

Department of Health Care Services

Medi-Cal Specialty Mental Health Services

May Estimate

Policy Change Supplement

For Fiscal Years

2017-18 and 2018-19

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Executive Summary

The Medi-Cal Specialty Mental Health Services (SMHS) Supplement is required by Welfare and Institutions Code, Section 14100.51, to be submitted to the Legislature each year, by January 10 and concurrently with the release of the May Revision. This supplemental information provides children's and adults' caseloads and FY 2018-19 forecasts by service type, explanations of changes to these forecasts, fiscal charts containing children's and adults' claim costs and unduplicated client counts, and summary fiscal charts for the current-year and budget-year.

Specialty Mental Health Services, PC 63 and 64

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be \$2.168 billion for the current year and grow by 6.0% to \$2.297 billion for budget year. The unduplicated number of children receiving specialty mental health services from Short-Doyle Medi-Cal (SD/MC) and the unduplicated number of children receiving Fee-For-Service Medi-Cal (FFS/MC) is projected to grow 4.5% from 326,781 in the current year to 341,381 in the budget year.

Adult services are also expected to grow 9.0% from a current year projection of \$2.073 billion to a budget year projection of \$2.262 billion in budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers and the unduplicated number of adults receiving Specialty Mental Health Services through FFS/MC providers is projected to increase 6.9% from 406,878 in the current year to 434,883 in the budget year. These numbers include claims from the Affordable Care Act (ACA) optional expansion.

Service Descriptions

Overview

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

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

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

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

*Includes Children Age 18 through 20

Service Descriptions

Adult Crisis Residential Services (CRS)

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

Adult Residential Treatment Services

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

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 timelier response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy.

Day Rehabilitation (Half-Day & Full-Day)

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

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.

Intensive Care Coordination (ICC)

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

Intensive Home Based Services (IHBS)

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

Medication Support

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

Psychiatric Health Facility (PHF) Services

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

Psychiatric Inpatient Hospital Services

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

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

Targeted Case Management (TCM)

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

Therapeutic Behavioral Services (TBS)

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these

services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

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

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

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to assistance improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills and support resources; and/or 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, which was in effect from December 2011 through December 2014, outlined a series of actions that were 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 specified that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). County MHPs are obligated to provide ICC, IHBS, and TFC through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. MHPs provide ICC and IHBS and claim federal reimbursement through the SDMC claiming system.

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

While the Katie A. Settlement concerned children and youth in foster care or at imminent risk of placement in foster care, membership in the Katie A. class or subclass is not a prerequisite for receiving medically necessary ICC, IHBS, and TFC and other related services for EPSDT-eligible children.

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This May budget estimate contains actual claims data for ICC and IHBS claims received through December 31, 2017.

The TFC services model was implemented on January 1, 2017.

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 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.

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.

Specialty Mental Health Services Program- Children ServiceCosts – Cash Comparison: FY2017-18

Children			(In thousands)					
POLICY CHANGE			Nov 2017 Est for FY 2017-18		May 2018 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$0	\$0	\$0	\$0	\$0	\$0
Base	64	SMHS FOR CHILDREN	\$37,916	\$1,186,816	\$38,717	\$1,266,640	\$801	\$79,824
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$0	\$118,158	\$0	\$35,558	\$0	-\$82,600
Regular	66	PATHWAYS TO WELL -BEING	\$0	\$12,982	\$0	\$11,734	\$0	-\$1,285
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$6,922	\$5,383	\$4,020	\$2,479	-\$2,902	-\$2,904
Regular	68	TRANSITIONAL SMHS CLAIMS	\$755	\$0	\$0	\$0	-\$755	\$0
Regular	69	LATE CLAIMS FOR SMHS	\$2	\$0	\$2	\$0	\$0	\$0
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$0	\$0	\$0	\$0	\$0	\$0
Regular	71	CHART REVIEW	\$0	-\$578	\$0	-\$558	\$0	\$20
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$377	-\$2,940	\$20,710	-\$5,840	\$20,333	-\$2,900
Regular	199	IMD ANCILLARY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$0	\$6,369	\$0	\$6,677	\$0	\$308
Other	8	SMH MAA	\$0	\$17,951	\$0	\$19,652	\$0	\$1,701
Other	10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$3,520	\$7,042	\$851	\$1,702	-\$2,669	-\$5,340
Other	11	SMHS COUNTY UR & QA ADMIN	\$217	\$14,596	\$165	\$15,945	-\$52	\$1,349
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$6,227	\$7,556	\$0	\$0	-\$6,227	-\$7,556
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$402	\$0	-\$749	\$0	-\$1,151
Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$0	\$0	\$0	\$0	\$0	\$0
Total Children			\$55,936	\$1,373,737	\$64,465	\$1,353,240	\$8,529	-\$20,497

Specialty Mental Health Services Program- Adult ServiceCosts – Cash Comparison: FY2017-18

Adults			(In thousands)					
POLICY CHANGE			Nov 2017 Est for FY 2017-18		May 2018 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ 97,535	\$ 1,413,242	\$ 97,814	\$ 1,422,274	\$ 279	\$ 9,032
Base	64	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ 147,963	\$ -	\$ 44,528	\$ -	\$(103,435)
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ 755	\$ -	\$ 0	\$ -	\$ (755)	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ 2	\$ -	\$ 2	\$ -	\$ -	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	CHART REVIEW	\$ -	\$ (1,228)	\$ -	\$ (1,185)	\$ -	\$ 43
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (1,424)	\$ -	\$ (2,830)	\$ -	\$ (1,406)
Regular	199	IMD ANCILLARY SERVICES	\$ 23,022	\$ (23,022)	\$ 3,714	\$ (3,714)	\$(19,308)	\$ 19,308
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 96,860	\$ -	\$ 120,041	\$ -	\$ 23,181
Other	8	SMH MAA	\$ -	\$ 11,143	\$ -	\$ 12,199	\$ -	\$ 1,056
Other	10	MANAGED CARE REGULATIONS - M H	\$ 4,480	\$ 8,963	\$ 1,082	\$ 2,166	\$ (3,398)	\$ (6,797)
Other	11	SMHS COUNTY UR & QA ADMIN	\$ 131	\$ 8,829	\$ 100	\$ 9,645	\$ (31)	\$ 816
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 1,430	\$ -	\$ (2,663)	\$ -	\$ (4,093)
Other	109	MANAGED CARE REGULATIONS - MH PARITY						
Total Adults			\$ 125,925	\$ 1,662,756	\$ 102,712	\$ 1,600,461	\$(23,213)	\$ (62,295)

(1) The GF amounts for PC 63 and PC 64 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary and specialty mental health services provided to beneficiaries enrolled in ACA aid codes.

Specialty Mental Health Services Program- Children and Adult Service Costs – Cash Comparison: FY2017-18

Healthy Families Program			(In thousands)					
POLICY CHANGE		DESCRIPTION	Nov 2017 Est for FY 2017-18		May 2018 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.		GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	64	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 15	\$ -	\$ (300)	\$ -	\$ (315)
Regular	199	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	8	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	10	MANAGED CARE REGULATIONS - M H	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	11	SMHS COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (37,655)	\$ -	\$ 724	\$ -	\$ 38,379
Other	109	MANAGED CARE REGULATIONS - MH PARITY						
Total Healthy Families Program			\$ -	\$ (37,640)	\$ -	\$ 424	\$ -	\$ 38,064

Specialty Mental Health Services Program- Children and Adult ServiceCosts – Cash Comparison: FY2017-18

Grand Total		(In thousands)						
POLICY CHANGE		Nov 2017 Est for FY 2017-18		May 2018 Est for FY 2017-18		DIFFERENCE		
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ 97,535	\$1,413,242	\$ 97,814	\$ 1,422,274	\$ 279	\$ 9,032
Base	64	SMHS FOR CHILDREN	\$ 37,916	\$1,186,816	\$ 38,717	\$ 1,266,640	\$ 801	\$ 79,824
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ 266,121	\$ -	\$ 80,086	\$ -	\$(186,035)
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ 12,982	\$ -	\$ 11,734	\$ -	\$ (1,248)
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ 6,922	\$ 5,383	\$ 4,020	\$ 2,479	\$ (2,902)	\$ (2,904)
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ 1,510	\$ -	\$ -	\$ -	\$ (1,510)	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ 4	\$ -	\$ 4	\$ -	\$ -	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	CHART REVIEW	\$ -	\$ (1,806)	\$ -	\$ (1,743)	\$ -	\$ 63
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 377	\$ (4,349)	\$ 20,710	\$ (8,970)	\$ 20,333	\$ (4,621)
Regular	199	IMD ANCILLARY SERVICES	\$ 23,022	\$ (23,022)	\$ 3,714	\$ (3,714)	\$(19,308)	\$ 19,308
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 103,229	\$ -	\$ 126,718	\$ -	\$ 23,489
Other	8	SMH MAA	\$ -	\$ 29,094	\$ -	\$ 31,851	\$ -	\$ 2,757
Other	10	MANAGED CARE REGULATIONS - M H	\$ 8,000	\$ 16,005	\$ 1,933	\$ 3,868	\$ (6,067)	\$ (12,137)
Other	11	SMHS COUNTY UR & QA ADMIN	\$ 348	\$ 23,425	\$ 265	\$ 25,590	\$ (83)	\$ 2,165
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ 6,227	\$ 7,556	\$ 0	\$ 0	\$ (6,227)	\$ (7,556)
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (35,823)	\$ -	\$ (2,688)	\$ -	\$ 33,135
Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total			\$ 181,861	\$2,998,853	\$ 167,177	\$ 2,954,125	\$(14,684)	\$ (44,728)

Specialty Mental Health Services Program- Children ServiceCosts – Cash Comparison: FY2017-18 vs FY2018-19

Children			(In thousands)					
<u>POLICY CHANGE</u>			May 2018 Est for FY 2017-18		May 2018 Est for FY 2018-19		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	64	SMHS FOR CHILDREN	\$ 38,717	\$ 1,266,640	\$ 41,647	\$1,268,854	\$ 2,930	\$ 2,214
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ 35,558	\$ -	\$ 45,389	\$ -	\$ 9,831
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ 11,734	\$ -	\$ 14,475	\$ -	\$ 2,741
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ 4,020	\$ 2,479	\$ 10,717	\$ 9,177	\$ 6,697	\$ 6,698
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ 0	\$ -	\$ 272	\$ -	\$ 272	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ 2	\$ -	\$ 13	\$ -	\$ 11	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ 483	\$ (483)	\$ 483	\$ (483)
Regular	71	CHART REVIEW	\$ -	\$ (558)	\$ -	\$ (168)	\$ -	\$ 390
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 20,710	\$ (5,840)	\$ 3,186	\$ 32,875	\$(17,524)	\$ 38,715
Regular	199	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 6,677	\$ -	\$ 7,400	\$ -	\$ 723
Other	8	SMH MAA	\$ -	\$ 19,652	\$ -	\$ 20,876	\$ -	\$ 1,224
Other	10	MANAGED CARE REGULATIONS - M H	\$ 851	\$ 1,702	\$ 3,301	\$ 6,602	\$ 2,450	\$ 4,900
Other	11	SMHS COUNTY UR & QA ADMIN	\$ 165	\$ 15,945	\$ 594	\$ 17,269	\$ 429	\$ 1,324
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$	\$	\$ 6,414	\$ 7,907	\$ 6,414	\$ 7,907
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (749)	\$ -	\$ 13,482	\$ -	\$ 14,231
Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$ -	\$ -	\$ 929	\$ 5,575	\$ 929	\$ 5,575
Total Children			\$ 64,465	\$ 1,353,240	\$ 67,556	\$1,449,230	\$ 3,091	\$ 95,990

Specialty Mental Health Services Program- Adult ServiceCosts – Cash Comparison: FY2017-18 vs FY2018-19

Adults			(In thousands)					
POLICY CHANGE		DESCRIPTION	May 2018 Est for FY 2017-18		May 2018 Est for FY 2018-19		DIFFERENCE	
TYPE	NO.		GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ 97,814	\$ 1,422,274	\$ 119,874	\$ 1,440,274	\$ 22,060	\$ 18,000
Base	64	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ 44,528	\$ -	\$ 55,159	\$ -	\$ 10,631
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ 0	\$ -	\$ 272	\$ -	\$ 272	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ 2	\$ -	\$ 12	\$ -	\$ 10	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ 572	\$ (572)	\$ 572	\$ (572)
Regular	71	CHART REVIEW	\$ -	\$ (1,185)	\$ -	\$ (502)	\$ -	\$ 683
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (2,830)	\$ -	\$ 32,874	\$ -	\$ 35,704
Regular	199	IMD ANCILLARY SERVICES	\$ 3,714	\$ (3,714)	\$ 30,340	\$ (30,340)	\$ 26,626	\$ (26,626)
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 120,041	\$ -	\$ 122,954	\$ -	\$ 2,913
Other	8	SMH MAA	\$ -	\$ 12,199	\$ -	\$ 12,958	\$ -	\$ 759
Other	10	MANAGED CARE REGULATIONS – M H	\$ 1,082	\$ 2,166	\$ 4,201	\$ 8,403	\$ 3,119	\$ 6,237
Other	11	SMHS COUNTY UR & QA ADMIN	\$ 100	\$ 9,645	\$ 359	\$ 10,445	\$ 259	\$ 800
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (2,663)	\$ -	\$ 12,954	\$ -	\$ 15,617
Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$ -	\$ -	\$ 2,042	\$ 12,253	\$ 2,042	\$ 12,253
Total Adults			\$ 102,712	\$ 1,600,461	\$ 157,672	\$ 1,676,860	\$ 54,960	\$ 76,399

(1) The GF amounts for PC 63 and PC 64 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary and specialty mental health services provided to beneficiaries enrolled in ACA aid codes.

Specialty Mental Health Services Program- Children and Adult Service Costs – Cash Comparison: FY2017-18 vs FY2018-19

Healthy Families Program			(In thousands)					
POLICY CHANGE		DESCRIPTION	May 2018 Est for FY 2017-18		May 2018 Est for FY 2018-19		DIFFERENCE	
TYPE	NO.		GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Base	64	SMHS FOR CHILDREN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	71	CHART REVIEW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (300)	\$ -	\$ (250)	\$ -	\$ 50
Regular	199	IMD ANCILLARY SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	8	SMH MAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	11	SMHS COUNTY UR & QA ADMIN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ 724	\$ -	\$ 309	\$ -	\$ (415)

Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Healthy Families Program			\$ -	\$ 424	\$ -	\$ 59	\$ -	\$ (365)

Specialty Mental Health Services Program- Children and Adult Service Costs – Cash Comparison: FY2017-18 vs FY2018-19

Grand Total			(In thousands)					
POLICY CHANGE			May 2018 Est for FY 2017-18		May 2018 Est for FY 2018-19		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	63	SMHS FOR ADULTS	\$ 97,814	\$ 1,422,274	\$ 119,874	\$ 1,440,274	\$ 22,060	\$ 18,000
Base	64	SMHS FOR CHILDREN	\$ 38,717	\$ 1,266,640	\$ 41,647	\$ 1,268,854	\$ 2,930	\$ 2,214
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	\$ -	\$ 80,086	\$ -	\$ 100,548	\$ -	\$ 20,462
Regular	66	PATHWAYS TO WELL -BEING	\$ -	\$ 11,734	\$ -	\$ 14,475	\$ -	\$ 2,741
Regular	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$ 4,020	\$ 2,479	\$ 10,717	\$ 9,177	\$ 6,697	\$ 6,698
Regular	68	TRANSITIONAL SMHS CLAIMS	\$ 0	\$ -	\$ 544	\$ -	\$ 544	\$ -
Regular	69	LATE CLAIMS FOR SMHS	\$ 4	\$ -	\$ 25	\$ -	\$ 21	\$ -
Regular	70	SISKIYOU COUNTY MH PLAN OVERPAYMENT	\$ -	\$ -	\$ 1,055	\$ (1,055)	\$ 1,055	\$ (1,055)
Regular	71	CHART REVIEW	\$ -	\$ (1,743)	\$ -	\$ (670)	\$ -	\$ 1,073
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ 20,710	\$ (8,970)	\$ 3,186	\$ 65,499	\$ (17,524)	\$ 74,469
Regular	199	IMD ANCILLARY SERVICES	\$ 3,714	\$ (3,714)	\$ 30,340	\$ (30,340)	\$ 26,626	\$ (26,626)
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$ -	\$ 126,718	\$ -	\$ 130,354	\$ -	\$ 3,636
Other	8	SMH MAA	\$ -	\$ 31,851	\$ -	\$ 33,834	\$ -	\$ 1,983
Other	10	MANAGED CARE REGULATIONS – M H	\$ 1,933	\$ 3,868	\$ 7,502	\$ 15,005	\$ 5,569	\$ 11,137
Other	11	SMHS COUNTY UR & QA ADMIN	\$ 265	\$ 25,590	\$ 953	\$ 27,714	\$ 688	\$ 2,124
Other	12	PERFORMANCE OUTCOMES SYSTEM	\$ 0	\$ 0	\$ 6,414	\$ 7,907	\$ 6,414	\$ 7,907
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$ -	\$ (2,688)	\$ 0	\$ 26,745	\$ -	\$ 29,433
Other	109	MANAGED CARE REGULATIONS - MH PARITY	\$ -	\$ -	\$ 2,971	\$ 17,828	\$ 2,971	\$ 17,828
Grand Total			\$ 167,177	\$ 2,954,125	\$ 225,228	\$ 3,126,149	\$ 58,051	\$ 172,024

DATA AS OF 12/31/17 SD/MC Only Claims

	Fiscal Year	Approved Claims ^(1&3) (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Children Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Children Enrollment Growth	All Medi-Cal Children ⁽²⁾
Actual	2007-08	\$1,060,200	11.61%	192,925	4.80%	\$5,495	6.50%		3,495,318
Actual	2008-09	\$1,182,833	11.57%	204,288	5.89%	\$5,790	5.36%	1.73%	3,631,457
Actual	2009-10	\$1,181,322	-0.13%	208,555	2.09%	\$5,664	-2.17%	3.89%	3,851,248
Actual	2010-11	\$1,228,249	3.97%	214,487	2.84%	\$5,726	1.10%	6.05%	3,980,825
Actual	2011-12	\$1,297,492	5.64%	227,959	6.28%	\$5,692	-0.61%	3.36%	4,025,194
Actual	2012-13	\$1,500,019	15.61%	245,215	7.57%	\$6,117	7.47%	1.11%	4,291,248
Actual	2013-14	\$1,601,548	6.77%	262,235	6.94%	\$6,107	-0.16%	6.61%	5,091,976
Actual	2014-15	\$1,605,435	0.24%	264,241	0.76%	\$6,076	-0.52%	18.66%	5,493,101
Actual (4)	2015-16	\$1,605,025	-0.03%	263,413	-0.31%	\$6,093	0.29%	7.88	
Forecast (5)	2016-17	\$1,902,371	18.53%	280,325	6.42%	\$6,786	11.38%		
Forecast	2017-18	\$2,068,552	8.74%	312,543	11.49%	\$6,618	-2.47%		
Forecast	2018-19	\$2,192,576	6.00%	326,447	4.45%	\$6,716	1.48%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2017.

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

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

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

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

and client counts due to the transition of the Healthy Families Program to Medi-Cal beginning January 1, 2013, per AB 1494 (Statutes of 2012).

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Psychiatric Health Facility Services - SMA(1) \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	751	10,812	14	\$560.96	\$ 6,065,148
2013-14	801	11,538	14	\$758.37	\$ 8,750,129
2014-15	884	11,237	13	\$815.60	\$ 9,164,947
2015-16	1,176	13,813	12	\$819.65	\$ 11,321,395
2016-17	1,682	14,042	8	\$1,078.12	\$ 15,138,909
2017-18	1,721	14,281	8	\$1,153.75	\$ 16,476,641
2018-19	1,783	14,607	8	\$1,195.56	\$ 17,464,145
Change	3.61%	2.29%	-1.28%	3.62%	5.99%

Adult Crisis Residential Services - SMA(1) \$345.38					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	257	4,910	19	\$321.67	\$ 1,579,389
2013-14	332	6,055	18	\$327.17	\$ 1,980,989
2014-15	373	7,272	19	\$335.43	\$ 2,439,242
2015-16	368	7,156	19	\$346.78	\$ 2,481,575
2016-17	411	7,310	18	\$340.70	\$ 2,490,341
2017-18	454	7,553	17	\$359.82	\$ 2,717,853
2018-19	485	7,726	16	\$372.96	\$ 2,881,440
Change	6.72%	2.29%	-4.15%	3.65%	6.02%

(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.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
 FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19
 utilizes actual and forecast data
 *Actual claims data as of 12/31/2017

Adult Residential Services - SMA⁽¹⁾ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	111	9,950	90	\$161.64	\$ 1,608,292
2013-14	105	10,627	101	\$171.20	\$ 1,819,337
2014-15	82	7,096	87	\$173.50	\$ 1,231,153
2015-16	83	8,199	99	\$169.51	\$ 1,389,807
2016-17	89	8,475	95	\$166.11	\$ 1,407,754
2017-18	98	8,758	89	\$174.79	\$ 1,530,728
2018-19	105	8,958	85	\$181.13	\$ 1,622,506
Change	7.14%	2.29%	4.53%	3.63%	6.00%

Crisis Stabilization Services - SMA⁽¹⁾ \$94.54					
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2012-13	8,472	130,358	15	\$109.53	\$ 14,278,738
2013-14	9,885	156,655	16	\$102.04	\$ 15,984,959
2014-15	11,619	185,113	16	\$93.21	\$ 17,253,824
2015-16	12,278	214,628	17	\$97.11	\$ 20,842,327
2016-17	12,885	215,909	17	\$111.06	\$ 23,978,310
2017-18	14,392	223,107	16	\$116.74	\$ 26,044,625
2018-19	15,605	228,207	15	\$120.98	\$ 27,608,616
Change	8.43%	2.29%	-5.66%	3.64%	6.01%

(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.

**Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service**

FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19
utilizes actual and forecast data

*Actual claims data as of 12/31/2017

Day Treatment Intensive Half Day Services⁽²⁾⁽³⁾ - SMA⁽¹⁾ \$144.13					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	15	236	16	\$175.87	\$ 41,506
2013-14	73	1,166	16	\$179.65	\$ 209,477
2014-15	41	3,305	81	\$145.17	\$ 479,800
2015-16	24	1,775	74	\$142.54	\$ 253,001
2016-17	26	1,921	74	\$138.64	\$ 266,332
2017-18	32	1,985	62	\$145.89	\$ 289,597
2018-19	35	2,030	58	\$151.18	\$ 306,961
Change	10.05%	2.29%	-7.05%	3.63%	6.00%

Day Treatment Intensive Full Day Services - SMA⁽¹⁾ \$202.43					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,902	174,048	92	\$201.25	\$ 35,027,540
2013-14	1,551	138,158	89	\$222.60	\$ 30,753,335
2014-15	664	60,149	91	\$207.98	\$ 12,509,640
2015-16	551	52,318	95	\$212.90	\$ 11,138,358
2016-17	566	55,991	99	\$200.46	\$ 11,223,988
2017-18	584	57,858	99	\$210.94	\$ 12,204,455
2018-19	613	59,180	97	\$218.59	\$ 12,936,199
Change	4.87%	2.29%	-2.47%	3.63%	6.00%

- (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 significantly fewer approved claims in FY's 2012-13, 13-14, and 14-15 for Day Treatment Intensive Half Day services.
- (3) DHCS does not have sufficient data for FY 15-16 and 16-17 to produce a forecast for this service type.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Day Rehabilitative Half Day Services - SMA⁽¹⁾ \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day⁽²⁾	Approved Amount
2012-13	70	6,059	87	\$84.15	\$ 509,853
2013-14	64	6,206	97	\$83.99	\$ 521,226
2014-15	176	7,022	40	\$76.40	\$ 536,453
2015-16	140	4,873	35	\$84.25	\$ 410,549
2016-17	142	5,215	37	\$80.25	\$ 418,522
2017-18	148	5,389	36	\$84.45	\$ 455,081
2018-19	153	5,512	36	\$87.51	\$ 482,367
Change	3.18%	2.29%	-0.87%	3.63%	6.00%

Day Rehabilitative Full Day Services - SMA⁽¹⁾ \$131.24					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,932	144,006	75	\$131.98	\$ 19,005,324
2013-14	1,704	131,756	77	\$134.08	\$ 17,666,406
2014-15	1,266	116,108	92	\$130.77	\$ 15,183,905
2015-16	1,057	97,281	92	\$133.89	\$ 13,024,708
2016-17	1,088	98,680	91	\$133.02	\$ 13,126,359
2017-18	1,154	101,970	8	\$139.97	\$ 14,273,007
2018-19	1,189	104,300	88	\$145.05	\$ 15,128,775
Change	3.00%	2.29%	-.069%	3.63%	6.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Targeted Case Management Services - SMA⁽¹⁾ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	95,988	37,740,701	393	\$2.33	\$ 88,096,357
2013-14	100,937	37,000,607	367	\$2.32	\$ 85,780,804
2014-15	98,663	35,743,878	362	\$2.23	\$ 79,559,032
2015-16	91,513	30,702,867	336	\$2.44	\$ 74,830,654
2016-17	100,637	32,587,258	324	\$2.41	\$ 78,575,743
2017-18	101,596	33,673,718	331	\$2.54	\$ 85,505,791
2018-19	101,538	34,443,465	336	\$2.63	\$ 90,633,335
Change	0.94%	2.29%	1.33%	3.63%	6.00%

Therapy & Other Service Activities - SMA⁽¹⁾ \$2.61					
FY	Number of Clients	Number of Minutes⁽³⁾	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	230,373	413,430,004	1,795	\$2.60	\$1,074,539,882
2013-14	246,094	424,916,533	1,727	\$2.64	\$1,121,371,036
2014-15	247,239	416,693,217	1,685	\$2.68	\$1,115,414,074
2015-16	246,318	394,355,646	1,601	\$2.83	\$1,116,068,579
2016-17	265,355	418,260,260	1,576	\$3.26	\$1,365,467,418
2017-18	274,747	432,205,057	1,573	\$3.43	\$1,484,599,131
2018-19	281,351	442,084,833	1,571	\$3.56	\$1,573,597,657
Change	2.40%	2.29%	-.011%	3.63%	5.99%

(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.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Therapeutic Behavioral Services - SMA⁽¹⁾ \$2.61					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	7,990	41,753,483	5,226	\$2.47	\$ 103,323,169
2013-14	8,085	41,381,246	5,118	\$2.46	\$ 101,921,783
2014-15	8,154	39,611,971	4,858	\$2.43	\$ 96,303,568
2015-16	7,976	35,379,235	4,436	\$2.54	\$ 89,989,699
2016-17	8,245	36,440,193	4,420	\$2.47	\$ 90,146,296
2017-18	8,513	37,655,787	4,423	\$2.60	\$ 98,085,651
2018-19	8,763	38,515,867	4,395	\$2.70	\$ 103,974,793
Change	2.32%	2.29%	-.063%	3.64%	6.00%

Medication Support Services - SMA⁽¹⁾ \$4.82					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	77,077	23,608,076	306	\$4.90	\$ 115,682,567
2013-14	80,588	24,751,233	307	\$5.00	\$ 123,665,837
2014-15	78,958	24,674,536	313	\$5.14	\$ 126,815,633
2015-16	76,594	23,126,284	302	\$5.43	\$ 125,503,625
2016-17	82,258	23,748,168	289	\$5.54	\$ 131,614,121
2017-18	83,040	24,539,932	296	\$5.84	\$ 143,268,851
2018-19	84,534	25,100,890	297	\$6.05	\$ 151,871,574
Change	1.80%	2.29%	0.48%	0.03.640%	6.00%

(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.

**Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
*Actual claims data as of 12/31/2017**

Crisis Intervention Services - SMA⁽¹⁾ \$3.88					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	17,613	5,192,665	295	\$4.49	\$ 23,307,517
2013-14	19,329	5,922,388	306	\$4.47	\$ 26,454,130
2014-15	20,138	6,040,704	300	\$4.58	\$ 27,643,272
2015-16	20,245	5,852,790	289	\$4.78	\$ 27,979,236
2016-17	23,007	6,596,405	287	\$.01	\$ 33,018,180
2017-18	24,158	6,816,329	282	\$5.25	\$ 35,780,160
2018-19	25,311	6,972,144	275	\$5.44	\$ 37,914,078
Change	4.77%	2.29%	-2.37%	3.60%	5.96%

Psychiatric Inpatient Hospital Services - SD/MC - SMA⁽¹⁾ \$1,213.75					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	2,086	17,350	8	\$950.81	\$ 16,496,618
2013-14	2,124	18,581	9	\$985.88	\$ 18,318,655
2014-15	2,254	18,752	8	\$1,032.86	\$ 19,368,206
2015-16	1,977	15,071	8	\$1,038.02	\$ 15,644,020
2016-17	2,287	15,372	7	\$1,108.88	\$ 17,046,172
2017-18	2,341	15,882	7	\$1,163.44	\$ 18,481,116
2018-19	2,392	16,248	7	\$1,205.53	\$ 19,587,502
Change	2.16%	2.29%	0.13%	3.62%	5.99%

(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.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Psychiatric Inpatient Hospital Services - FFS/MC⁽²⁾					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	10,268	87,967	9	\$723.17	\$ 63,615,240
2013-14	12,032	99,423	8	\$741.59	\$ 73,731,135
2014-15	13,019	103,460	8	\$788.95	\$ 81,624,832
2015-16	12,621	103,744	8	\$836.64	\$ 86,796,278
2016-17	13,601	109,550	8	\$851.17	\$ 93,245,479
2017-18	14,238	113,653	8	\$871.63	\$ 99,063,057
2018-19	14,934	118,200	8	\$887.44	\$ 104,895,081
Change	4.89%	4.00%	-0.85%	1.81%	5.89%

Intensive Care Coordination					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13					
2013-14	6,713	9,625,101	1,434	\$2.02	\$ 19,437,354
2014-15	10,197	16,781,028	1,646	\$2.01	\$ 33,804,873
2015-16	11,736	18,388,062	1,567	\$2.07	\$ 38,046,367
2016-17	17,072	23,217,135	1,360	\$2.12	\$ 49,278,000
2017-18	20,915	23,991,194	1,147	\$2.23	\$ 53,601,104
2018-19	24,758	24,539,609	991	\$2.32	\$ 56,813,762
Change	18.38%	2.29%	-13.59%	3.62%	5.99%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts By Service
 FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through
 2018-19 utilizes actual and forecast data
 *Actual claims data as of 12/31/2017

Intensive Home Based Services					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13					
2013-14	5,317	10,391,848	1,954	\$2.59	\$ 26,912,422
2014-15	7,846	18,519,262	2,360	\$2.58	\$ 47,726,896
2015-16	8,880	19,720,139	2,221	\$2.84	\$ 56,100,977
2016-17	12,223	24,124,582	1,974	\$2.87	\$ 69,174,336
2017-18	14,750	24,928,896	1,690	\$3.02	\$ 75,237,765
2018-19	17,278	25,498,746	1,476	\$3.13	\$ 79,752,222
Change	17.14%	2.29%	-12.68%	3.63%	6.00%

ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS
2017-18 and 2018-19 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)
STATE FISCAL YEARS 2007-08 THROUGH 2018-19
DATA AS OF 12/31/17 SD/MC Only Claims

	Fiscal Year	Approved Claims ^(1&3) (In 1,000s)	Percentage Change in Claim Costs	Unduplicate d Adults Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Adults' Enrollmen t Growth	All Medi- Cal Adults ⁽²⁾
Actual	2007-08								3,078,495
Actual	2008-09	\$817,629		238,623					3,121,776
Actual	2009-10	\$763,267	-6.65%	229,075	-4.00%	\$3,332		3.70%	3,237,370
Actual	2010-11	\$763,012	-0.03%	227,690	-0.60%	\$3,351	.057%	4.87%	3,394,954
Actual	2011-12	\$794,680	4.15%	231,749	1.78%	\$3,429	2.33%	3.79%	3,523,766
Actual	2012-13	\$947,399	19.22%	232,973	0.53%	\$4,067	18.59%	1.78%	3,586,641
Actual	2013-14	\$1,144,721	20.83%	295,132	26.68%	\$3,879	-4.62%	1.01%	3,622,709
Actual	2014-15	\$1,427,633	24.71%	338,914	14.83%	\$4,212	8.60%	25.67%	4,552,529
Actual	2015-16	\$1,486,537	4.13%	343,968	1.49%	\$4,322	2.60%	45.75%	6,635,365
Forecast	2016-17	\$1,658,828	11.59%	350,435	1.88%	\$4,734	9.53%		
Forecast	2017-18	\$1,800,872	8.56%	378,277	7.94%	\$4,761	.57%		
Forecast	2018-19	\$1,969,032	9.34%	404,313	6.88%	\$4,870	2.30%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2017.

(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.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved
Amounts by Service
 FY 2012-13 through FY 2015-16 utilizes actual data
 FY 2016-17 through FY 2018-19 utilizes actual and forecast data
 *Actual claims data as of 12/31/2017

Psychiatric Health Facility Services - SMA⁽¹⁾ \$612.47					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	2,900	37,871	13	\$651.20	\$ 24,661,613
2013-14	4,160	49,107	12	\$741.43	\$ 36,409,161
2014-15	5,907	64,823	11	\$747.70	\$ 48,468,023
2015-16	5,847	64,029	11	\$743.52	\$ 47,606,807
2016-17	6,153	66,563	11	\$793.50	\$ 52,818,236
2017-18	6,820	67,735	10	\$847.90	\$ 57,432,681
2018-19	7,486	69,036	9	\$909.58	\$ 62,793,746
Change	9.77%	1.9%	-7.16%	7.28%	9.33%

Adult Crisis Residential Services - SMA⁽¹⁾ \$345.38					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	4,083	78,270	19	\$327.83	\$ 25,659,512
2013-14	5,704	94,271	17	\$334.80	\$ 31,561,687
2014-15	7,306	120,470	16	\$339.44	\$ 40,892,508
2015-16	7,354	129,110	18	\$358.39	\$ 46,271,162
2016-17	8,516	141,132	17	\$375.12	\$ 52,942,059
2017-18	9,438	143,617	15	\$400.24	\$ 57,481,199
2018-19	10,337	146,374	14	\$429.43	\$ 62,857,643
Change	9.52%	1.9%	-6.94%	7.29%	9.35%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved
Amounts by Service
 FY 2012-13 through FY 2015-16 utilizes actual data
 FY 2016-17 through FY2018-19 utilizes actual and forecast data
 *Actual claims data as of 12/31/2017

Adult Residential Services - SMA⁽¹⁾ \$168.46					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,177	102,230	87	\$160.07	\$ 16,363,817
2013-14	1,330	116,144	87	\$174.61	\$ 20,279,367
2014-15	1,541	127,702	83	\$184.99	\$ 23,623,998
2015-16	1,565	131,405	84	\$187.04	\$ 24,578,395
2016-17	1,671	147,319	88	\$199.93	\$ 29,452,897
2017-18	1,757	149,912	85	\$213.38	\$ 31,987,526
2018-19	1,857	152,790	82	\$228.92	\$ 34,976,380
Change	5.69%	1.9%	-3.57%	7.28%	9.34%

Crisis Stabilization Services - SMA⁽¹⁾ \$94.54					
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2012-13	24,099	556,256	23	\$105.09	\$ 58,456,656
2013-14	34,235	794,878	23	\$108.03	\$ 85,870,355
2014-15	47,568	1,117,043	23	\$114.20	\$ 127,562,659
2015-16	50,647	1,242,137	25	\$112.29	\$ 139,474,511
2016-17	58,688	1,306,688	23	\$117.62	\$ 153,698,705
2017-18	63,195	1,329,692	21	\$125.44	\$ 166,789,922
2018-19	69,809	1,355,219	19	\$134.58	\$ 182,388,421
Change	10.47%	1.9%	-7.74%	7.29%	9.35%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by
Service FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Day Rehabilitative Half Day Services - SMA⁽¹⁾ \$84.08					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	216	9,130	42	\$89.77	\$ 819,605
2013-14	463	17,032	37	\$93.27	\$ 1,588,644
2014-15	511	23,377	46	\$98.19	\$ 2,295,333
2015-16	399	17,216	43	\$101.66	\$ 1,750,152
2016-17	463	17,666	38	\$102.39	\$ 1,808,820
2017-18	492	17,977	37	\$109.23	\$ 1,963,707
2018-19	522	18,322	35	\$117.18	\$ 2,147,073
Change	6.10%	1.9%	-3.94%	7.28%	9.34%

Day Rehabilitative Full Day Services - SMA⁽¹⁾ \$131.24					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	835	48,066	58	\$137.48	\$ 6,607,902
2013-14	865	43,741	51	\$153.78	\$ 6,726,581
2014-15	745	34,661	47	\$184.86	\$ 6,407,366
2015-16	1104	13,512	12	\$214.52	\$ 2,898,528
2016-17	1,110	13,857	12	\$216.72	\$ 3,002,979
2017-18	1,130	14,100	12	\$231.15	\$ 3,259,362
2018-19	1,164	14,371	12	\$247.98	\$ 3,563,732
Change	3.00%	1.9%	-1.05%	7.28%	9.34%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved
Amounts by Service
 FY 2012-13 through FY 2015-16 utilizes actual data
 FY 2016-17 through FY2018-19 utilizes actual and forecast data
 *Actual claims data as of 12/31/2017

Targeted Case Management Services - SMA⁽¹⁾ \$2.02					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	96,353	42,662,543	443	\$2.42	\$ 103,239,092
2013-14	117,878	47,228,583	401	\$2.41	\$ 113,739,606
2014-15	133,687	53,597,274	401	\$2.42	\$ 129,804,324
2015-16	132,754	51,799,569	390	\$2.57	\$ 133,304,047
2016-17	133,181	53,614,716	403	\$2.64	\$ 141,706,200
2017-18	140,219	54,558,598	389	\$2.82	\$ 153,841,727
2018-19	147,255	55,606,007	378	\$3.02	\$ 168,191,998
Change	5.02%	1.9%	-2.95%	7.27%	9.33%

Therapy & Other Service Activities - SMA⁽¹⁾ \$2.61					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	171,559	144,117,120	840	\$2.64	\$ 380,778,888
2013-14	214,056	164,922,816	770	\$2.68	\$ 441,249,500
2014-15	245,156	192,869,064	787	\$2.76	\$ 531,478,881
2015-16	250,402	194,832,513	778	\$2.87	\$ 558,908,714
2016-17	263,184	198,927,927	756	\$3.31	\$ 657,868,940
2017-18	277,162	202,430,031	730	\$3.53	\$ 714,303,273
2018-19	293,525	206,316,258	703	\$3.79	\$ 780,971,245
Change	5.90%	1.9%	-3.76%	7.27%	9.33%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved
Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Medication Support Services - SMA⁽¹⁾ \$4.82					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	164,035	46,292,059	282	\$4.92	\$ 227,581,241
2013-14	202,374	53,101,974	262	\$5.10	\$ 270,708,033
2014-15	226,110	61,667,540	273	\$5.39	\$ 332,121,212
2015-16	229,330	62,599,711	273	\$5.72	\$ 357,809,334
2016-17	237,130	63,358,807	267	\$5.98	\$ 378,944,661
2017-18	251,422	64,474,232	256	\$6.38	\$ 411,269,184
2018-19	265,720	65,712,001	247	\$6.84	\$ 449,681,
Change	5.69%	1.9%	-3.56%	7.28%	9.34%

Crisis Intervention Services - SMA⁽¹⁾ \$3.88					
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	29,033	6,840,557	236	\$4.35	\$ 29,780,602
2013-14	35,939	8,188,687	228	\$4.35	\$ 35,657,233
2014-15	46,625	10,569,517	227	\$4.61	\$ 48,683,642
2015-16	47,649	11,272,981	237	\$4.82	\$ 54,368,497
2016-17	53,773	12,932,088	240	\$5.13	\$ 66,316,886
2017-18	58,331	13,159,756	226	\$5.47	\$ 71,953,710
2018-19	62,883	13,412,395	213	\$5.87	\$ 78,679,100
Change	7.80%	1.9%	-5.46%	7.29%	9.35%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved
Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 12/31/2017**

Psychiatric Inpatient Hospital Services - SD/MC - SMA⁽¹⁾ \$1,213.75					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	6,263	66,355	11	\$1,106.74	\$ 73,437,965
2013-14	7,908	78,687	10	\$1,281.45	\$ 100,833,142
2014-15	10,196	94,872	9	\$1,436.62	\$ 136,294,610
2015-16	9,336	96,268	10	\$1,241.97	\$ 119,561,671
2016-17	9,946	98,517	10	\$1,220.78	\$ 120,267,971
2017-18	10,656	100,252	9	\$1,302.62	\$ 130,589,608
2018-19	11,415	102,176	9	\$1,397.40	\$ 142,780,639
Change	7.12%	1.9%	-4.85%	7.28%	9.34%

Psychiatric Inpatient Hospital Services - FFS/MC⁽²⁾					
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	14,945	217,347	15	\$657.64	\$ 142,935,188
2013-14	18,433	226,387	12	\$686.09	\$ 155,321,773
2014-15	23,971	275,944	12	\$731.94	\$ 201,973,987
2015-16	25,838	304,256	12	\$761.69	\$ 231,750,227
2016-17	26,801	322,863	12	\$786.16	\$ 253,822,320
2017-18	28,601	338,797	12	\$804.78	\$ 272,657,039
2018-19	30,570	357,696	12	\$818.26	\$ 292,687,987
Change	6.88%	5.6%	-1.22%	1.67%	7.35%

(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.

Claim Lag

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

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

Historical Averages of Claim Lag for Children Services Claims

Number of Days it takes for the Claim to be Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted	FY 2015-16 Percentage of Claims Submitted
1 to 30 days	6%	6%	4%
31 to 60 days	21%	20%	19%
61 to 90 days	36%	35%	37%
91 to 120 days	16%	21%	18%
121 to 150 days	8%	7%	6%
151 to 180 days	5%	4%	3%
180 to 365 days	7%	7%	10%
Over 366 days	1%	0%	1%

Historical Averages of Claim Lag for Adult Services Claim

Number of Days it takes for the Claim to be Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted	FY 2015-16 Percentage of Claims Submitted
1 to 30 days	9%	5%	6%
31 to 60 days	22%	20%	23%
61 to 90 days	25%	26%	40%
91 to 120 days	18%	22%	26%
121 to 150 days	9%	10%	9%
151 to 180 days	5%	6%	4%
180 to 365 days	11%	11%	15%
Over 366 days	1%	1%	1%

The Affordable Care Act and Specialty Mental Health Services

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of December 31, 2017. The data represents actual approved claims received as of December 31, 2017 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an indication of the growth and utilization of SMHS by ACA Expansion Clients.

Impact of the ACA on SMHS

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

The ACA approved claim amounts shown below are the second complete year worth of data. This is because claims associated with the ACA were first approved beginning in January 2014. The non-ACA data in the following tables are also not forecasted amounts and therefore are not comparable to other data in this document. The \$573 million shown below represents actual approved claims from ACA clients that were received by December 31, 2017.

FY 2015-16 Approved Claim Amounts for ACA and Non-ACA Clients		
ACA Client	Non-ACA Client	Total
\$573,713,280	\$1,204,344,777	\$1,778,058,057

Growth in the Client Base

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

FY 2015-16 Adult Statwide Client Counts and New Adult ACA Clients		
ACA Client	Non-ACA Client	Total
166,666	292,152	458,818

Note: Under the ACA, adults are defined as individuals who are 18 and older. For the SMHS program adults are defined as individuals 21 and older. Only 5.2% 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 15-16 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of December 31, 2017. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 15-16 approved claim amounts by service type with ACA clients.

Estimated FY2015-16 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)								
(In Thousands)	Adult Residential Treatment Services	Case Management /Brokerage	Crisis Intervention	Crisis Residential Treatment Services	Crisis Stabilization	Day Rehabilitation	Day Treatment Intensive	Hospital Inpatient
Claims from Non-ACA Clients	\$20,811	\$108,027	\$36,298	\$27,325	\$85,888	\$4,490	\$788	\$68,879
Claims from ACA Clients	\$5,137	\$34,388	\$22,336	\$21,423	\$61,245	\$1,508	\$0	\$39,742

Estimated FY2015-16 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)								
(In Thousands)	Hospital Inpatient Admin	ICC	IHBS	Medication Support Services	Mental Health Services	Psychiatric Health Facility	Therapeutic Behavioral Services	Psychiatric Inpatient Hospital Services FFS/MC
Claims from Non-ACA Clients	\$13,264	\$1,961	\$2,852	\$243,958	\$417,279	\$31,116	\$1,658	\$139,752
Claims from ACA Clients	\$3,851	\$26	\$25	\$107,855	\$163,969	\$15,999	\$74	\$96,136

Demographics by Age: Non-ACA vs. ACA enrollees

The chart below shows that 73.3% of the non-ACA clients who received SMHS in FY 2015-16 were between the ages of 21 and 59 while for ACA clients, the percentage was 89.3%. More ACA clients are in the 21 to 59 age group.

FY 2015-16 Adult Statewide Client Counts and New Adult ACA Clients		
Age	Non-ACA Clients	ACA Clients
18-20	10.2%	5.2%
21-59	73.3%	89.3%
60-64	9.0%	5.3%
65 and up	7.4%	0.3%

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

Demographics by Gender: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS in FY 2015-16, 55.0% were men, while 45.0% were women. For non-ACA clients, a higher percentage of females received services compared to males.

FY 2015-16 Non-ACA and ACA Clients		
	Non-ACA Clients	ACA Clients
Male	44.0%	55.0%
Female	56.0%	45.0%

Demographics by Race: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS in FY 2015-16, 37.4% were White, 25.5% were Hispanic, and 14.0% were Black. The difference between ACA and non-ACA clients is minimal for individuals who are Hispanic and Black.

FY 2015-16		
Race	Non-ACA Clients	ACA Clients
White	32.5%	37.4%
Hispanic	22.9%	25.5%
Black	15.4%	14.0%
Other	20.5%	14.4%
Asian or Pacific Islander	7.9%	7.9%
Alaskan Native or American Indian	0.8%	0.8%

Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of December 31, 2017 an additional \$573 million in SMHS was provided to approximately 167,000 Medi-Cal ACA clients in FY 2015-16.

Service Type Forecasts

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Children Services Section

**Children
Adult Crisis Residential Services**

Adult Crisis Residential Services (CRS):

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

Summary:

The forecast for Adult Crisis Residential Services include an increase in client counts and projected increases in annual costs.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 1,579,389	257
Actual	FY 2013-14	\$ 1,980,989	332
Actual	FY 2014-15	\$ 2,439,242	373
Actual	FY 2015-16	\$ 2,481,575	368
Actual + Forecast	FY 2016-17	\$ 2,490,341	411
Forecast	FY 2017-18	\$ 2,717,853	454
Forecast	FY 2018-19	\$ 2,881,440	485
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Growth in dollars and clients are forecasted for FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a Children Clients Receiving Adult Crisis Residential Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/17				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ACR	0.0%	0.3%	0.0%	99.7%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 1b Children Clients Receiving Adult Crisis Residential Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	31.2%	20.6%	15.9%	9.0%	0.8%	22.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 1c Children Clients Receiving Adult Crisis Residential Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
ACR	47.1%	52.9%
Total Children	45.2%	54.8%

Table 1d

**Other Services Received by Children Receiving Adult Crisis Residential Services
 Adult Crisis Residential Fiscal Year 2015-16**

	Frequency	Percent of Clients
ADULT CRISIS RESIDENTIAL	368	100.00%
MEDICATION SUPPORT	330	89.67%
THERAPY AND OTHER SERVICE	305	82.88%
TARGETED CASE MANAGEMENT	277	75.27%
CRISIS STABILIZATION	196	53.26%
CRISIS INTERVENTION	182	49.46%
FFS-HOSPITAL INPATIENT	143	38.86%
HOSPITAL INPATIENT	76	20.65%
PHF	49	13.32%
ADULT RESIDENTIAL	29	7.88%
ICC	10	2.72%
THERAPEUTIC BEHAVIORAL SERVICES	9	2.45%
IHBS	6	1.63%
DAY REHABILITATIVE FULL DAY	3	0.82%
DAY TX INTENSIVE FULL DAY	1	0.27%
DAY REHABILITATIVE HALF DAY	1	0.27%

Service Metrics:

**Table 1e
 Children
 Adult Crisis Residential Services Approved Amount
 Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	368	100%	\$ 44,342
Mean	\$ 6,743	99%	\$ 35,143
Standard Deviation	\$ 7,104	95%	\$ 21,618
Median	\$ 4,699	90%	\$ 14,355
Mode	\$ 1,084	75%	\$ 8,466
Interquartile Range	\$ 6,294	50%	\$ 4,699
		25%	\$ 2,172

**Table 1f
 Adult Crisis Residential Services
 Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	368	100%	135
Mean	19	99%	112
Standard Deviation	21	95%	67
Median	14	90%	39
Mode	14	75%	25
Interquartile Range	18.5	50%	14
		25%	7

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

Data Type	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016</u>	<u>2016-2017*</u>
Number of Clients	332	373	368	411
Number of Days	6,055	7,272	7,156	7,310
Days Per Client	18	19	19	18
Approved Amount	\$1,980,989	\$2,439,242	\$2,481,575	\$2,490,341

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

**Children
 Adult Residential Services**

Adult Residential Treatment Services:

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

Summary:

The forecast for Adult Residential Services indicates an increase in costs and clients.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 1,608,292	111
Actual	FY 2013-14	\$ 1,819,337	105
Actual	FY 2014-15	\$ 1,231,153	82
Actual	FY 2015-16	\$ 1,389,807	83
Actual + Forecast	FY 2016-17	\$ 1,407,754	89
Forecast	FY 2017-18	\$ 1,530,728	98
Forecast	FY 2018-19	\$ 1,622,506	105
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The forecast indicates an increase in clients through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 2a Children Clients Receiving Adult Residential Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
AR	0.0%	1.0%	0.0%	99.0%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 2b Children Clients Receiving Adult Residential Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	23.5%	14.3%	18.4%	11.2%	1.0%	31.6%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 2c Children Clients Receiving Adult Residential Services by Gender Fiscal Year 2015-2016 Data as of 12/3/2017		
Groups	Female	Male
AR	35.7%	64.3%
Total Children	45.2%	54.8%

Table 2d
Other Services Received by Children Receiving Adult Residential Service
Fiscal Year 2015-16

	Frequency	Percent of Clients
ADULT RESIDENTIAL	83	100.00%
TARGETED CASE MANAGEMENT	78	93.98%
MEDICATION SUPPORT	75	90.36%
THERAPY AND OTHER SERVICE ACTIVITIES	74	89.16%
CRISIS STABILIZATION	31	37.35%
ADULT CRISIS RESIDENTIAL	29	34.94%
CRISIS INTERVENTION	29	34.94%
FFS-HOSPITAL INPATIENT	18	21.69%
HOSPITAL INPATIENT	18	21.69%
PHF	12	14.46%
THERAPEUTIC BEHAVIORAL SERVICES	3	3.61%
DAY TX INTENSIVE FULL DAY	2	2.41%
DAY REHABILITATIVE FULL DAY	2	2.41%

Service Metrics:

**Table 2e
Children
Adult Residential Approved Amount**

Statistic	Amount	Quartile	Amount
Number of Clients	83	100%	\$ 53,600
Mean	\$ 16,745	99%	\$ 53,600
Standard Deviation	\$ 13,498	95%	\$ 41,280
Median	\$ 12,687	90%	\$ 36,430
Mode	\$ 3,616	75%	\$ 26,517
Interquartile Range	\$ 19,779	50%	\$ 12,687
		25%	\$ 6,738

**Table 2f
Children
Adult Residential Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	83	100%	335
Mean	99	99%	335
Standard Deviation	78	95%	249
Median	80	90%	204
Mode	2	75%	153
Interquartile Range	113	50%	80
		25%	40

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	105	82	83	89
Number of Days	10,627	7,096	8,199	8,475
Days Per Client	101	87	99	95
Approved Amount	\$1,819,337	\$1,231,153	\$1,389,807	\$1,407,754

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Crisis Intervention

Crisis Intervention:

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

Summary:

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

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 23,307,517	17,613
Actual	FY 2013-14	\$ 26,454,130	19,329
Actual	FY 2014-15	\$ 27,643,272	20,138
Actual	FY 2015-16	\$ 27,979,236	20,245
Actual + Forecast	FY 2016-17	\$ 33,018,180	23,007
Forecast	FY 2017-18	\$ 35,780,160	24,158
Forecast	FY 2018-19	\$ 37,914,078	25,311
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients for Crisis Intervention services are projected to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a Children Clients Receiving Crisis Intervention Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CI	6.5%	50.3%	24.3%	18.9%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 3b Children Clients Receiving Crisis Intervention Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	31.0%	44.3%	10.4%	3.9%	0.9%	9.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 3c Children Clients Receiving Crisis Intervention Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
CI	55.8%	44.2%
Total Children	45.2%	54.8%

**Table 3d
 Other Services Received by Children Receiving Crisis Intervention Service
 Service Fiscal Year 2015-16**

	Frequency	Percent of Clients
CRISIS INTERVENTION	20,245	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	16,202	80.03%
TARGETED CASE MANAGEMENT	10,986	54.27%
MEDICATION SUPPORT	10,887	53.78%
FFS-HOSPITAL INPATIENT	5,926	29.27%
CRISIS STABILIZATION	3,811	18.82%
THERAPEUTIC BEHAVIORAL SERVICES	1,937	9.57%
ICC	1,763	8.71%
IHBS	1,441	7.12%
HOSPITAL INPATIENT	1,065	5.26%
PHF	625	3.09%
ADULT CRISIS RESIDENTIAL	182	0.90%
DAY TX INTENSIVE FULL DAY	159	0.79%
DAY REHABILITATIVE FULL DAY	126	0.62%
ADULT RESIDENTIAL	29	0.14%
DAY TX INTENSIVE HALF DAY	4	0.02%
DAY REHABILITATIVE HALF DAY	3	0.01%

Service Metrics:

**Table 3e
Children
Crisis Intervention Service Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	20,245	100%	\$ 28,255
Mean	\$ 1,382	99%	\$ 7,931
Standard Deviation	\$ 1,655	95%	\$ 4,279
Median	\$ 868	90%	\$ 2,714
Mode	\$ 2,366	75%	\$ 1,905
Interquartile Range	\$ 1,483	50%	\$ 868
		25%	\$ 422

**Table 3f
Children
Crisis Intervention Service Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	20,245	100%	5,697
Mean	289	99%	1,674
Standard Deviation	337	95%	883
Median	181	90%	550
Mode	480	75%	386
Interquartile Range	281	50%	181
		25%	105

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	19,329	20,138	20,245	23,007
Number of Minutes	5,922,388	6,040,704	5,852,790	6,596,405
Minutes Per Client	306	300	289	287
Approved Amount	\$26,454,130	\$27,643,272	\$27,979,236	\$33,018,180

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children
Crisis Stabilization

Crisis Stabilization:

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a timelier 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 provide coordination with significant others and treatment providers.

Summary:

The forecast for Crisis Stabilization Services is for 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 2012-13	\$ 14,278,738	8,472
Actual	FY 2013-14	\$ 15,984,959	9,885
Actual	FY 2014-15	\$ 17,253,824	11,619
Actual	FY 2015-16	\$ 20,842,327	12,278
Actual + Forecast	FY 2016-17	\$ 23,978,310	12,885
Forecast	FY 2017-18	\$ 26,044,625	14,392
Forecast	FY 2018-19	\$ 27,608,616	15,605
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Growth in costs and clients is forecasted through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a Children Clients Receiving Crisis Stabilization Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CS	2.4%	43.0%	23.4%	31.2%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 4b Children Clients Receiving Crisis Stabilization Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	25.8%	42.0%	14.8%	5.6%	0.6%	11.3%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 4c Children Clients Receiving Crisis Stabilization Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
CS	52.8%	47.2%
Total Children	45.2%	54.8%

Table 4d
Other Services Received by Children Receiving Crisis Stabilization Service
Fiscal Year 2015-16

	Frequency	Percent of Clients
CRISIS STABILIZATION	12,278	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,439	68.73%
MEDICATION SUPPORT	6,214	50.61%
TARGETED CASE MANAGEMENT	5,365	43.70%
CRISIS INTERVENTION	3,811	31.04%
FFS-HOSPITAL INPATIENT	3,531	28.76%
HOSPITAL INPATIENT	1,110	9.04%
THERAPEUTIC BEHAVIORAL SERVICES	1,102	8.98%
ICC	906	7.38%
PHF	694	5.65%
IHBS	637	5.19%
ADULT CRISIS RESIDENTIAL	196	1.60%
DAY REHABILITATIVE FULL DAY	139	1.13%
DAY TX INTENSIVE FULL DAY	88	0.72%
ADULT RESIDENTIAL	31	0.25%
DAY REHABILITATIVE HALF DAY	8	0.07%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

**Table 4e
Children
Crisis Stabilization Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	12,278	100%	\$ 60,292
Mean	\$ 1,698	99%	\$ 10,447
Standard Deviation	\$ 2,247	95%	\$ 5,156
Median	\$ 1,246	90%	\$ 3,505
Mode	\$ 1,891	75%	\$ 1,997
Interquartile Range	\$ 1,493	50%	\$ 1,246
		25%	\$ 504

**Table 4f
Children
Crisis Stabilization Hours
Fiscal Year 2015-16**

Statistic	Hours	Quartile	Hours
Number of Clients	12,278	100%	554
Mean	17	99%	100
Standard Deviation	21	95%	51
Median	14	90%	37
Mode	20	75%	20
Interquartile Range	15	50%	14
		25%	5

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	9,885	11,619	12,278	12,8857
Number of Hours	156,655	185,113	214,628	215,909
Hours Per Client	16	16	17	17
Approved Amount	\$15,984,959	\$17,253,824	\$20,842,327	\$23,978,310

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):

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

Summary:

The forecast for Day Rehabilitation Half Day Services is for an increase in both dollars and clients.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 509,853	70
Actual	FY 2013-14	\$ 521,226	64
Actual	FY 2014-15	\$ 536,453	176
Actual	FY 2015-16	\$ 410,549	140
Actual + Forecast	FY 2016-17	\$ 418,522	142
Forecast	FY 2017-18	\$ 455,081	148
Forecast	FY 2018-19	\$ 482,367	153
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Day Rehabilitation Half Day service costs and clients are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 5a Children Clients Receiving Day Rehabilitation-Half Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR H/D	57.7%	28.2%	0.0%	14.1%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 5b Children Clients Receiving Day Rehabilitation-Half Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	15.4%	61.5%	6.4%	1.3%	0.0%	15.4%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 5c Children Clients Receiving Day Rehabilitation-Half Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DR H/D	30.8%	69.2%
Total Children	45.2%	54.8%

Table 5d
Other Services Received by Children Receiving Day Rehabilitation Half Day Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
DAY REHABILITATIVE HALF DAY	70	100.00%
THERAPY AND OTHER SERVICE	53	75.71%
MEDICATION SUPPORT	41	58.57%
TARGETED CASE MANAGEMENT	16	22.86%
CRISIS STABILIZATION	8	11.43%
DAY REHABILITATIVE FULL DAY	8	11.43%
THERAPEUTIC BEHAVIORAL SERVICES	7	10.00%
ICC	6	8.57%
IHBS	6	8.57%
CRISIS INTERVENTION	3	4.29%
DAY INTENSIVE FULL DAY	2	2.86%
ADULT CRISIS RESIDENTIAL	1	1.43%
FFS-HOSPITAL INPATIENT	1	1.43%
HOSPITAL INPATIENT	1	1.43%

Service Metrics:

**Table 5e
Children
Day Rehabilitation Half Day Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	70	100%	\$ 17,573
Mean	\$ 5,865	99%	\$ 17,573
Standard Deviation	\$ 5,450	95%	\$ 15,555
Median	\$ 3,069	90%	\$ 14,420
Mode	\$ 757	75%	\$ 11,120
Interquartile Range	\$ 10,188	50%	\$ 3,069
		25%	\$ 932

**Table 5f
Children
Day Rehabilitation Half Days
Fiscal Year 2015-16**

Statistic	Half Days	Quartile	Half Days
Number of Clients	70	100%	209
Mean	70	99%	209
Standard Deviation	65	95%	185
Median	34	90%	172
Mode	5	75%	129
Interquartile Range	114	50%	34
		25%	15

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

Data Type	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016</u>	<u>2016-2017*</u>
Number of Clients	64	176	140	142
Number of Half Days	6,206	7,022	4,873	5,215
Days Per Client	97	40	35	37
Approved Amount	\$521,226	\$536,453	\$410,549	\$418,522

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):

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

Summary:

The forecast for Day Rehabilitation Full Day Services shows an increase in costs and clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 19,005,324	1,932
Actual	FY 2013-14	\$ 17,666,406	1,704
Actual	FY 2014-15	\$ 15,183,905	1,266
Actual	FY 2015-16	\$ 13,024,708	1,057
Actual + Forecast	FY 2016-17	\$ 13,126,359	1,088
Forecast	FY 2017-18	\$ 14,273,007	1,154
Forecast	FY 2018-19	\$ 15,128,775	1,189
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Day Rehabilitation Full Day costs are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a Children Clients Receiving Day Rehabilitation-Full Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR F/D	2.4%	40.9%	44.3%	12.5%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 6b Children Clients Receiving Day Rehabilitation-Full Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	35.4%	30.3%	21.4%	2.3%	0.5%	10.1%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 6c Children Clients Receiving Day Rehabilitation-Full Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DR F/D	41.6%	58.4%
Total Children	45.2%	54.8%

Table 6d

**Other Services Received by Children Receiving Day Rehabilitation Full Day Services
Fiscal Year 2015-16**

	Frequency	Percent of Clients
DAY REHABILITATIVE FULL DAY	1,057	100.00%
MEDICATION SUPPORT	872	82.50%
THERAPY AND OTHER SERVICE ACTIVITIES	652	61.68%
TARGETED CASE MANAGEMENT	281	26.58%
THERAPEUTIC BEHAVIORAL SERVICES	152	14.38%
ICC	149	14.10%
CRISIS STABILIZATION	139	13.15%
CRISIS INTERVENTION	126	11.92%
FFS-HOSPITAL INPATIENT	120	11.35%
IHBS	54	5.11%
HOSPITAL INPATIENT	39	3.69%
DAY TX INTENSIVE FULL DAY	11	1.04%
DAY REHABILITATIVE HALF DAY	8	0.76%
PHF	5	0.47%
ADULT CRISIS RESIDENTIAL	3	0.28%
ADULT RESIDENTIAL	2	0.19%

Service Metrics:

**Table 6e
Children
Day Rehabilitation Full Day Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	1,057	100%	\$ 35,296
Mean	\$ 12,322	99%	\$ 34,190
Standard Deviation	\$ 9,638	95%	\$ 30,489
Median	\$ 10,301	90%	\$ 27,743
Mode	\$ 1,236	75%	\$ 19,132
Interquartile Range	\$ 15,286	50%	\$ 10,301
		25%	\$ 3,846

**Table 6f
Children
Day Rehabilitation Full Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	1,057	100%	267
Mean	92	99%	250
Standard Deviation	71	95%	225
Median	77	90%	202
Mode	9	75%	146
Interquartile Range	117	50%	77
		25%	29

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,704	1,266	1,057	1,088
Number of Days	131,756	116,108	97,281	98,680
Days Per Client	77	92	92	91
Approved Amount	\$17,666,406	\$15,183,905	\$13,024,708	\$13,126,359

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Day Treatment Intensive Half Day

Day Treatment Intensive (Half-Day):

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

Summary:

The cost of Day Treatment Intensive Half Day Services is projected to increase in FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual ⁽¹⁾	FY 2012-13	\$ 41,506	15
Actual	FY 2013-14	\$ 209,477	73
Actual	FY 2014-15	\$ 479,800	41
Actual	FY 2015-16	\$ 253,001	24
Actual + Forecast	FY 2016-17	\$ 266,332	26
Forecast	FY 2017-18	\$ 289,597	32
Forecast	FY 2018-19	\$ 306,961	35
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The forecast indicates an increase in cost in both FY 2017-18 and 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 7a Children Clients Receiving Day Treatment Intensive-Half Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI H/D	61.5%	23.1%	15.4%	0.0%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 7b Children Clients Receiving Day Treatment Intensive-Half Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI H/D	19.2%	52.1%	10.4%	4.2%	2.1%	10.4%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 7c Children Clients Receiving Day Treatment Intensive-Half Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DTI H/D	38.5%	61.5%
Total Children	45.2%	54.8%

Table 7d
Other Services Received by Children Receiving Day Treatment Intensive Half Day Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
DAY TX INTENSIVE HALF DAY	24	100.00%
TARGETED CASE MANAGEMENT	24	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	24	100.00%
MEDICATION SUPPORT	13	54.17%
THERAPEUTIC BEHAVIORAL SERVICES	5	20.83%
CRISIS INTERVENTION	4	16.67%
FFS-HOSPITAL INPATIENT	2	8.33%
CRISIS STABILIZATION	1	4.17%
HOSPITAL INPATIENT	1	4.17%
ICC	1	4.17%
IHBS	1	4.17%

Service Metrics:

**Table 7e
Children
Day Treatment Intensive Half Day Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	24	100%	\$ 25,541
Mean	\$ 10,542	99%	\$ 25,541
Standard Deviation	\$ 6,781	95%	\$ 23,337
Median	\$ 9,335	90%	\$ 20,614
Mode	\$ 0	75%	\$ 14,910
Interquartile Range	\$ 10,437	50%	\$ 9,335
		25%	\$ 4,473

**Table 7f
Children
Day Treatment Intensive Half Day
Fiscal Year 2015-16**

Statistic	Half-Days	Quartile	Half-Days
Number of Clients	24	100%	197
Mean	74	99%	197
Standard Deviation	53	95%	180
Median	55	90%	159
Mode	-	75%	107
Interquartile Range	76	50%	55
		25%	32

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	73	41	24	26
Number of Half Days	1,166	3,305	1,775	1,921
Days Per Client	16	81	74	74
Approved Amount	\$209,477	\$479,800	\$253,001	\$266,332

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Day Treatment Intensive Full Day

Day Treatment Intensive (Full-Day):

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

Summary:

There has been an increase in costs and clients since FY 2015-16.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 35,027,540	1,902
Actual	FY 2013-14	\$ 30,753,335	1,551
Actual	FY 2014-15	\$ 12,509,640	664
Actual	FY 2015-16	\$ 11,138,358	551
Actual + Forecast	FY 2016-17	\$ 11,223,988	566
Forecast	FY 2017-18	\$ 12,204,455	584
Forecast	FY 2018-19	\$ 12,936,199	613
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients are expected to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a Children Clients Receiving Day Treatment Intensive-Full Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI F/D	40.6%	26.2%	24.7%	8.5%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 8b Children Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI F/D	39.3%	30.7%	17.1%	1.0%	0.4%	11.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 8c Children Clients Receiving Day Treatment Intensive-Full Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DTI F/D	44.5%	55.5%
Total Children	45.2%	54.8%

**Table 8d
 Other Services Received by Children Receiving Day Treatment Intensive Full Day
 Services
 Fiscal Year 2015-16**

	Frequency	Percent of Clients
DAY TX INTENSIVE FULL DAY	551	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	439	79.67%
MEDICATION SUPPORT	349	63.34%
TARGETED CASE MANAGEMENT	269	48.82%
CRISIS INTERVENTION	159	28.86%
THERAPEUTIC BEHAVIORAL SERVICES	145	26.32%
FFS - HOSPITAL INPATIENT	94	17.06%
CRISIS STABILIZATION	88	15.97%
ICC	61	11.07%
PHF	57	10.34%
IHBS	40	7.26%
HOSPITAL INPATIENT	26	4.72%
DAY REHABILITATIVE FULL DAY	11	2.00%
ADULT RESIDENTIAL	2	0.36%
DAY REHABILITATIVE HALF DAY	2	0.36%
ADULT CRISIS RESIDENTIAL	1	0.18%

Service Metrics:

**Table 8e
Children
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	551	100%	\$ 115,309
Mean	\$ 20,115	99%	\$ 71,327
Standard Deviation	\$ 16,574	95%	\$ 47,664
Median	\$ 16,321	90%	\$ 42,510
Mode	\$ 6,073	75%	\$ 30,329
Interquartile Range	\$ 23,041	50%	\$ 16,321
		25%	\$ 7,287

**Table 8f
Children
Day Treatment Intensive Full Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	551	100%	323
Mean	95	99%	273
Standard Deviation	70	95%	222
Median	77	90%	196
Mode	8	75%	143
Interquartile Range	109	50%	77
		25%	36

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,551	664	551	566
Number of Days	138,158	60,149	52,318	55,991
Days Per Client	89	91	95	99
Approved Amount	\$30,753,335	\$12,509,640	\$11,138,358	\$11,223,988

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children
Medication Support

Medication Support:

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

Summary:

The number of clients and costs is forecasted to increase through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 115,682,567	77,077
Actual	FY 2013-14	\$ 123,665,837	80,588
Actual	FY 2014-15	\$ 126,815,633	78,958
Actual	FY 2015-16	\$ 125,503,625	76,594
Actual + Forecast	FY 2016-17	\$ 131,614,121	82,258
Forecast	FY 2017-18	\$ 143,268,851	83,040
Forecast	FY 2018-19	\$ 151,871,574	84,534
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The Medication Support costs and clients are expected to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 9a Children Clients Receiving Medication Support Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MS	15.4%	47.7%	20.1%	16.8%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 9b Children Clients Receiving Medication Support Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	27.4%	43.8%	11.4%	3.6%	0.5%	13.3%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 9c Children Clients Receiving Medication Support Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
MS	41.0%	59.0%
Total Children	45.2%	54.8%

Table 9d
Other Services Received by Children Receiving Medication Support Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
MEDICATION SUPPORT	76,594	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	68,272	89.13%
TARGETED CASE MANAGEMENT	37,438	48.88%
CRISIS INTERVENTION	10,888	14.22%
FFS-HOSPITAL INPATIENT	8,207	10.71%
CRISIS STABILIZATION	6,214	8.11%
THERAPEUTIC BEHAVIORAL SERVICES	5,521	7.21%
ICC	5,431	7.09%
IHBS	4,410	5.76%
HOSPITAL INPATIENT	1,317	1.72%
DAY REHABILITATIVE FULL DAY	872	1.14%
PHF	751	0.98%
DAY TX INTENSIVE FULL DAY	349	0.46%
ADULT CRISIS RESIDENTIAL	330	0.43%
ADULT RESIDENTIAL	75	0.10%
DAY REHABILITATIVE HALF DAY	41	0.05%
DAY TX INTENSIVE HALF DAY	13	0.02%

Service Metrics:

**Table 9e
Children
Medication Support Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	76,594	100%	\$ 58,997
Mean	\$ 1,639	99%	\$ 9,035
Standard Deviation	\$ 2,022	95%	\$ 4,571
Median	\$ 1,117	90%	\$ 3,414
Mode	\$ 726	75%	\$ 2,098
Interquartile Range	\$ 1,547	50%	\$ 1,117
		25%	\$ 551

**Table 9f
Children
Medication Support Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	76,5904	100%	13,328
Mean	302	99%	1,576
Standard Deviation	370	95%	834
Median	210	90%	621
Mode	90	75%	379
Interquartile Range	269	50%	210
		25%	110

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	80,588	78,958	76,594	82,258
Number of Minutes	24,751,233	24,674,536	23,126,284	23,748,168
Minutes Per Client	307	313	302	289
Approved Amount	\$123,665,837	\$126,815,633	\$125,503,625	\$131,614,121

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):

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

Summary:

The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 6,065,148	751
Actual	FY 2013-14	\$ 8,750,129	801
Actual	FY 2014-15	\$ 9,164,947	884
Actual	FY 2015-16	\$ 11,321,395	1,176
Actual + Forecast	FY 2016-17	\$ 15,138,909	1,682
Forecast	FY 2017-18	\$ 16,476,641	1,721
Forecast	FY 2018-19	\$ 17,464,145	1,783
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The total annual costs and the number of clients served are expected to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 10a Children Clients Receiving Psychiatric Health Facility Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
PHF	0.2%	36.5%	24.9%	38.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 10b Children Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	31.4%	35.2%	14.2%	5.9%	1.6%	11.8%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 10c Children Clients Receiving Psychiatric Health Facility Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
PHF	57.8%	42.2%
Total Children	45.2%	54.8%

Table 10d

**Other Services Received by Children Receiving Psychiatric Health Facility
 Services**

Fiscal Year 2015-16

	Frequency	Percent of Clients
PHF	1,176	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	863	73.38%
MEDICATION SUPPORT	751	63.86%
CRISIS STABILIZATION	694	59.01%
TARGETED CASE MANAGEMENT	642	54.59%
CRISIS INTERVENTION	625	53.15%
FFS-HOSPITAL INPATIENT	294	25.00%
THERAPEUTIC BEHAVIORAL SERVICES	148	12.59%
ICC	59	5.02%
DAY TX INTENSIVE FULL DAY	57	4.85%
ADULT CRISIS RESIDENTIAL	49	4.17%
IHBS	38	3.23%
HOSPITAL INPATIENT	36	3.06%
ADULT RESIDENTIAL	12	1.02%
DAY REHABILITATIVE FULL DAY	5	0.43%

Service Metrics:

**Table 10e
Children
Psychiatric Health Facility Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	1,176	100%	\$ 202,751
Mean	\$ 9,627	99%	\$ 99,612
Standard Deviation	\$ 17,055	95%	\$ 35,910
Median	\$ 4,220	90%	\$ 21,399
Mode	\$ 1,804	75%	\$ 9,284
Interquartile Range	\$ 7,456	50%	\$ 4,220
		25%	\$ 1,828

**Table 10f
Children
Psychiatric Health Facility Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	1,176	100%	282
Mean	12	99%	155
Standard Deviation	25	95%	42
Median	5	90%	24
Mode	2	75%	11
Interquartile Range	8	50%	5
		25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	801	884	1,176	1,682
Number of Days	11,538	11,237	13,813	14,042
Days Per Client	14	13	12	8
Approved Amount	\$8,750,129	\$9,164,947	\$11,321,395	\$15,138,909

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

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

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

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by SD/MC hospitals shows a small growth in cost and clients through FY 2017-18 and FY 2017-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 16,496,618	2,086
Actual	FY 2013-14	\$ 18,318,655	2,124
Actual	FY 2014-15	\$ 19,368,206	2,254
Actual	FY 2015-16	\$ 15,644,020	1,977
Actual + Forecast	FY 2016-17	\$ 17,046,172	2,287
Forecast	FY 2017-18	\$ 18,481,116	2,341
Forecast	FY 2018-19	\$ 19,587,502	2,392
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 11a Children Clients Receiving Hospital Inpatient Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-SDMC	5.6%	44.1%	21.0%	29.3%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 11b Children Clients Receiving Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	25.3%	45.8%	15.0%	3.5%	0.4%	10.0%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 11c Children Clients Receiving Hospital Inpatient Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
HIS-SDMC	46.3%	53.7%
Total Children	45.2%	54.8%

Table 11d
Other Services Received by Children Receiving Hospital Inpatient Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
HOSPITAL INPATIENT	1,977	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,620	81.94%
MEDICATION SUPPORT	1,317	66.62%
CRISIS STABILIZATION	1,110	56.15%
CRISIS INTERVENTION	1,065	53.87%
TARGETED CASE MANAGEMENT	1,050	53.11%
FFS-HOSPITAL INPATIENT	547	27.67%
THERAPEUTIC BEHAVIORAL SERVICES	226	11.43%
ICC	218	11.03%
IHBS	184	9.31%
ADULT CRISIS RESIDENTIAL	76	3.84%
DAY REHABILITATIVE HALF DAY	39	1.97%
PHF	36	1.82%
DAY TX INTENSIVE FULL DAY	26	1.32%
ADULT RESIDENTIAL	18	0.91%
DAY REHABILITATIVE FULL DAY	1	0.05%

Service Metrics:

**Table 11e
Children
Psychiatric Hospital Inpatient Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	1,977	100%	\$ 332,026
Mean	\$ 7,913	99%	\$ 55,860
Standard Deviation	\$ 12,985	95%	\$ 25,436
Median	\$ 4,573	90%	\$ 17,203
Mode	\$ 3,441	75%	\$ 8,172
Interquartile Range	\$ 5,380	50%	\$ 4,573
		25%	\$ 2,792

**Table 11f
Children
Psychiatric Hospital Inpatient Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	1,977	100%	226
Mean	8	99%	59
Standard Deviation	12	95%	25
Median	4	90%	16
Mode	2	75%	9
Interquartile Range	7	50%	4
		25%	2

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	2,124	2,254	1,977	2,287
Number of Days	18,581	18,752	15,071	15,372
Days Per Client	9	8	8	7
Approved Amount	\$18,318,655	\$19,368,206	\$15,644,020	\$17,046,172

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Targeted Case Management

Targeted Case Management (TCM):

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

Summary:

The forecast for Targeted Case Management Services shows slight growth in cost and clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 88,096,357	95,988
Actual	FY 2013-14	\$ 85,780,804	100,937
Actual	FY 2014-15	\$ 79,559,032	98,663
Actual	FY 2015-16	\$ 74,830,65	91,513
Actual + Forecast	FY 2016-17	\$ 78,575,743	100,637
Forecast	FY 2017-18	\$ 85,505,791	101,596
Forecast	FY 2018-19	\$ 90,633,335	102,553
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients for Targeted Case Management are forecasted to slightly increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a Children Clients Receiving Targeted Case Management Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TCM	26.6%	45.4%	17.1%	10.9%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 12b Children Clients Receiving Targeted Case Management Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	25.4%	47.2%	12.0%	4.2%	0.6%	10.6%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 12c Children Clients Receiving Targeted Case Management Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
TCM	44.3%	55.7%
Total Children	45.2%	54.8%

Table 12d
Other Services Received by Children Receiving Targeted Case Management
Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
TARGETED CASE MANAGEMENT	91,513	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	88,168	96.34%
MEDICATION SUPPORT	37,438	40.91%
CRISIS INTERVENTION	10,986	12.00%
ICC	6,333	6.92%
FFS-HOSPITAL INPATIENT	5,932	6.48%
THERAPEUTIC BEHAVIORAL SERVICES	5,548	6.06%
CRISIS STABILIZATION	5,365	5.86%
IHBS	4,723	5.16%
HOSPITAL INPATIENT	1,050	1.15%
PHF	642	0.70%
DAY REHABILITATIVE FULL DAY	281	0.31%
ADULT CRISIS RESIDENTIAL	277	0.30%
DAY TX INTENSIVE FULL DAY	269	0.29%
ADULT RESIDENTIAL	78	0.09%
DAY TX INTENSIVE HALF DAY	24	0.03%
DAY REHABILITATIVE HALF DAY	16	0.02%

Service Metrics:

**Table 12e
Children
Targeted Case Management Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	91,513	100%	\$ 68,138
Mean	\$ 818	99%	\$ 8,912
Standard Deviation	\$ 1,947	95%	\$ 3,279
Median	\$ 260	90%	\$ 1,878
Mode	\$ 73	75%	\$ 730
Interquartile Range	\$ 626	50%	\$ 260
		25%	\$ 104

**Table 12f
Children
Targeted Case Management Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	91,513	100%	28,273
Mean	336	99%	3,522
Standard Deviation	754	95%	1,363
Median	113	90%	788
Mode	0	75%	314
Interquartile Range	270	50%	113
		25%	44

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	100,937	98,663	91,513	100,637
Number of Minutes	37,000,607	35,743,878	30,702,867	32,587,258
Minutes Per Client	367	362	336	324
Approved Amount	\$85,780,804	\$79,559,032	\$74,830,654	\$78,575,743

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Therapeutic Behavioral Service

Therapeutic Behavioral Services (TBS):

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

Summary:

TBS has shown growth since its inception. Recent trends reflected in claims data points to continued growth.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 103,323,169	7,990
Actual	FY 2013-14	\$ 101,921,783	8,085
Actual	FY 2014-15	\$ 96,303,568	8,154
Actual	FY 2015-16	\$ 89,989,699	7,976
Actual + Forecast	FY 2016-17	\$ 90,146,296	8,245
Forecast	FY2017-18	\$ 98,085,651	8,513
Forecast	FY 2018-19	\$ 103,974,793	8,763
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Cost and clients for TBS are forecasted to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a Children Clients Receiving Therapeutic Behavioral Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TBS	27.6%	53.8%	15.5%	3.1%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 13b Children Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TBS	34.0%	37.7%	14.1%	1.9%	0.6%	11.7%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 13c Children Clients Receiving Therapeutic Behavioral Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
TBS	38.4%	61.6%
Total Children	45.2%	54.8%

Table 13d
Other Services Received by Children Receiving Therapeutic Behavioral Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
THERAPEUTIC BEHAVIORAL SERVICES	7,976	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,818	98.02%
TARGETED CASE MANAGEMENT	5,548	69.56%
MEDICATION SUPPORT	5,521	69.22%
CRISIS INTERVENTION	1,937	24.29%
ICC	1,651	20.70%
IHBS	1,194	14.97%
FFS-HOSPITAL INPATIENT	1,170	14.67%
CRISIS STABILIZATION	1,102	13.82%
HOSPITAL INPATIENT	226	2.83%
DAY REHABILITATIVE FULL DAY	152	1.91%
PHF	148	1.86%
DAY TX INTENSIVE FULL DAY	145	1.82%
ADULT CRISIS RESIDENTIAL	9	0.11%
DAY REHABILITATIVE HALF DAY	7	0.09%
DAY TX INTENSIVE HALF DAY	5	0.06%
ADULT RESIDENTIAL	3	0.04%

Service Metrics:

**Table 13e
 Children
 Therapeutic Behavioral Services Approved Amount
 Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	7,976	100%	\$ 175,470
Mean	\$ 11,283	99%	\$ 59,415
Standard Deviation	\$ 12,737	95%	\$ 33,425
Median	\$ 7,549	90%	\$ 25,953
Mode	\$ 0	75%	\$ 15,867
Interquartile Range	\$ 13,327	50%	\$ 7,549
		25%	\$ 2,540

**Table 13f
 Children
 Therapeutic Behavioral Services Minutes
 Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	7,976	100%	98,069
Mean	4,436	99%	22,343
Standard Deviation	5,081	95%	13,888
Median	2,922	90%	10,477
Mode	0	75%	6,250
Interquartile Range	5,335	50%	2,922
		25%	915

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	8,085	8,154	7,976	8,245
Number of Minutes	41,381,246	39,611,971	35,379,235	36,440,193
Minutes Per Client	5,118	4,858	4,436	4,420
Approved Amount	\$101,921,783	\$96,303,568	\$89,989,699	\$90,146,296

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Therapy and Other Service Activities

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

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

1. Assessment – A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history, diagnosis, and the use of mental health testing procedures.
2. Plan Development – A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy – A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation – A service activity that includes, but is not limited to, assistance improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and 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 continual growth in the number of clients served and costs.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 1,074,539,882	230,373
Actual	FY 2013-14	\$ 1,121,371,036	246,094
Actual	FY 2014-15	\$ 1,115,414,074	247,239
Actual	FY 2015-16	\$ 1,116,068,579	246,318
Actual + Forecast	FY 2016-17	\$ 1,365,467,418	265,355
Forecast	FY 2017-18	\$ 1,484,599,131	274,747
Forecast	FY 2018-19	\$ 1,573,597,657	281,351
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for Therapy and Other Service Activities are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 14a Children Clients Receiving Therapy and Other Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MHS	30.1%	45.0%	15.5%	9.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 14b Children Clients Receiving Therapy and Other Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MHS	24.0%	51.4%	10.9%	3.6%	0.5%	9.6%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 14c Children Clients Receiving Therapy and Other Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
MHS	45.2%	54.8%
Total Children	45.2%	54.8%

**Table 14d
 Other Services Received by Children Receiving Therapy and Other Service
 Activities
 Fiscal Year 2015-16**

	Frequency	Percent of Clients
THERAPY AND OTHER SERVICE ACTIVITIES	246,318	100.00%
TARGETED CASE MANAGEMENT	88,168	35.79%
MEDICATION SUPPORT	68,272	27.72%
CRISIS INTERVENTION	16,202	6.58%
ICC	11,535	4.68%
FFS-HOSPITAL INPATIENT	10,414	4.23%
IHBS	8,774	3.56%
CRISIS STABILIZATION	8,439	3.43%
THERAPEUTIC BEHAVIORAL SERVICES	7,818	3.17%
HOSPITAL INPATIENT	1,620	0.66%
PHF	863	0.35%
DAY REHABILITATIVE FULL DAY	652	0.26%
DAY TX INTENSIVE FULL DAY	439	0.18%
ADULT CRISIS RESIDENTIAL	305	0.12%
ADULT RESIDENTIAL	74	0.03%
DAY REHABILITATIVE HALF DAY	53	0.02%
DAY TX INTENSIVE HALF DAY	24	0.01%

Service Metrics:

**Table 14e
Children
Therapy and Other Service Activities Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	246,318	100%	\$ 391,503
Mean	\$ 4,531	99%	\$ 30,864
Standard Deviation	\$ 6,750	95%	\$ 15,276
Median	\$ 2,468	90%	\$ 10,616
Mode	\$ 66	75%	\$ 5,662
Interquartile Range	\$ 4,786	50%	\$ 2,468
		25%	\$ 876

**Table 14f
Children
Therapy and Other Service Activities Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	246,318	100%	123,421
Mean	1,601	99%	10,692
Standard Deviation	2,299	95%	5,395
Median	894	90%	3,771
Mode	0	75%	2,022
Interquartile Range	1,707	50%	894
		25%	315

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	246,094	247,239	246,318	265,355
Number of Minutes	424,916,533	416,693,217	394,355,646	418,260,260
Minutes Per Client	1,727	1,685	1,601	1,576
Approved Amount	\$1,121,371,036	\$1,115,414,074	\$1,116,068,579	\$1,365,467,418

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:

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

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

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals projects growth in costs and clients through 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 63,615,240	10,268
Actual	FY 2013-14	\$ 73,731,135	12,032
Actual	FY 2014-15	\$ 81,624,832	13,019
Actual	FY 2015-16	\$ 86,796,278	12,621
Actual + Forecast	FY 2016-17	\$ 93,245,479	13,601
Forecast	FY 2017-18	\$ 99,063,057	14,238
Forecast	FY 2018-19	\$ 104,895,081	14,934
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 15a Children Clients Receiving Fee For Service Hospital Inpatient Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-FFS	1.9%	45.5%	26.8%	25.9%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 15b Children Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	23.0%	47.1%	11.0%	4.3%	0.6%	13.9%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 15c Children Clients Receiving Fee For Service Hospital Inpatient Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
HIS-FFS	57.9%	42.1%
Total Children	45.2%	54.8%

**Table 15d
 Other Services Received by Children Receiving FFS Psychiatric Hospital Inpatient
 Services
 Fiscal Year 2015-16**

	Frequency	Percent of Clients
FFS-HOSPITAL INPATIENT	12,621	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,414	82.51%
MEDICATION SUPPORT	8,207	65.03%
TARGETED CASE MANAGEMENT	5,932	47.00%
CRISIS INTERVENTION	5,926	46.95%
CRISIS STABILIZATION	3,531	27.98%
THERAPEUTIC BEHAVIORAL SERVICES	1,170	9.27%
ICC	818	6.48%
IHBS	633	5.02%
HOSPITAL INPATIENT	547	4.33%
PHF	294	2.33%
ADULT CRISIS RESIDENTIAL	143	1.13%
DAY REHABILITATIVE FULL DAY	120	0.95%
DAY TX INTENSIVE FULL DAY	94	0.74%
ADULT RESIDENTIAL	18	0.14%
DAY TX INTENSIVE HALF DAY	2	0.02%
DAY REHABILITATIVE HALF DAY	1	0.01%

Service Metrics:

**Table 15e
Children
FFS Psychiatric Hospital Inpatient Services Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	12,621	100%	\$ 199,430
Mean	\$ 6,901	99%	\$ 46,900
Standard Deviation	\$ 9,440	95%	\$ 21,600
Median	\$ 4,320	90%	\$ 14,324
Mode	\$ 3,600	75%	\$ 7,350
Interquartile Range	\$ 4,938	50%	\$ 4,320
		25%	\$ 2,412

**Table 15f
Children
FFS Psychiatric Hospital Inpatient Services Days
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	12,621	100%	221
Mean	8	99%	52
Standard Deviation	10	95%	25
Median	5	90%	17
Mode	3	75%	9
Interquartile Range	6	50%	5
		25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	12,032	13,019	12,621	13,601
Number of Days	99,423	103,460	103,744	109,550
Days Per Client	8	8	8	8
Approved Amount	\$73,731,135	\$81,624,832	\$86,796,278	\$93,245,479

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Intensive Care Coordination

Intensive Care Coordination (ICC):

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

- Oversees 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:

The forecast for ICC services is projecting an increase in costs and clients served.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 0	0
Actual	FY 2013-14	\$ 19,437,354	6,713
Actual	FY 2014-15	\$ 33,804,873	10,197
Actual	FY 2015-16	\$ 38,046,367	11,736
Actual + Forecast	FY 2016-17	\$ 49,278,000	17,072
Forecast	FY 2017-18	\$ 53,601,104	20,915
Forecast	FY 2018-19	\$ 56,813,762	24,758
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for and clients served with ICC services are projected to increase in FY 2017-18 and FY2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 16a Children Clients Receiving intensive Care Coordination Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ICC	27.5%	49.6%	16.5%	6.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 16b Children Clients Receiving Intensive Care Coordination Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ICC	40.8%	34.6%	15.2%	1.6%	0.6%	7.1%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 16c Children Clients Receiving Intensive Care Coordination Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
ICC	47.6%	52.4%
Total Children	45.2%	54.8%

Table 16d
Other Services Received by Children Receiving Intensive Care Coordination
Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
ICC	11,736	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	11,535	98.29%
IHBS	8,053	68.62%
TARGETED CASE MANAGEMENT	6,333	53.96%
MEDICATION SUPPORT	5,431	46.28%
CRISIS INTERVENTION	1,763	15.02%
THERAPEUTIC BEHAVIORAL SERVICES	1,651	14.07%
CRISIS STABILIZATION	906	7.72%
FFS-HOSPITAL INPATIENT	818	6.97%
HOSPITAL INPATIENT	218	1.86%
DAY REHABILITATIVE FULL DAY	149	1.27%
DAY TX INTENSIVE FULL DAY	61	0.52%
PHF	59	0.50%
ADULT CRISIS RESIDENTIAL	10	0.09%
DAY REHABILITATIVE HALF DAY	6	0.05%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

**Table 16e
Children
Intensive Care Coordination Services Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	11,736	100%	\$ 58,550
Mean	\$ 3,242	99%	\$ 20,056
Standard Deviation	\$ 4,367	95%	\$ 11,840
Median	\$ 1,575	90%	\$ 8,587
Mode	\$ 150	75%	\$ 4,323
Interquartile Range	\$ 3,873	50%	\$ 1,575
		25%	\$ 449

**Table 16f
Children
Intensive Care Coordination Services Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	11,736	100%	23,274
Mean	1,567	99%	9,740
Median	760	90%	4,233
Mode	0	75%	2,109
Interquartile Range	1,907	50%	760
		25%	202

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	6,713	10,197	11,736	17,072
Number of Minutes	9,625,101	16,781,028	18,388,062	23,217,135
Minutes Per Client	1,434	1,646	1,567	1,360
Approved Amount	\$19,437,354	\$33,804,873	\$38,046,367	49,278,000

* FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Children

Intensive Home Based Services

Intensive Home Based Services (IHBS):

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

Summary:

The forecast for IHBS is projecting an increase in costs and clients served.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 0	0
Actual	FY 2013-14	\$ 26,912,422	5,317
Actual	FY 2014-15	\$ 47,726,896	7,846
Actual	FY 2015-16	\$ 56,100,977	8,880
Actual + Forecast	FY 2016-17	\$ 69,174,336	12,223
Forecast	FY 2017-18	\$ 75,237,765	14,750
Forecast	FY 2018-19	\$ 79,752,222	17,278
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for and clients served with IHBS are projected to increase in FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 17a Children Clients Receiving Intensive Home Based Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017				
Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
IHBS	27.1%	50.9%	16.2%	5.8%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 17b Children Clients Receiving Intensive Home Based Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
IHBS	40.3%	34.9%	15.2%	1.3%	0.3%	8.0%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.5%

Table 17c Children Clients Receiving Intensive Home Based Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
IHBS	46.4%	53.6%
Total Children	45.2%	54.8%

**Table 17d
 Other Services Received by Children Receiving Intensive Home Based Services
 Fiscal Year 2015-16**

	Frequency	Percent of Clients
IHBS	8,880	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,774	98.81%
ICC	8,053	90.69%
TARGETED CASE MANAGEMENT	4,723	53.19%
MEDICATION SUPPORT	4,410	49.66%
CRISIS INTERVENTION	1,441	16.23%
THERAPEUTIC BEHAVIORAL SERVICES	1,194	13.45%
CRISIS STABILIZATION	637	7.17%
FFS-HOSPITAL INPATIENT	633	7.13%
HOSPITAL INPATIENT	184	2.07%
DAY REHABILITATIVE FULL DAY	54	0.61%
DAY TX INTENSIVE FULL DAY	40	0.45%
PHF	38	0.43%
ADULT CRISIS RESIDENTIAL	6	0.07%
DAY REHABILITATIVE HALF DAY	6	0.07%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

**Table 17e
Children
Intensive Home Based Services Approved Amount
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	8,880	100%	\$ 187,363
Mean	\$ 6,318	99%	\$ 52,028
Standard Deviation	\$ 10,429	95%	\$ 20,664
Median	\$ 3,280	90%	\$ 14,497
Mode	\$ 0	75%	\$ 7,644
Interquartile Range	\$ 6,593	50%	\$ 3,280
		25%	\$ 1,051

**Table 17f
Children
Intensive Home Based Services Minutes
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	8,880	100%	51,510
Mean	2,221	99%	13,587
Standard Deviation	3,011	95%	7,267
Median	1,297	90%	5,310
Mode	0	75%	2,986
Interquartile Range	2,596	50%	1,297
		25%	391

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	5,317	7,846	8,880	12,223
Number of Minutes	10,391,848	18,519,262	19,720,139	24,124,582
Minutes Per Client	1,954	2,360	2,222	1,855
Approved Amount	\$26,912,422	\$47,726,896	\$56,100,977	\$69,174,336

* FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adult Services Section

Adults

Adult Crisis Residential Services

Adult Crisis Residential Services (CRS):

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

Summary:

The forecast for Adult Crisis Residential Services includes increases in client counts and annual costs through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 25,659,512	4,083
Actual	FY 2013-14	\$ 31,561,687	5,704
Actual	FY 2014-15	\$ 40,892,508	7,306
Actual	FY 2015-16	\$ 46,271,162	7,354
Actual + Forecast	FY 2016-17	\$ 52,942,059	8,516
Forecast	FY 2017-18	\$ 57,481,199	9,438
Forecast	FY 2018-19	\$ 62,857,643	10,337
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Dollars and clients are expected to continue to grow for FY 2017-18 and FY 2018-19 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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a ADULTS Clients Receiving Adult Crisis Residential Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
ACR	94.4%	4.1%	1.4%
Total Adults	86.3%	8.4%	5.4%

Table 1b ADULTS Clients Receiving Adult Crisis Residential Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	44.4%	13.0%	15.5%	6.1%	0.8%	20.2%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 1c ADULTS Clients Receiving Adult Crisis Residential Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
ACR	41.0%	59.0%
Total Adults	51.2%	48.8%

Table 1d
Other Services Received by Adults Receiving Adult Crisis Residential Service
Fiscal Year 2015-16

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	7,354	100.00%
MEDICATION SUPPORT	6,731	91.53%
THERAPY AND OTHER SERVICE ACTIVITIES	5,664	77.02%
TARGETED CASE MANAGEMENT	4,925	66.97%
CRISIS STABILIZATION	4,161	56.58%
CRISIS INTERVENTION	3,069	41.73%
FFS-HOSPITAL INPATIENT	2,039	27.73%
HOSPITAL INPATIENT	1,329	18.07%
PHF	726	9.87%
ADULT RESIDENTIAL	634	8.62%
DAY REHABILITATIVE FULL DAY	70	0.95%
DAY REHABILITATIVE HALF DAY	68	0.92%

Service Metrics:

**Table 1e
Adults
Adult Crisis Residential-Adult
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	7,354	100%	\$ 64,424
Mean	\$ 6,292	99%	\$ 30,162
Standard Deviation	\$ 6,253	95%	\$ 18,382
Median	\$ 4,699	90%	\$ 13,253
Mode	\$ 4,337	75%	\$ 8,361
Interquartile Range	\$ 6,082	50%	\$ 4,699
		25%	\$ 2,280

**Table 1f
Adults
Adult Crisis Residential-Adult
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Days
Number of Clients	7,354	100%	174
Mean	18	99%	80
Standard Deviation	17	95%	50
Median	14	90%	36
Mode	14	75%	23
Interquartile Range	16	50%	14
		25%	7

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	5,704	7,306	7,354	8,516
Number of Days	94,271	120,470	129,110	141,132
Days Per Client	17	16	18	17
Approved Amount	\$31,561,687	\$40,892,508	\$46,271,162	\$52,942,059

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Adult Residential Services

Adult Residential Treatment Services:

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

Summary:

The forecast for Adult Residential Services indicates an increase in clients and total cost through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 16,363,817	1,177
Actual	FY 2013-14	\$ 20,279,367	1,330
Actual	FY 2014-15	\$ 23,623,998	1,541
Actual	FY 2015-16	\$ 24,578,395	1,565
Actual + Forecast	FY 2016-17	\$ 29,452,897	1,671
Forecast	FY 2017-18	\$ 31,987,526	1,757
Forecast	FY 2018-19	\$ 34,976,380	1,857
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The forecast indicates an increase in costs and clients served through FY 2017-18 and in FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 2a ADULTS Clients Receiving Adult Residential Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
AR	93.3%	4.3%	2.4%
Total Adults	86.3%	8.4%	5.4%

Table 2b ADULTS Clients Receiving Adult Residential Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	40.3%	11.7%	13.8%	6.1%	1.1%	27.0%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 2c ADULTS Clients Receiving Adult Residential Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
AR	35.2%	64.8%
Total Adults	51.2%	48.8%

Table 2d
Other Services Received by Adults Receiving Adult Residential Service
Fiscal Year 2015-16

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,565	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,379	88.12%
MEDICATION SUPPORT	1,310	83.71%
TARGETED CASE MANAGEMENT	1,287	82.24%
CRISIS STABILIZATION	747	47.73%
ADULT CRISIS RESIDENTIAL	634	40.51%
CRISIS INTERVENTION	535	34.19%
HOSPITAL INPATIENT	222	14.19%
FFS-HOSPITAL INPATIENT	191	12.14%
DAY REHABILITATIVE FULL DAY	150	9.65%
PHF	95	6.07%
DAY REHABILITATIVE HALF DAY	19	1.21%

Service Metrics:

**Table 2e
Adults
Adult Residential
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	1,565	100%	\$ 118,621
Mean	\$ 15,705	99%	\$ 66,294
Standard Deviation	\$ 16,605	95%	\$ 48,362
Median	\$ 11,960	90%	\$ 38,300
Mode	\$ 20,700	75%	\$ 22,770
Interquartile Range	\$ 18,860	50%	\$ 11,960
		25%	\$ 3,910

**Table 2f
Adults
Adult Residential
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	1,565	100%	366
Mean	84	99%	358
Standard Deviation	87	95%	266
Median	63	90%	214
Mode	1	75%	121
Interquartile Range	101	50%	63
		25%	20

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,330	1,541	1,565	1,671
Number of Days	116,144	127,702	131,405	147,319
Days Per Client	87	83	84	88
Approved Amount	\$20,279,367	\$23,623,998	\$24,578,395	\$29,452,897

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Crisis Intervention

Crisis Intervention:

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

Summary:

Costs and Clients are forecasted to increase in FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 29,780,602	29,033
Actual	FY 2013-14	\$ 35,657,233	35,939
Actual	FY 2014-15	\$ 48,683,642	46,625
Actual	FY 2015-16	\$ 54,368,497	47,649
Actual + Forecast	FY 2016-17	\$ 66,316,886	53,773
Forecast	FY 2017-18	\$ 71,953,710	58,331
Forecast	FY 2018-19	\$ 78,679,100	62,883
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and Clients are forecasted to increase in FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a ADULTS Clients Receiving Crisis Intervention Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CI	90.8%	5.4%	3.9%
Total Adults	86.3%	8.4%	5.4%

Table 3b ADULTS Clients Receiving Crisis Intervention Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	42.0%	23.0%	13.6%	4.9%	1.0%	15.6%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 3c ADULTS Clients Receiving Crisis Intervention Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
CI	47.9%	52.1%
Total Adults	51.2%	48.8%

Table 3d
Other Services Received by Adults Receiving Crisis Intervention Service
Fiscal Year 2015-16

	Number of Clients	Percent Clients
CRISIS INTERVENTION	47,649	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	31,152	65.38%
MEDICATION SUPPORT	29,221	61.33%
TARGETED CASE MANAGEMENT	23,781	49.91%
CRISIS STABILIZATION	13,881	29.13%
FFS-HOSPITAL INPATIENT	8,986	18.86%
HOSPITAL INPATIENT	4,468	9.38%
PHF	3,813	8.00%
ADULT CRISIS RESIDENTIAL	3,069	6.44%
ADULT RESIDENTIAL	535	1.12%
DAY REHABILITATIVE FULL DAY	79	0.17%
DAY REHABILITATIVE HALF DAY	72	0.15%

Service Metrics:

**Table 3e
Adults
Crisis Intervention
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	47,649	100%	\$ 51,531
Mean	\$ 1,141	99%	\$ 6,839
Standard Deviation	\$ 1,409	95%	\$ 3,476
Median	\$ 732	90%	\$ 2,366
Mode	\$ 2,366	75%	\$ 1,365
Interquartile Range	\$ 1,007	50%	\$ 732
		25%	\$ 358

**Table 3f
Adults
Crisis Intervention
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	47,649	100%	12,122
Mean	237	99%	1,414
Standard Deviation	289	95%	720
Median	150	90%	480
Mode	120	75%	280
Interquartile Range	195	50%	150
		25%	85

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	35,939	46,625	47,649	53,773
Number of Minutes	8,188,687	10,569,517	11,272,981	12,932,088
Minutes Per Client	228	227	237	240
Approved Amount	\$35,657,233	\$48,683,642	\$54,368,497	\$66,316,886

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Crisis Stabilization

Crisis Stabilization:

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a timelier 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 provide coordination with significant others and treatment providers.

Summary:

The forecast for Crisis Stabilization Services is for growth in clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 58,456,656	24,099
Actual	FY 2013-14	\$ 85,870,355	34,235
Actual	FY 2014-15	\$ 127,562,659	47,568
Actual	FY 2015-16	\$ 139,474,511	50,647
Actual + Forecast	FY 2016-17	\$ 153,698,705	57,688
Forecast	FY 2017-18	\$ 166,789,922	63,195
Forecast	FY 2018-19	\$ 182,388,421	69,809
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Growth in costs and clients are forecasted in FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a ADULTS Clients Receiving Crisis Stabilization Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CS	93.7%	4.3%	2.0%
Total Adults	86.3%	8.4%	5.4%

Table 4b ADULTS Clients Receiving Crisis Stabilization Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	32.6%	22.0%	19.8%	6.9%	0.8%	17.9%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 4c ADULTS Clients Receiving Crisis Stabilization Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
CS	42.6%	57.4%
Total Adults	51.2%	48.8%

Table 4d
Other Services Received by Adults Receiving Crisis Stabilization Service
Fiscal Year 2015-16

	Number of Clients	Percent Clients
CRISIS STABILIZATION	50,647	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	26,682	52.68%
MEDICATION SUPPORT	23,638	46.67%
TARGETED CASE MANAGEMENT	16,940	33.45%
CRISIS INTERVENTION	13,881	27.41%
FFS-HOSPITAL INPATIENT	8,974	17.72%
HOSPITAL INPATIENT	6,032	11.91%
ADULT CRISIS RESIDENTIAL	4,161	8.22%
PHF	3,109	6.14%
ADULT RESIDENTIAL	747	1.47%
DAY REHABILITATIVE HALF DAY	182	0.36%
DAY REHABILITATIVE FULL DAY	77	0.15%

Service Metrics:

**Table 4e
Adults
Crisis Stabilization
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	50,647	100%	\$ 230,155
Mean	\$ 2,754	99%	\$ 23,630
Standard Deviation	\$ 5,351	95%	\$ 8,896
Median	\$ 1,700	90%	\$ 5,560
Mode	\$ 1,891	75%	\$ 2,541
Interquartile Range	\$ 1,871	50%	\$ 1,700
		25%	\$ 670

**Table 4f
Adults
Crisis Stabilization-Adult
Fiscal Year 2015-16**

Statistic	Hours	Quartile	Hours
Number of Clients	50,647	100%	1,605
Mean	25	99%	169
Standard Deviation	38	95%	76
Median	19	90%	50
Mode	20	75%	23
Interquartile Range	16	50%	19
		25%	7

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	34,235	47,568	50,647	57,688
Number of Hours	794,878	1,117,043	1,242,137	1,306,688
Hours Per Client	23	23	25	23
Approved Amount	\$85,870,355	\$127,562,659	\$139,474,511	\$153,698,705

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Day Rehabilitation Half Day

Day Rehabilitation (Half-Day):

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

Summary:

For Day Rehabilitation Half Day Services, the forecast for FY 2017-18 and FY 2018-19 indicates an increase in dollars and clients.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 819,605	216
Actual	FY 2013-14	\$ 1,588,644	463
Actual	FY 2014-15	\$ 2,295,333	511
Actual	FY 2015-16	\$ 1,750,152	399
Actual + Forecast	FY 2016-17	\$ 1,808,820	463
Forecast	FY 2017-18	\$ 1,963,707	492
Forecast	FY 2018-19	\$ 2,147,073	522
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Day Rehabilitation Half Day service costs and clients are projected to increase for fiscal years 2017-18 and 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 5a ADULTS Clients Receiving Day Rehabilitative-Half Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR H/D	91.4%	7.2%	1.4%
Total Adults	86.3%	8.4%	5.4%

Table 5b ADULTS Clients Receiving Day Rehabilitative-Half Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	39.0%	10.3%	24.2%	7.2%	0.2%	19.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 5c ADULTS Clients Receiving Day Rehabilitative-Half Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DR H/D	51.0%	49.0%
Total Adults	51.2%	48.8%

Table 5d
Other Services Received by Adults Receiving Day Rehabilitation Half Day Services
Fiscal Year 2015-16

	Number of Clients	Percent Clients
DAY REHABILITATIVE HALF DAY	399	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	258	64.66%
MEDICATION SUPPORT	247	61.90%
TARGETED CASE MANAGEMENT	233	58.40%
CRISIS STABILIZATION	182	45.61%
CRISIS INTERVENTION	72	18.05%
ADULT CRISIS RESIDENTIAL	68	17.04%
HOSPITAL INPATIENT	52	13.03%
FFS-HOSPITAL INPATIENT	25	6.27%
ADULT RESIDENTIAL	19	4.76%
DAY REHABILITATIVE FULL DAY	13	3.26%
PHF	8	2.01%

Service Metrics:

Table 5e
Adults
Day Rehabilitation Half Day
Fiscal Year 2015-16

Statistic	Amount	Quartile	Amount
Number of Clients	399	100%	\$ 29,928
Mean	\$ 4,386	99%	\$ 22,068
Standard Deviation	\$ 5,267	95%	\$ 15,871
Median	\$ 2,123	90%	\$ 11,941
Mode	\$ 2,123	75%	\$ 6,133
Interquartile Range	\$ 5,377	50%	\$ 2,123
		25%	\$ 756

**Table 5f
 Adults
 Day Rehabilitation Half Day-Adult
 Fiscal Year 2015-16**

Statistic	Half-Days	Quartile	Half-Days
Number of Clients	399	100%	198
Mean	43	99%	173
Standard Deviation	41	95%	125
Median	33	90%	112
Mode	2	75%	60
Interquartile Range	49	50%	33
		25%	11

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	463	511	399	463
Number of Half Days	17,032	23,377	17,216	17,666
Days Per Client	37	46	43	38
Approved Amount	\$1,588,644	\$2,295,333	\$1,750,152	\$1,808,820

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Day Rehabilitation Full Day

Day Rehabilitation (Full-Day):

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

Summary:

The forecast for Day Rehabilitation Full Day Services shows an increase in clients and costs through FY 2017-18 and in FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 6,607,902	835
Actual	FY 2013-14	\$ 6,726,581	865
Actual	FY 2014-15	\$ 6,407,366	745
Actual	FY 2015-16	\$ 2,898,528	1,104
Actual + Forecast	FY 2016-17	\$ 3,002,979	1,110
Forecast	FY 2017-18	\$ 3,259,362	1,130
Forecast	FY 2018-19	\$ 3,563,732	1,164
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Day Rehabilitation Full Day costs and clients served are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a ADULTS Clients Receiving Day Rehabilitative-Full Day Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR F/D	80.1%	12.5%	7.4%
Total Adults	86.3%	8.4%	5.4%

Table 6b ADULTS Clients Receiving Day Rehabilitative-Full Day Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	39.5%	15.1%	16.2%	5.2%	1.1%	22.9%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 6c ADULTS Clients Receiving Day Rehabilitative-Full Day Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
DR F/D	29.9%	70.1%
Total Adults	51.2%	48.8%

Table 6d
Other Services Received by Adults Receiving Day Rehabilitation Full Day Services
Fiscal Year 2015-16

	Number of Clients	Percent Clients
DAY REHABILITATIVE FULL DAY	249	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	218	87.55%
TARGETED CASE MANAGEMENT	196	78.71%
MEDICATION SUPPORT	193	77.51%
ADULT RESIDENTIAL	150	60.24%
CRISIS INTERVENTION	79	31.73%
CRISIS STABILIZATION	77	30.92%
ADULT CRISIS RESIDENTIAL	70	28.11%
HOSPITAL INPATIENT	40	16.06%
FFS-HOSPITAL INPATIENT	26	10.44%
DAY REHABILITATIVE HALF DAY	13	5.22%
PHF	1	0.40%

Service Metrics:

**Table 6e
 Adults
 Day Rehabilitation Full Day
 Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	249	100%	\$ 73,615
Mean	\$ 11,641	99%	\$ 67,984
Standard Deviation	\$ 13,841	95%	\$ 43,445
Median	\$ 7,711	90%	\$ 26,550
Mode	\$ 4,023	75%	\$ 13,907
Interquartile Range	\$ 10,669	50%	\$ 7,711
		25%	\$ 3,238

**Table 6f
 Adults
 Day Rehabilitation Full Day
 Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	249	100%	183
Mean	54	99%	169
Standard Deviation	43	95%	142
Median	46	90%	113
Mode	10	75%	85
Interquartile Range	67	50%	46
		25%	18

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

<u>Data Type</u>	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016</u>	<u>2016-2017*</u>
Number of Clients	865	745	1,104	1,110
Number of Days	43,741	34,661	13,512	13,857
Days Per Client	51	47	12	12
Approved Amount	\$6,726,581	\$6,407,366	\$2,898,528	\$3,002,979

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Medication Support

Medication Support:

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

Summary:

The number of unduplicated clients and total costs are forecasted to increase in FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 227,581,241	164,035
Actual	FY 2013-14	\$ 270,708,033	202,374
Actual	FY 2014-15	\$ 332,121,212	226,110
Actual	FY 2015-16	\$ 357,809,334	229,330
Actual + Forecast	FY 2016-17	\$ 378,944,661	237,130
Forecast	FY 2017-18	\$ 411,269,184	251,422
Forecast	FY 2018-19	\$ 449,681,920	265,720
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The Medication Support costs and clients are expected to continue to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a ADULTS Clients Receiving Medication Support Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
MS	84.4%	9.8%	5.7%
Total Adults	86.3%	8.4%	5.4%

Table 8b ADULTS Clients Receiving Medication Support Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	35.4%	21.8%	15.3%	9.0%	0.7%	17.6%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 8c ADULTS Clients Receiving Medication Support Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
MS	52.7%	47.3%
Total Adults	51.2%	48.8%

**Table 8d
Other Services Received by Adults Receiving Medication Support Services
Fiscal Year 2015-16**

	Number of Clients	Percent Clients
MEDICATION SUPPORT	229,330	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	170,106	74.18%
TARGETED CASE MANAGEMENT	106,619	46.49%
CRISIS INTERVENTION	29,221	12.74%
CRISIS STABILIZATION	23,638	10.31%
FFS-HOSPITAL INPATIENT	15,621	6.81%
ADULT CRISIS RESIDENTIAL	6,731	2.94%
HOSPITAL INPATIENT	6,239	2.72%
PHF	3,403	1.48%
ADULT RESIDENTIAL	1,310	0.57%
DAY REHABILITATIVE HALF DAY	247	0.11%
DAY REHABILITATIVE FULL DAY	193	0.08%

Service Metrics:

**Table 8e
Adults
Medication Support
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	229,330	100%	\$ 108,102
Mean	\$ 1,560	99%	\$ 10,282
Standard Deviation	\$ 2,308	95%	\$ 4,922
Median	\$ 967	90%	\$ 3,314
Mode	\$ 551	75%	\$ 1,808
Interquartile Range	\$ 1,353	50%	\$ 967
		25%	\$ 454

**Table 8f
 Adults
 Medication Support
 Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	229,330	100%	19,308
Mean	273	99%	1,792
Standard Deviation	384	95%	840
Median	175	90%	571
Mode	60	75%	315
Interquartile Range	225	50%	175
		25%	90

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	202,374	226,110	229,330	237,130
Number of Minutes	53,101,974	61,667,540	62,599,711	63,358,807
Minutes Per Client	262	273	273	267
Approved Amount	\$270,708,033	\$332,121,212	\$357,809,334	\$378,944,661

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Psychiatric Health Facility Services

Psychiatric Health Facility (PHF):

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

Summary:

The forecast for Psychiatric Health Facility (PHF) Services shows an increase in the number of clients and total costs through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 24,661,613	2,900
Actual	FY 2013-14	\$ 36,409,161	4,160
Actual	FY 2014-15	\$ 48,468,023	5,907
Actual	FY 2015-16	\$ 47,606,807	5,847
Actual + Forecast	FY 2016-17	\$ 52,818,236	6,153
Forecast	FY 2017-18	\$ 57,432,681	6,820
Forecast	FY 2018-19	\$ 62,793,746	7,486
Actual data as of December 31, 2017			

Budget Forecast Narrative:

The total annual costs and clients served are expected to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 9a ADULTS Clients Receiving Psychiatric Health Facility Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
PHF	94.9%	4.1%	1.0%
Total Adults	86.3%	8.4%	5.4%

Table 9b ADULTS Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	48.5%	18.2%	10.3%	5.6%	1.0%	16.4%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 9c ADULTS Clients Receiving Psychiatric Health Facility Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
PHF	46.2%	53.8%
Total Adults	51.2%	48.8%

Table 9d
Other Services Received by Adults Receiving Psychiatric Health Facility
Services
Fiscal Year 2015-16

	Number of Clients	Percent Clients
PHF	5,847	100.00%
CRISIS INTERVENTION	3,813	65.21%
THERAPY AND OTHER SERVICE ACTIVITIES	3,641	62.27%
TARGETED CASE MANAGEMENT	3,627	62.03%
MEDICATION SUPPORT	3,403	58.20%
CRISIS STABILIZATION	3,109	53.17%
FFS-HOSPITAL INPATIENT	869	14.86%
ADULT CRISIS RESIDENTIAL	726	12.42%
HOSPITAL INPATIENT	295	5.05%
ADULT RESIDENTIAL	95	1.62%
DAY REHABILITATIVE HALF DAY	8	0.14%
DAY REHABILITATIVE FULL DAY	1	0.02%

Service Metrics:

Table 9e
Adults
PHF
Fiscal Year 2015-16

Statistic	Amount	Quartile	Amount
Number of Clients	5,847	100%	\$ 189,200
Mean	\$ 8,142	99%	\$ 61,800
Standard Deviation	\$ 11,663	95%	\$ 28,440
Median	\$ 4,522	90%	\$ 18,540
Mode	\$ 756	75%	\$ 9,344
Interquartile Range	\$ 7,139	50%	\$ 4,522
		25%	\$ 2,205

**Table 9f
 Adults
 PHF
 Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	5,847	100%	295
Mean	11	99%	88
Standard Deviation	17	95%	39
Median	6	90%	25
Mode	2	75%	13
Interquartile Range	10	50%	6
		25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017-*
Number of Clients	4,160	5,907	5,847	6,153
Number of Days	49,107	64,823	64,029	66,563
Days Per Client	12	11	11	11
Approved Amount	\$36,409,161	\$48,468,023	\$47,606,807	\$52,818,236

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

Psychiatric Hospital Inpatient Services – SD/MC Hospitals:

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

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

Summary:

The forecast for Psychiatric Hospital Inpatient Services shows an increase in clients and cost through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 73,437,965	6,263
Actual	FY 2013-14	\$ 100,833,142	7,908
Actual	FY 2014-15	\$ 136,294,610	10,196
Actual	FY 2015-16	\$ 119,561,671	9,336
Actual + Forecast	FY 2016-17	\$ 120,267,971	9,946
Forecast	FY 2017-18	\$ 130,589,608	10,656
Forecast	FY 2018-19	\$ 142,780,639	11,415
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients served with Psychiatric Hospital Inpatient Services for FY 2017-18 and FY 2018-19 are forecasted to continue to grow.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 10a ADULTS Clients Receiving Hospital Inpatient Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS-SDMC	92.8%	5.0%	2.2%
Total Adults	86.3%	8.4%	5.4%

Table 10b ADULTS Clients Receiving Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	33.3%	23.2%	17.9%	6.9%	0.6%	18.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 10c ADULTS Clients Receiving Hospital Inpatient Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
HIS-SDMC	42.2%	57.8%
Total Adults	51.2%	48.8%

Table 10d
Other Services Received by Adults Receiving Psychiatric Hospital Inpatient Services
Fiscal Year 2015-16

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	9,336	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,482	69.43%
MEDICATION SUPPORT	6,239	66.83%
CRISIS STABILIZATION	6,032	64.61%
CRISIS INTERVENTION	4,468	47.86%
TARGETED CASE MANAGEMENT	3,807	40.78%
FFS-HOSPITAL INPATIENT	1,588	17.01%
ADULT CRISIS RESIDENTIAL	1,329	14.24%
PHF	295	3.16%
ADULT RESIDENTIAL	222	2.38%
DAY REHABILITATIVE HALF DAY	52	0.56%
DAY REHABILITATIVE FULL DAY	40	0.43%

Service Metrics:

**Table 10e
 Adults
 Hospital Inpatient
 Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	9,336	100%	\$ 367,832
Mean	\$ 12,807	99%	\$ 97,475
Standard Deviation	\$ 19,762	95%	\$ 44,009
Median	\$ 6,584	90%	\$ 28,605
Mode	\$ 2,924	75%	\$ 14,142
Interquartile Range	\$ 10,896	50%	\$ 6,584
		25%	\$ 3,247

**Table 10f
 Adults
 Hospital Inpatient-Adult
 Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	9,336	100%	295
Mean	10	99%	93
Standard Deviation	19	95%	40
Median	4	90%	23
Mode	2	75%	10
Interquartile Range	8	50%	4
		25%	2

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	7,908	10,196	9,336	9,946
Number of Days	78,687	94,872	96,268	98,517
Days Per Client	10	9	10	10
Approved Amount	\$100,833,142	\$136,294,610	\$119,561,671	\$120,267,971

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Targeted Case Management

Targeted Case Management (TCM):

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

Summary:

The forecast for Targeted Case Management Services shows an increase in costs and clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$103,239,092	96,353
Actual	FY 2013-14	\$ 113,739,606	117,878
Actual	FY 2014-15	\$ 129,804,324	133,687
Actual	FY 2015-16	\$ 133,304,047	133,754
Actual + Forecast	FY 2016-17	\$ 141,706,200	133,181
Forecast	FY 2017-18	\$ 153,841,727	140,219
Forecast	FY 2018-19	\$ 168,191,998	147,255
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients for Targeted Case Management are forecast to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16

was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 11a ADULTS Clients Receiving Targeted Case Management Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
TCM	83.8%	9.1%	7.1%
Total Adults	86.3%	8.4%	5.4%

Table 11b ADULTS Clients Receiving Targeted Case Management Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	35.4%	20.9%	16.4%	8.4%	0.9%	18.0%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 11c ADULTS Clients Receiving Targeted Case Management Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
TCM	51.6%	48.4%
Total Adults	51.2%	48.8%

Table 11d
Other Services Received by Adults Receiving Targeted Case Management
Services
Fiscal Year 2015-16

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	132,752	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	117,975	88.87%
MEDICATION SUPPORT	106,619	80.31%
CRISIS INTERVENTION	23,781	17.91%
CRISIS STABILIZATION	16,940	12.76%
FFS-HOSPITAL INPATIENT	8,869	6.68%
ADULT CRISIS RESIDENTIAL	4,925	3.71%
HOSPITAL INPATIENT	3,807	2.87%
PHF	3,627	2.73%
ADULT RESIDENTIAL	1,287	0.97%
DAY REHABILITATIVE HALF DAY	233	0.18%
DAY REHABILITATIVE FULL DAY	196	0.15%

Service Metrics:

**Table 11e
Adults
Targeted Case Management
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	132,752	100%	\$ 88,277
Mean	\$ 1,004	99%	\$ 10,302
Standard Deviation	\$ 2,162	95%	\$ 4,413
Median	\$ 290	90%	\$ 2,584
Mode	\$ 73	75%	\$ 911
Interquartile Range	\$ 800	50%	\$ 290
		25%	\$ 111

**Table 11f
Adults
Targeted Case Management
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	132,752	100%	39,234
Mean	390	99%	3,849
Standard Deviation	807	95%	1,729
Median	119	90%	1,017
Mode	30	75%	365
Interquartile Range	320	50%	119
		25%	45

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

Data Type	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016</u>	<u>2016-2017*</u>
Number of Clients	117,878	133,687	132,754	133,181
Number of Minutes	47,228,583	53,597,274	51,799,569	53,614,716
Minutes Per Client	401	401	390	403
Approved Amount	\$113,739,606	\$129,804,324	\$133,304,047	\$141,706,200

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates.
Data includes actual claims through December 31, 2017.

Adults

Therapy and Other Service Activities

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

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

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history, diagnosis, and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and 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 indicates an increase in costs and clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 380,778,888	171,559
Actual	FY 2013-14	\$ 441,249,500	214,056
Actual	FY 2014-15	\$ 531,478,881	245,156
Actual	FY 2015-16	\$ 558,908,714	250,402
Actual + Forecast	FY 2016-17	\$ 657,868,940	263,184
Forecast	FY 2017-18	\$ 714,303,273	277,162
Forecast	FY 2018-19	\$ 780,971,245	293,525
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs for and clients served with Therapy and Other Service Activities are forecasted to increase through FY 2017-18 and 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a ADULTS Clients Receiving Therapy and Other Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Therapy and Other Services	85.6%	8.7%	5.7%
Total Adults	86.3%	8.4%	5.4%

Table 12b ADULTS Clients Receiving Therapy and Other Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapy and Other Services	35.2%	23.2%	15.4%	8.3%	0.8%	17.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 12c ADULTS Clients Receiving Therapy and Other Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
Therapy and Other Services	53.6%	46.4%
Total Adults	51.2%	48.8%

Table 12d
Other Services Received by Adults Receiving Therapy and other Service
Activities
Fiscal Year 2015-16

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	250,402	100.00%
MEDICATION SUPPORT	170,106	67.93%
TARGETED CASE MANAGEMENT	117,975	47.11%
CRISIS INTERVENTION	31,152	12.44%
CRISIS STABILIZATION	26,682	10.66%
FFS-HOSPITAL INPATIENT	19,059	7.61%
HOSPITAL INPATIENT	6,482	2.59%
ADULT CRISIS RESIDENTIAL	5,665	2.26%
PHF	3,641	1.45%
ADULT RESIDENTIAL	1,379	0.55%
DAY REHABILITATIVE HALF DAY	258	0.10%
DAY REHABILITATIVE FULL DAY	218	0.09%

Service Metrics:

**Table 12e
Adults
Mental Health Service
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	250,402	100%	\$ 111,727
Mean	\$ 2,232	99%	\$ 19,254
Standard Deviation	\$ 4,047	95%	\$ 9,224
Median	\$ 821	90%	\$ 5,825
Mode	\$ 130	75%	\$ 2,314
Interquartile Range	\$ 1,971	50%	\$ 821
		25%	\$ 343

**Table 12f
Adults
Mental Health Service
Fiscal Year 2015-16**

Statistic	Minutes	Quartile	Minutes
Number of Clients	250,402	100%	99,027
Mean	778	99%	6,727
Standard Deviation	1,587	95%	3,117
Median	292	90%	1,973
Mode	60	75%	795
Interquartile Range	674	50%	292
		25%	121

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	214,056	245,156	250,402	263,184
Number of Minutes	164,922,816	192,869,064	194,832,513	198,927,927
Minutes Per Client	770	787	778	756
Approved Amount	\$441,249,500	\$531,478,881	\$558,908,714	\$657,868,940

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.

Adults

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals:

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

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

Summary:

The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals shows growth in costs and clients through FY 2017-18 and FY 2018-19.

<u>Data Composition</u>	<u>Fiscal Year</u>	<u>Dollars</u>	<u>Clients</u>
Actual	FY 2012-13	\$ 142,935,188	14,945
Actual	FY 2013-14	\$ 155,321,773	18,433
Actual	FY 2014-15	\$ 201,973,987	23,971
Actual	FY 2015-16	\$ 231,750,227	25,838
Actual + Forecast	FY 2016-17	\$ 253,822,320	26,801
Forecast	FY 2017-18	\$ 272,657,039	28,601
Forecast	FY 2018-19	\$ 292,687,987	30,570
Actual data as of December 31, 2017			

Budget Forecast Narrative:

Costs and clients for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecasted to increase through FY 2017-18 and FY 2018-19.

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 2015-16 client tables and the historical trends tables are based upon claims received as of December 31, 2017.

Note:

The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this May 2018 Revised Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a ADULTS Clients Receiving Fee For Service Hospital Inpatient Services by Age Group Fiscal Year 2015-2016 Data as of 12/31/2017			
Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS- FFS	93.5%	4.5%	2.0%
Total Adults	86.3%	8.4%	5.4%

Table 13b ADULTS Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2015-2016 Data as of 12/31/2017						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	33.3%	25.9%	14.4%	4.7%	0.6%	21.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.6%

Table 13c ADULTS Clients Receiving Fee For Service Hospital Inpatient Services by Gender Fiscal Year 2015-2016 Data as of 12/31/2017		
Groups	Female	Male
HIS-FFS	43.3%	56.7%
Total Adults	51.2%	48.8%

**Other Services Received by Adults Receiving Fee for Service Psychiatric
Hospital Inpatient Services
Fiscal Year 2015-16**

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	25,838	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	19,044	73.71%
MEDICATION SUPPORT	15,621	60.46%
CRISIS INTERVENTION	8,986	34.78%
CRISIS STABILIZATION	8,974	34.73%
TARGETED CASE MANAGEMENT	8,869	34.33%
ADULT CRISIS RESIDENTIAL	2,039	7.89%
HOSPITAL INPATIENT	1,588	6.15%
PHF	869	3.36%
ADULT RESIDENTIAL	191	0.74%
DAY REHABILITATIVE FULL DAY	26	0.10%
DAY REHABILITATIVE HALF DAY	25	0.10%

Service Metrics:

**Table 13e
Adults
FFS-Hospital Inpatient
Fiscal Year 2015-16**

Statistic	Amount	Quartile	Amount
Number of Clients	25,838	100%	\$ 364,728
Mean	\$ 8,958	99%	\$ 77,885
Standard Deviation	\$ 15,759	95%	\$ 32,959
Median	\$ 4,200	90%	\$ 19,811
Mode	\$ 1,800	75%	\$ 9,072
Interquartile Range	\$ 6,972	50%	\$ 4,200
		25%	\$ 2,100

**Table 13f
Adults
FFS-Hospital Inpatient-Adult
Fiscal Year 2015-16**

Statistic	Days	Quartile	Days
Number of Clients	25,838	100%	424
Mean	12	99%	110
Standard Deviation	22	95%	41
Median	6	90%	25
Mode	3	75%	12
Interquartile Range	9	50%	6
		25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	18,433	23,971	25,838	26,801
Number of Days	226,387	275,944	304,256	322,863
Days Per Client	12	12	12	12
Approved Amount	\$155,321,773	\$201,973,987	\$231,750,227	\$253,822,320

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2017.