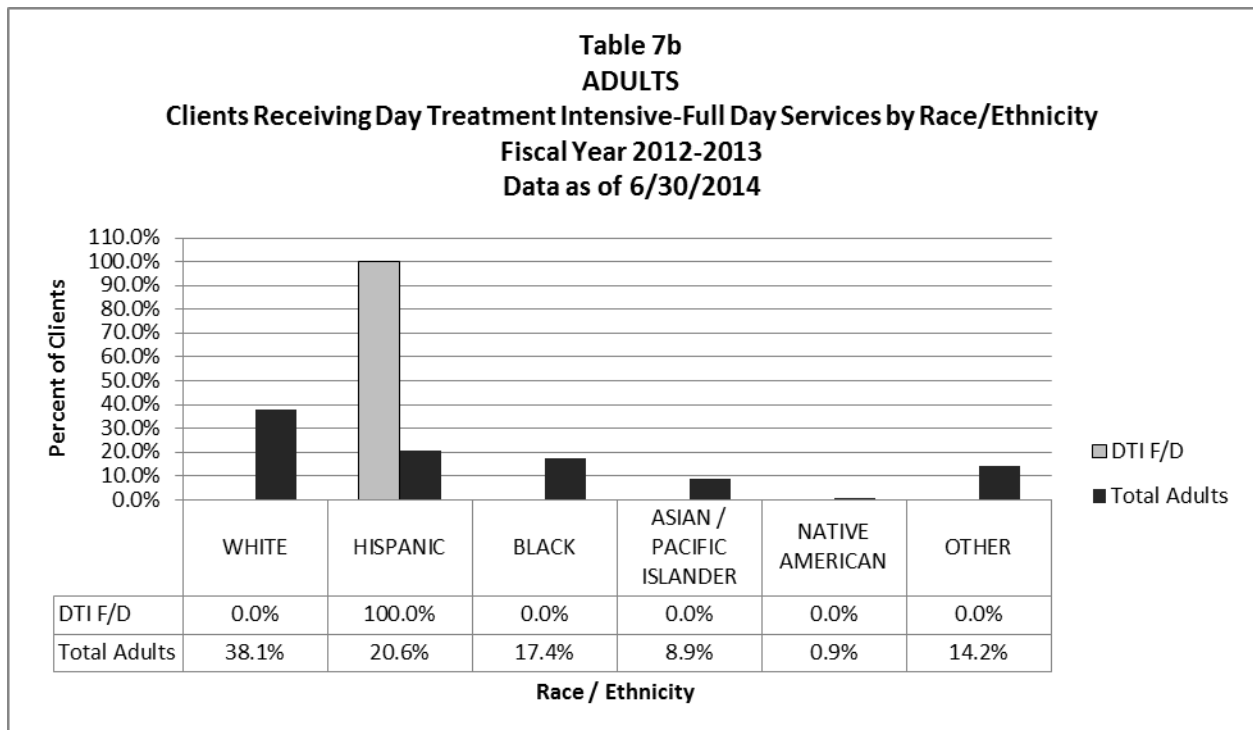
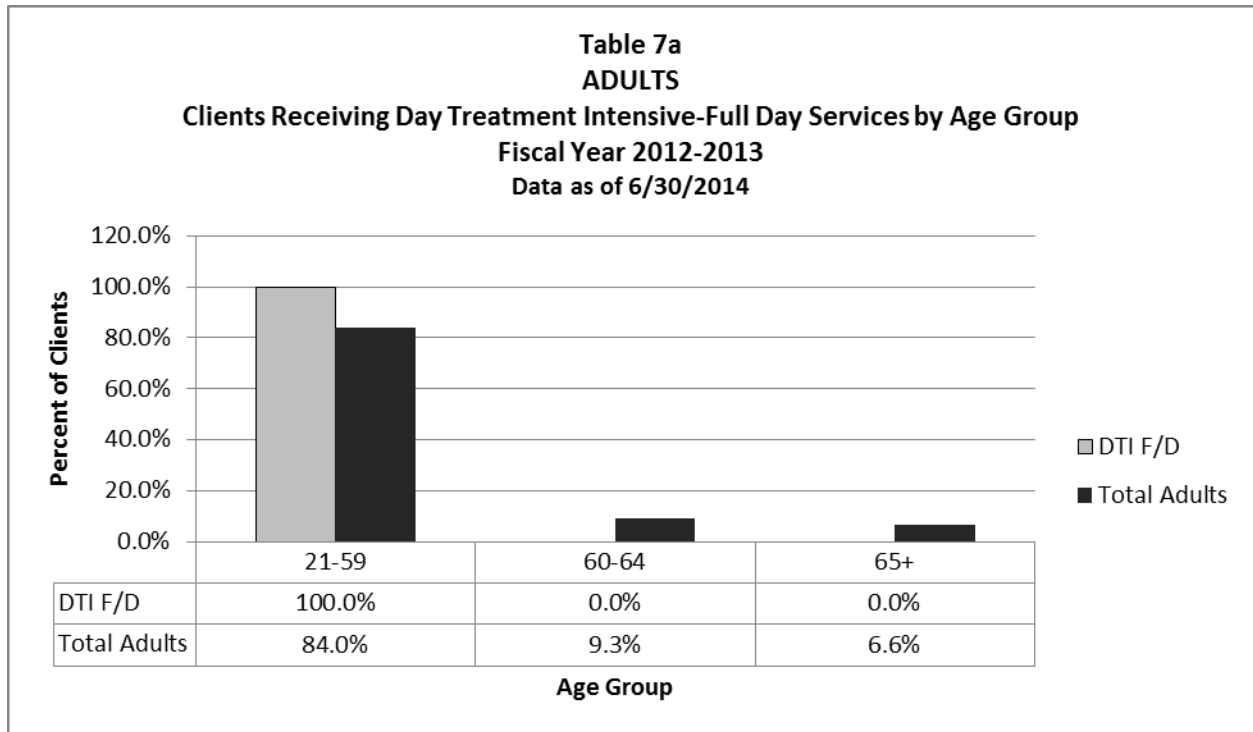
Actual data as of June 30, 2014

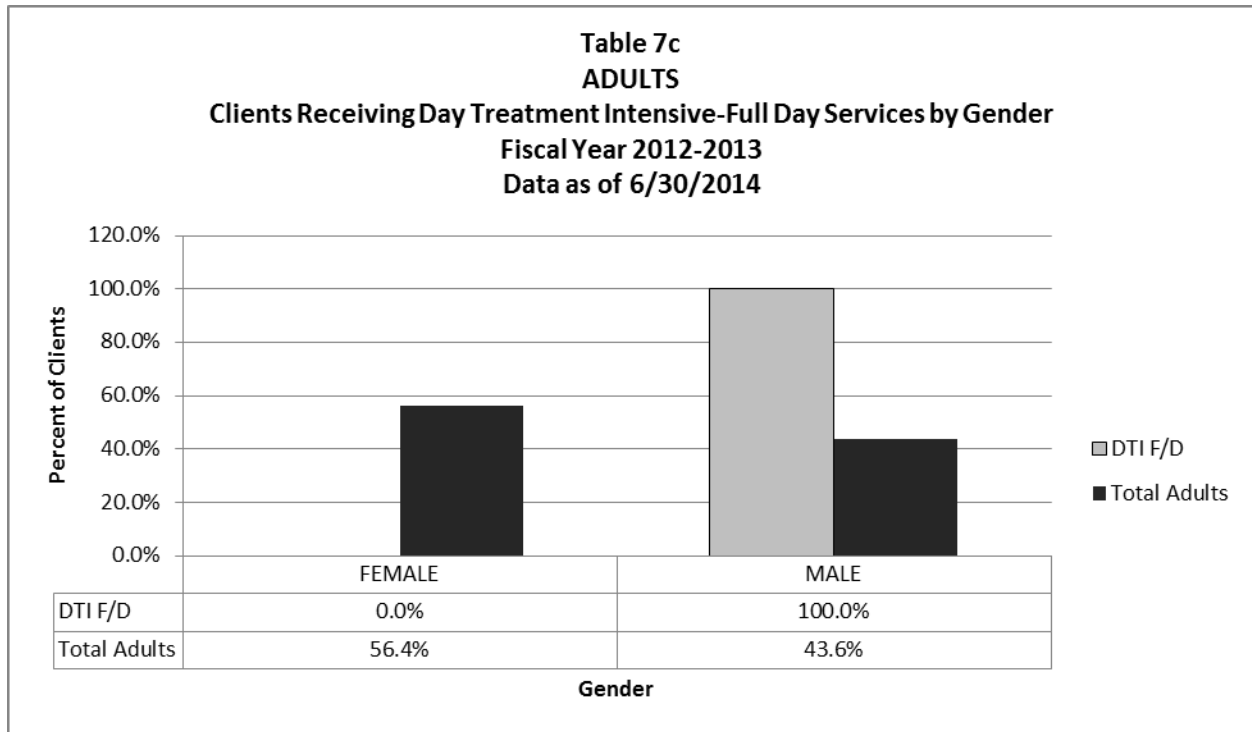
### **Budget Forecast Narrative:**

Costs are expected be zero in FY 2014-15 and FY 2015-16 for Adult Day Treatment Intensive Full Day Services.

### **Client Profile Data:**

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of June 30, 2014. Due to the small sample size, the following charts and tables are not statistically significant.





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

	<b>Number of Clients</b>	<b>Percent of Clients</b>
DAY TX INTENSIVE FULL DAY	1	100.00%
ADULT RESIDENTIAL	1	100.00%
MEDICATION SUPPORT	1	100.00%

**Service Metrics:**

**Table 7e  
Day TX Intensive Full Day-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	1	100%	\$ 11,619
Mean	\$ 11,619	99%	\$ 11,619
Standard Deviation	\$ -	95%	\$ 11,619
Median	\$ 11,619	90%	\$ 11,619
Mode	\$ 11,619	75%	\$ 11,619
Interquartile Range	\$ -	50%	\$ 11,619
		25%	\$ 11,619

**Table 7f  
Day TX Intensive Full Day-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Days</b>
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**

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	61	16	1	2
Number of Days	2,724	428	56	78
Days Per Client	45	27	56	39
Approved Amount	\$465,618	\$74,071	\$11,619	\$19,393

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.



## 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 with the same trend continuing in FY 2015-16.

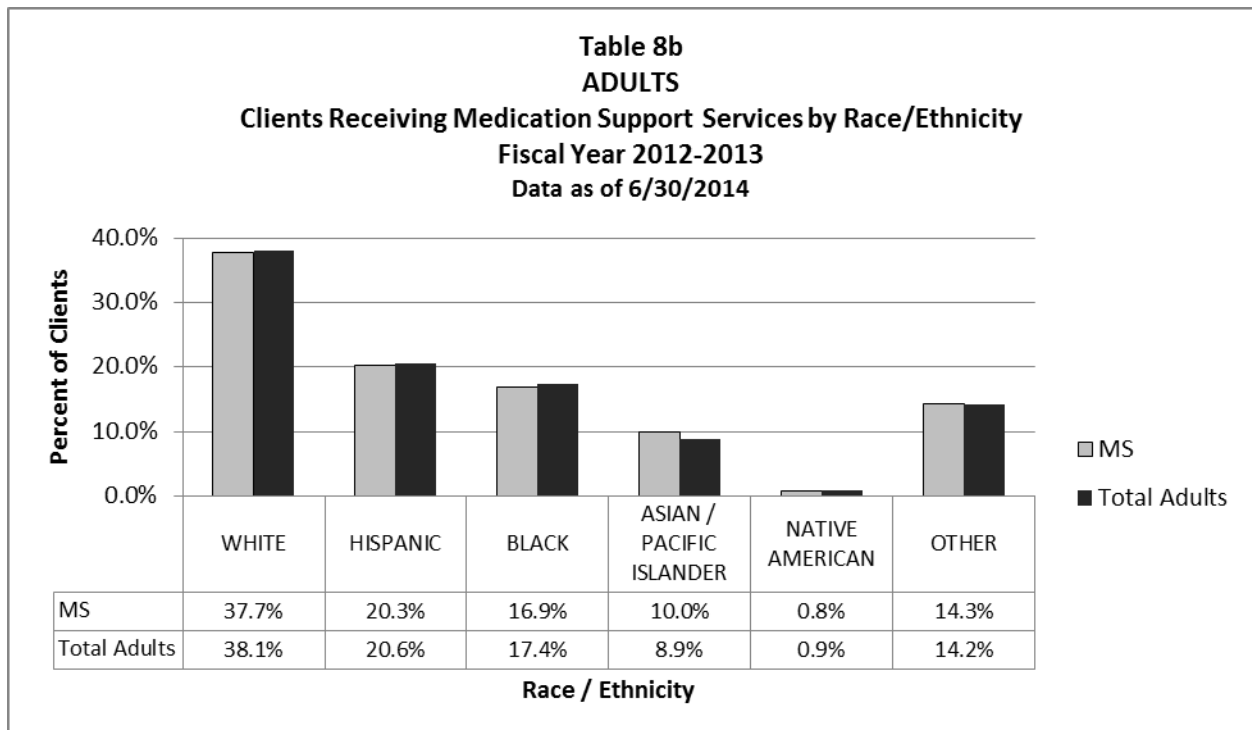
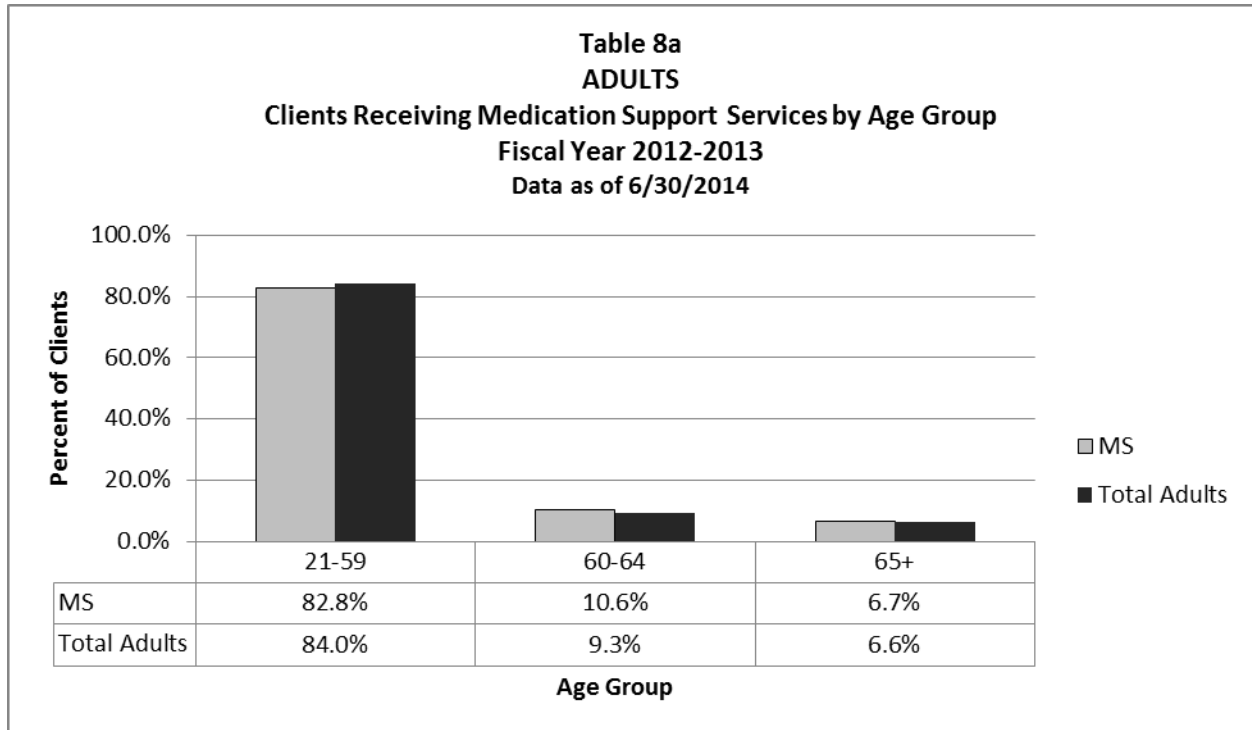
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 189,094,354	163,635
Actual	FY 2010-11	\$ 187,275,527	161,831
Actual	FY 2011-12	\$ 193,023,059	163,942
Actual	FY 2012-13	\$ 227,429,225	163,598
Actual + Forecast	FY 2013-14	\$ 241,453,947	160,233
Forecast	FY 2014-15	\$ 249,784,341	158,181
Forecast	FY 2015-16	\$ 258,114,736	156,125
Actual data as of June 30, 2014			

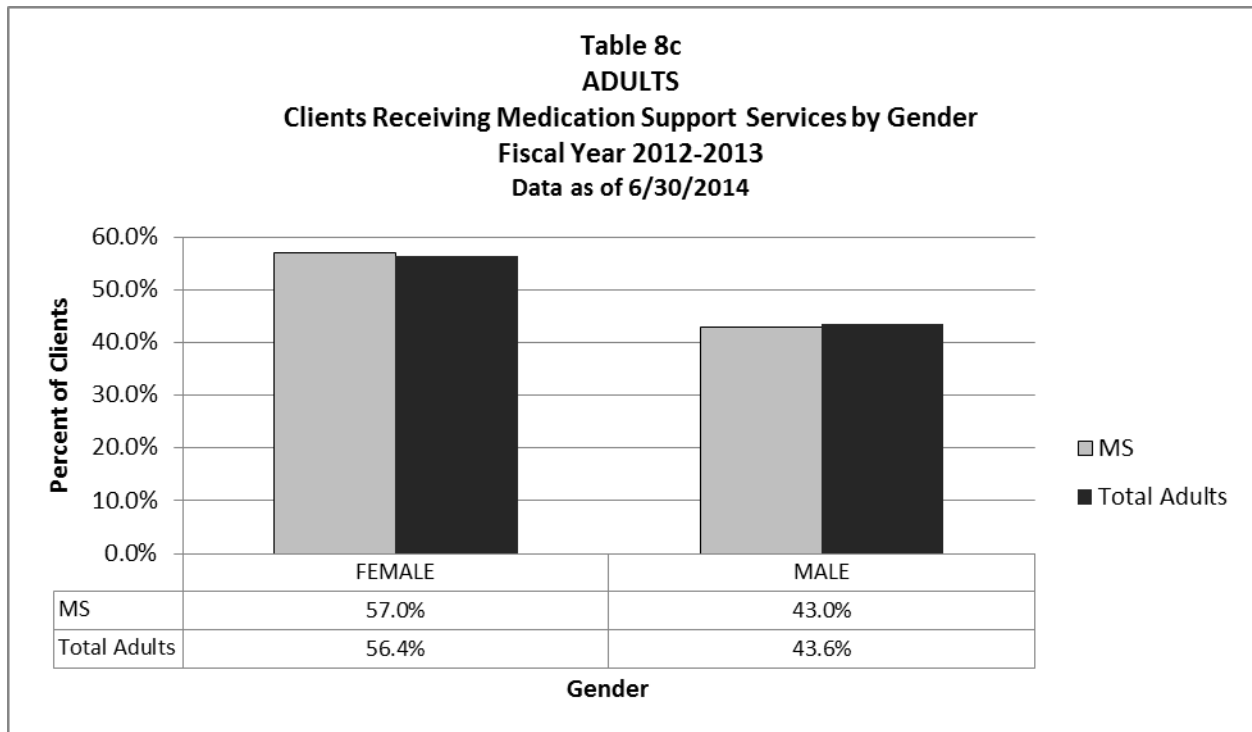
### **Budget Forecast Narrative:**

The Medication Support costs are expected to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
MEDICATION SUPPORT	163,598	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	119,321	72.94%
TARGETED CASE MANAGEMENT	77,861	47.59%
CRISIS INTERVENTION	19,308	11.80%
CRISIS STABILIZATION	12,787	7.82%
FFS-HOSPITAL INPATIENT	10,023	6.13%
HOSPITAL INPATIENT	4,287	2.62%
ADULT CRISIS RESIDENTIAL	3,633	2.22%
PHF	1,873	1.14%
ADULT RESIDENTIAL	993	0.61%
DAY TX REHABILITATIVE FULL DAY	700	0.43%
DAY TX REHABILITATIVE HALF DAY	143	0.09%
DAY TX INTENSIVE FULL DAY	1	0.00%

**Service Metrics:**

**Table 8e  
Medication Support-Adult  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	163,598	100%	\$ 92,966
Mean	\$ 1,390	99%	\$ 10,040
Standard Deviation	\$ 2,160	95%	\$ 4,551
Median	\$ 825	90%	\$ 3,001
Mode	\$ -	75%	\$ 1,548
Interquartile Range	\$ 1,177	50%	\$ 825
		25%	\$ 371

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

Statistic	Amount	Quartile	Time in Minutes
Number of Clients	163,598	100%	19,137
Mean	286	99%	2,069
Standard Deviation	445	95%	915
Median	170	90%	604
Mode	60	75%	313
Interquartile Range	224	50%	170
		25%	89

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	161,831	163,942	163,598	160,233
Number of Minutes	52,841,709	50,514,517	46,776,074	47,541,251
Minutes Per Client	327	308	286	297
Approved Amount	\$187,275,527	\$193,023,059	\$227,429,225	\$241,453,947

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 14,211,935	2,288
Actual	FY 2010-11	\$ 15,450,117	2,400
Actual	FY 2011-12	\$ 17,393,561	2,729
Actual	FY 2012-13	\$ 24,527,254	2,893
Actual + Forecast	FY 2013-14	\$ 30,595,432	3,134
Forecast	FY 2014-15	\$ 33,740,130	3,283
Forecast	FY 2015-16	\$ 36,884,828	3,432

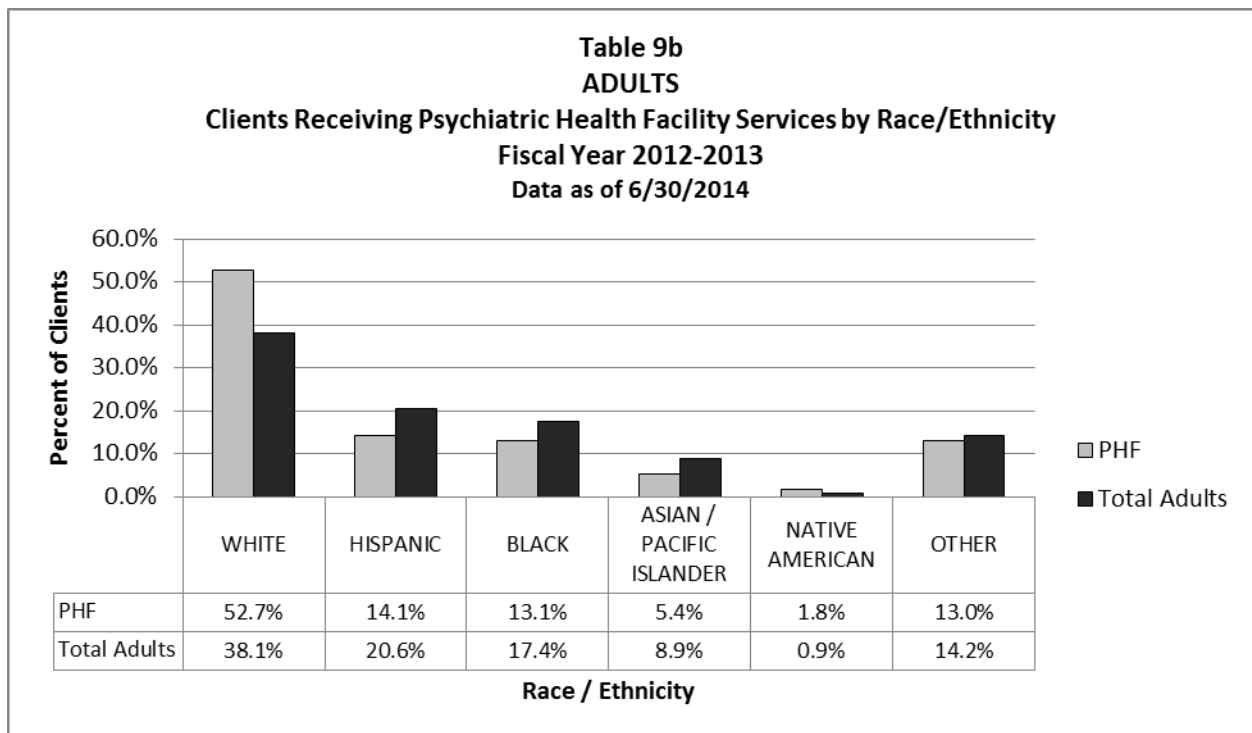
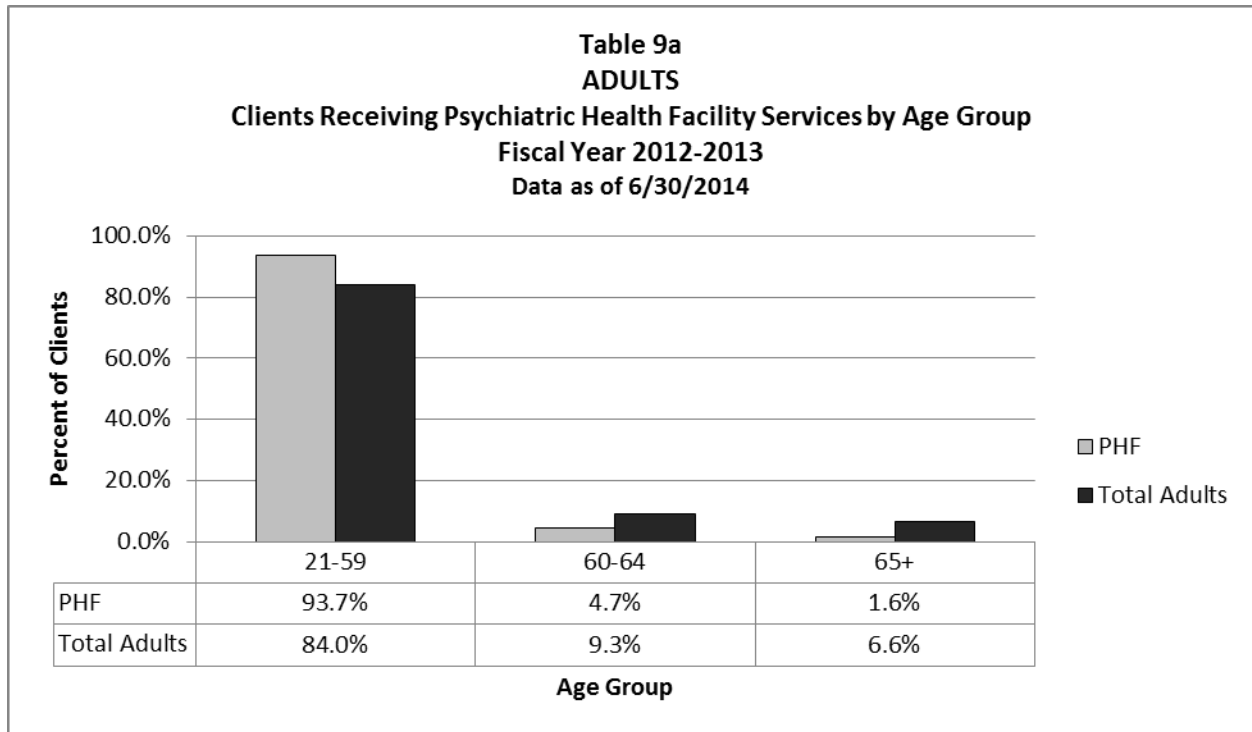
Actual data as of June 30, 2014

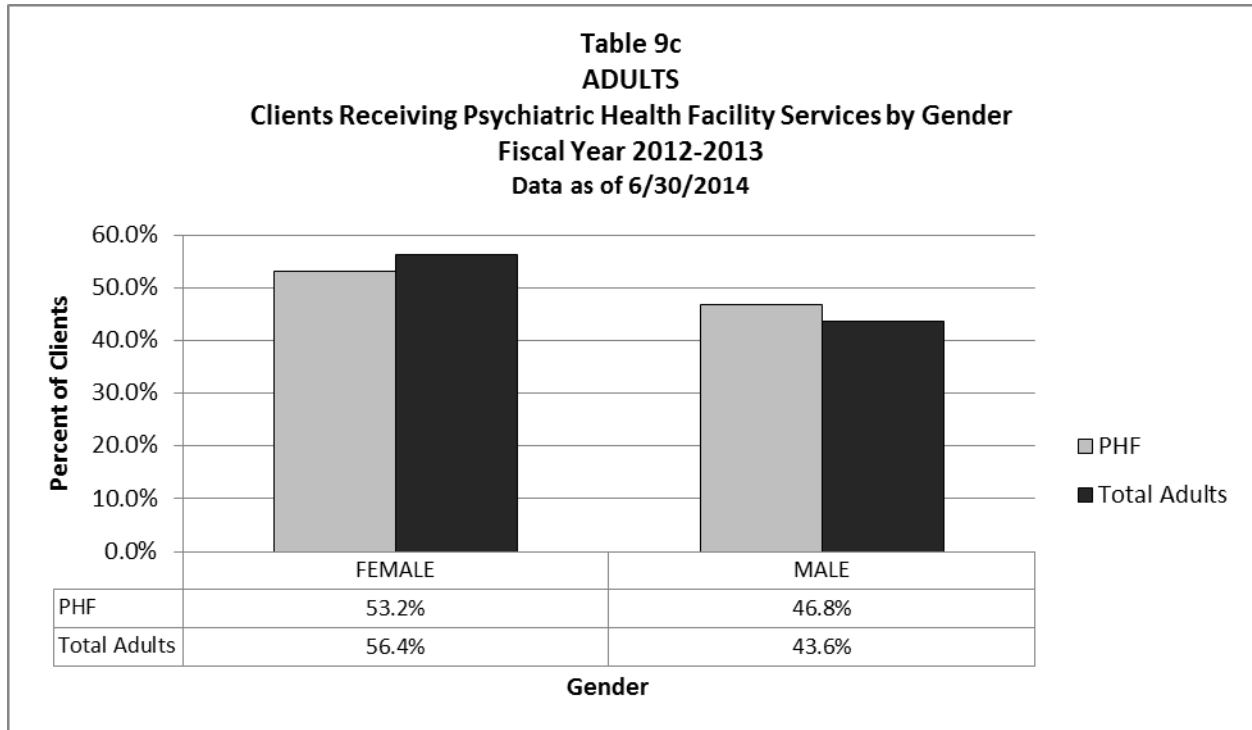
### **Budget Forecast Narrative:**

The total annual costs are expected to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
PHF	2,893	100.00%
MEDICATION SUPPORT	1,873	64.74%
THERAPY AND OTHER SERVICE ACTIVITIES	1,853	64.05%
TARGETED CASE MANAGEMENT	1,805	62.39%
CRISIS INTERVENTION	1,570	54.27%
CRISIS STABILIZATION	1,384	47.84%
ADULT CRISIS RESIDENTIAL	341	11.79%
FFS-HOSPITAL INPATIENT	308	10.65%
HOSPITAL INPATIENT	139	4.80%
ADULT RESIDENTIAL	50	1.73%
DAY TX REHABILITATIVE FULL DAY	19	0.66%

**Service Metrics:**

**Table 9e  
PHF-ADULT  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Amount
Number of Clients	2,893	100%	\$ 209,974
Mean	\$ 8,478	99%	\$ 56,727
Standard Deviation	\$ 12,664	95%	\$ 31,220
Median	\$ 4,054	90%	\$ 21,099
Mode	\$ 1,272	75%	\$ 10,064
Interquartile Range	\$ 8,177	50%	\$ 4,054
		25%	\$ 1,887

**Table 9f  
PHF-ADULT  
Fiscal Year 2012-13**

Statistic	Amount	Quartile	Days
Number of Clients	2,893	100%	258
Mean	13	99%	94
Standard Deviation	20	95%	51
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**

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	2,400	2,729	2,893	3,134
Number of Days	27,499	29,876	37,805	42,834
Days Per Client	11	11	13	14
Approved Amount	\$15,450,117	\$17,393,561	\$24,527,254	\$30,595,432

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.



## 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 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 56,053,797	6,272
Actual	FY 2010-11	\$ 55,554,560	6,085
Actual	FY 2011-12	\$ 55,207,439	6,222
Actual	FY 2012-13	\$ 73,455,958	6,258
Actual + Forecast	FY 2013-14	\$ 68,973,669	5,160
Forecast	FY 2014-15	\$ 70,652,452	4,927
Forecast	FY 2015-16	\$ 72,331,233	4,694

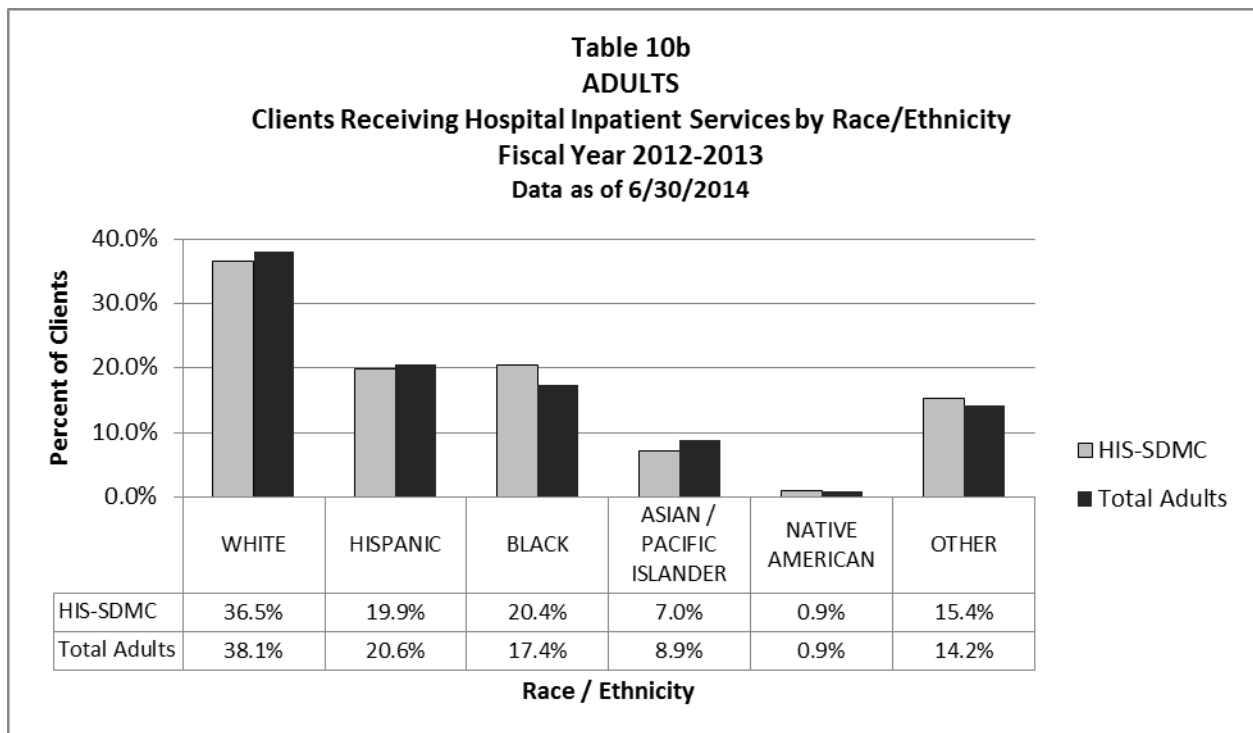
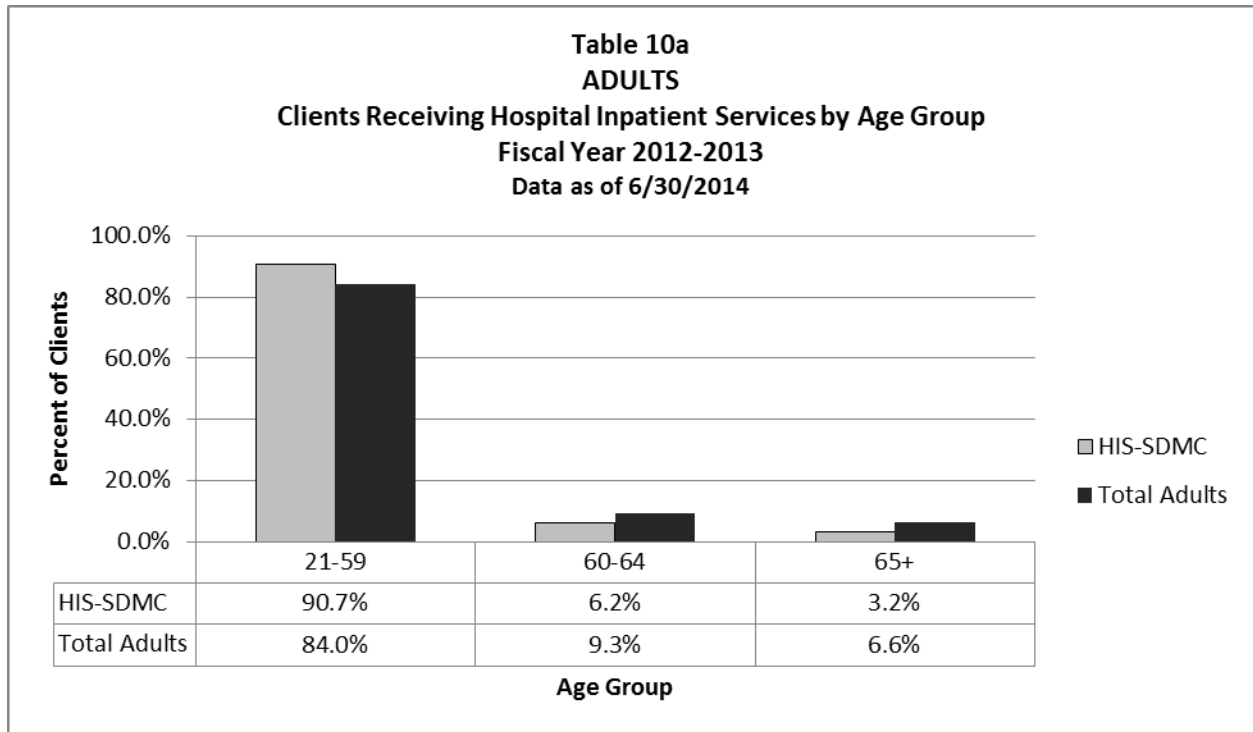
Actual data as of June 30, 2014

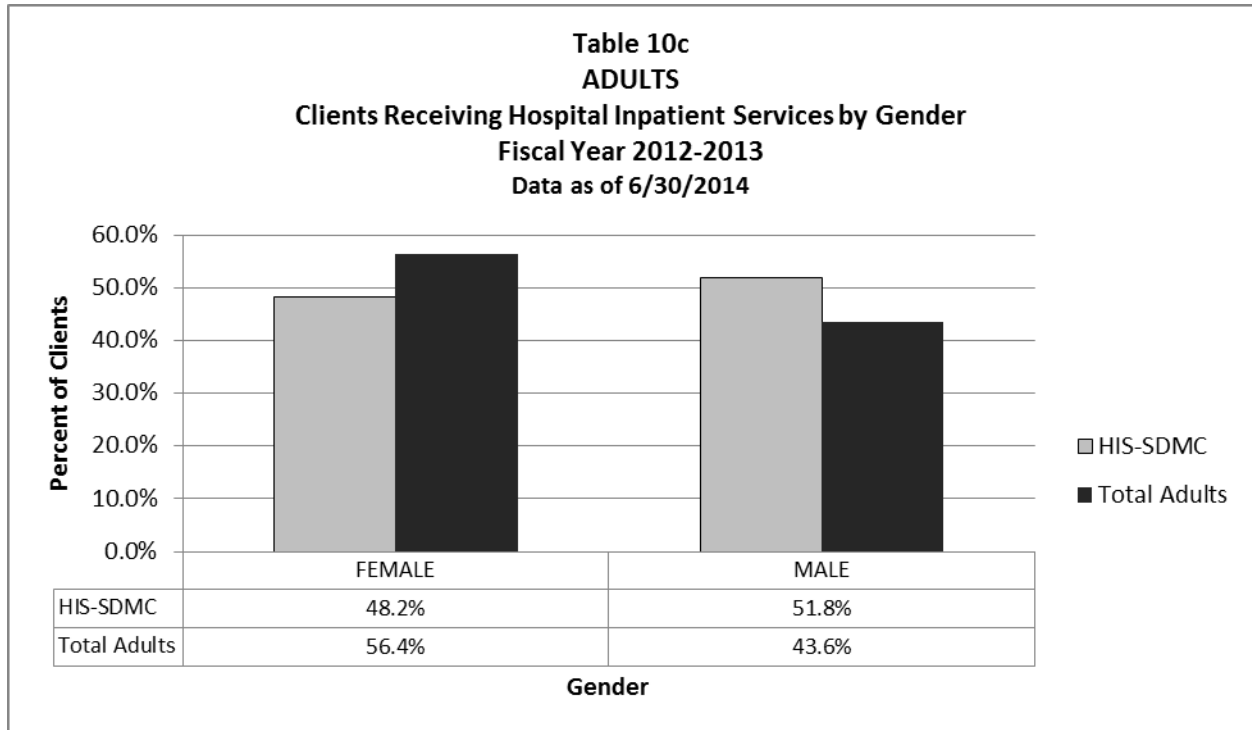
### **Budget Forecast Narrative:**

Costs for Psychiatric Hospital Inpatient Services for FY 2014-15 are forecasted to be slightly higher compared to the prior fiscal year.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
HOSPITAL INPATIENT	6,258	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	4,430	70.79%
MEDICATION SUPPORT	4,287	68.50%
CRISIS STABILIZATION	4,094	65.42%
TARGETED CASE MANAGEMENT	3,154	50.40%
CRISIS INTERVENTION	2,995	47.86%
FFS-HOSPITAL INPATIENT	993	15.87%
ADULT CRISIS RESIDENTIAL	719	11.49%
ADULT RESIDENTIAL	194	3.10%
DAY TX REHABILITATIVE FULL DAY	173	2.76%
PHF	139	2.22%
DAY TX REHABILITATIVE HALF DAY	33	0.53%

**Service Metrics:**

**Table 10e  
Hospital Inpatient-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	6,258	100%	\$ 275,659
Mean	\$ 11,738	99%	\$ 90,960
Standard Deviation	\$ 17,572	95%	\$ 41,695
Median	\$ 5,864	90%	\$ 27,916
Mode	\$ 3,251	75%	\$ 13,227
Interquartile Range	\$ 10,195	50%	\$ 5,864
		25%	\$ 3,032

**Table 10f  
Hospital Inpatient-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	6,258	100%	202
Mean	11	99%	82
Standard Deviation	16	95%	40
Median	5	90%	27
Mode	2	75%	12
Interquartile Range	10	50%	5
		25%	2

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	6,085	6,222	6,258	5,160
Number of Days	72,410	68,888	66,656	55,830
Days Per Client	12	11	11	11
Approved Amount	\$55,554,560	\$55,207,439	\$73,455,958	\$68,973,669

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 90,872,952	101,167
Actual	FY 2010-11	\$ 86,503,389	97,276
Actual	FY 2011-12	\$ 84,917,037	97,221
Actual	FY 2012-13	\$ 103,214,389	96,266
Actual + Forecast	FY 2013-14	\$ 108,621,925	98,115
Forecast	FY 2014-15	\$ 110,614,897	96,872
Forecast	FY 2015-16	\$ 112,607,868	95,632
Actual data as of June 30, 2014			

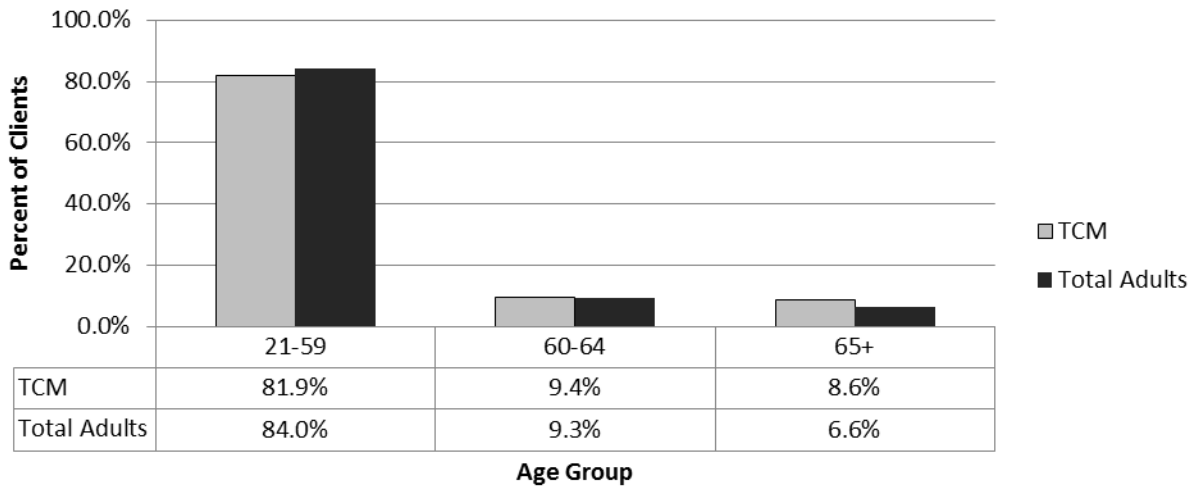
### **Budget Forecast Narrative:**

Costs for Targeted Case Management are forecast to be slightly higher through FY 2014-15 and FY 2015-16.

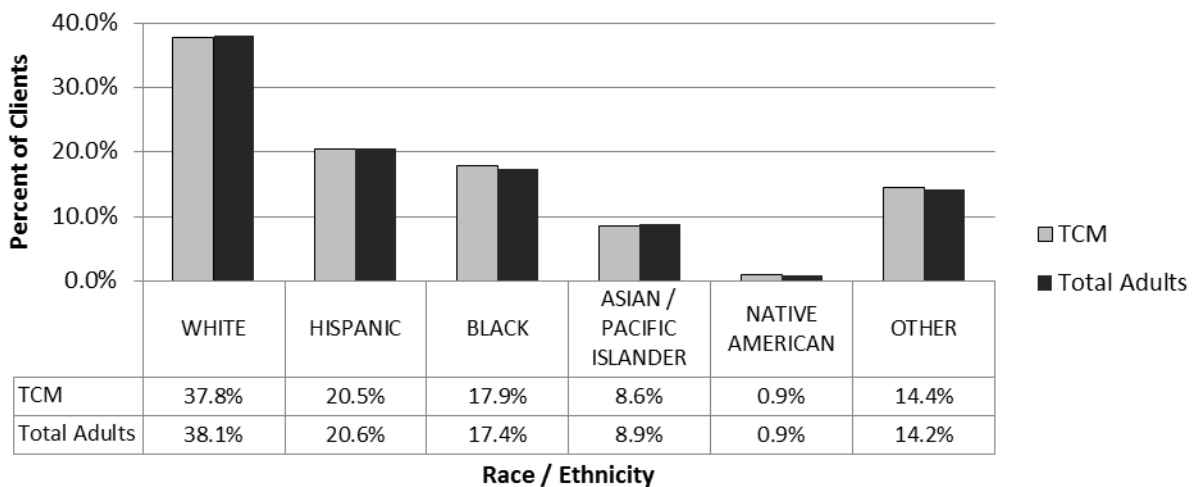
### **Client Profile Data:**

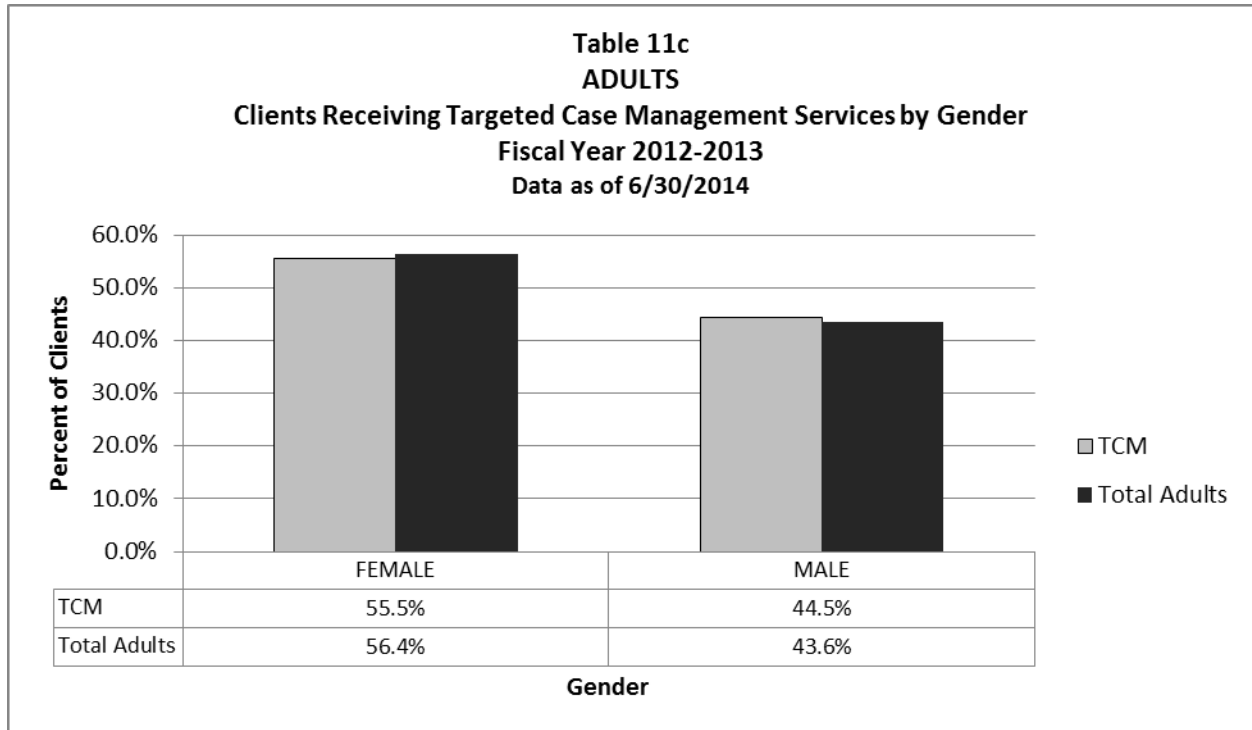
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of June 30, 2014.

**Table 11a**  
**ADULTS**  
**Clients Receiving Targeted Case Management Services by Age Group**  
**Fiscal Year 2012-2013**  
**Data as of 6/30/2014**



**Table 11b**  
**ADULTS**  
**Clients Receiving Targeted Case Management Services by Race/Ethnicity**  
**Fiscal Year 2012-2013**  
**Data as of 6/30/2014**





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
TARGETED CASE MANAGEMENT	96,266	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	83,421	86.66%
MEDICATION SUPPORT	77,861	80.88%
CRISIS INTERVENTION	16,920	17.58%
CRISIS STABILIZATION	10,007	10.40%
FFS-HOSPITAL INPATIENT	6,676	6.93%
HOSPITAL INPATIENT	3,154	3.28%
ADULT CRISIS RESIDENTIAL	2,867	2.98%
PHF	1,805	1.88%
ADULT RESIDENTIAL	1,013	1.05%
DAY TX REHABILITATIVE FULL DAY	713	0.74%
DAY TX REHABILITATIVE HALF DAY	108	0.11%

**Service Metrics:**

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	96,266	100%	\$ 109,726
Mean	\$ 1,072	99%	\$ 11,062
Standard Deviation	\$ 2,395	95%	\$ 4,489
Median	\$ 323	90%	\$ 2,651
Mode	\$ 74	75%	\$ 987
Interquartile Range	\$ 866	50%	\$ 323
		25%	\$ 121

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

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Time in Minutes</b>
Number of Clients	96,266	100%	25,842
Mean	450	99%	4,271
Standard Deviation	891	95%	1,912
Median	148	90%	1,158
Mode	30	75%	442
Interquartile Range	386	50%	148
		25%	56

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	97,276	97,221	96,266	98,115
Number of Minutes	46,113,027	49,367,150	43,352,285	44,099,662
Minutes Per Client	474	508	450	449
Approved Amount	\$86,503,389	\$84,917,037	\$103,214,389	\$108,621,925

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.



## 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 2009-10	\$ 302,773,513	162,397
Actual	FY 2010-11	\$ 307,602,063	160,894
Actual	FY 2011-12	\$ 325,530,783	165,965
Actual	FY 2012-13	\$ 380,031,177	171,228
Actual + Forecast	FY 2013-14	\$ 404,351,225	173,040
Forecast	FY 2014-15	\$ 420,555,536	173,040
Forecast	FY 2015-16	\$ 436,759,851	173,040

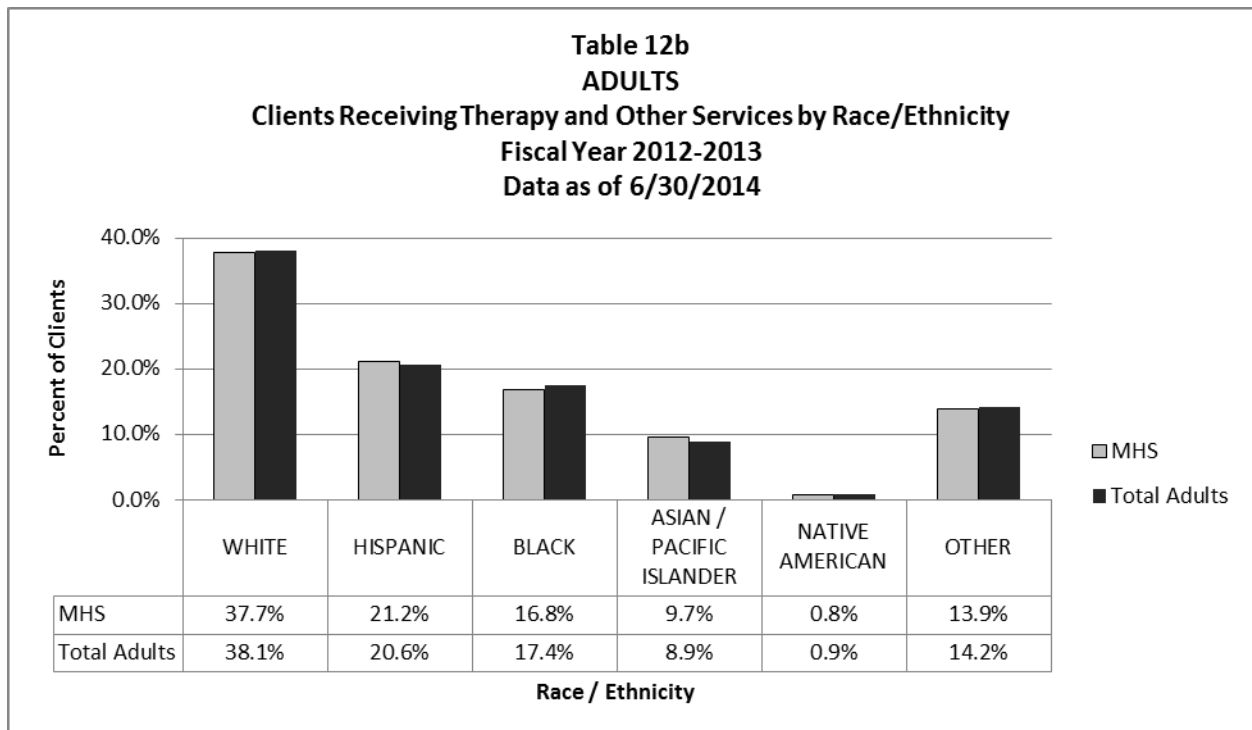
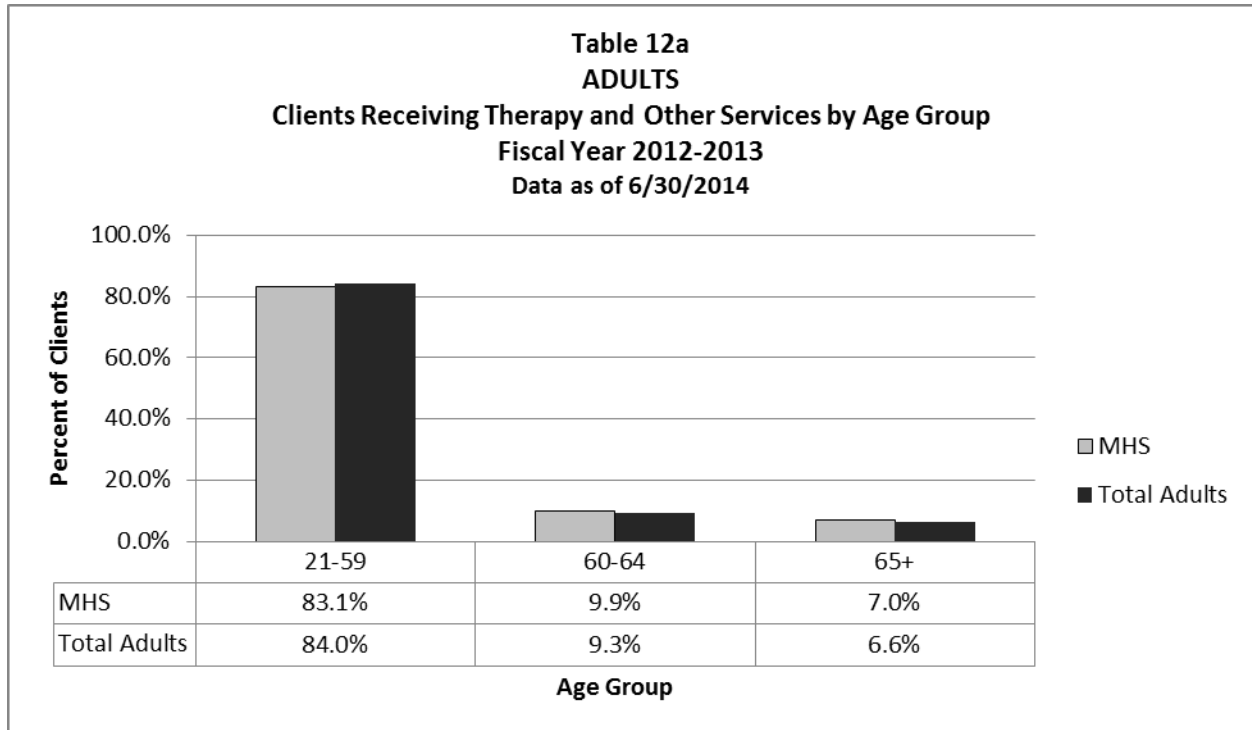
Actual data as of June 30, 2014

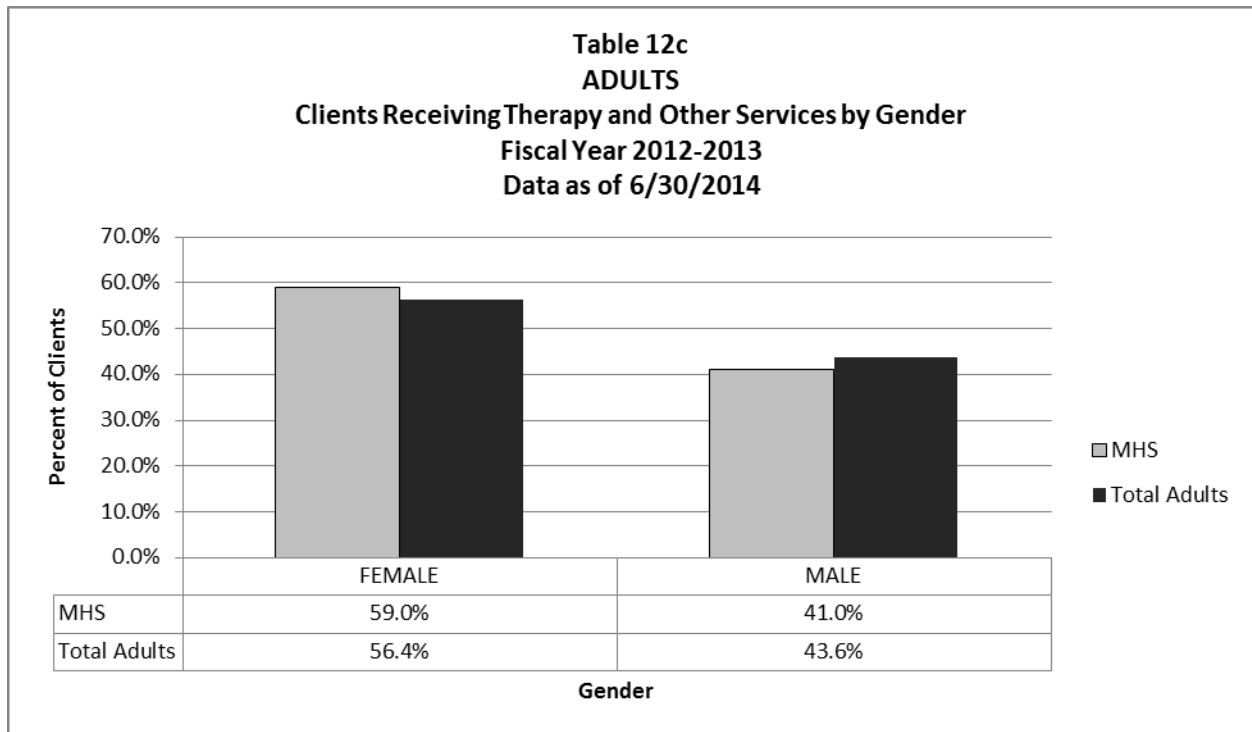
**Budget Forecast Narrative:**

Costs for Therapy and Other Service Activities are forecast to increase through FY 2014-15 and 2015-16. The identical number of adult clients forecasted for FY 14-15 and FY 15-16 is an artifact of the mathematics inherent in the Auto-Regressive Integrated Moving Average (ARIMA) model, which produces forecasts using time series data. Factors contributing to these results include: nearly identical client counts for the fiscal years at the beginning and end of the 70 month cycle which minimized the effect of any growth or decline within the trend line, stable monthly patterns within and across fiscal years, and the close relationship between the previous year's actual monthly counts and the following year's forecasted monthly counts. Any potential effects of the Affordable Care Act on the forecast are not included due to the newness of the program and lack of claims data.

**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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
THERAPY AND OTHER SERVICE ACTIVITIES	171,228	100.00%
MEDICATION SUPPORT	119,321	69.69%
TARGETED CASE MANAGEMENT	83,421	48.72%
CRISIS INTERVENTION	20,550	12.00%
CRISIS STABILIZATION	13,813	8.07%
FFS-HOSPITAL INPATIENT	11,952	6.98%
HOSPITAL INPATIENT	4,430	2.59%
ADULT CRISIS RESIDENTIAL	3,101	1.81%
PHF	1,853	1.08%
ADULT RESIDENTIAL	1,035	0.60%
DAY TX REHABILITATIVE FULL DAY	713	0.42%
DAY TX REHABILITATIVE HALF DAY	139	0.08%

**Service Metrics:**

**Table 12e  
Mental Health Service-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	171,228	100%	\$ 104,169
Mean	\$ 2,219	99%	\$ 20,148
Standard Deviation	\$ 4,219	95%	\$ 9,571
Median	\$ 700	90%	\$ 5,972
Mode	\$ 53	75%	\$ 2,216
Interquartile Range	\$ 1,943	50%	\$ 700
		25%	\$ 274

**Table 12f  
Mental Health Service-Adult  
Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Time in Minutes</b>
Number of Clients	171,228	100%	55,037
Mean	859	99%	7,655
Standard Deviation	1,622	95%	3,564
Median	189	90%	2,214
Mode	300	75%	875
Interquartile Range	755	50%	300
		25%	120

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

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	160,894	165,965	171,228	173,040
Number of Minutes	165,656,715	157,339,738	147,042,990	150,481,284
Minutes Per Client	1,030	948	859	866
Approved Amount	\$307,602,063	\$325,530,783	\$380,031,177	\$404,351,225

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.

## 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 and FY 2015-16.

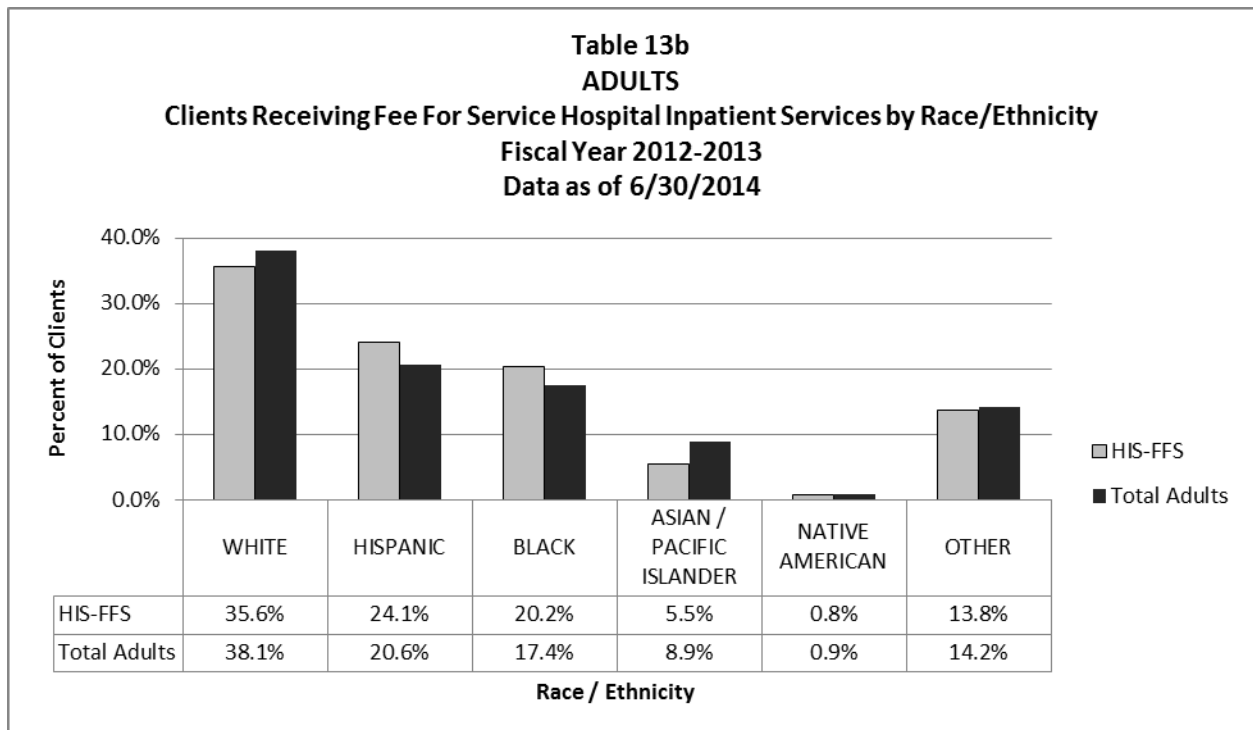
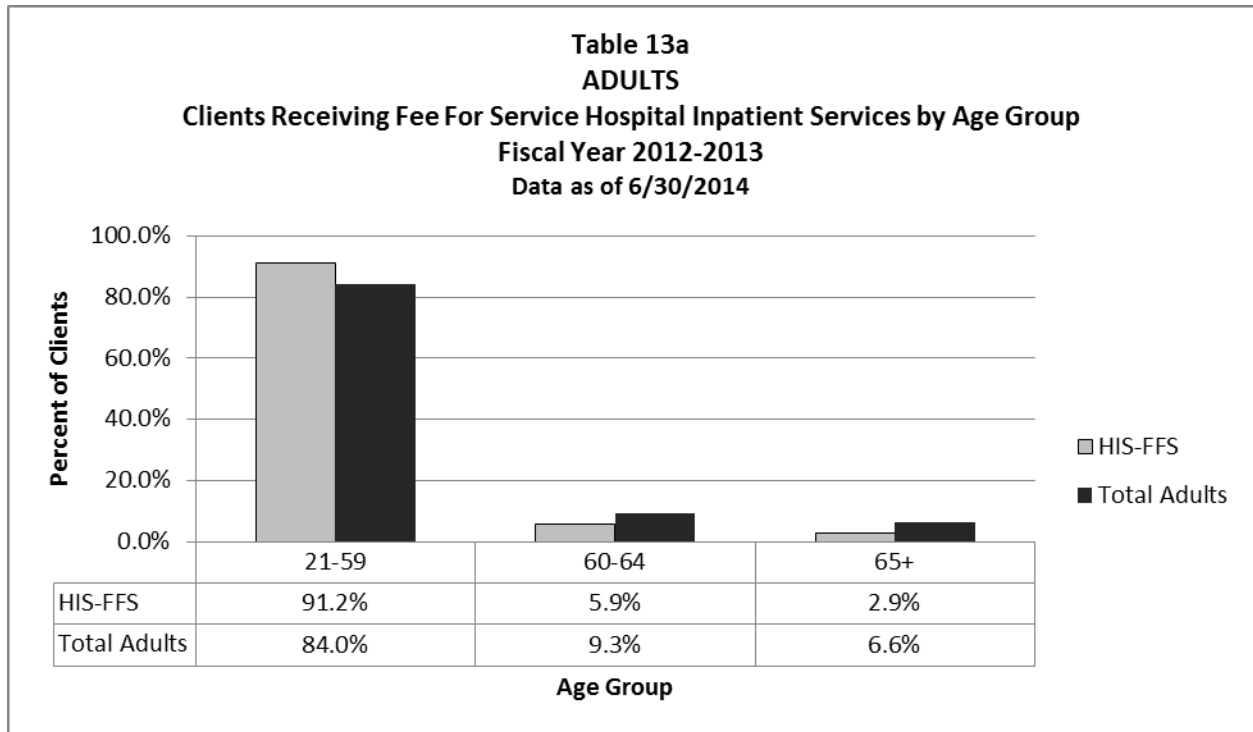
<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2009-10	\$ 111,894,622	14,376
Actual	FY 2010-11	\$ 121,181,877	14,712
Actual	FY 2011-12	\$ 131,364,939	14,208
Actual	FY 2012-13	\$ 142,594,659	14,945
Actual + Forecast	FY 2013-14	\$ 134,808,463	13,649
Forecast	FY 2014-15	\$ 139,848,684	13,546
Forecast	FY 2015-16	\$ 144,888,909	13,445

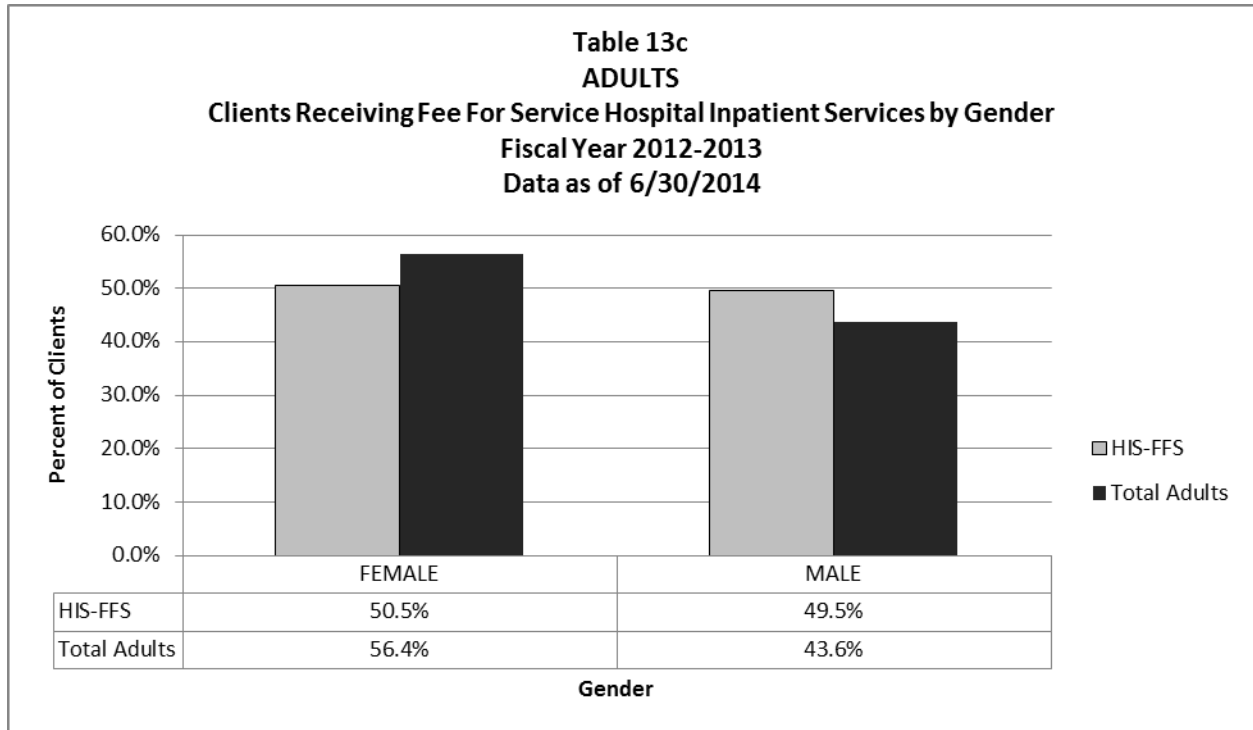
### **Budget Forecast Narrative:**

Costs for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2014-15 and FY 2015-16.

### **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 June 30, 2014.





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

	<b>Number of Clients</b>	<b>Percent Clients</b>
FFS-HOSPITAL INPATIENT	14,945	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	11,952	79.97%
MEDICATION SUPPORT	10,023	67.07%
TARGETED CASE MANAGEMENT	6,676	44.67%
CRISIS INTERVENTION	5,971	39.95%
CRISIS STABILIZATION	4,890	32.72%
ADULT CRISIS RESIDENTIAL	1,037	6.94%
HOSPITAL INPATIENT	993	6.64%
PHF	308	2.06%
ADULT RESIDENTIAL	126	0.84%
DAY TX REHABILITATIVE FULL DAY	71	0.48%
DAY TX REHABILITATIVE HALF DAY	18	0.12%



**Service Metrics:**

**Table 13e**  
**FFS-Hospital Inpatient-Adult**  
**Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Amount</b>
Number of Clients	14,945	100%	\$ 240,655
Mean	\$ 9,541	99%	\$ 81,409
Standard Deviation	\$ 16,347	95%	\$ 35,802
Median	\$ 4,184	90%	\$ 21,966
Mode	\$ 1,569	75%	\$ 9,750
Interquartile Range	\$ 7,658	50%	\$ 4,184
		25%	\$ 2,092

**Table 13f**  
**FFS-Hospital Inpatient-Adult**  
**Fiscal Year 2012-13**

<b>Statistic</b>	<b>Amount</b>	<b>Quartile</b>	<b>Days</b>
Number of Clients	14,945	100%	405
Mean	15	99%	131
Standard Deviation	25	95%	55
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**

<b>Data Type</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014*</b>
Number of Clients	14,712	14,208	14,945	13,649
Number of Days	201,725	210,613	217,463	196,110
Days Per Client	14	15	15	14
Approved Amount	\$121,181,877	\$131,364,939	\$142,594,659	\$134,808,463

\*FY 2013-14 year numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2014.