Department of Health Care Services

Medi-Cal Specialty Mental Health Services

May Revision

Policy Change Supplement

For Fiscal Years
2014-15 and 2015-16

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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 2015-16 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 69 and 70

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be $1.76 billion for the current year and grow by 4.86% to $1.85 billion for budget year. Growth in children's service costs is largely due to the transition of the Healthy Families Program children to Medi-Cal. The unduplicated number of children receiving specialty mental health services through Short-Doyle/Medi-Cal (SD/MC) providers is projected to grow 3.79% from 266,717 in the current year to 276,834 in the budget year. The unduplicated number of children receiving acute psychiatric inpatient hospital services through Fee-for-Service (FFS/MC) providers is projected to grow 6.68% from 12,751 in the current year to 13,603 in the budget year.

These increases in the cost of services and the number of children receiving specialty mental health services are being impacted, in part, by the transition of Healthy Families Program (HFP) beneficiaries to the Medi-Cal program. Approximately 27,140 clients who received services under HFP were transitioned to full scope Medi-Cal in FY 2013-14. These former HFP clients are now part of the full scope Medi-Cal client base and budget estimate. In FY 2011-12, 7,666 HFP beneficiaries received specialty mental health services through SD/MC providers. The total approved claims for these services were $31,715,140. No HFP beneficiaries received acute psychiatric inpatient hospital services provided through a FFS/MC hospital. In FY 2012-13, the number of HFP beneficiaries and HFP beneficiaries transitioned to the Medi-Cal program receiving specialty mental health services through SD/MC providers more than doubled to 16,265. The number of HFP beneficiaries and HFP beneficiaries who transitioned to the Medi-Cal program receiving acute psychiatric inpatient hospital services through a FFS/MC hospital increased to 215.

Growth for adult services is expected with a current year projection of $1.18 billion and forecasted growth to about $1.23 billion for budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers is projected to increase 0.08% from 235,553 in the current year to 235,752 in the budget year. The unduplicated number of adults receiving acute psychiatric inpatient hospital services through FFS/MC hospitals is projected to decline 1.76% from 13,033 in the current year to 12,804 in the budget year.

These numbers do not include claims from The Affordable Care Act (ACA) because claims are incomplete for a full fiscal year. Beginning with the November 2015

estimate, ACA claims will be included in the children and adults forecasts, though the full effect of the ACA Expansion will not be reflected until FY 14-15 is complete. The ACA was implemented in January 2014, which means FY 13-14 numbers are for only six months of the fiscal year.

The SMHS Supplement does contain data on the actual utilization of SMHS by Medi-Cal beneficiaries enrolled under the ACA Optional Expansion. The cost of approved claims for FY 2013-14 submitted through December 31, 2014 for specialty mental health services provided to Medi-Cal beneficiaries enrolled under the ACA Optional Expansion was $160 million, which was 12% of approved claims for all beneficiaries during that same period of time. The number of beneficiaries served in FY 2013-14 who enrolled under the ACA Optional Expansion was 62,673, which was 19% of total beneficiaries served during that same period of time.

Service Descriptions

Overview

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

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

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

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

*Includes Children Age 18 through 20

Service Descriptions

Adult Crisis Residential Services (CRS)

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

Adult Residential Treatment Services

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

Crisis Intervention

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

Crisis Stabilization

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

Day Rehabilitation (Half-Day & Full-Day)

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

Service Descriptions

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

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

Intensive Care Coordination (ICC)

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

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

Intensive Home Based Services (IHBS)

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

Medication Support

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

Psychiatric Health Facility (PHF) Services

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

Psychiatric Inpatient Hospital Services

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

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

Targeted Case Management (TCM)

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

Therapeutic Behavioral Services (TBS)

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

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

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

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

Litigation and the Specialty Mental Health Services Program

Katie A. v. Bonta

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

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

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This May budget estimate contains actual claims data for ICC and IHBC claims received through December 31, 2014. At present there is not enough data to generate budget forecasts for ICC and IHBS services.

Emily Q. v. Bonta

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

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

(In Thousands)

Fiscal Year 2014-15 Nov 2014 Estimate Compared to Fiscal Year 2014-15 May 2015 Estimate														
POLICY CHG.			November 2014 Est. for FY 2014-15				May 2015 Est. for FY 2014-15				DIFFERENCE			
TYPE	NO.	DESCRIPTION	TF	GF	FFP	CF(1)	TF	GF	FFP	CF(1)	TF	GF	FFP	CF(1)
Base	70	SMHS FOR CHILDREN	$1,767,004	$0	$912,467	$854,537	$1,761,079	$0	$909,652	$851,427	-$5,925	$0	-$2,815	-$3,110
Base	69	SMHS FOR ADULTS	$1,172,309	$0	$586,155	$586,154	$1,183,918	$0	$591,959	$591,959	$11,609	$0	$5,804	$5,805
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	76	HEALTHY FAMILIES - SED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	73	KATIE A. V. DIANA BONTA	$61,368	$0	$30,684	$30,684	$61,368	$0	$30,684	$30,684	$0	$0	$0	$0
Regular	72	TRANSITION OF HFP - SMH SERVICES	$65,430	$0	$42,529	$22,901	$65,430	$0	$42,529	$22,901	$0	$0	$0	$0
Regular	77	OVER ONE-YEAR CLAIMS	$7,170	$0	$3,585	$3,585	$1,488	$0	$744	$744	-$5,682	$0	-$2,841	-$2,841
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$0	$2,397	-$2,397	$0	$0	$0	$0	$0	$0	-$2,397	$2,397	$0
Regular	80	IMD ANCILLARY SERVICES	$0	$0	$0	$0	$0	$4,000	-$4,000	$0	$0	$4,000	-$4,000	$0
Regular	81	CHART REVIEW	-$1,807	$0	-$1,807	$0	-$1,614	$0	-$1,614	$0	$193	$0	$193	$0
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$91,236	$0	$45,618	$45,618	$153,181	$0	$76,591	$76,590	$61,945	$0	$30,973	$30,972
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$24,800	$0	$24,800	$0	$44,000	$0	$22,000	$22,000	$19,200	$0	-$2,800	$22,000
Other	55	KATIE A. V. DIANA BONTA SPECIAL MASTER	$50	$0	$25	$25	$50	$0	$25	$25	$0	$0	$0	$0
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$204,300	$0	$102,851	$101,449	$204,300	$0	$102,851	$101,449	$0	$0	$0	$0
Other	12	SMH MAA	$27,780	$0	$16,629	$11,151	$26,896	$0	$16,058	$10,838	-$884	$0	-$571	-$313
Other	11	SMHS COUNTY UR & QA ADMIN	$25,775	$600	$17,175	$8,000	$24,575	$0	$16,575	$8,000	-$1,200	-$600	-$600	$0
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		SPECIALTY MENTAL HEALTH TOTAL	**$3,445,415**	**$2,997**	**$1,778,315**	**$1,664,104**	**$3,524,671**	**$4,000**	**$1,804,055**	**$1,716,617**	**$79,256**	**$1,003**	**$25,740**	**$52,513**

Fiscal Year 2015-16 November 2014 Estimate Compared to Fiscal Year 2015-16 May 2015 Estimate														
POLICY CHG.			November 2014 Est. for FY 2015-16				May 2015 Est. for FY 2015-16				DIFFERENCE			
TYPE	NO.	DESCRIPTION	TF	GF	FFP	CF(1)	TF	GF	FFP	CF(1)	TF	GF	FFP	CF(1)
Base	70	SMHS FOR CHILDREN	$1,857,276	$0	$961,916	$895,360	$1,850,580	$0	$959,112	$891,468	-$6,696	$0	-$2,804	-$3,892
Base	69	SMHS FOR ADULTS	$1,213,371	$0	$606,686	$606,685	$1,229,397	$0	$614,699	$614,698	$16,026	$0	$8,013	$8,013
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	76	HEALTHY FAMILIES - SED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	73	KATIE A. V. DIANA BONTA	$69,234	$0	$34,617	$34,617	$69,234	$0	$34,617	$34,617	$0	$0	$0	$0
Regular	72	TRANSITION OF HFP - SMH SERVICES	$65,430	$0	$42,529	$22,901	$65,430	$0	$42,529	$22,901	$0	$0	$0	$0
Regular	77	OVER ONE-YEAR CLAIMS	$1,884	$0	$942	$942	$7,566	$0	$3,783	$3,783	$5,682	$0	$2,841	$2,841
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	80	IMD ANCILLARY SERVICES	$0	$0	$0	$0	$0	$4,000	-$4,000	$0	$0	$4,000	-$4,000	$0
Regular	81	CHART REVIEW	-$795	$0	-$795	$0	-$646	$0	-$646	$0	$149	$0	$149	$0
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$93,734	$0	$46,867	$46,867	$157,639	$0	$78,820	$78,819	$63,905	$0	$31,953	$31,952
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$24,800	$0	$24,800	$0	$49,600	$0	$24,800	$24,800	$24,800	$0	$0	$24,800
Other	55	KATIE A. V. DIANA BONTA SPECIAL MASTER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$210,347	$0	$105,895	$104,452	$210,347	$0	$105,895	$104,452	$0	$0	$0	$0
Other	12	SMH MAA	$29,622	$0	$17,731	$11,891	$28,190	$0	$16,830	$11,360	-$1,432	$0	-$901	-$531
Other	11	SMHS COUNTY UR & QA ADMIN	$25,302	$0	$17,066	$8,236	$25,302	$0	$17,066	$8,236	$0	$0	$0	$0
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		SPECIALTY MENTAL HEALTH TOTAL	**$3,590,205**	**$0**	**$1,858,254**	**$1,731,951**	**$3,692,639**	**$4,000**	**$1,893,505**	**$1,795,134**	**$102,434**	**$4,000**	**$35,250**	**$63,184**

(1) County Funds (CF)

(In thousands)

Children

POLICY CHANGE			Nov. 2014 Est for FY 2014-15		May 2015 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF[1]	FFP	SF[1]	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ 36,848	$ 901,603	$ 39,209	$ 899,980	$ 2,361	$ (1,623)
Base	69	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ 27,247	$ -	$ 27,247	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,008	$ -	$ 42,008	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 1,440	$ -	$ 299	$ -	$ (1,141)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,175	$ (1,175)	$ 1,196	$ (1,196)	$ 21	$ (21)
Regular	80	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ (474)	$ -	$ (430)	$ -	$ 44
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 57,763	$ -	$ 48,167	$ -	$ (9,596)
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 3,966	$ -	$ 7,036	$ -	$ 3,070
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 62,820	$ -	$ 62,688	$ -	$ (132)
Other	12	SMH MAA	$ -	$ 9,856	$ -	$ 9,622	$ -	$ (234)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 372	$ 10,129	$ -	$ 9,755	$ (372)	$ (374)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Total Children			**$ 38,395**	**$ 1,115,183**	**$ 40,405**	**$ 1,105,176**	**$ 2,010**	**$ (10,007)**

Adults

POLICY CHANGE			Nov. 2014 Est for FY 2014-15		May 2015 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF[1]	FFP	SF[1]	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	69	SMHS FOR ADULTS	$ 69,364	$ 953,411	$ 67,264	$ 958,333	$ (2,100)	$ 4,922
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 2,145	$ -	$ 445	$ -	$ (1,700)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,222	$ (1,222)	$ 1,304	$ (1,304)	$ 82	$ (82)
Regular	80	IMD ANCILLARY SERVICES	$ 8,000	$ (8,000)	$ 4,000	$ (4,000)	$ (4,000)	$ 4,000
Regular	81	CHART REVIEW	$ -	$ (1,333)	$ -	$ (1,211)	$ -	$ 122
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 33,473	$ -	$ 27,912	$ -	$ (5,561)
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 5,706	$ -	$ 10,124	$ -	$ 4,418
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 37,330	$ -	$ 37,252	$ -	$ (78)
Other	12	SMH MAA	$ -	$ 5,961	$ -	$ 5,819	$ -	$ (142)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 228	$ 6,127	$ -	$ 5,901	$ (228)	$ (226)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Total Adults			**$ 78,814**	**$ 1,033,598**	**$ 72,568**	**$ 1,039,271**	**$ (6,246)**	**$ 5,673**

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

(In thousands)

Healthy Families Program

POLICY CHANGE			Nov. 2014 Est for FY 2014-15		May 2015 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF	FFP	SF	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	69	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	HEALTHY FAMILIES - SED	$ -	$ 4,095	$ -	$ 276	$ -	$ (3,819)
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 368	$ -	$ 578	$ -	$ 210
Other	12	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ 4,463**	**$ -**	**$ 854**	**$ -**	**$ (3,609)**

Grand Total

POLICY CHANGE			Nov. 2014 Est for FY 2014-15		May 2015 Est for FY 2014-15		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF[1]	FFP	SF[1]	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ 36,848	$ 901,603	$ 39,209	$ 899,980	$ 2,361	$ (1,623)
Base	69	SMHS FOR ADULTS	$ 69,364	$ 953,411	$ 67,264	$ 958,333	$ (2,100)	$ 4,922
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	HEALTHY FAMILIES - SED	$ -	$ 4,095	$ -	$ 276	$ -	$ (3,819)
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ 27,247	$ -	$ 27,247	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,008	$ -	$ 42,008	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 3,585	$ -	$ 744	$ -	$ (2,841)
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 2,397	$ (2,397)	$ 2,500	$ (2,500)	$ 103	$ (103)
Regular	80	IMD ANCILLARY SERVICES	$ 8,000	$ (8,000)	$ 4,000	$ (4,000)	$ (4,000)	$ 4,000
Regular	81	CHART REVIEW	$ -	$ (1,807)	$ -	$ (1,641)	$ -	$ 166
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 91,236	$ -	$ 76,079	$ -	$ (15,157)
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 9,672	$ -	$ 17,160	$ -	$ 7,488
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 100,518	$ -	$ 100,518	$ -	$ -
Other	12	SMH MAA	$ -	$ 15,817	$ -	$ 15,441	$ -	$ (376)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 600	$ 16,256	$ -	$ 15,656	$ (600)	$ (600)
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total			**$ 117,209**	**$ 2,153,244**	**$ 112,973**	**$ 2,145,301**	**$ (4,236)**	**$ (7,943)**

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

(In thousands)

Children

POLICY CHANGE			May 2015 Est for FY 2014-15		May 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF[1]	FFP	SF[1]	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ 39,209	$ 899,980	$ 43,095	$ 949,324	$ 3,886	$ 49,344
Base	69	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 194,949	$ -	$ 194,949
Regular	76	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ 27,247	$ -	$ 36,192	$ -	$ 8,945
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,008	$ -	$ 42,520	$ -	$ 512
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 299	$ -	$ 1,520	$ -	$ 1,221
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,196	$ (1,196)	$ 1,642	$ (1,642)	$ 446	$ (446)
Regular	80	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ (430)	$ -	$ (169)	$ -	$ 261
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ 14,282	$ (48,700)	$ 14,282	$ (48,700)
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 48,167	$ -	$ 49,579	$ -	$ 1,412
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 7,036	$ -	$ 9,826	$ -	$ 2,790
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 62,688	$ -	$ 64,738	$ -	$ 2,050
Other	12	SMH MAA	$ -	$ 9,622	$ -	$ 10,084	$ -	$ 462
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 9,755	$ 374	$ 10,402	$ 374	$ 647
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ 4,492	$ -	$ 4,492
Total Children			**$ 40,405**	**$ 1,105,176**	**$ 59,393**	**$ 1,323,115**	**$ 18,988**	**$ 217,939**

Adults

POLICY CHANGE			May 2015 Est for FY 2014-15		May 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	NO.	DESCRIPTION	SF[1]	FFP	SF[1]	FFP	SF	FFP
Base	70	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	69	SMHS FOR ADULTS	$ 67,264	$ 958,333	$ 68,885	$ 1,080,696	$ 1,621	$ 122,363
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 212,885	$ -	$ 212,885
Regular	76	HEALTHY FAMILIES - SED	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 445	$ -	$ 2,263	$ -	$ 1,818
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 1,304	$ (1,304)	$ 1,790	$ (1,790)	$ 486	$ (486)
Regular	80	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ (1,211)	$ -	$ (477)	$ -	$ 734
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ 15,595	$ (53,180)	$ 15,595	$ (53,180)
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 27,912	$ -	$ 28,730	$ -	$ 818
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 10,124	$ -	$ 14,138	$ -	$ 4,014
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 37,252	$ -	$ 38,470	$ -	$ 1,218
Other	12	SMH MAA	$ -	$ 5,819	$ -	$ 6,099	$ -	$ 280
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 5,901	$ 226	$ 6,292	$ 226	$ 392
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ 5,066	$ -	$ 5,066
Total Adults			**$ 72,568**	**$ 1,039,271**	**$ 90,496**	**$ 1,335,192**	**$ 17,928**	**$ 295,922**

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

(In thousands)

Healthy Families Program

POLICY CHANGE			May 2015 Est for FY 2014-15		May 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	**NO.**	**DESCRIPTION**	**SF**	**FFP**	**SF**	**FFP**	**SF**	**FFP**
Base	70	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Base	69	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	HEALTHY FAMILIES - SED	$ -	$ 276	$ -	$ 5	$ -	$ (271)
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	80	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ (2,277)	$ -	$ (2,277)
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 578	$ -	$ 67	$ -	$ (511)
Other	12	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ 854**	**$ -**	**$ (2,205)**	**$ -**	**$ (3,059)**

Grand Total

POLICY CHANGE			May 2015 Est for FY 2014-15		May 2015 Est for FY 2015-16		DIFFERENCE	
TYPE	**NO.**	**DESCRIPTION**	**SF[1]**	**FFP**	**SF[1]**	**FFP**	**SF**	**FFP**
Base	70	SMHS FOR CHILDREN	$ 39,209	$ 899,980	$ 43,095	$ 949,324	$ 3,886	$ 49,344
Base	69	SMHS FOR ADULTS	$ 67,264	$ 958,333	$ 68,885	$ 1,080,696	$ 1,621	$ 122,363
Regular	78	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 407,834	$ -	$ 407,834
Regular	76	HEALTHY FAMILIES - SED	$ -	$ 276	$ -	$ 5	$ -	$ (271)
Regular	73	KATIE A. V. DIANA BONTA	$ -	$ 27,247	$ -	$ 36,192	$ -	$ 8,945
Regular	72	TRANSITION OF HFP - SMH SERVICES	$ -	$ 42,008	$ -	$ 42,520	$ -	$ 512
Regular	77	OVER ONE-YEAR CLAIMS	$ -	$ 744	$ -	$ 3,783	$ -	$ 3,039
Regular	79	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 2,500	$ (2,500)	$ 3,432	$ (3,432)	$ 932	$ (932)
Regular	80	IMD ANCILLARY SERVICES	$ 4,000	$ (4,000)	$ 4,000	$ (4,000)	$ -	$ -
Regular	81	CHART REVIEW	$ -	$ (1,641)	$ -	$ (646)	$ -	$ 995
Regular	74	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ 29,877	$ (104,157)	$ 29,877	$ (104,157)
Regular	71	ELIMINATION OF STATE MAXIMUM RATES	$ -	$ 76,079	$ -	$ 78,309	$ -	$ 2,230
Regular	75	INVESTMENT IN MENTAL HEALTH WELLNESS	$ -	$ 17,160	$ -	$ 23,964	$ -	$ 6,804
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 100,518	$ -	$ 103,275	$ -	$ 2,757
Other	12	SMH MAA	$ -	$ 15,441	$ -	$ 16,183	$ -	$ 742
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 15,656	$ 600	$ 16,694	$ 600	$ 1,039
Other	57	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ -	$ -	$ 9,558	$ -	$ 9,558
Grand Total			**$ 112,973**	**$ 2,145,301**	**$ 149,889**	**$ 2,656,102**	**$ 36,916**	**$ 510,802**

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

Children's Service Costs Accrual Comparison

Fiscal Year 2012-13 Appropriation & Fiscal Year 2014-15 November 2014 and May 2015 Estimates

(In Thousands)

	TF		FFP		CF	
FISCAL YEAR 2012-13 APPROPRIATION						
Forecast of Approved Claims	$1,279,831		$639,915		$540,222	
Less County Baseline	$0		$0		$68,840	
Less 10% County Share of Cost Above Baseline	$0		$0		$30,854	
Subtotal Approved Claims		$1,279,831		$639,915		$639,916
Katie A. Lawsuit		$53,502		$26,751		$26,751
Healthy Families Program Transition to Medi-Cal		$49,304		$32,047		$17,257
Total Fiscal Year 2012-13 Appropriation		$1,382,637		$698,713		$683,924
NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15						
Policy Change 70 - SMHS for Children	$1,767,004		$912,467		$854,537	
Less FFS Inpatient	($77,333)		($39,934)		($37,399)	
Less Rates Elimination Adjustment(1)	($57,895)		($28,948)		($28,947)	
Policy Change 70 - Subtotal		$1,631,776		$843,585		$788,191
Policy Change 73 - Katie A. v. Bontá		$61,368		$30,684		$30,684
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2014-15 Nov 2014 Estimate		$1,758,574		$916,798		$841,776
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Policy Change 70 - SMHS for Children	$1,761,079		$909,652		$851,427	
Less FFS Inpatient	($83,306)		($43,170)		($40,136)	
Less Rates Elimination Adjustment(1)	($77,450)		($38,725)		($38,725)	
Policy Change 70 - Subtotal		$1,600,323		$827,757		$772,566
Policy Change 73 - Katie A. v. Bontá		$61,368		$30,684		$30,684
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2014-15 May 2015 Estimate		$1,727,121		$900,970		$826,151

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

Children's Service Costs Accrual Comparison
Fiscal Year 2014-15: Nov 2014 and May 2015 Estimates

(In Thousands)

	TF		FFP		CF	
NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15						
Policy Change 70 - SMHS for Children	$1,767,004		$912,467		$854,537	
Less FFS Inpatient	($77,333)		($39,934)		($37,399)	
Less Rates Elimination Adjustment(1)	($57,895)		($28,948)		($28,947)	
Policy Change 70 - Subtotal		$1,631,776		$843,585		$788,191
Policy Change 73 - Katie A. v. Bontá		$61,368		$30,684		$30,684
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2014-15 Nov 2014 Estimate		$1,758,574		$916,798		$841,776
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Policy Change 70 - SMHS for Children	$1,761,079		$909,652		$851,427	
Less FFS Inpatient	($83,306)		($43,170)		($40,136)	
Less Rates Elimination Adjustment(1)	($77,450)		($38,725)		($38,725)	
Policy Change 70 - Subtotal		$1,600,323		$827,757		$772,566
Policy Change 73 - Katie A. v. Bontá		$61,368		$30,684		$30,684
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2014-15 May 2015 Estimate		$1,727,121		$900,970		$826,151
DIFFERENCE (MAY 2015 ESTIMATE LESS NOV 2014 ESTIMATE)						
Policy Change 70 - SMHS for Children	($5,925)		($2,815)		($3,110)	
Less FFS Inpatient	($5,973)		($3,236)		($2,737)	
Less Rates Elimination Adjustment(1)	($19,555)		($9,777)		($9,778)	
Policy Change 70 - Subtotal		($31,453)		($15,828)		($15,625)
Policy Change 73 - Katie A. v. Bontá		$0		$0		$0
Policy Change 72 - Transition of HFP - SMHS		$0		$0		$0
Total Difference in Fiscal Year 2014-15 Estimates		($31,453)		($15,828)		($15,625)

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

Children's Service Costs Accrual Comparison
May 2015 Estimate: Fiscal Year 2014-15 and Fiscal Year 2015-16

(In Thousands)

	TF		FFP		CF	
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Policy Change 70 - SMHS for Children	$1,761,079		$909,652		$851,427	
Less FFS Inpatient	($83,306)		($43,170)		($40,136)	
Less Rates Elimination Adjustment(1)	($77,450)		($38,725)		($38,725)	
Policy Change 70 - Subtotal		$1,600,323		$827,757		$772,566
Policy Change 73 - Katie A. v. Bontá		$61,368		$30,684		$30,684
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2014-15 May 2015 Estimate		$1,727,121		$900,970		$826,151
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Policy Change 70 - SMHS for Children	$1,850,580		$959,112		$891,468	
Less FFS Inpatient	($89,543)		($46,530)		($43,013)	
Less Rates Elimination Adjustment(1)	($79,704)		($39,852)		($39,852)	
Policy Change 70 - Subtotal		$1,681,333		$872,730		$808,603
Policy Change 73 - Katie A. v. Bontá		$69,234		$34,617		$34,617
Policy Change 72 - Transition of HFP - SMHS		$65,430		$42,529		$22,901
Total Fiscal Year 2015-16 May 2015 Estimate		$1,815,997		$949,876		$866,121
DIFFERENCE (FISCAL YEAR 2015-16 LESS FISCAL YEAR 2014-15)						
Policy Change 70 - SMHS for Children	$89,501		$49,460		$40,041	
Less FFS Inpatient	($6,237)		($3,360)		($2,877)	
Less Rates Elimination Adjustment(1)	($2,254)		($1,127)		($1,127)	
Policy Change 70 - Subtotal		$81,010		$44,973		$36,037
Policy Change 73 - Katie A. v. Bontá		$7,866		$3,933		$3,933
Policy Change 72 - Transition of HFP - SMHS		$0		$0		$0
Year over year change between estimates		$88,876		$48,906		$39,970

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

Adult Service Costs Accrual Comparison
Fiscal Year 2012-13 Appropriation & Fiscal Year 2014-15 November 2014 and May 2015 Estimates

(In Thousands)

	TF		FFP		CF	
FISCAL YEAR 2012-13 APPROPRIATION						
Mental Health Managed Care Program						
Mental Health Managed Care - Psychiatric Inpatient Services	$447,642		$226,092		$221,550	
Mental Health Managed Care - Mental Health Professional Services	$71,947		$36,121		$35,826	
TBS Administration	$912		$456		$456	
BCCTP	$60		$0		$60	
FY 2009-10 Budget Act Reduction	($128,000)		($64,000)		($64,000)	
Subtotal		$392,561		$198,669		$193,892
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Service Forecast	$788,084		$394,042		$394,042	
Less Mental Health Managed Care Professional Services Reimbursement	($36,121)		($36,121)		$0	
Less Rates Elimination Adjustment(1)	$0		$0		$0	
Subtotal		$751,963		$357,921		$394,042
FY 2012-13 Appropriation		$1,144,524		$556,590		$587,934
NOV 2014 ESTIMATE FOR FISCAL YEAR 2014-15						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$77,333		$39,206		$38,127	
PC 69 - FFS Inpatient Adults	$139,849		$69,925		$69,924	
Psychiatric Inpatient Services - Subtotal	$217,182		$109,131		$108,051	
Subtotal		$217,182		$109,131		$108,051
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Service Forecast - PC 69 Adults	$1,032,460		$516,230		$516,230	
Less Rates Elimination Adjustment(2)	($33,341)		($16,671)		($16,670)	
Subtotal		$999,119		$499,559		$499,560
NOV 2014 Estimate for Fiscal Year 2014-15		$1,216,301		$608,690		$607,611
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$83,306		$43,170		$40,136	
PC 69 - FFS Inpatient - Adults	$135,066		$67,534		$67,533	
Psychiatric Inpatient Services - Subtotal	$218,372		$110,704		$107,669	
Subtotal		$218,372		$110,704		$107,669
Other Short-Doyle/Medi-Cal Reimbursements						
Total Direct Services Forecast - PC 69 Adults	$1,048,852		$524,426		$524,426	
Less Rates Elimination Adjustment(2)	($75,731)		($37,865)		($37,866)	
Subtotal		$973,121		$486,561		$486,560
MAY 2015 Estimate for Fiscal Year 2014-15		$1,191,493		$597,265		$594,229

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

(2) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

Adults Service Costs Accrual Comparison
Fiscal Year 2014-15: November 2014 and May 2015 Estimates

(In Thousands)	TF		FFP		CF	
NOVEMBER 2014 ESTIMATE FOR FISCAL YEAR 2014-15						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$77,333		$39,206		$38,127	
PC 69 - FFS Inpatient Adults	$139,849		$69,925		$69,924	
Psychiatric Inpatient Services - Subtotal	$217,182		$109,131		$108,051	
Subtotal		$217,182		$109,131		$108,051
Other Short-Doyle/Medi-Cal Reimbursements						
PC 69 - SD/MC	$1,032,460		$516,230		$516,230	
Less Rates Elimination Adjustment(1)	($33,341)		($16,671)		($16,670)	
Subtotal		$999,119		$499,559		$499,560
Nov 2014 Estimate for Fiscal Year 2014-15		$1,216,301		$608,690		$607,611
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$83,306		$43,170		$40,136	
PC 69 - FFS Inpatient Adults	$135,066		$67,534		$67,533	
Psychiatric Inpatient Services - Subtotal	$218,372		$110,704		$107,669	
Subtotal		$218,372		$110,704		$107,669
Other Short-Doyle/Medi-Cal Reimbursements						
PC 69 - SD/MC	$1,048,852		$524,426		$524,426	
Less Rates Elimination Adjustment(1)	($75,731)		($37,865)		($37,866)	
Subtotal		$973,121		$486,561		$486,560
May 2015 Estimate for Fiscal Year 2014-15		$1,191,493		$597,265		$594,229
DIFFERENCE (MAY 2015 ESTIMATE LESS NOV 2014 ESTIMATE)						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$5,973		$3,964		$2,009	
PC 69 - FFS Inpatient - Adults	($4,783)		($2,392)		($2,392)	
Psychiatric Inpatient Services - Subtotal	$1,190		$1,573		($383)	
Subtotal		$1,190		$1,573		($383)
Other Short-Doyle/Medi-Cal Reimbursements						
PC 69 - SD/MC	$16,392		$8,196		$8,196	
Less Rates Elimination Adjustment(1)	($42,390)		($21,194)		($21,196)	
Subtotal		($25,998)		($12,998)		($13,000)
Difference in Estimates for Fiscal Year 2014-15		($24,808)		($11,426)		($13,383)

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

Adults Service Costs Accrual Comparison
May 2015 Estimates: Fiscal Year 2014-15 and Fiscal Year 2015-16

(In Thousands)

	TF		FFP		CF	
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$83,306		$43,170		$40,136	
PC 69 - FFS Inpatient Adults	$135,066		$67,534		$67,533	
Psychiatric Inpatient Services - Subtotal	$218,372		$110,704		$107,669	
Subtotal		$218,372		$110,704		$107,669
Other Short-Doyle/Medi-Cal Reimbursements						
PC 69 - SD/MC	$1,048,852		$524,426		$524,426	
Less Rates Elimination Adjustment(1)	($75,731)		($37,865)		($37,866)	
Subtotal		$973,121		$486,561		$486,560
MAY 2015 ESTIMATE FOR FISCAL YEAR 2014-15		$1,191,493		$597,265		$594,229
MAY 2015 ESTIMATE FOR FISCAL YEAR 2015-16						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$89,543		$46,530		$43,013	
PC 69 - FFS Inpatient Adults	$138,679		$69,340		$69,339	
Psychiatric Inpatient Services - Subtotal	$228,222		$115,870		$112,352	
Subtotal		$228,222		$115,870		$112,352
Other Short-Doyle/Medi-Cal Reimbursements						
PC 69 - SD/MC - Adults	$1,090,718		$545,359		$545,359	
Less Rates Elimination Adjustment(1)	($77,935)		($38,967)		($38,968)	
Subtotal		$1,012,783		$506,392		$506,391
May 2015 Estimate for Fiscal Year 2015-16		$1,241,005		$622,262		$618,743
DIFFERENCE (FISCAL YEAR 2015-16 LESS FISCAL YEAR 2014-15)						
Mental Health Managed Care Program						
Psychiatric Inpatient Services						
PC 70 - FFS Inpatient - Children	$6,237		$3,360		$2,877	
PC 69 - FFS Inpatient - Adults	$3,613		$1,807		$1,807	
Psychiatric Inpatient Services - Subtotal	$9,850		$5,167		$4,684	
Subtotal		$9,850		$5,167		$4,684
Other Short-Doyle/Medi-Cal Reimbursements						
PC69 - SD/MC	$41,866		$20,933		$20,933	
Less Rates Elimination Adjustment(1)	($2,204)		($1,102)		($1,102)	
Subtotal		$39,662		$19,831		$19,831
Year over year change May 2015 Estimate		$49,512		$24,998		$24,515

(1) The rates elimination adjustment estimates the affect of eliminating the statewide maximum allowance rates as described in regular PC 71. The adjustment is calculated by comparing the approved claims by service type and county to the approved units multiplied by the statewide maximum allowance rate that would have been in affect in Fiscal Year 2013-14 for each service type. The SMA adjustment is equal to the approved dollars in excess of the approved units multiplied by the statewide maximum allowance rate by service type and county.

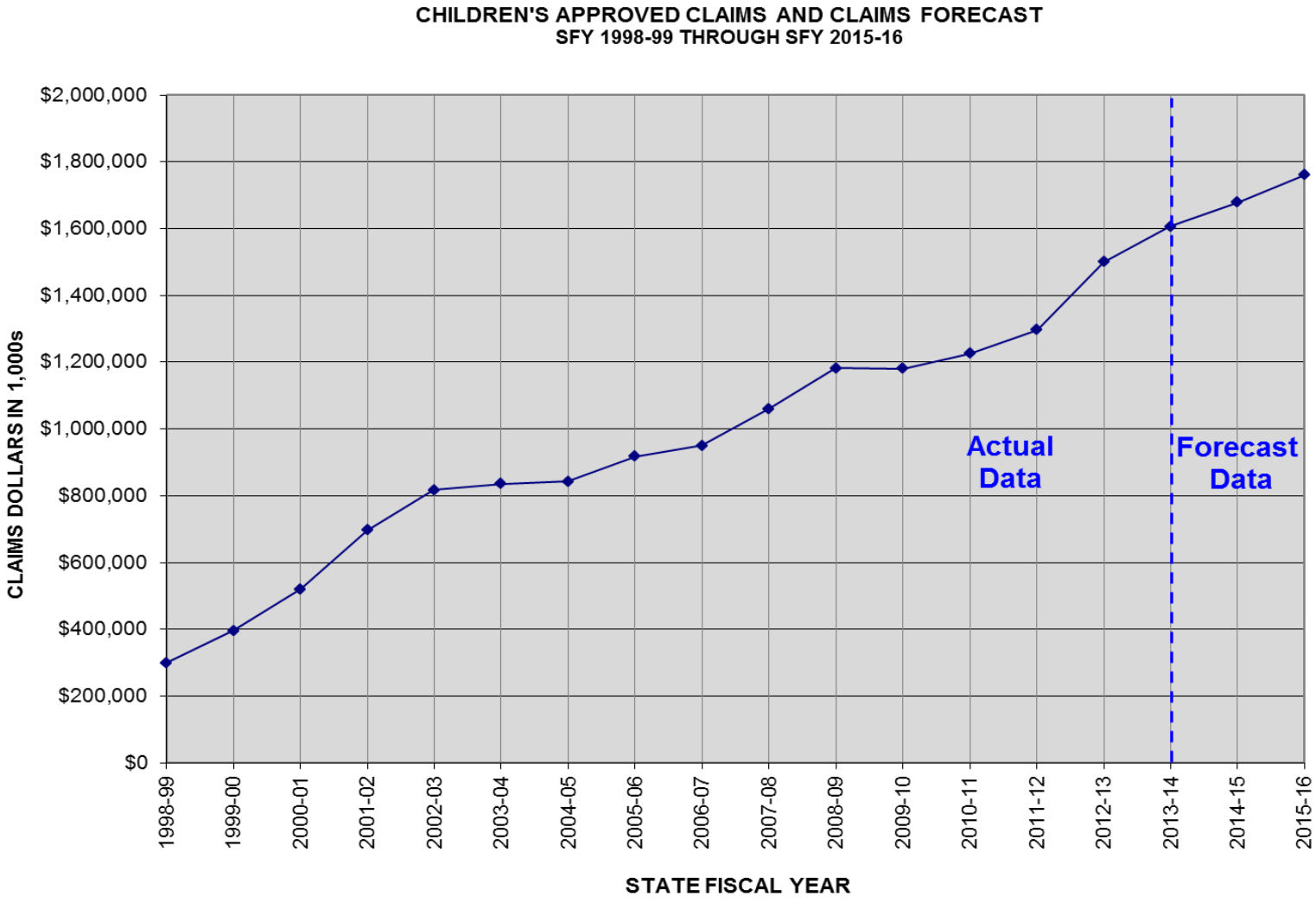
CHILDREN'S TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

STATE FISCAL YEARS 2000-01 THROUGH 2015-16

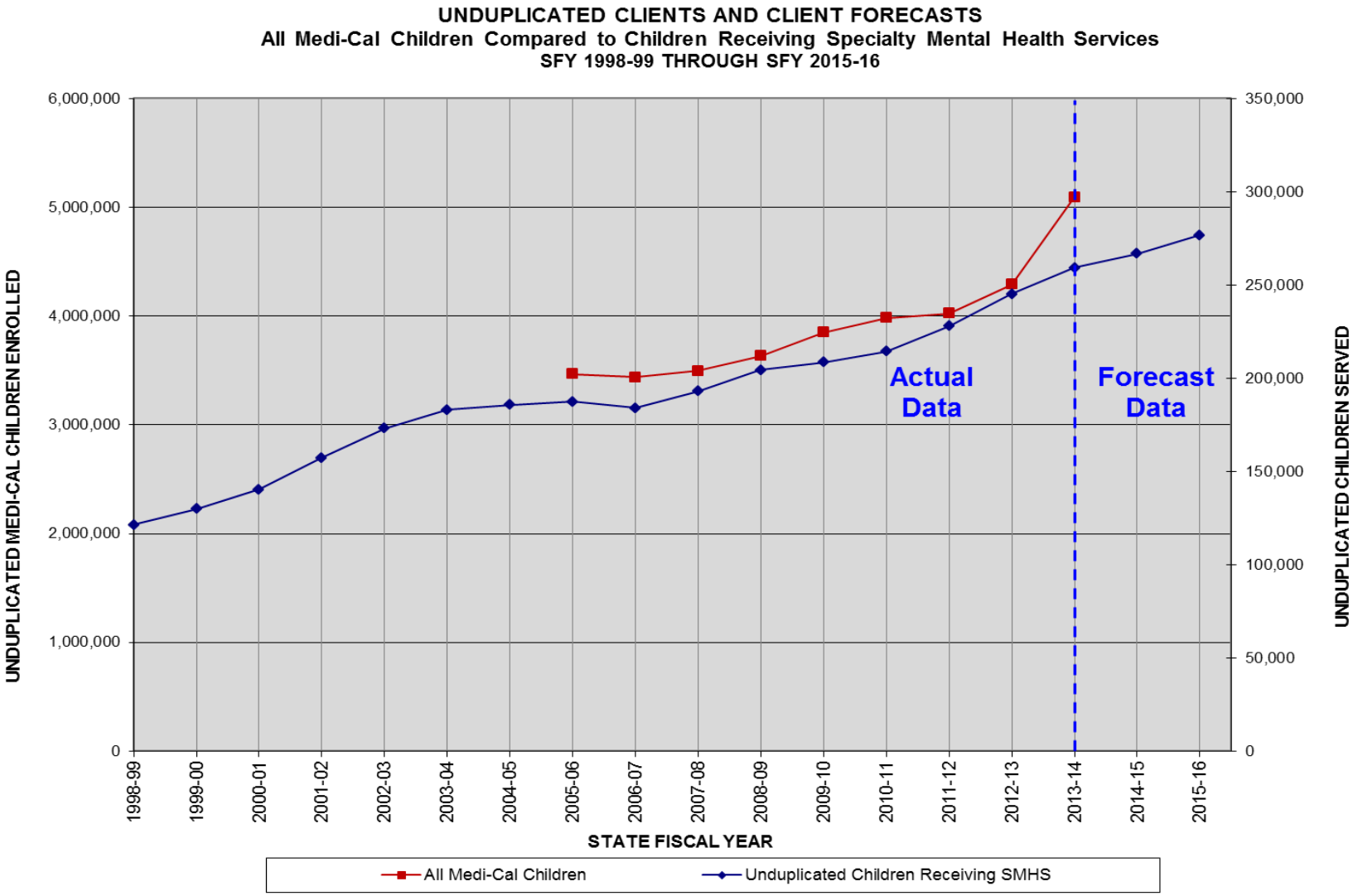
DATA AS OF 12/31/2014 SD/MC Only Claims

	Fiscal Year	Approved Claims[1&3] (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Children Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Children Enrollment Growth	All Medi-Cal Children[2]
Actual	2000-01	$521,107	31.61%	140,404	8.04%	$3,711	21.81%		
Actual	2001-02	$697,155	33.78%	157,314	12.04%	$4,432	19.40%		
Actual	2002-03	$816,707	17.15%	173,201	10.10%	$4,715	6.40%		
Actual	2003-04	$836,210	2.39%	183,031	5.68%	$4,569	-3.11%		
Actual	2004-05	$842,542	0.76%	185,770	1.50%	$4,535	-0.73%		
Actual	2005-06	$917,545	8.90%	187,437	0.90%	$4,895	7.93%		3,467,311
Actual	2006-07	$949,907	3.53%	184,095	-1.78%	$5,160	5.41%	-0.91%	3,435,906
Actual	2007-08	$1,060,200	11.61%	192,925	4.80%	$5,495	6.50%	1.73%	3,495,318
Actual	2008-09	$1,182,833	11.57%	204,288	5.89%	$5,790	5.36%	3.89%	3,631,457
Actual	2009-10	$1,181,358	-0.12%	208,555	2.09%	$5,664	-2.17%	6.05%	3,851,248
Actual	2010-11	$1,226,401	3.81%	214,456	2.83%	$5,719	0.96%	3.36%	3,980,825
Actual	2011-12	$1,296,582	5.72%	227,954	6.29%	$5,688	-0.54%	1.11%	4,025,194
Actual[5]	2012-13	$1,499,707	15.67%	245,182	7.56%	$6,117	7.54%	6.61%	4,291,248
Weighted[4]	2013-14	$1,605,660	7.06%	259,164	5.70%	$6,196	1.29%	18.66%	5,091,976
Forecast	2014-15	$1,677,773	4.49%	266,717	2.91%	$6,290	1.53%		
Forecast	2015-16	$1,761,037	4.96%	276,834	3.79%	$6,361	1.13%		

[1] Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2014.
[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).



Source: Approved Claims, SD/MC Specialty Mental Health Services as of December 31, 2014



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2014

Children's Services Approved Claims Data

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

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

*Actual claims data as of 12/31/2014

Psychiatric Health Facility Services - SMA[1][2] $612.47

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	585	7,274	12	$514.59	$ 3,743,149
2010-11	600	8,586	14	$547.36	$ 4,699,605
2011-12	627	8,344	13	$568.13	$ 4,740,481
2012-13	750	10,836	14	$559.08	$ 6,058,215
2013-14	765	11,137	15	$754.70	$ 8,405,047
2014-15	685	10,286	15	$794.75	$ 8,174,847
2015-16	709	10,872	15	$826.09	$ 8,981,235
Change	3.50%	5.70%	2.12%	3.94%	9.86%

Adult Crisis Residential Services - SMA[1] $345.38

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
203	3,111	15	$276.50	$ 860,182
203	3,190	16	$285.73	$ 911,478
237	3,123	13	$292.11	$ 912,273
257	4,761	19	$320.25	$ 1,524,700
305	5,566	18	$325.64	$ 1,812,489
305	5,992	20	$334.92	$ 2,006,848
327	6,562	20	$338.92	$ 2,224,005
7.21%	9.51%	2.14%	1.19%	10.82%

Adult Residential Services - SMA[1] [2] $168.46

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	130	12,081	93	$145.39	$ 1,756,485
2010-11	115	10,519	91	$155.10	$ 1,631,533
2011-12	98	7,593	77	$143.93	$ 1,092,880
2012-13	111	10,046	91	$159.90	$ 1,606,345
2013-14	100	10,321	103	$171.22	$ 1,767,193
2014-15	69	8,559	124	$180.41	$ 1,544,105
2015-16	57	7,750	136	$190.67	$ 1,477,731
Change	-17.39%	-9.45%	9.61%	5.69%	-4.30%

Crisis Stabilization Services - SMA[1] $94.54

Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
5,696	76,811	13	$92.01	$ 7,067,162
6,384	86,805	14	$90.83	$ 7,884,457
6,990	97,625	14	$90.24	$ 8,809,735
8,464	133,498	16	$107.78	$ 14,388,275
8,670	140,348	16	$100.85	$ 14,153,832
8,545	145,978	17	$100.44	$ 14,661,626
9,073	158,777	17	$101.36	$ 16,093,440
6.18%	8.77%	2.44%	0.92%	9.77%

Day Treatment Intensive Half Day Services[3] – SMA[1] $144.13

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	284	25,738	91	$104.08	$ 2,678,755
2010-11	228	23,151	102	$35.38	$ 819,123
2011-12	217	22,212	102	$106.57	$ 2,367,074
2012-13	15	228	15	$175.97	$ 40,121
2013-14	44	716	16	$317.20	$ 227,112
2014-15	53	463	9	$481.92	$ 223,128
2015-16	38	123	3	$481.92	$ 59,179
Change	-28.30%	-73.48%	-63.01%	0.00%	-73.48%

Day Treatment Intensive Full Day Services - SMA[1] $202.43

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2,650	252,788	95	$179.91	$ 45,479,444
2,369	225,274	95	$184.63	$ 41,591,508
2,283	211,017	92	$186.32	$ 39,316,948
1,902	170,716	90	$204.97	$ 34,992,057
1,535	130,528	85	$222.45	$ 29,035,397
551	83,842	152	$247.34	$ 20,737,741
322	49,074	152	$313.04	$ 15,362,239
-41.56%	-41.47%	0.16%	26.56%	-25.92%

[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] Certain Fiscal Years show a decline for the service type due to claim lag, or claims that have not been received by the time of this forecast. Although all service types have been weighted to account for claim lag, some services may inherently have more lag than other services. Consequently, a decline in clients, units, or approved dollars will likely be revised to show an increase once all of the fiscal year's claims have been submitted and approved.

[3] 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 2009-10 through FY 2012-13 utilizes actual data and FY 2013-14 through FY 2015-16 utilizes actual and forecast data
*Actual claims data as of 12/31/2014

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
2009-10	175	16,200	93	$86.00	$ 1,393,141
2010-11	127	14,239	112	$98.01	$ 1,395,605
2011-12	102	9,358	92	$96.67	$ 904,599
2012-13	70	6,059	87	$84.15	$ 509,853
2013-14	64	6,382	100	$84.26	$ 537,734
2014-15	105	5,025	48	$91.00	$ 457,282
2015-16	94	2,658	28	$106.49	$ 283,057
Change	-10.48%	-47.10%	-40.91%	17.02%	-38.10%

Day Rehabilitative Full Day Services - SMA(1) $131.24

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2,202	150,231	68	$113.04	$ 16,981,995
1,478	116,242	79	$117.36	$ 13,641,791
1,759	120,826	69	$118.93	$ 14,370,106
1,932	143,965	75	$131.98	$ 19,000,477
1,705	119,084	70	$137.73	$ 16,401,335
1,449	110,204	76	$140.85	$ 15,522,248
1,285	100,465	78	$147.49	$ 14,817,224
-11.32%	-8.84%	2.80%	4.71%	-4.54%

Targeted Case Management Services - SMA(1) $2.02

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	90,202	41,692,225	462	$1.88	$ 78,354,487
2010-11	90,139	40,613,768	451	$1.87	$ 76,055,207
2011-12	94,279	41,909,771	445	$1.81	$ 75,879,738
2012-13	95,970	38,446,457	401	$2.29	$ 88,084,380
2013-14	98,450	37,793,546	384	$2.27	$ 85,734,276
2014-15	99,310	36,983,706	372	$2.28	$ 84,505,191
2015-16	100,752	35,766,456	355	$2.37	$ 84,921,662
Change	1.45%	-3.29%	-4.68%	3.91%	0.49%

Therapy & Other Service Activities - SMA(1, 3) $2.61

Number of Clients	Number of Minutes(3)	Minutes Per Client	Cost Per Minute	Approved Amount
194,242	446,922,063	2,301	$1.86	$ 829,512,091
199,759	381,351,769	1,909	$2.28	$ 870,440,199
212,987	402,726,527	1,891	$2.31	$ 930,616,791
230,340	421,512,888	1,830	$2.55	$ 1,074,328,746
243,359	435,300,419	1,789	$2.61	$ 1,135,251,234
250,834	436,631,645	1,741	$2.70	$ 1,180,332,843
260,571	438,697,084	1,684	$2.83	$ 1,239,342,001
3.88%	0.47%	-3.28%	4.51%	5.00%

Therapeutic Behavioral Services - SMA(1) $2.61

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	5,165	33,247,319	6,437	$2.08	$ 69,128,567
2010-11	6,424	40,140,348	6,248	$2.00	$ 80,400,740
2011-12	7,332	41,838,912	5,706	$2.08	$ 87,073,543
2012-13	7,990	42,647,195	5,338	$2.43	$ 103,458,435
2013-14	8,053	41,461,848	5,149	$2.44	$ 101,304,224
2014-15	8,828	43,401,991	4,916	$2.45	$ 106,434,315
2015-16	9,535	45,666,577	4,789	$2.49	$ 113,529,342
Change	8.01%	5.22%	-2.58%	1.38%	6.67%

Medication Support Services - SMA(1) $4.82

Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
69,655	22,039,128	316	$4.20	$ 92,641,875
70,304	23,006,270	327	$4.16	$ 95,677,876
72,828	23,419,355	322	$4.19	$ 98,088,690
77,057	23,871,829	310	$4.84	$ 115,555,132
78,629	25,024,203	318	$4.95	$ 123,950,623
78,680	25,878,262	329	$5.07	$ 131,238,314
80,180	26,581,230	332	$5.19	$ 137,899,845
1.91%	2.72%	0.79%	2.30%	5.08%

(1) The State Maximum Allowance (SMA) for FY 2011-12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.

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

(3) The large amount of minutes for FY 2009-10 for therapy & other service activities is due to over reporting of units of time by certain counties while implementing new billing systems.

Children's Services Approved Claims Data

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

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

***Actual claims data as of 12/31/2014**

Crisis Intervention Services - SMA[1,2] $3.88

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	16,566	4,631,015	280	$3.74	$ 17,307,221
2010-11	16,771	5,082,547	303	$3.69	$ 18,744,958
2011-12	16,895	5,329,004	315	$3.60	$ 19,208,339
2012-13	17,595	5,313,043	302	$4.38	$ 23,257,036
2013-14	18,118	5,957,545	329	$4.41	$ 26,293,202
2014-15	17,020	5,681,481	334	$4.52	$ 25,688,087
2015-16	17,002	5,832,681	343	$4.63	$ 27,033,492
Change	-0.11%	2.66%	2.77%	2.51%	5.24%

Psychiatric Inpatient Hospital Services - SD/MC - SMA[1, 2] $1,213.75

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
1,844	17,701	10	$816.53	$ 14,453,454
1,975	15,928	8	$785.22	$ 12,506,982
2,009	15,975	8	$826.34	$ 13,200,712
2,084	17,364	8	$947.24	$ 16,447,883
1,977	17,545	9	$963.51	$ 16,904,867
1,780	16,292	9	$988.32	$ 16,101,713
1,762	16,187	9	$1,025.20	$ 16,594,906
-1.01%	-0.64%	0.37%	3.73%	3.06%

Psychiatric Inpatient Hospital Services - FFS/MC

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	8,216	75,403	9	$686.92	$ 51,795,601
2010-11	8,996	78,706	9	$702.97	$ 55,327,881
2011-12	8,896	82,496	9	$716.67	$ 59,122,594
2012-13	10,269	88,802	9	$720.68	$ 63,997,564
2013-14	11,831	103,407	9	$737.06	$ 76,216,735
2014-15	12,751	111,717	9	$745.69	$ 83,306,397
2015-16	13,603	118,947	9	$752.80	$ 89,543,438
Change	6.68%	6.47%	-0.20%	0.95%	7.49%

Intensive Care Coordination[3]

Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
178	38,559	217	$2.73	$ 105,291
6,294	8,074,084	1,283	$1.97	$ 15,935,575
4,622	3,637,823	787	$2.02	$ 7,361,323
N/A	N/A	N/A	N/A	N/A

Intensive Home Based Services[3]

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10					
2010-11					
2011-12					
2012-13	110	90,710	825	$3.86	$ 350,486
2013-14	5,119	8,562,379	1,673	$2.57	$ 21,968,113
2014-15	3,438	3,847,919	1,119	$2.59	$ 9,970,444
2015-16	N/A	N/A	N/A	N/A	N/A
Change					

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

(2) Certain Fiscal Years show a decline for the service type due to claim lag, or claims that have not been received by the time of this forecast. Although all service types have been weighted to account for claim lag, some services may inherently have more lag than other services. Consequently, a decline in clients, units, or approved dollars will likely be revised to show an increase once all of the fiscal year's claims have been submitted and approved.

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

ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

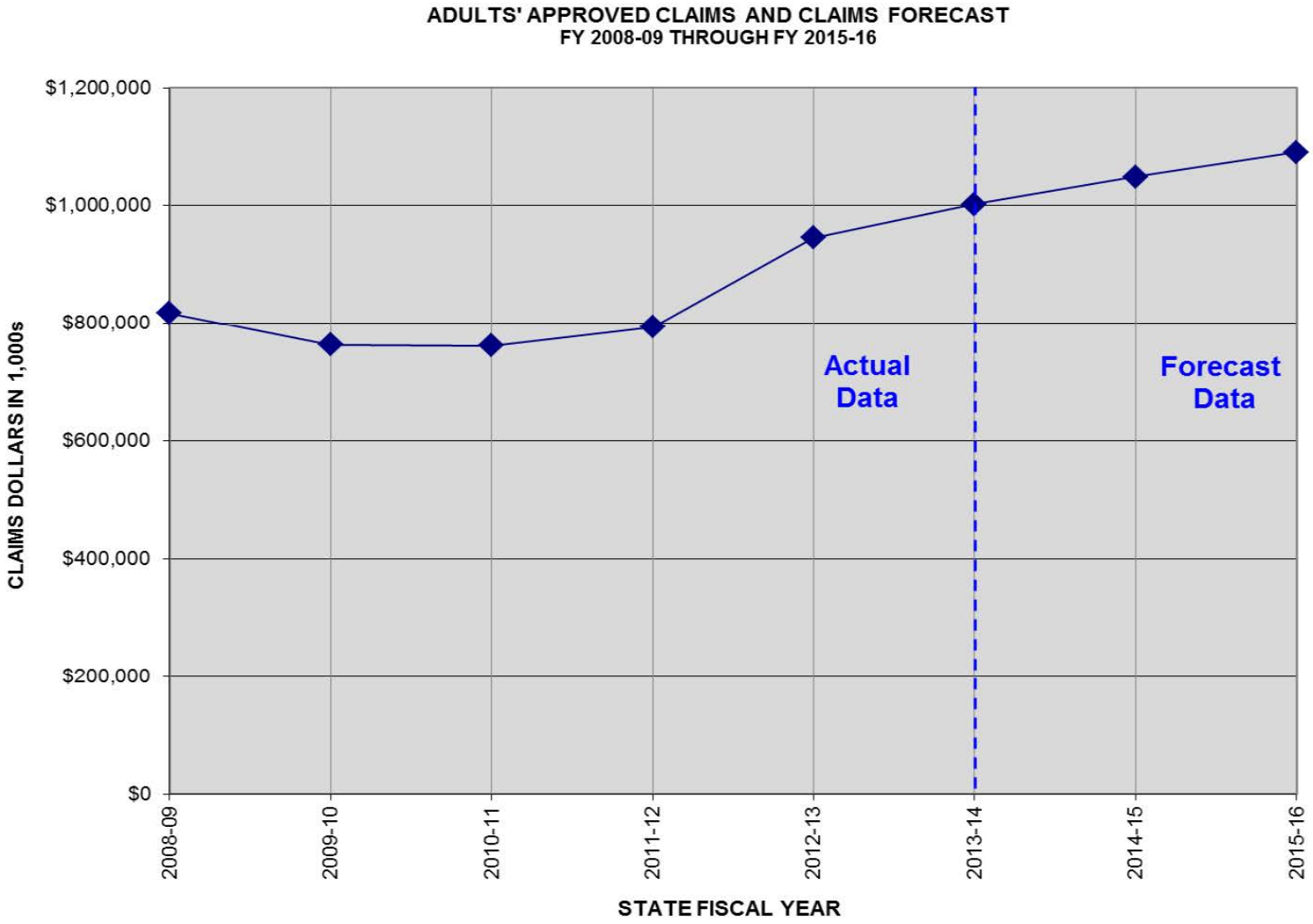
2014-15 and 2015-16 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)

STATE FISCAL YEARS 2005-06 THROUGH 2015-16

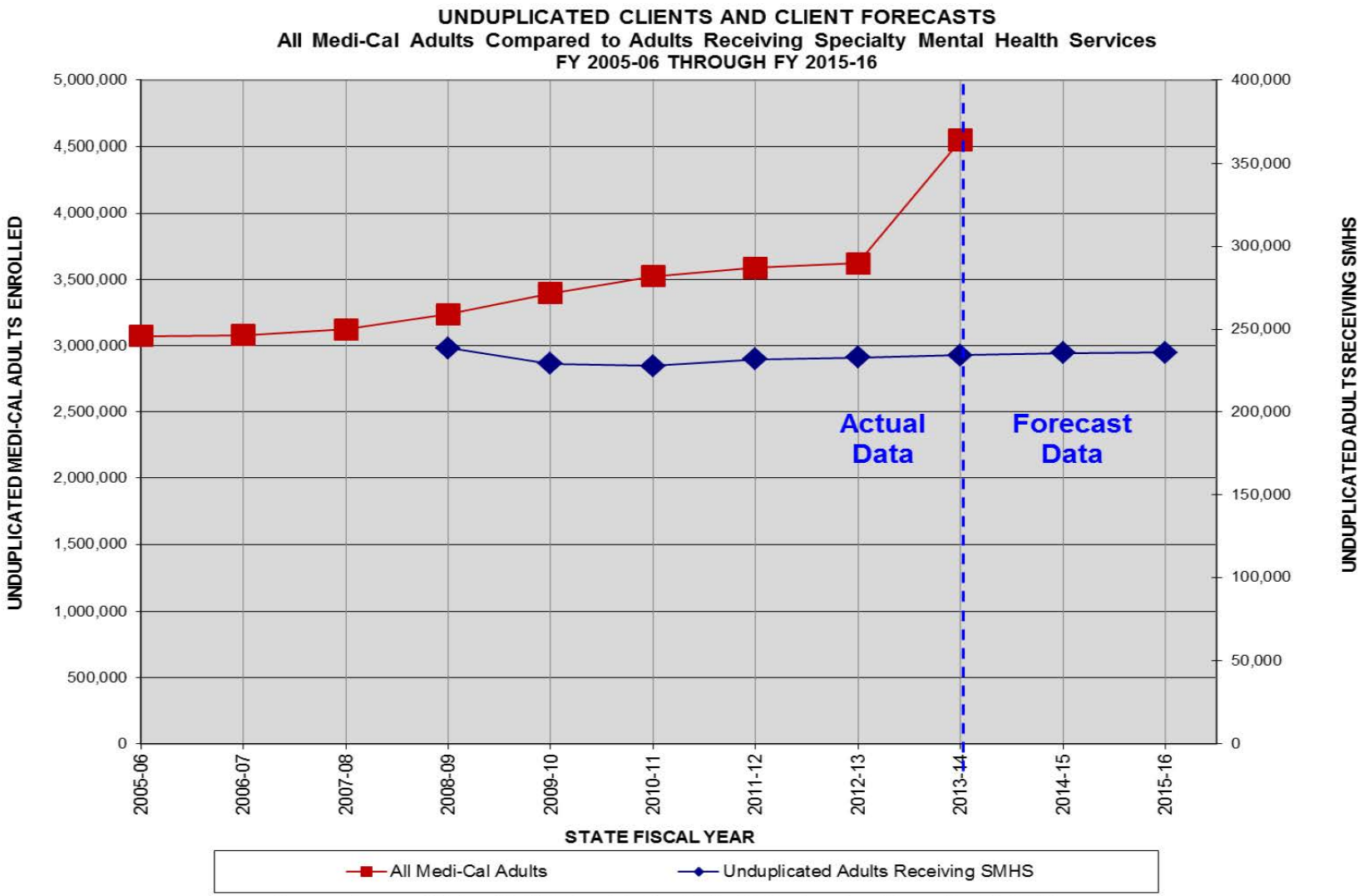
DATA AS OF 12/31/2014 SD/MC Only Claims

	Fiscal Year	Approved Claims[1&3] (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Adults Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Adults' Enrollment Growth	All Medi-Cal Adults[2]
Actual	2005-06								3,071,718
Actual	2006-07							0.22%	3,078,495
Actual	2007-08							1.39%	3,121,776
Actual	2008-09	$817,629		238,623		$3,426		3.57%	3,237,370
Actual	2009-10	$763,270	-6.65%	229,075	-4.00%	$3,332	-2.76%	4.64%	3,394,954
Actual	2010-11	$761,958	-0.17%	227,630	-0.63%	$3,347	0.46%	3.66%	3,523,766
Actual	2011-12	$793,994	4.20%	231,713	1.79%	$3,427	2.37%	1.75%	3,586,641
Actual[4]	2012-13	$945,689	19.11%	232,834	0.48%	$4,062	18.53%	1.00%	3,622,709
Weighted[5]	2013-14	$1,002,436	6.00%	234,215	0.59%	$4,280	5.38%	20.42%	4,552,529
Forecast	2014-15	$1,048,852	4.63%	235,553	0.57%	$4,453	4.04%		
Forecast	2015-16	$1,090,718	3.99%	235,752	0.08%	$4,627	3.90%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2014.
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year.
(3) FFS/MC inpatient service costs are not included in this table of approved claims.
(4) The increase in approved claims costs are due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011).
(5) Approved claims are slightly weighted as it is estimated that 90% of FY 13-14 claims have been approved.



Source: Approved Claims, SD/MC Specialty Mental Health Services as of December 31, 2014



Source: Approved Claims, SD/MC Specialty Mental Health Services As of December 31, 2014
Note: The unduplicated count of Medi-Cal adults includes ACA clients while counts of adults receiving SMHS does not include ACA clients.

Adults' Services Approved Claims Data

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

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

*Actual claims data as of 12/31/2014

Psychiatric Health Facility Services - SMA[1] $612.47

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	2,288	25,668	11	$553.68	$ 14,211,935
2010-11	2,400	27,499	11	$561.84	$ 15,450,117
2011-12	2,732	29,943	11	$581.25	$ 17,404,448
2012-13	2,898	37,953	13	$648.82	$ 24,624,666
2013-14	3,317	44,622	13	$736.23	$ 32,852,129
2014-15	3,603	49,271	14	$757.38	$ 37,316,766
2015-16	3,849	53,510	14	$775.71	$ 41,508,216
Change	6.83%	8.6%	1.66%	2.42%	11.23%

Adult Crisis Residential Services - SMA[1] $345.38

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
3,431	65,690	19	$287.28	$ 18,871,631
3,699	68,252	18	$294.49	$ 20,099,727
3,925	72,876	19	$304.45	$ 22,187,436
4,081	72,602	18	$324.38	$ 23,550,619
4,479	76,601	17	$334.72	$ 25,639,649
4,767	80,576	17	$348.63	$ 28,091,351
5,003	83,108	17	$356.90	$ 29,661,016
4.95%	3.1%	-1.72%	2.37%	5.59%

Adult Residential Services - SMA[1] $168.46

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	1,433	120,395	84	$149.83	$ 18,039,205
2010-11	1,155	97,282	84	$154.37	$ 15,017,309
2011-12	1,163	98,410	85	$154.80	$ 15,233,466
2012-13	1,177	103,345	88	$158.17	$ 16,346,011
2013-14	1,236	109,410	89	$172.98	$ 18,925,726
2014-15	1,263	106,200	84	$185.60	$ 19,711,067
2015-16	1,234	98,970	80	$195.99	$ 19,397,153
Change	-2.30%	-6.8%	-4.62%	5.60%	-1.59%

Crisis Stabilization Services - SMA[1, 2] $94.54

Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
18,779	378,024	20	$90.88	$ 34,355,450
20,517	412,881	20	$90.65	$ 37,428,446
22,688	470,988	21	$92.30	$ 43,473,226
24,013	596,621	25	$101.20	$ 60,380,104
23,950	604,304	25	$108.69	$ 65,682,405
23,121	616,036	27	$115.92	$ 71,409,158
23,799	658,593	28	$118.60	$ 78,107,714
2.93%	6.9%	3.86%	2.31%	9.38%

Day Treatment Intensive Half Day Services[3] - SMA[1] $144.13

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10					
2010-11					
2011-12					
2012-13					
2013-14					
2014-15					
2015-16					
Change					

Day Treatment Intensive Full Day Services[3] - SMA[1] $202.43

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
97	2,984	31	$155.24	$ 463,225
61	2,724	45	$170.93	$ 465,618
16	428	27	$173.06	$ 74,071
1	56	56	$207.48	$ 11,619
3	297	99	$343.12	$ 101,906
-	-	-	$0.00	$ -
-	-	-	$0.00	$ -
0.00%	0.0%	0.00%	0.00%	0.00%

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

(2) Certain Fiscal Years show a decline for the service type due to claim lag, or claims that have not been received by the time of this forecast. Although all service types have been weighted to account for claim lag, some services may inherently have more lag than other services. Consequently, a decline in clients, units, or approved dollars will likely be revised to show an increase once all of the fiscal year's claims have been submitted and approved.

(3) There were no approved claims for adults receiving Day Treatment Intensive Half Day services. For Day Treatment Intensive Full Day services, there were no approved claims or forecast costs for FY 2014-15 and FY 15-16.

Adults' Services Approved Claims Data

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

FY 2009-10 through FY 2012-13 utilizes actual data
FY 2013-14 through FY 2015-16 utilizes actual and forecast data
*Actual claims data as of 12/31/2014

Day Rehabilitative Half Day Services - SMA(1) $84.08

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	147	7,243	49	$85.43	$ 618,775
2010-11	213	8,431	40	$91.26	$ 769,431
2011-12	279	11,939	43	$91.37	$ 1,090,810
2012-13	216	9,114	42	$89.77	$ 818,165
2013-14	365	14,278	39	$101.14	$ 1,444,044
2014-15	498	19,984	40	$113.83	$ 2,274,828
2015-16	561	22,262	40	$115.70	$ 2,575,644
Change	12.65%	11.4%	-1.11%	1.64%	13.22%

Day Rehabilitative Full Day Services - SMA(1) $131.24

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
1,433	86,570	60	$115.67	$ 10,013,561
1,159	77,179	67	$118.71	$ 9,162,148
970	63,025	65	$129.42	$ 8,156,928
834	47,883	57	$137.50	$ 6,583,892
780	40,974	53	$151.99	$ 6,227,589
486	26,569	55	$189.37	$ 5,031,504
311	13,689	44	$283.01	$ 3,874,140
-36.01%	-48.5%	-19.49%	49.44%	-23.00%

Targeted Case Management Services - SMA(1) $2.02

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	101,167	47,390,761	468	$1.92	$ 90,876,273
2010-11	97,276	46,116,941	474	$1.88	$ 86,495,486
2011-12	97,261	49,396,483	508	$1.72	$ 84,936,683
2012-13	96,310	43,390,666	451	$2.38	$ 103,172,169
2013-14	96,610	44,115,052	457	$2.39	$ 105,449,853
2014-15	96,670	44,640,131	462	$2.46	$ 109,923,005
2015-16	95,555	43,627,296	457	$2.57	$ 112,316,764
Change	-1.15%	-2.3%	-1.13%	4.55%	2.18%

Therapy & Other Service Activities - SMA(1) $2.61

Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
162,406	149,036,164	918	$2.03	$ 302,788,409
160,894	157,931,047	982	$1.95	$ 307,577,701
166,111	168,481,893	1,014	$1.93	$ 325,875,731
171,451	147,473,059	860	$2.58	$ 380,310,184
170,992	145,421,758	850	$2.73	$ 396,450,105
171,672	150,297,749	875	$2.75	$ 413,032,839
172,031	150,460,836	875	$2.85	$ 428,595,927
0.21%	0.1%	-0.10%	3.66%	3.77%

Medication Support Services - SMA(1) $4.82

FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2009-10	163,640	47,159,821	288	$4.01	$ 189,096,073
2010-11	161,831	52,842,665	327	$3.54	$ 187,270,853
2011-12	164,169	50,572,341	308	$3.82	$ 193,186,905
2012-13	163,886	46,813,026	286	$4.85	$ 227,094,637
2013-14	161,781	47,821,520	296	$5.01	$ 239,695,220
2014-15	154,908	47,943,522	309	$5.18	$ 248,462,484
2015-16	152,490	48,204,498	316	$5.32	$ 256,583,353
Change	-1.56%	0.5%	2.14%	2.71%	3.27%

Crisis Intervention Services - SMA(1) $3.88

Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
33,439	7,452,195	223	$3.74	$ 27,845,523
31,309	7,121,841	227	$3.74	$ 26,649,639
30,741	7,300,084	237	$3.72	$ 27,170,591
28,994	6,939,749	239	$4.28	$ 29,715,244
28,006	6,956,073	248	$4.31	$ 29,971,563
26,247	6,542,994	249	$4.46	$ 29,211,015
24,800	6,340,201	256	$4.62	$ 29,281,331
-5.51%	-3.1%	2.55%	3.45%	0.24%

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

Adults' Services Approved Claims Data

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

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

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

*Actual claims data as of 12/31/2014

Psychiatric Inpatient Hospital Services - SD/MC - SMA[1]

FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2009-10	6,278	73,877	12	$759.13	$ 56,082,268
2010-11	6,086	72,429	12	$767.25	$ 55,571,421
2011-12	6,222	68,891	11	$801.32	$ 55,203,798
2012-13	6,257	66,357	11	$1,101.34	$ 73,081,320
2013-14	5,997	63,914	11	$1,251.61	$ 79,995,321
2014-15	5,385	58,569	11	$1,441.01	$ 84,398,274
2015-16	5,241	55,972	11	$1,589.32	$ 88,957,319
Change	-2.67%	-4.4%	-1.81%	10.29%	5.40%

$1,213.75 Psychiatric Inpatient Hospital Services - FFS/MC

Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
14,376	194,535	14	$575.19	$ 111,894,622
14,713	201,729	14	$600.73	$ 121,183,833
14,213	210,781	15	$623.64	$ 131,452,164
14,982	219,002	15	$655.23	$ 143,497,351
13,625	194,018	14	$682.48	$ 132,413,951
13,033	190,051	15	$710.68	$ 135,065,661
12,804	156,415	12	$886.61	$ 138,679,049
-1.76%	-17.7%	-16.23%	24.75%	2.68%

(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.

About the Healthy Families Program

The Healthy Families program provided low cost insurance coverage for health, dental, and vision services to children who did not have insurance and did not qualify for no-cost Medi-Cal. Due to a change in State law, children who were enrolled in the Healthy Family program have been transitioned into Medi-Cal beginning January 1, 2013. The last HFP claims were approved in January 2014.

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

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

Healthy Families to Medi-Cal Transition
Specialty Mental Health Service Utilization
Data as of March 19, 2015 (SDMC Services) and March 27, 2015 (Psychiatric Inpatient - FFS/MC)

	FY 2011-2012 (HFP Only)		FY 2012-2013 (HFP, Transitioned, and OTLICP)		FY 2013-2014 (HFP, Transitioned, and OTLICP)	
Service Type	**Total Costs**	**Total Clients**	**Total Costs [2]**	**Total Clients**	**Total Costs**	**Total Clients**
All SDMC Services Combined [1]	*$31,714,351*	*7,666*	*$53,161,928*	*16,265*	*$112,724,690*	*27,140*
Adult Residential Treatment Services	*$4,368*	*1*	*$2,941*	*1*	*$0*	*0*
Case Management/Brokerage	$1,901,645	3,259	$3,179,178	4,898	$5,931,647	8,758
Crisis Intervention	$573,727	588	$1,429,249	1,132	$2,324,823	1,799
Crisis Residential Treatment Services	$16,094	3	$0	0	$39,415	11
Crisis Stabilization	$142,897	122	$609,465	427	$1,145,971	894
Day Rehabilitation	$259,759	34	$251,013	43	$384,085	68
Day Treatment Intensive	$610,911	47	$787,549	64	$1,440,999	68
Hospital Inpatient	$0	0	$385,394	77	$1,024,464	187
Hospital Inpatient Admin Day	$0	0	$3,051	1	$1,251	2
Medication Support Services	$3,433,466	2,580	$5,591,066	4,680	$10,349,221	7,981
Therapy and Other Service Activities	$24,692,906	7,119	$40,760,607	15,187	$89,582,197	25,550
Psychiatric Health Facility	$78,578	14	$162,415	36	$500,617	71
Psychiatric Inpatient - FFS/MC	*$0*	*-*	*$855,407*	*215*	*$6,942,633*	*1,259*
SDMC Services Cost Per Client	$4,137		$3,268		$4,153	

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

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

Healthy Families to Medi-Cal Transition:
New Clients, Total Costs, and Costs per new Client
Data as of March 27, 2015

	SDMC Services		Psychiatric Inpatient - FFS/MC	
	FY 12-13 To Date	**FY 13-14 To Date**	**FY 12-13 To Date**	**FY 13-14 To Date**
New EPSDT Medi-Cal clients as result of HF transition	12,660	26,836	215	1,259
Costs per new client	$2,208	$3,896	$3,979	$5,514
Total new costs as result of HF Transition	$27,951,523	$104,565,400	*$855,407*	*$6,942,633*

Healthy Families Transition Approved Claim Amounts Statewide Summary

Service Month	HF Clients Approved Amount	Medi-Cal Clients Approved Amount	Total Approved Amount
January-12	$2,733,660	$0	$2,733,660
February-12	$2,794,519	$0	$2,794,519
March-12	$3,101,383	$0	$3,101,383
April-12	$2,758,422	$0	$2,758,422
May-12	$3,028,452	$0	$3,028,452
June-12	$2,215,695	$0	$2,215,695
July-12	$2,663,681	$0	$2,663,681
August-12	$2,983,807	$0	$2,983,807
September-12	$2,781,191	$0	$2,781,191
October-12	$3,458,980	$0	$3,458,980
November-12	$2,860,259	$0	$2,860,259
December-12	$2,502,927	$0	$2,502,927
January-13	$2,471,122	$1,427,710	$3,898,832
February-13	$2,189,223	$2,060,712	$4,249,935
March-13	$1,785,126	$3,261,164	$5,046,290
April-13	$774,483	$6,458,457	$7,232,940
May-13	$412,916	$7,945,477	$8,358,393
June-13	$294,080	$6,825,854	$7,119,934
July-13	$334,584	$8,139,470	$8,474,055
August-13	$179,774	$8,711,953	$8,891,726
September-13	$157,867	$9,478,832	$9,636,699
October-13	$154,335	$11,383,492	$11,537,826
November-13	$384	$9,819,717	$9,820,101
December-13	$1,388	$9,178,382	$9,179,770

Healthy Families Transition Approved Claim Amounts Statewide Summary (Continued)

Service Month	HF Clients Approved Amount	Medi-Cal Clients Approved Amount	Total Approved Amount
January-14	$320	$10,402,919	$10,403,239
February-14	$0	$9,583,062	$9,583,062
March-14	$0	$10,014,117	$10,014,117
April-14	$0	$9,210,419	$9,210,419
May-14	$0	$8,722,781	$8,722,781
June-14	$0	$7,266,741	$7,266,741
July-14	$0	$7,258,856	$7,258,856
August-14	$0	$6,136,432	$6,136,432
September-14	$0	$6,614,286	$6,614,286
October-14	$0	$6,686,304	$6,686,304
November-14	$0	$4,510,465	$4,510,465
December-14	$0	$2,597,464	$2,597,464
January-15	$0	$1,587,807	$1,587,807
February-15	$0	$376,523	$376,523
March-15	$0	$930	$930

Note: Claims data is as of March 23, 2015. Due to the lag in claim submissions, data in more recent months is not settled and therefore only represents a percentage of the claims that will come from services administered in those months.

Healthy Families to Medi-Cal Transitioned Client Counts

Service Month	Sum of HF Clients	Sum of HFP Transitioned Clients	Sum of OTLICP Clients	Total Clients
January-12	3,270	0	0	3,270
February-12	3,244	0	0	3,244
March-12	3,412	0	0	3,412
April-12	3,359	0	0	3,359
May-12	3,403	0	0	3,403
June-12	3,094	0	0	3,094
July-12	2,881	0	0	2,881
August-12	2,990	0	0	2,990
September-12	3,040	0	0	3,040
October-12	3,225	0	0	3,225
November-12	3,191	0	0	3,191
December-12	3,087	0	0	3,087
January-13	2,691	1,177	402	4,270
February-13	2,525	1,408	980	4,913
March-13	2,022	2,140	1,574	5,736
April-13	795	3,736	3,147	7,678
May-13	412	4,433	4,047	8,892
June-13	366	4,151	4,268	8,785
July-13	339	3,895	4,663	8,897
August-13	205	4,139	5,414	9,758
September-13	181	4,108	6,146	10,435
October-13	163	3,861	7,360	11,384
November-13	1	3,520	7,836	11,357
December-13	1	2,749	8,276	11,026
January-14	1	2,584	8,675	11,260
February-14	0	2,366	8,808	11,174
March-14	0	2,114	8,991	11,105
April-14	0	1,937	8,462	10,399
May-14	0	1,755	8,321	10,076
June-14	0	1,551	7,730	9,281
July-14	0	1,339	6,610	7,949
August-14	0	1,143	6,205	7,348
September-14	0	1,099	6,109	7,208

Healthy Families to Medi-Cal Transitioned Client Counts (Continued)

Service Month	Sum of HF Clients	Sum of HFP Transitioned Clients	Sum of OTLICP Clients	Total Clients
October-14	0	1,027	5,958	6,985
November-14	0	890	4,986	5,876
December-14	0	471	2,798	3,269
January-15	0	273	1,542	1,815
February-15	0	122	490	612
March-15	0	1	1	2

Note: Claims data is as of March 23, 2015. Due to the lag in claim submissions, data in more recent months is not settled and therefore only represents a percentage of the claims that will come from services administered in those months.

About Claim Lag

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

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

Current and Historical Averages of Claim Lag for Children Services Claims

Number of Days it takes for the Claim to be Submitted	FY 11-12 Percentage of Claims Submitted	FY 12-13 Percentage of Claims Submitted	FY 13-14 Percentage of Claims Submitted
1 to 30 days	11%	10%	10%
31 to 60 days	27%	24%	23%
61 to 90 days	24%	24%	26%
91 to 120 days	13%	15%	17%
121 to 150 days	7%	8%	9%
151 to 180 days	4%	5%	5%
180 to 365 days	10%	13%	10%
Over 366 days	3%	1%	0.4%

Current and Historical Averages of Claim Lag for Adult Services Claims

Number of Days it takes for the Claim to be Submitted	FY 11-12 Percentage of Claims Submitted	FY 12-13 Percentage of Claims Submitted	FY 13-14 Percentage of Claims Submitted
1 to 30 days	11%	9%	9%
31 to 60 days	26%	23%	23%
61 to 90 days	24%	24%	26%
91 to 120 days	14%	16%	18%
121 to 150 days	7%	8%	9%
151 to 180 days	4%	5%	5%
180 to 365 days	10%	13%	8%
Over 366 days	3%	1%	0.4%

DRAFT

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, 2014. The data represents actual approved claims received as of December 31, 2014 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an early indication of the growth and utilization of SMHS by ACA Expansion Clients.

Impact of the ACA on SMHS

Based on the current data, the ACA has increased the number and dollar amount of approved SMHS claims for adults. 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; however, given that only 1.6% of the ACA clients are between the ages of 18 and 20, the comparison should be considered reasonably accurate.

The ACA approved claim amounts shown below are not forecasted amounts due to the short six month data collection period. This is because claims associated with the ACA were first approved beginning in January 2014 and the 2013-14 state fiscal year ended on June 30, 2014. The non-ACA data in the following tables are also not forecasted amounts and therefore may differ when compared to other data in this document. The $160 million shown below represents approved claims from ACA clients that were received by December 31, 2014. Counties have up to one year to submit claims after rendering services, so the actual approved amount for claims from ACA clients will be higher once those claims are received.

FY 13-14 Approved Claim Amounts for Non-ACA and ACA Clients	**In thousands ($)**
ACA Claim Amounts	$160,463
Non -ACA Claim Amounts	$1,215,679
Total ACA and Non-ACA Claim Amounts	$1,376,142

Data as of December 31, 2015

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.

Adult Statewide Count of Clients who received SMHS in FY 13-14	**Clients**
Number of New Adult ACA Clients	62,673
Number of Adult Non-ACA Clients	256,957
Total Unduplicated Adult Clients who received SMHS	319,630

Data as of December 31, 2015

Note: Under the ACA, adults are defined as individuals who are 18 and older. For the SMHS program adults are defined as individuals 21 and older. Only 1.6% 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 table below shows the FY 13-14 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of December 31, 2014. At present the average service type may see a 7% to 25% increase in costs due to new ACA clients. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 13-14 approved claim amounts by service type with ACA clients.

Estimated Service Year 13-14 Costs by Approved Claims from ACA and Non-ACA Clients

Service Type **Cost in thousands of dollars**	**Approved Claim Amounts from Non-ACA Clients in FY 13-14**	**Approved Claim Amounts from ACA Clients in FY 13-14**
Adult Residential Treatment Services	$20,054	$1,644
Case Management/Brokerage	$111,091	$10,803
Crisis Intervention	$31,829	$5,641
Crisis Residential Treatment Services	$26,455	$6,739
Crisis Stabilization	$70,114	$16,276
Day Rehabilitation	$8,766	$858
Day Treatment Intensive	$2,087	$0
Hospital Inpatient	$76,219	$15,457
Hospital Inpatient Admin	$8,049	$571
Intensive Care Coordination	$887	$2
Intensive Home Based Services	$1,144	$1
Medication Support Services	$246,923	$32,473
Mental Health Services	$454,486	$52,692
Psychiatric Health Facility	$34,644	$4,255
Therapeutic Behavioral Services	$2,275	$0
Psychiatric Hospital Inpatient Services FFS/MC	$120,657	$13,051
Grand Total	$1,215,679	$160,463

Demographics by Age: Non-ACA vs. ACA enrollees

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

The table below shows that 73.9% of non-ACA clients were between the ages of 21 and 59 while for ACA clients, the percentage was 92.9%. More ACA clients are in the 21 to 59 age group partly because prior to the implementation of the ACA, most individuals who qualified for Medi-Cal were either children under 21 or adults aged 65 and older.

Claims by Age Group Non-ACA Clients vs. ACA Clients for FY 13-14

Age group in years	Percentage of Claims by Non-ACA Clients	Percentage of Claims by ACA Clients
18-20	10.1%	1.6%
21-59	73.9%	92.9%
60-64	9.0%	5.5%
65+	6.9%	0.1%

Claims data as of December 31, 2015

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 table below shows that of the ACA clients who received SMHS, 53.1% were men, while 46.9% were women. For non-ACA clients, a higher percentage of females received services compared to males.

Approved Claims by Gender Non-ACA Clients vs. ACA Clients

Gender	Percentage of Claims by Non-ACA Clients	Percentage of Claims by ACA Clients
Male	43.1%	53.1%
Female	56.9%	46.9%

Claims data as of December 31, 2015

Demographics by Race: Non-ACA vs. ACA enrollees

The table below shows that 40.7% of ACA clients are White, 24.7% are Hispanic, and 16.9% are Black. For Hispanic and Black clients, the difference between ACA and non-ACA clients is less than 2%.

Approved Claims by Race Non-ACA vs. ACA Clients

Race	Percentage of Claims by Non-ACA Clients	Percentage of Claims by ACA Clients
White	35.8%	40.7%
Hispanic	23.4%	24.7%
Black	16.7%	16.9%
Other	14.9%	10.8%
Asian or Pacific Islander	8.5%	6.1%
Alaskan Native or American Indian	0.7%	0.8%

Claims data as of December 31, 2015

Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of December 31, 2014 we can conservatively state that an additional $160 million in SMHS was provided to approximately 63 thousand Medi-Cal ACA clients. The $160 million is a conservative figure as it represents claims received through December 31, 2014 and is not adjusted for claim lag. The full impact of the ACA on SMHS will not be known until additional data become available.

Service Type Forecasts

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Children Services Section

Children
Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 860,182	203
Actual	FY 2010-11	$ 911,478	203
Actual	FY 2011-12	$ 912,273	237
Actual	FY 2012-13	$ 1,524,700	257
Actual + Forecast	FY 2013-14	$ 1,812,489	305
Forecast	FY 2014-15	$ 2,006,848	305
Forecast	FY 2015-16	$ 2,224,005	327
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Slight growth in dollars while clients are forecasted to be unchanged for FY 2014-15. Increases are expected for both clients and dollars for FY 2015-16 Adult Crisis Residential Services.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 1a
CHILDREN
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Adult Crisis Residential Services	0.0%	0.0%	0.0%	100.0%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 1b
CHILDREN
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Adult Crisis Residential Services	32.6%	21.9%	20.0%	4.8%	1.1%	19.6%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 1c
CHILDREN
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Adult Crisis Residential Services	40.4%	59.6%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
ADULT CRISIS RESIDENTIAL	257	100.00%
MEDICATION SUPPORT	239	93.00%
THERAPY AND OTHER SERVICE ACTIVITIES	199	77.43%
TARGETED CASE MANAGEMENT	189	73.54%
CRISIS STABILIZATION	144	56.03%
CRISIS INTERVENTION	134	52.14%
FFS-HOSPITAL INPATIENT	112	43.58%
HOSPITAL INPATIENT	48	18.68%
PHF	38	14.79%
ADULT RESIDENTIAL	26	10.12%
DAY REHABILITATION FULL DAY	10	3.89%
THERAPEUTIC BEHAVIORAL SERVICES	8	3.11%
DAY TX INTENSIVE FULL DAY	4	1.56%

Service Metrics:

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

Statistic	Amount
Number of Clients	257
Mean	$ 5,933
Standard Deviation	$ 5,547
Median	$ 4,165
Mode	$ 3,902
Interquartile Range	$ 6,721

Quartile	Amount
100%	$ 30,739
99%	$ 24,830
95%	$ 18,090
90%	$ 13,834
75%	$ 8,526
50%	$ 4,165
25%	$ 1,804

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

Statistic	Days
Number of Clients	257
Mean	19
Standard Deviation	16
Median	14
Mode	5
Interquartile Range	20

Quartile	Days
100%	89
99%	70
95%	55
90%	43
75%	27
50%	14
25%	7

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	203	237	257	305
Number of Days	3,190	3,123	4,761	5,566
Days Per Client	16	13	19	18
Approved Amount	$911,478	$912,273	$1,524,700	$1,812,489

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Adult Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 1,756,485	130
Actual	FY 2010-11	$ 1,631,533	115
Actual	FY 2011-12	$ 1,092,880	98
Actual	FY 2012-13	$ 1,606,345	111
Actual + Forecast	FY 2013-14	$ 1,767,193	100
Forecast	FY 2014-15	$ 1,544,105	69
Forecast	FY 2015-16	$ 1,477,731	57
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The forecast indicates a slight declining trend in costs and clients through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 2a
CHILDREN
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Adult Residential Services	0.0%	0.8%	0.8%	98.4%
Total Children	26.0%	44.8%	17.5%	11.6%

*The Children's Adult Residential Service Type population includes two clients under the age of 18. Typically, the clients in this service type are 18 years of age or older. DHCS is investigating the circumstances regarding these youths receiving this particular service. The Adult Residential claims associated with these clients were approved by the SDMC system.

Table 2b
CHILDREN
Clients Receiving Adult Residential Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Adult Residential Services	25.8%	21.0%	21.8%	3.2%	0.8%	27.4%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 2c
CHILDREN
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Adult Residential Services	27.4%	72.6%
Total Children	42.7%	57.3%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	111
Mean	$ 14,472
Standard Deviation	$ 13,498
Median	$ 10,900
Mode	$ 822
Interquartile Range	$ 17,078

Quartile	Amount
100%	$ 58,571
99%	$ 58,240
95%	$ 42,906
90%	$ 32,122
75%	$ 21,058
50%	$ 10,900
25%	$ 3,979

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

Statistic	Days
Number of Clients	111
Mean	91
Standard Deviation	83
Median	68
Mode	5
Interquartile Range	100

Quartile	Days
100%	364
99%	347
95%	277
90%	190
75%	125
50%	68
25%	25

Table 2g
Children
Historical Trends
Adult Residential by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	115	98	111	100
Number of Days	10,519	7,593	10,046	10,321
Days Per Client	91	77	91	103
Approved Amount	$1,631,533	$1,092,880	$1,606,345	$1,767,193

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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 are forecasted to increase while the number of clients decrease slightly for Crisis Intervention services through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 17,307,221	16,566
Actual	FY 2010-11	$ 18,744,958	16,771
Actual	FY 2011-12	$ 19,208,339	16,895
Actual	FY 2012-13	$ 23,257,036	17,595
Actual + Forecast	FY 2013-14	$ 26,293,202	18,118
Forecast	FY 2014-15	$ 25,688,087	17,020
Forecast	FY 2015-16	$ 27,033,492	17,002
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 3a
CHILDREN
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Crisis Intervention Services	8.1%	49.8%	24.4%	17.7%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 3b
CHILDREN
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Crisis Intervention	31.8%	42.7%	13.5%	2.7%	0.7%	8.5%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 3c
CHILDREN
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Crisis Intervention	50.6%	49.4%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
CRISIS INTERVENTION	17,595	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	14,933	84.87%
TARGETED CASE MANAGEMENT	11,514	65.44%
MEDICATION SUPPORT	10,322	58.66%
FFS-HOSPITAL INPATIENT	5,452	30.99%
CRISIS STABILIZATION	2,874	16.33%
THERAPEUTIC BEHAVIORAL SERVICES	2,128	12.09%
HOSPITAL INPATIENT	1,036	5.89%
DAY TX INTENSIVE FULL DAY	437	2.48%
PHF	380	2.16%
DAY REHABILITATION FULL DAY	265	1.51%
ADULT CRISIS RESIDENTIAL	134	0.76%
ADULT RESIDENTIAL	41	0.23%
ICC	25	0.14%
IHBS	12	0.07%
DAY TX INTENSIVE HALF DAY	8	0.05%
DAY REHABILITATION HALF DAY	4	0.02%

Service Metrics:

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

Statistic	Amount
Number of Clients	17,595
Mean	$ 1,322
Standard Deviation	$ 1,612
Median	$ 782
Mode	$ 2,395
Interquartile Range	$ 1,404

Quartile	Amount
100%	$ 41,533
99%	$ 7,603
95%	$ 4,176
90%	$ 2,574
75%	$ 1,798
50%	$ 782
25%	$ 392

Table 3f
Children
Crisis Intervention Service Minutes
Fiscal Year 2012-13

Statistic	Minutes
Number of Clients	17,595
Mean	302
Standard Deviation	358
Median	188
Mode	480
Interquartile Range	317

Quartile	Minutes
100%	11,225
99%	1,707
95%	952
90%	596
75%	420
50%	188
25%	103

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	16,771	16,895	17,595	18,118
Number of Minutes	5,082,547	5,329,004	5,313,043	5,957,545
Minutes Per Client	303	315	302	329
Approved Amount	$18,744,958	$19,208,339	$23,257,036	$26,293,202

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Crisis Stabilization

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 7,067,162	5,696
Actual	FY 2010-11	$ 7,884,457	6,384
Actual	FY 2011-12	$ 8,809,735	6,990
Actual	FY 2012-13	$ 14,388,275	8,464
Actual + Forecast	FY 2013-14	$ 14,153,832	8,670
Forecast	FY 2014-15	$ 14,661,626	8,545
Forecast	FY 2015-16	$ 16,093,440	9,073
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 4a
CHILDREN
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Crisis Stabilization	2.5%	41.4%	22.9%	33.1%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 4b
CHILDREN
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Crisis Stabilization	27.6%	40.1%	18.0%	3.9%	0.6%	9.8%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 4c
CHILDREN
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Crisis Stabilization	50.8%	49.2%
Total Children	42.7%	57.3%

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

Service Type	Number of Clients	Percent of Clients
CRISIS STABILIZATION	8,464	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,110	72.19%
MEDICATION SUPPORT	4,588	54.21%
TARGETED CASE MANAGEMENT	4,257	50.30%
FFS-HOSPITAL INPATIENT	2,898	34.24%
CRISIS INTERVENTION	2,874	33.96%
HOSPITAL INPATIENT	1,193	14.09%
THERAPEUTIC BEHAVIORAL SERVICES	924	10.92%
PHF	473	5.59%
DAY TX INTENSIVE FULL DAY	241	2.85%
DAY REHABILITATION FULL DAY	196	2.32%
ADULT CRISIS RESIDENTIAL	144	1.70%
ADULT RESIDENTIAL	38	0.45%
DAY REHABILITATION HALF DAY	4	0.05%
ICC	2	0.02%
DAY TX INTENSIVE HALF DAY	1	0.01%
IHBS	1	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	8,464
Mean	$ 1,700
Standard Deviation	$ 2,378
Median	$ 1,105
Mode	$ 1,891
Interquartile Range	$ 1,490

Quartile	Amount
100%	$ 50,315
99%	$ 11,165
95%	$ 5,467
90%	$ 3,593
75%	$ 1,942
50%	$ 1,105
25%	$ 452

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

Statistic	Hours
Number of Clients	8,464
Mean	16
Standard Deviation	20
Median	11
Mode	20
Interquartile Range	16

Quartile	Hours
100%	429
99%	100
95%	44
90%	34
75%	20
50%	11
25%	4

Table 4g
Children
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	6,384	6,990	8,464	8,670
Number of Hours	86,805	97,625	133,498	140,348
Hours Per Client	14	14	16	16
Approved Amount	$7,884,457	$8,809,735	$14,388,275	$14,153,832

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Day Rehabilitation Half Day

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 1,393,141	175
Actual	FY 2010-11	$ 1,395,605	127
Actual	FY 2011-12	$ 904,599	102
Actual	FY 2012-13	$ 509,853	70
Actual + Forecast	FY 2013-14	$ 537,734	64
Forecast	FY 2014-15	$ 457,282	105
Forecast	FY 2015-16	$ 283,057	94
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Half Day service costs and clients are forecast to decline through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 5a
CHILDREN
Clients Receiving Day Rehabilitation Half Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Day Rehabilitation Half Day	55.1%	39.7%	1.3%	3.8%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 5b
CHILDREN
Clients Receiving Day Rehabilitation Half Day Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Rehabilitation Half Day	21.8%	65.4%	3.8%	0.0%	1.3%	7.7%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 5c
CHILDREN
Clients Receiving Day Rehabilitation Half Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Rehabilitation Half Day	23.1%	76.9%
Total Children	42.7%	57.3%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	70
Mean	$ 7,284
Standard Deviation	$ 5,739
Median	$ 5,928
Mode	$ 757
Interquartile Range	$ 8,660

Quartile	Amount
100%	$ 19,591
99%	$ 19,591
95%	$ 19,086
90%	$ 16,564
75%	$ 10,762
50%	$ 5,928
25%	$ 2,102

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

Statistic	Half Days
Number of Clients	70
Mean	87
Standard Deviation	68
Median	71
Mode	5
Interquartile Range	104

Quartile	Half Days
100%	233
99%	233
95%	227
90%	197
75%	128
50%	71
25%	24

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	127	102	70	64
Number of Half Days	14,239	9,358	6,059	6,382
Days Per Client	112	92	87	100
Approved Amount	$1,395,605	$904,599	$509,853	$537,734

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Day Rehabilitation Full Day

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

Summary:
The forecast for Day Rehabilitation Full Day Services shows a decrease in clients and cost through FY 2014-15 and FY 2015-16.

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 16,981,995	2,202
Actual	FY 2010-11	$ 13,641,791	1,478
Actual	FY 2011-12	$ 14,370,106	1,759
Actual	FY 2012-13	$ 19,000,477	1,932
Actual + Forecast	FY 2013-14	$ 16,401,335	1,705
Forecast	FY 2014-15	$ 15,522,248	1,449
Forecast	FY 2015-16	$ 14,817,224	1,285
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 6a
CHILDREN
Clients Receiving Day Rehabilitation Full Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Day Rehabilitation Full Day	8.8%	47.1%	36.0%	8.1%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 6b
CHILDREN
Clients Receiving Day Rehabilitation Full Day Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Rehabilitation Full Day	34.0%	30.4%	23.8%	2.3%	1.0%	8.5%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 6c
CHILDREN
Clients Receiving Day Rehabilitation Full Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Rehabilitation Full Day	40.1%	59.9%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
DAY REHABILITATION FULL DAY	1932	100.00%
MEDICATION SUPPORT	1346	69.67%
THERAPY AND OTHER SERVICE ACTIVITIES	1312	67.91%
TARGETED CASE MANAGEMENT	627	32.45%
THERAPEUTIC BEHAVIORAL SERVICES	328	16.98%
CRISIS INTERVENTION	265	13.72%
FFS-HOSPITAL INPATIENT	202	10.46%
CRISIS STABILIZATION	196	10.14%
DAY TX INTENSIVE FULL DAY	154	7.97%
HOSPITAL INPATIENT	100	5.18%
PHF	25	1.29%
ADULT RESIDENTIAL	20	1.04%
ADULT CRISIS RESIDENTIAL	10	0.52%
DAY TX INTENSIVE HALF DAY	3	0.16%
ICC	1	0.05%
IHBS	1	0.05%

Service Metrics:

Table 6e
Children
Day Rehabilitation Full Day Approved Amount
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	1,932
Mean	$ 9,835
Standard Deviation	$ 9,445
Median	$ 6,450
Mode	$ 131
Interquartile Range	$ 13,859

Quartile	Amount
100%	$ 40,675
99%	$ 32,382
95%	$ 29,135
90%	$ 25,461
75%	$ 15,697
50%	$ 6,450
25%	$ 1,837

Table 6f
Children
Day Rehabilitation Full Days
Fiscal Year 2012-13

Statistic	Days
Number of Clients	1,932
Mean	75
Standard Deviation	72
Median	48
Mode	1
Interquartile Range	105

Quartile	Days
100%	299
99%	247
95%	222
90%	192
75%	119
50%	48
25%	14

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,478	1,759	1,932	1,705
Number of Days	116,242	120,826	143,965	119,084
Days Per Client	79	69	75	70
Approved Amount	$13,641,791	$14,370,106	$19,000,477	$16,401,335

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Day Treatment Intensive Half Day

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

Summary:
The forecast for Day Treatment Intensive Half Day Services is for a sharp decrease in costs.

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 2,678,755	284
Actual	FY 2010-11	$ 819,123	228
Actual	FY 2011-12	$ 2,367,074	217
Actual[1]	FY 2012-13	$ 40,121	15
Actual + Forecast	FY 2013-14	$ 227,112	44
Forecast	FY 2014-15	$ 223,128	53
Forecast	FY 2015-16	$ 59,179	38

[1]The forecast dollars are unreasonably low due to a reporting error by San Diego county that year
Actual data as of December 31, 2014

Budget Forecast Narrative:
There has been a sharp decline in cost with Day Treatment Intensive Half Day services over the past few years. The dollar amount for claims is expected to significantly decrease in FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 7a
CHILDREN
Clients Receiving Day Treatment Intensive Half Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Day Treatment Intensive Half Day	0.0%	44.4%	33.3%	22.2%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 7b
CHILDREN
Clients Receiving Day Treatment Intensive Half Day Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Treatment Intensive Half Day	38.9%	33.3%	5.6%	11.1%	0.0%	11.1%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 7c
CHILDREN
Clients Receiving Day Treatment Intensive Half Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Treatment Intensive Half Day	50.0%	50.0%
Total Children	42.7%	57.3%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	15
Mean	$ 2,675
Standard Deviation	$ 3,451
Median	$ 1,694
Mode	$ 169
Interquartile Range	$ 1,524

Quartile	Amount
100%	$ 14,170
99%	$ 14,170
95%	$ 14,170
90%	$ 4,742
75%	$ 2,710
50%	$ 1,694
25%	$ 1,185

Table 7f
Children
Day Treatment Intensive Half Day
Fiscal Year 2012-13

Statistic	Half-Days
Number of Clients	15
Mean	15
Standard Deviation	17
Median	10
Mode	1
Interquartile Range	9

Quartile	Half-Days
100%	70
99%	70
95%	70
90%	32
75%	16
50%	10
25%	7

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	228	217	15	44
Number of Half Days	23,151	22,212	228	716
Days Per Client	102	102	15	16
Approved Amount	$819,123	$2,367,074	$40,121	$227,112

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Day Treatment Intensive Full Day

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 45,479,444	2,650
Actual	FY 2010-11	$ 41,591,508	2,369
Actual	FY 2011-12	$ 39,316,948	2,283
Actual	FY 2012-13	$ 34,992,057	1,902
Actual + Forecast	FY 2013-14	$ 29,035,397	1,535
Forecast	FY 2014-15	$ 20,737,741	551
Forecast	FY 2015-16	$ 15,362,239	322
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs and clients are expected to decline through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 8a
CHILDREN
Clients Receiving Day Treatment Intensive Full Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Day Treatment Intensive Full Day	22.1%	37.6%	31.8%	8.5%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 8b
CHILDREN
Clients Receiving Day Treatment Intensive Full Day Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Treatment Intensive Full Day	28.6%	26.7%	29.3%	2.4%	0.6%	12.6%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 8c
CHILDREN
Clients Receiving Day Treatment Intensive Full Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Treatment Intensive Full Day	34.4%	65.6%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
DAY TX INTENSIVE FULL DAY	1,902	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,568	82.44%
MEDICATION SUPPORT	1,452	76.34%
TARGETED CASE MANAGEMENT	1,003	52.73%
THERAPEUTIC BEHAVIORAL SERVICES	458	24.08%
CRISIS INTERVENTION	437	22.98%
FFS-HOSPITAL INPATIENT	277	14.56%
CRISIS STABILIZATION	241	12.67%
DAY REHABILITATION FULL DAY	154	8.10%
PHF	114	5.99%
HOSPITAL INPATIENT	64	3.36%
ADULT RESIDENTIAL	18	0.95%
DAY TX INTENSIVE HALF DAY	15	0.79%
IHBS	5	0.26%
ADULT CRISIS RESIDENTIAL	4	0.21%
DAY REHABILITATION HALF DAY	3	0.16%
ICC	3	0.16%

Service Metrics:

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

Statistic	Amount
Number of Clients	1,902
Mean	$ 18,398
Standard Deviation	$ 14,355
Median	$ 14,411
Mode	$ 4,251
Interquartile Range	$ 23,166

Quartile	Amount
100%	$ 77,008
99%	$ 51,881
95%	$ 43,659
90%	$ 40,486
75%	$ 29,131
50%	$ 14,411
25%	$ 5,965

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

Statistic	Days
Number of Clients	1,902
Mean	90
Standard Deviation	71
Median	72
Mode	0
Interquartile Range	116

Quartile	Days
100%	342
99%	247
95%	212
90%	198
75%	144
50%	72
25%	28

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	2,369	2,283	1,902	1,535
Number of Days	225,274	211,017	170,716	130,528
Days Per Client	95	92	90	85
Approved Amount	$41,591,508	$39,316,948	$34,992,057	$29,035,397

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Medication Support

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 92,641,875	69,655
Actual	FY 2010-11	$ 95,677,876	70,304
Actual	FY 2011-12	$ 98,088,690	72,828
Actual	FY 2012-13	$ 115,555,132	77,057
Actual + Forecast	FY 2013-14	$ 123,950,623	78,629
Forecast	FY 2014-15	$ 131,238,314	78,680
Forecast	FY 2015-16	$ 137,899,845	80,180
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The Medication Support costs and clients are expected to increase through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 9a
CHILDREN
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Medication Support	18.2%	47.1%	19.4%	15.3%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 9b
CHILDREN
Clients Receiving Medication Support Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Medication Support	29.8%	41.3%	14.4%	2.5%	0.6%	11.5%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 9c
CHILDREN
Clients Receiving Medication Support Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Medication Support	37.3%	62.7%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
MEDICATION SUPPORT	77,057	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	68,903	89.42%
TARGETED CASE MANAGEMENT	40,870	53.04%
CRISIS INTERVENTION	10,322	13.40%
FFS-HOSPITAL INPATIENT	7,307	9.48%
THERAPEUTIC BEHAVIORAL SERVICES	5,702	7.40%
CRISIS STABILIZATION	4,588	5.95%
DAY TX INTENSIVE FULL DAY	1,452	1.88%
HOSPITAL INPATIENT	1,365	1.77%
DAY REHABILITATION FULL DAY	1,346	1.75%
PHF	501	0.65%
ADULT CRISIS RESIDENTIAL	239	0.31%
ADULT RESIDENTIAL	97	0.13%
ICC	64	0.08%
DAY REHABILITATION HALF DAY	46	0.06%
IHBS	35	0.05%
DAY TX INTENSIVE HALF DAY	15	0.02%

Service Metrics:

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

Statistic	Amount
Number of Clients	77,057
Mean	$ 1,500
Standard Deviation	$ 2,081
Median	$ 941
Mode	$ 136
Interquartile Range	$ 1,373

Quartile	Amount
100%	$ 84,428
99%	$ 9,274
95%	$ 4,414
90%	$ 3,203
75%	$ 1,836
50%	$ 941
25%	$ 463

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

Statistic	Minutes
Number of Clients	77,057
Mean	310
Standard Deviation	409
Median	206
Mode	90
Interquartile Range	266

Quartile	Minutes
100%	10,140
99%	1,829
95%	867
90%	631
75%	375
50%	206
25%	109

Table 9g
Children
Historical Trends
Medication Support by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	70,304	72,828	77,057	78,629
Number of Minutes	23,006,270	23,419,355	23,871,829	25,024,203
Minutes Per Client	327	322	310	318
Approved Amount	$95,677,876	$98,088,690	$115,555,132	$123,950,623

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 3,743,149	585
Actual	FY 2010-11	$ 4,699,605	600
Actual	FY 2011-12	$ 4,740,481	627
Actual	FY 2012-13	$ 6,058,215	750
Actual + Forecast	FY 2013-14	$ 8,405,047	765
Forecast	FY 2014-15	$ 8,174,847	685
Forecast	FY 2015-16	$ 8,981,235	709
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The total annual costs and the number of clients served are expected to increase through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 10a
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Psychiatric Health Facility Services	0.1%	28.7%	22.0%	49.1%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 10b
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Psychiatric Health Facility Services	37.2%	26.4%	18.4%	6.4%	1.2%	10.3%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 10c
CHILDREN
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Psychiatric Health Facility Services	51.7%	48.3%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
PHF	750	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	561	74.80%
MEDICATION SUPPORT	501	66.80%
CRISIS STABILIZATION	473	63.07%
TARGETED CASE MANAGEMENT	458	61.07%
CRISIS INTERVENTION	380	50.67%
FFS-HOSPITAL INPATIENT	177	23.60%
DAY TX INTENSIVE FULL DAY	114	15.20%
THERAPEUTIC BEHAVIORAL SERVICES	104	13.87%
ADULT CRISIS RESIDENTIAL	38	5.07%
HOSPITAL INPATIENT	29	3.87%
DAY REHABILITATION FULL DAY	25	3.33%
ADULT RESIDENTIAL	5	0.67%
DAY TX INTENSIVE HALF DAY	1	0.13%

Service Metrics:

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

Statistic	Amount
Number of Clients	750
Mean	$ 8,078
Standard Deviation	$ 17,391
Median	$ 3,145
Mode	$ 1,887
Interquartile Range	$ 5,419

Quartile	Amount
100%	$ 190,399
99%	$ 93,271
95%	$ 30,774
90%	$ 18,241
75%	$ 6,919
50%	$ 3,145
25%	$ 1,500

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

Statistic	Days
Number of Clients	750
Mean	14
Standard Deviation	34
Median	5
Mode	2
Interquartile Range	10

Quartile	Days
100%	317
99%	196
95%	50
90%	31
75%	12
50%	5
25%	2

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	600	627	750	765
Number of Days	8,586	8,344	10,836	11,137
Days Per Client	14	13	14	15
Approved Amount	$4,699,605	$4,740,481	$6,058,215	$8,405,047

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

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

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by SD/MC hospitals shows a small growth in cost and a slight decrease in clients through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 14,453,454	1,844
Actual	FY 2010-11	$ 12,506,982	1,975
Actual	FY 2011-12	$ 13,200,712	2,009
Actual	FY 2012-13	$ 16,447,883	2,084
Actual + Forecast	FY 2013-14	$ 16,904,867	1,977
Forecast	FY 2014-15	$ 16,101,713	1,780
Forecast	FY 2015-16	$ 16,594,906	1,762
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 11a
CHILDREN
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Hospital Inpatient Services SD/MC Hospitals	7.0%	42.2%	22.2%	28.6%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 11b
CHILDREN
Clients Receiving Hospital Inpatient Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Hospital Inpatient Services SD/MC Hospitals	27.5%	42.3%	16.4%	2.5%	0.7%	10.6%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 11c
CHILDREN
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Hospital Inpatient Services SD/MC Hospitals	44.8%	55.2%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
HOSPITAL INPATIENT	2,084	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,693	81.24%
MEDICATION SUPPORT	1,365	65.50%
TARGETED CASE MANAGEMENT	1,315	63.10%
CRISIS STABILIZATION	1,193	57.25%
CRISIS INTERVENTION	1,036	49.71%
FFS-HOSPITAL INPATIENT	567	27.21%
THERAPEUTIC BEHAVIORAL SERVICES	309	14.83%
DAY REHABILITATION FULL DAY	100	4.80%
DAY TX INTENSIVE FULL DAY	64	3.07%
ADULT CRISIS RESIDENTIAL	48	2.30%
PHF	29	1.39%
ADULT RESIDENTIAL	15	0.72%
DAY REHABILITATION HALF DAY	3	0.14%

Service Metrics:

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

Statistic	Amount
Number of Clients	2,084
Mean	$ 7,892
Standard Deviation	$ 10,775
Median	$ 4,868
Mode	$ 3,245
Interquartile Range	$ 5,902

Quartile	Amount
100%	$ 147,566
99%	$ 54,707
95%	$ 23,454
90%	$ 16,227
75%	$ 8,934
50%	$ 4,868
25%	$ 3,032

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

Statistic	Days
Number of Clients	2,084
Mean	8
Standard Deviation	12
Median	5
Mode	2
Interquartile Range	8

Quartile	Days
100%	169
99%	54
95%	28
90%	18
75%	10
50%	5
25%	2

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,975	2,009	2,084	1,977
Number of Days	15,928	15,975	17,364	17,545
Days Per Client	8	8	8	9
Approved Amount	$12,506,982	$13,200,712	$16,447,883	$16,904,867

*FY 2012-13 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Targeted Case Management

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 78,354,487	90,202
Actual	FY 2010-11	$ 76,055,207	90,139
Actual	FY 2011-12	$ 75,879,738	94,279
Actual	FY 2012-13	$ 88,084,380	95,970
Actual + Forecast	FY 2013-14	$ 85,734,276	98,450
Forecast	FY 2014-15	$ 84,505,191	99,310
Forecast	FY 2015-16	$ 84,921,662	100,752
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 12a
CHILDREN
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Targeted Case Management	28.4%	44.1%	17.1%	10.4%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 12b
CHILDREN
Clients Receiving Targeted Case Management Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Targeted Case Management	26.8%	47.4%	13.3%	3.0%	0.7%	8.8%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 12c
CHILDREN
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Targeted Case Management	42.6%	57.4%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
TARGETED CASE MANAGEMENT	95,970	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	92,038	95.90%
MEDICATION SUPPORT	40,870	42.59%
CRISIS INTERVENTION	11,514	12.00%
FFS-HOSPITAL INPATIENT	5,994	6.25%
THERAPEUTIC BEHAVIORAL SERVICES	5,862	6.11%
CRISIS STABILIZATION	4,257	4.44%
HOSPITAL INPATIENT	1,315	1.37%
DAY TX INTENSIVE FULL DAY	1,003	1.05%
DAY REHABILITATION FULL DAY	627	0.65%
PHF	458	0.48%
ADULT CRISIS RESIDENTIAL	189	0.20%
ICC	158	0.16%
IHBS	105	0.11%
ADULT RESIDENTIAL	100	0.10%
DAY REHABILITATION HALF DAY	17	0.02%
DAY TX INTENSIVE HALF DAY	14	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	95,970
Mean	$ 918
Standard Deviation	$ 2,358
Median	$ 289
Mode	$ 142
Interquartile Range	$ 665

Quartile	Amount
100%	$ 113,638
99%	$ 10,140
95%	$ 3,646
90%	$ 2,053
75%	$ 789
50%	$ 289
25%	$ 123

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

Statistic	Minutes
Number of Clients	95,970
Mean	401
Standard Deviation	868
Median	138
Mode	60
Interquartile Range	309

Quartile	Minutes
100%	28,644
99%	4,126
95%	1,606
90%	936
75%	369
50%	138
25%	60

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	90,139	94,279	95,970	98,450
Number of Minutes	40,613,768	41,909,771	38,446,457	37,793,546
Minutes Per Client	451	445	401	384
Approved Amount	$76,055,207	$75,879,738	$88,084,380	$85,734,276

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Therapeutic Behavioral Service

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 69,128,567	5,165
Actual	FY 2010-11	$ 80,400,740	6,424
Actual	FY 2011-12	$ 87,073,543	7,332
Actual	FY 2012-13	$ 103,458,435	7,990
Actual + Forecast	FY 2013-14	$ 101,304,224	8,053
Forecast	FY 2014-15	$ 106,434,315	8,828
Forecast	FY 2015-16	$ 113,529,342	9,535
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 13a
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Therapeutic Behavioral Services	26.2%	53.5%	16.9%	3.5%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 13b
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapeutic Behavioral Services	35.2%	35.7%	15.8%	1.4%	0.7%	11.2%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 13c
CHILDREN
Clients Receiving Therapeutic Behavioral Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Therapeutic Behavioral Services	37.3%	62.7%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
THERAPEUTIC BEHAVIORAL SERVICES	7,990	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,756	97.07%
TARGETED CASE MANAGEMENT	5,862	73.37%
MEDICATION SUPPORT	5,702	71.36%
CRISIS INTERVENTION	2,128	26.63%
FFS-HOSPITAL INPATIENT	1,298	16.25%
CRISIS STABILIZATION	924	11.56%
DAY TX INTENSIVE FULL DAY	458	5.73%
DAY REHABILITATION FULL DAY	328	4.11%
HOSPITAL INPATIENT	309	3.87%
PHF	104	1.30%
ICC	39	0.49%
IHBS	29	0.36%
ADULT CRISIS RESIDENTIAL	8	0.10%
ADULT RESIDENTIAL	8	0.10%
DAY REHABILITATION HALF DAY	6	0.08%
DAY TX INTENSIVE HALF DAY	5	0.06%

Service Metrics:

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

Statistic	Amount
Number of Clients	7,990
Mean	$ 12,948
Standard Deviation	$ 15,293
Median	$ 8,402
Mode	$ -
Interquartile Range	$ 14,857

Quartile	Amount
100%	$ 278,197
99%	$ 68,702
95%	$ 40,508
90%	$ 29,617
75%	$ 17,871
50%	$ 8,402
25%	$ 3,015

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

Statistic	Minutes
Number of Clients	7,990
Mean	5,338
Standard Deviation	5,997
Median	3,497
Mode	150
Interquartile Range	5,992

Quartile	Minutes
100%	57,690
99%	28,603
95%	17,215
90%	12,198
75%	7,272
50%	3,497
25%	1,280

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	6,424	7,332	7,990	8,053
Number of Minutes	40,140,348	41,838,912	42,647,195	41,461,848
Minutes Per Client	6,248	5,706	5,338	5,149
Approved Amount	$80,400,740	$87,073,543	$103,458,435	$101,304,224

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Therapy and Other Service Activities

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

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 829,512,091	194,242
Actual	FY 2010-11	$ 870,440,199	199,759
Actual	FY 2011-12	$ 930,616,791	212,987
Actual	FY 2012-13	$ 1,074,328,746	230,340
Actual + Forecast	FY 2013-14	$ 1,135,251,234	243,359
Forecast	FY 2014-15	$ 1,180,332,843	250,834
Forecast	FY 2015-16	$ 1,239,342,001	260,571
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 14a
CHILDREN
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Therapy and Other Service Activities	31.1%	44.0%	15.8%	9.1%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 14b
CHILDREN
Clients Receiving Therapy and Other Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapy and Other Service Activities	26.3%	49.5%	12.9%	2.6%	0.6%	8.1%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 14c
CHILDREN
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Therapy and Other Service Activities	43.6%	56.4%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
THERAPY AND OTHER SERVICE ACTIVITIES	230,340	100.00%
TARGETED CASE MANAGEMENT	92,038	39.96%
MEDICATION SUPPORT	68,903	29.91%
CRISIS INTERVENTION	14,933	6.48%
FFS-HOSPITAL INPATIENT	8,940	3.88%
THERAPEUTIC BEHAVIORAL SERVICES	7,756	3.37%
CRISIS STABILIZATION	6,110	2.65%
HOSPITAL INPATIENT	1,693	0.74%
DAY TX INTENSIVE FULL DAY	1,568	0.68%
DAY REHABILITATION FULL DAY	1,312	0.57%
PHF	561	0.24%
ADULT CRISIS RESIDENTIAL	199	0.09%
ICC	177	0.08%
IHBS	108	0.05%
ADULT RESIDENTIAL	101	0.04%
DAY REHABILITATION HALF DAY	49	0.02%
DAY TX INTENSIVE HALF DAY	13	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	230,340
Mean	$ 4,664
Standard Deviation	$ 7,810
Median	$ 2,278
Mode	$ 60
Interquartile Range	$ 4,771

Quartile	Amount
100%	$ 573,905
99%	$ 35,173
95%	$ 16,734
90%	$ 11,066
75%	$ 5,542
50%	$ 2,278
25%	$ 772

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

Statistic	Minutes
Number of Clients	230,340
Mean	1,830
Standard Deviation	2,756
Median	947
Mode	60
Interquartile Range	1,882

Quartile	Minutes
100%	99,357
99%	13,155
95%	6,478
90%	4,321
75%	2,222
50%	947
25%	340

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	199,759	212,987	230,340	243,359
Number of Minutes	381,351,769	402,726,527	421,512,888	435,300,419
Minutes Per Client	1,909	1,891	1,830	1,789
Approved Amount	$870,440,199	$930,616,791	$1,074,328,746	$1,135,251,234

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

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

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

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals projects growth in costs and clients through 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 51,795,601	8,216
Actual	FY 2010-11	$ 55,327,881	8,996
Actual	FY 2011-12	$ 59,122,594	8,896
Actual	FY 2012-13	$ 63,997,564	10,269
Actual + Forecast	FY 2013-14	$ 76,216,735	11,831
Forecast	FY 2014-15	$ 83,306,397	12,751
Forecast	FY 2015-16	$ 89,543,438	13,603
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 15a
CHILDREN
Clients Receiving Fee for Service Hospital Inpatient Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Hospital Inpatient Services - FFS/MC Hospitals	3.3%	45.6%	26.8%	24.3%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 15b
CHILDREN
Clients Receiving Fee for Service Hospital Inpatient Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Hospital Inpatient Services - FFS/MC Hospitals	30.8%	43.9%	13.6%	3.0%	0.6%	8.1%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 15c
CHILDREN
Clients Receiving Fee for Service Hospital Inpatient Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Hospital Inpatient Services - FFS/MC Hospitals	53.3%	46.7%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
FFS-HOSPITAL INPATIENT	10,269	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,940	87.06%
MEDICATION SUPPORT	7,307	71.16%
TARGETED CASE MANAGEMENT	5,994	58.37%
CRISIS INTERVENTION	5,452	53.09%
CRISIS STABILIZATION	2,898	28.22%
THERAPEUTIC BEHAVIORAL SERVICES	1,298	12.64%
HOSPITAL INPATIENT	567	5.52%
DAY TX INTENSIVE FULL DAY	277	2.70%
DAY REHABILITATION FULL DAY	202	1.97%
PHF	177	1.72%
ADULT CRISIS RESIDENTIAL	112	1.09%
ADULT RESIDENTIAL	23	0.22%
DAY TX INTENSIVE HALF DAY	7	0.07%
ICC	4	0.04%
DAY REHABILITATION HALF DAY	2	0.02%
IHBS	2	0.02%

Service Metrics:

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

Statistic	Amount
Number of Clients	10,269
Mean	$ 6,232
Standard Deviation	$ 8,087
Median	$ 3,762
Mode	$ 3,135
Interquartile Range	$ 4,647

Quartile	Amount
100%	$ 206,599
99%	$ 38,761
95%	$ 19,242
90%	$ 13,300
75%	$ 6,897
50%	$ 3,762
25%	$ 2,250

Table 15f
Children
FFS Psychiatric Hospital Inpatient Services Days
Fiscal Year 2012-13

Statistic	Days
Number of Clients	10,269
Mean	9
Standard Deviation	11
Median	6
Mode	3
Interquartile Range	7

Quartile	Days
100%	222
99%	50
95%	26
90%	18
75%	10
50%	6
25%	3

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014
Number of Clients	8,996	8,896	10,269	11,831
Number of Days	78,706	82,496	88,802	103,407
Days Per Client	9	9	9	9
Approved Amount	$55,327,881	$59,122,594	$63,997,564	$76,216,735

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 105,291	178
Actual	FY 2013-14	$ 15,935,575	6,294
Actual*	FY 2014-15	$ 7,361,323	4,622
Forecast	FY 2015-16	Not Available	Not Available
Actual data as of December 31, 2014 *Data is not weighted and only represents claims received as of 12/31/2014			

Budget Forecast Narrative:
There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received through December 31, 2014 and do not represent an estimate of total service costs for FY 2014-15. Claim costs for 14-15 will be higher as additional claims are submitted.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 16a
CHILDREN
Clients Receiving Intensive Care Coordination Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Intensive Care Coordination	21.8%	44.1%	23.5%	10.6%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 16b
CHILDREN
Clients Receiving Intensive Care Coordination Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Intensive Care Coordination	13.4%	30.7%	20.1%	3.9%	0.0%	31.8%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 16c
CHILDREN
Clients Receiving Intensive Care Coordination Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Intensive Care Coordination	46.9%	53.1%
Total Children	42.7%	57.3%

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

	Number of Clients	Percent of Clients
ICC	178	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	177	99.44%
TARGETED CASE MANAGEMENT	158	88.76%
IHBS	93	52.25%
MEDICATION SUPPORT	64	35.96%
THERAPEUTIC BEHAVIORAL SERVICES	39	21.91%
CRISIS INTERVENTION	25	14.04%
FFS-HOSPITAL INPATIENT	4	2.25%
DAY TX INTENSIVE FULL DAY	3	1.69%
CRISIS STABILIZATION	2	1.12%
DAY REHABILITATION FULL DAY	1	0.56%

Service Metrics:

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

Statistic	Amount
Number of Clients	178
Mean	$ 592
Standard Deviation	$ 718
Median	$ 304
Mode	$ -
Interquartile Range	$ 773

Quartile	Amount
100%	$ 3,969
99%	$ 3,438
95%	$ 2,076
90%	$ 1,713
75%	$ 897
50%	$ 304
25%	$ 124

Table 16f
Children
Intensive Care Coordination Services Minutes
Fiscal Year 2012-13

Statistic	Minutes
Number of Clients	178
Mean	217
Standard Deviation	232
Median	131
Mode	30
Interquartile Range	237

Quartile	Minutes
100%	1,323
99%	1,146
95%	692
90%	571
75%	300
50%	131
25%	63

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	N/A	N/A	178	6,294
Number of Minutes	N/A	N/A	38,559	8,074,084
Minutes Per Client	N/A	N/A	217	1,283
Approved Amount	N/A	N/A	$105,291	$15,935,575

*Data includes actual claims through December 31, 2014, no weights or forecasting is applied. Figures represent the sum of claims collected as of December 31, 2014.

Children

Intensive Home Based Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 350,468	110
Actual	FY 2013-14	$ 21,968,113	5,119
Actual*	FY 2014-15	$ 9,970,444	3,438
Forecast	FY 2015-16	Not Available	Not Available
Actual data as of December 31, 2014. *Data is not weighted and only represents claims received as of 12/31/2014.			

Budget Forecast Narrative:
There is insufficient data to produce a forecast at this time. Cost figures reported are actual claim costs for claims received as of December 31, 2014 and therefore do not represent an estimate of total service costs for FY 2013-14 and FY 2014-15. Claim costs for FY 2013-14 and FY 2014-15 will be higher as additional claims are submitted.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 17a
CHILDREN
Clients Receiving Intensive Home Based Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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
Intensive Home Based Services	14.5%	49.1%	30.0%	6.4%
Total Children	26.0%	44.8%	17.5%	11.6%

Table 17b
CHILDREN
Clients Receiving Intensive Home Based Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Intensive Home Based Services	5.5%	10.0%	26.4%	4.5%	0.0%	53.6%
Total Children	27.5%	46.6%	13.6%	2.7%	0.6%	9.0%

Table 17c
CHILDREN
Clients Receiving Intensive Home Based Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Intensive Home Based Services	45.5%	54.5%
Total Children	42.7%	57.3%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	110
Mean	$ 3,186
Standard Deviation	$ 2,404
Median	$ 2,520
Mode	$ -
Interquartile Range	$ 3,188

Quartile	Amount
100%	$ 9,576
99%	$ 8,959
95%	$ 7,791
90%	$ 7,091
75%	$ 4,516
50%	$ 2,520
25%	$ 1,328

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

Statistic	Minutes
Number of Clients	110
Mean	825
Standard Deviation	616
Median	650
Mode	-
Interquartile Range	819

Quartile	Minutes
100%	2,468
99%	2,309
95%	2,008
90%	1,828
75%	1,164
50%	650
25%	345

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	N/A	N/A	110	5,119
Number of Minutes	N/A	N/A	90,710	8,562,379
Minutes Per Client	N/A	N/A	825	1,673
Approved Amount	N/A	N/A	$350,486	$21,968,113

*Data includes actual claims through December 31, 2014, no weights or forecasting is applied. Figures represent the sum of claims collected as of December 31, 2014.

Adult Services Section

Adults

Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 18,871,631	3,431
Actual	FY 2010-11	$ 20,099,727	3,699
Actual	FY 2011-12	$ 22,187,436	3,925
Actual	FY 2012-13	$ 23,550,619	4,081
Actual + Forecast	FY 2013-14	$ 25,639,649	4,479
Forecast	FY 2014-15	$ 28,091,351	4,767
Forecast	FY 2015-16	$ 29,661,016	5,003
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 1a
ADULTS
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Adult Crisis Residential Services	93.1%	4.8%	2.1%
Total Adults	84.0%	9.3%	6.7%

Table 1b
ADULTS
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native America n	Other
Adult Crisis Residential Services	47.0%	13.9%	16.7%	4.7%	0.9%	16.8%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 1c
ADULTS
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Adult Crisis Residential Services	43.4%	56.6%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	4,081	100.00%
MEDICATION SUPPORT	3,660	89.68%
THERAPY AND OTHER SERVICE ACTIVITIES	3,120	76.45%
TARGETED CASE MANAGEMENT	2,883	70.64%
CRISIS STABILIZATION	2,014	49.35%
CRISIS INTERVENTION	1,790	43.86%
FFS-HOSPITAL INPATIENT	1,045	25.61%
HOSPITAL INPATIENT	720	17.64%
ADULT RESIDENTIAL	435	10.66%
PHF	347	8.50%
DAY REHABILITATION FULL DAY	341	8.36%
DAY REHABILITATION HALF DAY	24	0.59%

Service Metrics:

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

Statistic	Amount
Number of Clients	4,081
Mean	$ 5,771
Standard Deviation	$ 5,284
Median	$ 4,410
Mode	$ 4,966
Interquartile Range	$ 5,842

Quartile	Amount
100%	$ 48,950
99%	$ 25,040
95%	$ 16,233
90%	$ 12,088
75%	$ 7,946
50%	$ 4,410
25%	$ 2,104

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

Statistic	Days
Number of Clients	4,081
Mean	18
Standard Deviation	16
Median	14
Mode	14
Interquartile Range	18

Quartile	Days
100%	164
99%	74
95%	49
90%	36
75%	25
50%	14
25%	7

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	3,699	3,925	4,081	4,479
Number of Days	68,252	72,876	72,602	76,601
Days Per Client	18	19	18	17
Approved Amount	$20,099,727	$22,187,436	$23,550,619	$25,639,649

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Adult Residential Services

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

Summary:
The forecast for Adult Residential Services indicates a slight decrease in clients and total cost through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 18,039,205	1,433
Actual	FY 2010-11	$ 15,017,309	1,155
Actual	FY 2011-12	$ 15,233,466	1,163
Actual	FY 2012-13	$ 16,346,011	1,177
Actual + Forecast	FY 2013-14	$ 18,925,726	1,236
Forecast	FY 2014-15	$ 19,711,067	1,263
Forecast	FY 2015-16	$ 19,397,153	1,234
Actual data as of December 31, 2014			

Budget Forecast Narrative:
The forecast indicates an increase in costs through FY 2014-15 and a decrease in FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 2a
ADULTS
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Adult Residential Services	94.6%	2.8%	2.6%
Total Adults	84.0%	9.3%	6.7%

Table 2b
ADULTS
Clients Receiving Adult Residential Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Adult Residential Services	42.4%	14.4%	14.4%	5.6%	1.2%	21.9%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 2c
ADULTS
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Adult Residential Services	37.3%	62.7%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,177	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,037	88.11%
TARGETED CASE MANAGEMENT	1,018	86.49%
MEDICATION SUPPORT	999	84.88%
CRISIS STABILIZATION	458	38.91%
CRISIS INTERVENTION	451	38.32%
DAY REHABILITATION FULL DAY	438	37.21%
ADULT CRISIS RESIDENTIAL	435	36.96%
HOSPITAL INPATIENT	194	16.48%
FFS-HOSPITAL INPATIENT	126	10.71%
PHF	51	4.33%
DAY REHABILITATION HALF DAY	8	0.68%
DAY TX INTENSIVE FULL DAY	1	0.08%

Service Metrics:

Table 2e
Adults
Adult Residential
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	1,177
Mean	$ 13,888
Standard Deviation	$ 12,587
Median	$ 11,116
Mode	$ 15,398
Interquartile Range	$ 14,847

Quartile	Amount
100%	$ 63,149
99%	$ 55,363
95%	$ 39,446
90%	$ 32,344
75%	$ 19,058
50%	$ 11,116
25%	$ 4,212

Table 2f
Adults
Adult Residential
Fiscal Year 2012-13

Statistic	Days
Number of Clients	1,177
Mean	88
Standard Deviation	78
Median	69
Mode	4
Interquartile Range	95

Quartile	Days
100%	365
99%	334
95%	251
90%	200
75%	122
50%	69
25%	27

Table 2g
Adults
Historical Trends
Adult Residential by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,155	1,163	1,177	1,236
Number of Days	97,282	98,410	103,345	109,410
Days Per Client	84	85	88	89
Approved Amount	$15,017,309	$15,233,466	$16,346,011	$18,925,726

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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:
While the number of clients is forecast to decrease in FY 2014-15 and FY 2015-16 for Crisis Intervention services, the costs should hold around current estimated FY 2013-14 levels.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 27,845,523	33,439
Actual	FY 2010-11	$ 26,649,639	31,309
Actual	FY 2011-12	$ 27,170,591	30,741
Actual	FY 2012-13	$ 29,715,244	28,994
Actual + Forecast	FY 2013-14	$ 29,971,563	28,006
Forecast	FY 2014-15	$ 29,211,015	26,247
Forecast	FY 2015-16	$ 29,281,331	24,800
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Crisis Intervention services are forecasted to change little and hold around $29 million for the next two fiscal years.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 3a
ADULTS
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Crisis Intervention	88.7%	6.0%	5.2%
Total Adults	84.0%	9.3%	6.7%

Table 3b
ADULTS
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Crisis Intervention	44.7%	20.5%	16.3%	4.4%	1.0%	13.1%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 3c
ADULTS
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Crisis Intervention	54.0%	46.0%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
CRISIS INTERVENTION	28,994	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	20,562	70.92%
MEDICATION SUPPORT	19,310	66.60%
TARGETED CASE MANAGEMENT	16,935	58.41%
CRISIS STABILIZATION	7,015	24.19%
FFS-HOSPITAL INPATIENT	5,972	20.60%
HOSPITAL INPATIENT	2,985	10.30%
ADULT CRISIS RESIDENTIAL	1,790	6.17%
PHF	1,567	5.40%
ADULT RESIDENTIAL	451	1.56%
DAY REHABILITATION FULL DAY	281	0.97%
DAY REHABILITATION HALF DAY	38	0.13%

Service Metrics:

Table 3e
Adults
Crisis Intervention
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	28,994
Mean	$ 1,025
Standard Deviation	$ 1,233
Median	$ 625
Mode	$ 2,395
Interquartile Range	$ 928

Quartile	Amount
100%	$ 32,340
99%	$ 5,919
95%	$ 3,134
90%	$ 2,395
75%	$ 1,243
50%	$ 625
25%	$ 315

Table 3f
Adults
Crisis Intervention
Fiscal Year 2012-13

Statistic	Minutes
Number of Clients	28,994
Mean	239
Standard Deviation	283
Median	150
Mode	120
Interquartile Range	209

Quartile	Minutes
100%	6,831
99%	1,375
95%	720
90%	492
75%	290
50%	150
25%	81

Table 3g
Adults
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	31,309	30,741	28,994	28,006
Number of Minutes	7,121,841	7,300,084	6,939,749	6,956,073
Minutes Per Client	227	237	239	248
Approved Amount	$26,649,639	$27,170,591	$29,715,244	$29,971,563

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Crisis Stabilization

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 34,355,450	18,779
Actual	FY 2010-11	$ 37,428,446	20,517
Actual	FY 2011-12	$ 43,473,226	22,688
Actual	FY 2012-13	$ 60,380,104	24,013
Actual + Forecast	FY 2013-14	$ 65,682,405	23,950
Forecast	FY 2014-15	$ 71,409,158	23,121
Forecast	FY 2015-16	$ 78,107,714	23,799
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Moderate growth in costs and clients are forecasted in FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 4a
ADULTS
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Crisis Stabilization	92.4%	4.9%	2.7%
Total Adults	84.0%	9.3%	6.7%

Table 4b
ADULTS
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Crisis Stabilization	34.9%	20.6%	23.6%	5.2%	1.0%	14.7%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 4c
ADULTS
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Crisis Stabilization	49.3%	50.7%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
CRISIS STABILIZATION	24,013	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	13,828	57.59%
MEDICATION SUPPORT	12,809	53.34%
TARGETED CASE MANAGEMENT	10,017	41.71%
CRISIS INTERVENTION	7,015	29.21%
FFS-HOSPITAL INPATIENT	4,882	20.33%
HOSPITAL INPATIENT	4,084	17.01%
ADULT CRISIS RESIDENTIAL	2,014	8.39%
PHF	1,385	5.77%
ADULT RESIDENTIAL	458	1.91%
DAY REHABILITATION FULL DAY	348	1.45%
DAY REHABILITATION HALF DAY	99	0.41%

Service Metrics:

Table 4e
Adults
Crisis Stabilization
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	24,013
Mean	$ 2,514
Standard Deviation	$ 4,156
Median	$ 1,689
Mode	$ 1,891
Interquartile Range	$ 2,174

Quartile	Amount
100%	$ 123,168
99%	$ 18,544
95%	$ 8,064
90%	$ 5,467
75%	$ 2,742
50%	$ 1,689
25%	$ 567

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

Statistic	Hours
Number of Clients	24,013
Mean	25
Standard Deviation	44
Median	17
Mode	20
Interquartile Range	18

Quartile	Hours
100%	1,478
99%	184
95%	80
90%	53
75%	24
50%	17
25%	6

Table 4g
Adults
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	20,517	22,688	24,013	23,950
Number of Hours	412,881	470,988	596,621	604,304
Hours Per Client	20	21	25	25
Approved Amount	$37,428,446	$43,473,226	$60,380,104	$65,682,405

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Day Rehabilitation Half Day

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

Summary:
For Day Rehabilitation Half Day Services, the forecast for FY 2014-15 and FY 2015-16 is slight increase in dollars and clients from FY 2013-14 levels.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 618,775	147
Actual	FY 2010-11	$ 769,431	213
Actual	FY 2011-12	$ 1,090,810	279
Actual	FY 2012-13	$ 818,165	216
Actual + Forecast	FY 2013-14	$ 1,444,044	365
Forecast	FY 2014-15	$ 2,274,828	498
Forecast	FY 2015-16	$ 2,575,644	561
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 5a
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Day Rehabilitation Half Day	94.1%	5.0%	0.9%
Total Adults	84.0%	9.3%	6.7%

Table 5b
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Rehabilitation Half Day	31.1%	10.5%	37.4%	2.3%	1.4%	17.4%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 5c
ADULTS
Clients Receiving Day Treatment Rehabilitative-Half Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Rehabilitation Half Day	52.5%	47.5%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
DAY REHABILITATION HALF DAY	216	100.00%
MEDICATION SUPPORT	143	66.20%
THERAPY AND OTHER SERVICE ACTIVITIES	140	64.81%
TARGETED CASE MANAGEMENT	109	50.46%
CRISIS STABILIZATION	99	45.83%
HOSPITAL INPATIENT	33	15.28%
CRISIS INTERVENTION	38	17.59%
ADULT CRISIS RESIDENTIAL	24	11.11%
FFS-HOSPITAL INPATIENT	18	8.33%
ADULT RESIDENTIAL	8	3.70%
DAY REHABILITATION FULL DAY	3	1.39%

Service Metrics:

Table 5e
Adults
Day Rehabilitation Half Day
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	216
Mean	$ 3,788
Standard Deviation	$ 4,054
Median	$ 2,447
Mode	$ 788
Interquartile Range	$ 4,613

Quartile	Amount
100%	$ 19,175
99%	$ 17,842
95%	$ 12,612
90%	$ 9,290
75%	$ 5,407
50%	$ 2,447
25%	$ 794

Table 5f
Adults
Day Rehabilitation Half Day-Adult
Fiscal Year 2012-13

Statistic	Half-Days
Number of Clients	216
Mean	42
Standard Deviation	44
Median	27
Mode	3
Interquartile Range	48

Quartile	Half-Days
100%	211
99%	187
95%	143
90%	108
75%	58
50%	27
25%	10

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	213	279	216	365
Number of Half Days	8,431	11,939	9,114	14,278
Days Per Client	40	43	42	39
Approved Amount	$769,431	$1,090,810	$818,165	$1,444,044

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Day Rehabilitation Full Day

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

Summary:
The forecast for Day Rehabilitation Full Day Services shows a sharp decrease in clients and cost through FY 2014-15 and continued declines in FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 10,013,561	1,433
Actual	FY 2010-11	$ 9,162,148	1,159
Actual	FY 2011-12	$ 8,156,928	970
Actual	FY 2012-13	$ 6,583,892	834
Actual + Forecast	FY 2013-14	$ 6,227,589	780
Forecast	FY 2014-15	$ 5,031,504	486
Forecast	FY 2015-16	$ 3,874,140	311
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Day Rehabilitation Full Day costs and clients served are forecast to decline through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 6a
ADULTS
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Day Rehabilitation Full Day	90.2%	5.4%	4.4%
Total Adults	84.0%	9.3%	6.7%

Table 6b
ADULTS
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Rehabilitation Full Day	43.6%	11.4%	14.7%	8.8%	0.8%	20.7%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 6c
ADULTS
Clients Receiving Day Treatment Rehabilitative-Full Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Rehabilitation Full Day	38.5%	61.5%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
DAY REHABILITATION FULL DAY	834	100.00%
TARGETED CASE MANAGEMENT	715	85.73%
THERAPY AND OTHER SERVICE ACTIVITIES	713	85.49%
MEDICATION SUPPORT	703	84.29%
ADULT RESIDENTIAL	438	52.52%
CRISIS STABILIZATION	348	41.73%
ADULT CRISIS RESIDENTIAL	341	40.89%
CRISIS INTERVENTION	281	33.69%
HOSPITAL INPATIENT	173	20.74%
FFS-HOSPITAL INPATIENT	71	8.51%
PHF	19	2.28%
DAY REHABILITATION HALF DAY	3	0.36%

Service Metrics:

Table 6e
Adults
Day Rehabilitation Full Day
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	834
Mean	$ 7,894
Standard Deviation	$ 8,125
Median	$ 5,710
Mode	$ 129
Interquartile Range	$ 8,425

Quartile	Amount
100%	$ 53,244
99%	$ 39,428
95%	$ 23,901
90%	$ 19,004
75%	$ 10,447
50%	$ 5,710
25%	$ 2,022

Table 6f
Adults
Day Rehabilitation Full Day
Fiscal Year 2012-13

Statistic	Days
Number of Clients	834
Mean	57
Standard Deviation	55
Median	43
Mode	1
Interquartile Range	64

Quartile	Days
100%	337
99%	235
95%	168
90%	141
75%	79
50%	43
25%	15

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	1,159	970	834	780
Number of Days	77,179	63,025	47,883	40,974
Days Per Client	67	65	57	53
Approved Amount	$9,162,148	$8,156,928	$6,583,892	$6,227,589

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Day Treatment Intensive Half Day

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

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

Adults

Day Treatment Intensive Full Day

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

Summary:
The number of clients receiving Day Treatment Intensive Full Day has been declining since FY 2009-10. No clients are expected to be served in FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 463,225	97
Actual	FY 2010-11	$ 465,618	61
Actual	FY 2011-12	$ 74,071	16
Actual	FY 2012-13	$ 11,619	1
Actual + Forecast	FY 2013-14	$ 101,906	3
Forecast	FY 2014-15	$ -	-
Forecast	FY 2015-16	$ -	-
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2013-14 client tables and the historical trends tables are based upon claims received as of December 31, 2014. Due to the small sample size, the following charts and tables are not statistically significant.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 7a
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Day Treatment Intensive Full Day	100.0%	0.0%	0.0%
Total Adults	84.0%	9.3%	6.7%

Table 7b
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Day Treatment Intensive Full Day	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 7c
ADULTS
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Day Treatment Intensive Full Day	0.0%	100.0%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent of Clients
DAY TX INTENSIVE FULL DAY	1	100.00%
ADULT RESIDENTIAL	1	100.00%
MEDICATION SUPPORT	1	100.00%

Service Metrics:

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

Statistic	Amount
Number of Clients	1
Mean	$ 11,619
Standard Deviation	$ -
Median	$ 11,619
Mode	$ 11,619
Interquartile Range	$ -

Quartile	Amount
100%	$ 11,619
99%	$ 11,619
95%	$ 11,619
90%	$ 11,619
75%	$ 11,619
50%	$ 11,619
25%	$ 11,619

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

Statistic	Amount
Number of Clients	1
Mean	56
Standard Deviation	-
Median	56
Mode	56
Interquartile Range	-

Quartile	Days
100%	56
99%	56
95%	56
90%	56
75%	56
50%	56
25%	56

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	61	16	1	3
Number of Days	2,724	428	56	297
Days Per Client	45	27	56	99
Approved Amount	$465,618	$74,071	$11,619	$101,906

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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 is forecast to decrease slightly while minutes are expected to increase overall, causing total costs to increase through FY 2014-15 with the same trend continuing in FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 189,096,073	163,640
Actual	FY 2010-11	$ 187,270,853	161,831
Actual	FY 2011-12	$ 193,186,905	164,169
Actual	FY 2012-13	$ 227,094,637	163,886
Actual + Forecast	FY 2013-14	$ 239,695,220	161,781
Forecast	FY 2014-15	$ 248,462,484	154,908
Forecast	FY 2015-16	$ 256,583,353	152,490
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 8a
ADULTS
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Medication Support	82.8%	10.6%	6.7%
Total Adults	84.0%	9.3%	6.7%

Table 8b
ADULTS
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Medication Support	37.8%	20.3%	16.9%	10.0%	0.8%	14.3%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 8c
ADULTS
Clients Receiving Medication Support Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Medication Support	57.0%	43.0%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
MEDICATION SUPPORT	163,886	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	119,420	72.87%
TARGETED CASE MANAGEMENT	77,976	47.58%
CRISIS INTERVENTION	19,310	11.78%
CRISIS STABILIZATION	12,809	7.82%
FFS-HOSPITAL INPATIENT	10,072	6.15%
HOSPITAL INPATIENT	4,281	2.61%
ADULT CRISIS RESIDENTIAL	3,660	2.23%
PHF	1,876	1.14%
ADULT RESIDENTIAL	999	0.61%
DAY REHABILITATION FULL DAY	703	0.43%
DAY REHABILITATION HALF DAY	143	0.09%
DAY TX INTENSIVE FULL DAY	1	0.00%

Service Metrics:

Table 8e
Adults
Medication Support
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	163,886
Mean	$ 1,386
Standard Deviation	$ 2,156
Median	$ 821
Mode	$ -
Interquartile Range	$ 1,175

Quartile	Amount
100%	$ 92,966
99%	$ 10,013
95%	$ 4,542
90%	$ 2,993
75%	$ 1,546
50%	$ 821
25%	$ 371

Table 8f
Adults
Medication Support
Fiscal Year 2012-13

Statistic	Minutes
Number of Clients	163,886
Mean	286
Standard Deviation	444
Median	170
Mode	60
Interquartile Range	224

Quartile	Minutes
100%	19,137
99%	2,064
95%	915
90%	603
75%	312
50%	170
25%	88

Table 8g
Adults
Historical Trends
Medication Support by Fiscal Year

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	161,831	164,169	163,886	161,781
Number of Minutes	52,842,665	50,572,341	46,813,026	47,821,520
Minutes Per Client	327	308	286	296
Approved Amount	$187,270,853	$193,186,905	$227,094,637	$239,695,220

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

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 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 14,211,935	2,288
Actual	FY 2010-11	$ 15,450,117	2,400
Actual	FY 2011-12	$ 17,404,448	2,732
Actual	FY 2012-13	$ 24,624,666	2,898
Actual + Forecast	FY 2013-14	$ 32,852,129	3,317
Forecast	FY 2014-15	$ 37,316,766	3,603
Forecast	FY 2015-16	$ 41,508,216	3,849
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 9a
ADULTS
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Psychiatric Health Facility Services	93.7%	4.7%	1.6%
Total Adults	84.0%	9.3%	6.7%

Table 9b
ADULTS
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Psychiatric Health Facility Services	52.6%	14.2%	13.1%	5.4%	1.8%	12.9%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 9c
ADULTS
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Psychiatric Health Facility Services	53.1%	46.9%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
PHF	2,898	100.00%
MEDICATION SUPPORT	1,876	64.73%
THERAPY AND OTHER SERVICE ACTIVITIES	1,855	64.01%
TARGETED CASE MANAGEMENT	1,808	62.39%
CRISIS INTERVENTION	1,567	54.07%
CRISIS STABILIZATION	1,385	47.79%
ADULT CRISIS RESIDENTIAL	347	11.97%
FFS-HOSPITAL INPATIENT	308	10.63%
HOSPITAL INPATIENT	139	4.80%
ADULT RESIDENTIAL	51	1.76%
DAY REHABILITATION FULL DAY	19	0.66%

Service Metrics:

Table 9e
Adults
PHF
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	2,898
Mean	$ 8,497
Standard Deviation	$ 12,663
Median	$ 4,054
Mode	$ 1,272
Interquartile Range	$ 8,177

Quartile	Amount
100%	$ 209,974
99%	$ 56,727
95%	$ 31,220
90%	$ 20,962
75%	$ 10,064
50%	$ 4,054
25%	$ 1,887

Table 9f
Adults
PHF
Fiscal Year 2012-13

Statistic	Days
Number of Clients	2,898
Mean	13
Standard Deviation	20
Median	6
Mode	2
Interquartile Range	12

Quartile	Days
100%	258
99%	94
95%	51
90%	33
75%	15
50%	6
25%	3

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	2,400	2,732	2,898	3,317
Number of Days	27,499	29,943	37,953	44,622
Days Per Client	11	11	13	13
Approved Amount	$15,450,117	$17,404,448	$24,624,666	$32,852,129

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

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

Summary:
The forecast for Psychiatric Hospital Inpatient Services shows a slight decrease in clients and a small increase in cost, driven by an increase in the cost per day, through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 56,082,268	6,278
Actual	FY 2010-11	$ 55,571,421	6,086
Actual	FY 2011-12	$ 55,203,798	6,222
Actual	FY 2012-13	$ 73,081,320	6,257
Actual + Forecast	FY 2013-14	$ 79,995,321	5,997
Forecast	FY 2014-15	$ 84,398,274	5,385
Forecast	FY 2015-16	$ 88,957,319	5,241
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services for FY 2015-16 are forecasted to be slightly higher compared to the previous fiscal years.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 10a
ADULTS
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Hospital Inpatient Services - SD/MC Hospitals	90.7%	6.1%	3.2%
Total Adults	84.0%	9.3%	6.7%

Table 10b
ADULTS
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Hospital Inpatient Services - SD/MC Hospitals	36.4%	19.9%	20.4%	7.0%	0.9%	15.4%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 10c
ADULTS
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Hospital Inpatient Services - SD/MC Hospitals	48.2%	51.8%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	6,257	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	4,431	70.82%
MEDICATION SUPPORT	4,281	68.42%
CRISIS STABILIZATION	4,084	65.27%
TARGETED CASE MANAGEMENT	3,152	50.38%
CRISIS INTERVENTION	2,985	47.71%
FFS-HOSPITAL INPATIENT	994	15.89%
ADULT CRISIS RESIDENTIAL	720	11.51%
ADULT RESIDENTIAL	194	3.10%
DAY REHABILITATION FULL DAY	173	2.76%
PHF	139	2.22%
DAY REHABILITATION HALF DAY	33	0.53%

Service Metrics:

Table 10e
Adults
Hospital Inpatient
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	6,257
Mean	$ 11,680
Standard Deviation	$ 17,461
Median	$ 5,837
Mode	$ 3,251
Interquartile Range	$ 10,192

Quartile	Amount
100%	$ 275,659
99%	$ 90,924
95%	$ 41,564
90%	$ 27,632
75%	$ 13,224
50%	$ 5,837
25%	$ 3,032

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

Statistic	Days
Number of Clients	6,257
Mean	11
Standard Deviation	16
Median	5
Mode	2
Interquartile Range	10

Quartile	Days
100%	202
99%	82
95%	40
90%	27
75%	12
50%	5
25%	2

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	6,086	6,222	6,257	5,997
Number of Days	72,429	68,891	66,357	63,914
Days Per Client	12	11	11	11
Approved Amount	$55,571,421	$55,203,798	$73,081,320	$79,995,321

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Targeted Case Management

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

Summary:
The forecast for Targeted Case Management Services shows a slight increase in cost and a small decrease in clients through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 90,876,273	101,167
Actual	FY 2010-11	$ 86,495,486	97,276
Actual	FY 2011-12	$ 84,936,683	97,261
Actual	FY 2012-13	$ 103,172,169	96,310
Actual + Forecast	FY 2013-14	$ 105,449,853	96,610
Forecast	FY 2014-15	$ 109,923,005	96,670
Forecast	FY 2015-16	$ 112,316,764	95,555
Actual data as of December 31, 2014			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 11a
ADULTS
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Targeted Case Management	81.9%	9.4%	8.6%
Total Adults	84.0%	9.3%	6.7%

Table 11b
ADULTS
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Targeted Case Management	37.7%	20.5%	17.9%	8.6%	0.9%	14.4%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 11c
ADULTS
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Targeted Case Management	55.5%	44.5%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	96,310	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	83,564	86.77%
MEDICATION SUPPORT	77,976	80.96%
CRISIS INTERVENTION	16,935	17.58%
CRISIS STABILIZATION	10,017	10.40%
FFS-HOSPITAL INPATIENT	6,681	6.94%
HOSPITAL INPATIENT	3,152	3.27%
ADULT CRISIS RESIDENTIAL	2,883	2.99%
PHF	1,808	1.88%
ADULT RESIDENTIAL	1,018	1.06%
DAY REHABILITATION FULL DAY	715	0.74%
DAY REHABILITATION HALF DAY	109	0.11%

Service Metrics:

Table 11e
Adults
Targeted Case Management
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	96,310
Mean	$ 1,071
Standard Deviation	$ 2,395
Median	$ 322
Mode	$ 74
Interquartile Range	$ 867

Quartile	Amount
100%	$ 111,356
99%	$ 11,053
95%	$ 4,488
90%	$ 2,650
75%	$ 987
50%	$ 322
25%	$ 120

Table 11f
Adults
Targeted Case Management
Fiscal Year 2012-13

Statistic	Minutes
Number of Clients	96,310
Mean	451
Standard Deviation	891
Median	148
Mode	30
Interquartile Range	386

Quartile	Minutes
100%	25,482
99%	4,271
95%	1,912
90%	1,159
75%	442
50%	148
25%	56

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	97,276	97,261	96,310	96,610
Number of Minutes	46,116,941	49,396,483	43,390,666	44,115,052
Minutes Per Client	474	508	451	457
Approved Amount	$86,495,486	$84,936,683	$103,172,169	$105,449,853

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Therapy and Other Service Activities

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

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

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

Summary:
The forecast for Therapy and Other Service Activities dollars and clients shows growth primarily driven by an increase in the number of clients served beginning in FY 2011-12.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 302,788,409	162,406
Actual	FY 2010-11	$ 307,577,701	160,894
Actual	FY 2011-12	$ 325,875,731	166,111
Actual	FY 2012-13	$ 380,310,184	171,451
Actual + Forecast	FY 2013-14	$ 396,450,105	170,992
Forecast	FY 2014-15	$ 413,032,839	171,672
Forecast	FY 2015-16	$ 428,595,927	172,031
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for Therapy and Other Service Activities are forecast to increase through FY 2014-15 and 2015-16. Any potential effects of the Affordable Care Act on the forecast are not included due to the newness of the program and lack of claims data.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 12a
ADULTS
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

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 Service Activities	83.1%	9.9%	7.0%
Total Adults	84.0%	9.3%	6.7%

Table 12b
ADULTS
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapy and Other Service Activities	37.7%	21.2%	16.8%	9.6%	0.8%	13.9%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 12c
ADULTS
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Therapy and Other Service Activities	59.0%	41.0%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	171,451	100.00%
MEDICATION SUPPORT	119,420	69.65%
TARGETED CASE MANAGEMENT	83,564	48.74%
CRISIS INTERVENTION	20,562	11.99%
CRISIS STABILIZATION	13,828	8.07%
FFS-HOSPITAL INPATIENT	11,957	6.97%
HOSPITAL INPATIENT	4,431	2.58%
ADULT CRISIS RESIDENTIAL	3,120	1.82%
PHF	1,855	1.08%
ADULT RESIDENTIAL	1,037	0.60%
DAY REHABILITATION FULL DAY	713	0.42%
DAY REHABILITATION HALF DAY	140	0.08%

Service Metrics:

Table 12e
Adults
Mental Health Service
Fiscal Year 2012-13

Statistic	Amount	Quartile	Amount
Number of Clients	171,451	100%	$ 106,528
Mean	$ 2,218	99%	$ 20,124
Standard Deviation	$ 4,222	95%	$ 9,572
Median	$ 698	90%	$ 5,972
Mode	$ 53	75%	$ 2,214
Interquartile Range	$ 1,942	50%	$ 698
		25%	$ 271

Table 12f
Adults
Mental Health Service
Fiscal Year 2012-13

Statistic	Minutes	Quartile	Minutes
Number of Clients	171,451	100%	55,037
Mean	860	99%	7,655
Standard Deviation	1,627	95%	3,571
Median	300	90%	2,219
Mode	60	75%	877
Interquartile Range	757	50%	300
		25%	120

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	160,894	166,111	171,451	170,992
Number of Minutes	157,931,047	168,481,893	147,473,059	145,421,758
Minutes Per Client	982	1,014	860	850
Approved Amount	$307,577,701	$325,875,731	$380,310,184	$396,450,105

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.

Adults

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

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

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

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals shows growth in costs through FY 2014-15 and FY 2015-16.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2009-10	$ 111,894,622	14,376
Actual	FY 2010-11	$ 121,183,833	14,713
Actual	FY 2011-12	$ 131,452,164	14,213
Actual	FY 2012-13	$ 143,497,351	14,982
Actual + Forecast	FY 2013-14	$ 132,413,951	13,625
Forecast	FY 2014-15	$ 135,065,661	13,033
Forecast	FY 2015-16	$ 138,679,049	12,804
Actual data as of December 31, 2014			

Budget Forecast Narrative:
Costs for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase with a slight decline in unique client counts through FY 2014-15 and FY 2015-16.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2012-13 client tables and the historical trends tables are based upon claims received as of December 31, 2014.

Note:
The following tables utilize data for FY 2012-2013. 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 2013-2014 at the time of this May 2015 Budget Revise Estimate. For this reason, data for FY 2012-2013 was used in these tables as all approved claims have been submitted and received representing a full fiscal year. DHCS estimates that a small, but non-trivial share of claims is still outstanding for FY 2013-2014.

Table 13a
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Hospital Inpatient Services - FFS/MC Hospitals	91.2%	5.9%	3.0%
Total Adults	84.0%	9.3%	6.7%

Table 13b
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Hospital Inpatient Services - FFS/MC Hospitals	35.5%	24.1%	20.2%	5.5%	0.8%	13.8%
Total Adults	38.1%	20.6%	17.4%	8.8%	0.8%	14.2%

Table 13c
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2012-2013
Data as of 12/31/2014

Groups	Female	Male
Hospital Inpatient Services - FFS/MC Hospitals	50.5%	49.5%
Total Adults	56.4%	43.6%

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

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	14,982	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	11,957	79.81%
MEDICATION SUPPORT	10,072	67.23%
TARGETED CASE MANAGEMENT	6,681	44.59%
CRISIS INTERVENTION	5,972	39.86%
CRISIS STABILIZATION	4,882	32.59%
ADULT CRISIS RESIDENTIAL	1,045	6.98%
HOSPITAL INPATIENT	994	6.63%
PHF	308	2.06%
ADULT RESIDENTIAL	126	0.84%
DAY REHABILITATION FULL DAY	71	0.47%
DAY REHABILITATION HALF DAY	18	0.12%

Service Metrics:

Table 13e
Adults
FFS-Hospital Inpatient
Fiscal Year 2012-13

Statistic	Amount
Number of Clients	14,982
Mean	$ 9,578
Standard Deviation	$ 16,545
Median	$ 4,184
Mode	$ 1,569
Interquartile Range	$ 7,658

Quartile	Amount
100%	$ 327,172
99%	$ 82,995
95%	$ 36,093
90%	$ 21,966
75%	$ 9,750
50%	$ 4,184
25%	$ 2,092

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

Statistic	Days
Number of Clients	14,982
Mean	15
Standard Deviation	26
Median	6
Mode	3
Interquartile Range	12

Quartile	Days
100%	447
99%	132
95%	55
90%	33
75%	15
50%	6
25%	3

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

Data Type	2010-2011	2011-2012	2012-2013	2013-2014*
Number of Clients	14,713	14,213	14,982	13,625
Number of Days	201,729	210,781	219,002	194,018
Days Per Client	14	15	15	14
Approved Amount	$121,183,833	$131,452,164	$143,497,351	$132,413,951

*FY 2013-14 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2014.