

California Mental Health and Substance Use Needs Assessment Appendices

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Submitted to the Department of Health Care Services

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Appendix A: Department of Health Care Services Data

Section I: Service Penetration

Table 1a: Penetration Rates for Mental Health & SUD Services 2009

Characteristics	Mental Health or SUD Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹	N	% ²	N	% ³	N	% ⁴
Total	7,979,978	22%	564,480	7%	162,811	2%	635,942	8%
SMI								
Total	1,178,513	4%	255,603	22%	--	--	407,672	35%
Age								
18-20	31,870	2%	14,139	44%	--	--	29,780	93%
21-24	94,321	4%	11,708	12%	--	--	34,146	36%
25-34	305,097	6%	37,727	12%	--	--	83,937	28%
35-44	324,956	6%	47,630	15%	--	--	88,649	27%
45-54	246,083	5%	67,516	27%	--	--	97,807	40%
55-64	108,748	3%	52,510	48%	--	--	54,402	50%
65+	67,438	2%	24,364	36%	--	--	18,951	28%
Gender								
Male	494,204	4%	102,454	21%	--	--	192,193	39%
Female	684,308	5%	153,149	22%	--	--	214,544	31%
Race / Ethnicity ⁵								
White-NH	526,102	4%	91,889	--	--	--	134,079	--
African American-NH	98,255	6%	30,075	--	--	--	37,966	--
Asian-NH	62,347	2%	3,959	--	--	--	22,025	--
Pacific Islander-NH	2,167	2%	9,578	--	--	--	1,443	--
Native-NH	10,578	7%	1,403	--	--	--	3,966	--
Other ⁶	26,440	6%	77,931	--	--	--	58,853	--
Hispanic	452,625	5%	38,430	--	--	--	63,322	--
Unknown/Not Reported	--	--	2,324	--	--	--	--	--
Mental Health Illness – Broad Definition Adults								
Total	3,183,061	12%	62,679	2%	--	--	N/A	
Age								
18-20	254,935	16%	10,852	4%				
21-24	392,745	18%	4,673	1%				
25-34	892,437	17%	9,821	1%				
35-44	720,964	14%	9,214	1%				
45-54	511,573	10%	10,252	2%				
55-64	240,519	6%	8,124	3%				
65+	169,888	4%	9,736	6%				

¹These percentages reflect the number of individuals of the total population with the given Characteristic that is diagnosed with a mental health illness or substance use disorder. The total populations of each characteristic are included in the MH/SUD Prevalence source data. For example, for all Californians within the age cohort “18-20,” 2% are diagnosed with a mental illness or substance use disorder.

²These percentages represent the number of individuals with the given Characteristic category that utilize Medicaid services. For example, of the 31,870 individuals between the ages of 18-20 diagnosed with SMI, 44% (or 14,139 individuals) utilize Medicaid services.

³These percentages represent the number of individuals within the given Characteristic category that utilize ADP services. For example, of the 270,604 12-17 year old Californians with an Alcohol or Drug Diagnosis, 3% (or 7,785 individuals) utilize ADP services.

⁴These percentages represent the number of individuals with the given Characteristic category that utilize DMH services. For example, of the 494,204 individuals diagnosed with SMI that are male, 39% (or 192,193 individuals) utilize DMH services.

⁵ Percentages were not calculated for the Race/Ethnicity categories in Medicaid Utilization because the Race/Ethnicity categories across data sets did not match-up

⁶ Multi-ethnic groups are not represented as a Race/Ethnic group on this table but are included in the MH/SUD Prevalence source data. Thus, they have been included in the “Other” category in the Prevalence column of this table.

Characteristics	Mental Health or SUD Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹	N	% ²	N	% ³	N	% ⁴
Gender								
Male	1,453,244	11%	26,638	2%	--	--	N/A	
Female	1,729,818	12%	36,041	2%	--	--	N/A	
Race / Ethnicity								
White-NH	1,252,828	10%	18,298	--	--	--	N/A	
African American-NH	216,811	13%	7,147	--	--	--	N/A	
Asian-NH	311,918	9%	1,533	--	--	--	N/A	
Pacific Islander-NH	9,850	11%	2,396	--	--	--	N/A	
Native-NH	19,833	13%	298	--	--	--	N/A	
Other	60,142	14%	19,505	--	--	--	N/A	
Hispanic	1,311,678	15%	12,936	--	--	--	N/A	
Unknown/Not Reported			550	--				
SED								
Total	714,430	8%	99,660	14%	--	--	228,109	32%
Age								
0-5	248,544	8%	7,067	3%	--	--	28,793	12%
6-11	230,033	7%	42,424	18%	--	--	73,000	32%
12-17	235,853	8%	50,079	21%	--	--	126,316	54%
Gender								
Male	367,079	8%	67,209	18%	--	--	138,126	38%
Female	347,351	8%	32,451	9%	--	--	89,692	26%
Race / Ethnicity								
White-NH	191,164	7%	25,276	--	--	--	43,795	--
African American-NH	44,357	8%	10,151	--	--	--	24,840	--
Asian-NH	69,175	7%	782	--	--	--	5,213	--
Pacific Islander-NH	2,440	8%	466	--	--	--	971	--
Native-NH	3,436	8%	442	--	--	--	2,209	--
Other	23,787	7%	34,575	--	--	--	30,255	--
Hispanic	380,071	8%	27,051	--	--	--	69,078	--
Unknown/Not Reported	--	--	911	--	--	--	--	--
Alcohol or Drug Diagnosis								
Total	2,903,974	7%	99,408	3%	162,811	6%	N/A	
Age								
0-5	0	--	611	--	--			
6-11	0	--	282	--	29	N/A		
12-17	270,604	8%	15,999	6%	7,785	3%		
18-20	264,412	14%	16,892	6%	7,045	3%		
21-24	432,462	17%	7,203	2%	12,717	3%		
25-34	759,501	14%	4,745	1%	34,646	5%		
35-44	497,433	9%	14,793	3%	29,688	6%		
45-54	385,251	7%	15,296	4%	26,906	7%		
55-64	209,322	5%	21,495	10%	8,573	4%		
65+	84,989	2%	14,526	17%	1,195	1%		
Gender								
Male	1,966,497	8%	52,439	3%	102,922	5%	N/A	

Characteristics	Mental Health or SUD Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹	N	% ²	N	% ³	N	% ⁴
Female	937,479	4%	46,969	5%	59,889	6%	N/A	
Race / Ethnicity								
White-NH	1,316,525	6%	36,747	--	68,484	5%	N/A	
African American-NH	181,297	6%	14,764	--	24,307	13%	N/A	
Asian-NH	148,275	2%	696	--	3,556	2%	N/A	
Pacific Islander-NH	8,264	4%	1,204	--	425	5%	N/A	
Native-NH	35,146	11%	1,096	--	2,304	7%	N/A	
Other	86,045	9%	23,425	--	3,331	4%	N/A	
Hispanic	1,128,425	6%	20,606	--	57,614	5%	N/A	
Unknown/Not Reported			726	--				

Table 1b: Penetration Rates for SMI Mental Health Services –County Level

Characteristics	SMI Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ⁷	N	% ⁸	N	% ⁹	N	% ¹⁰
Statewide	1,178,513	4%	255,603	22%	--	--	355,279	30%
Large Counties (Over 800,000)								
Alameda	65,175	4%	10,527	16%	NR		20,844	32%
Contra Costa	44,323	4%	5,547	13%	NR		11,927	27%
Fresno	54,841	6%	6,973	13%	NR		6,418	12%
Los Angeles	525,468	5%	77,144	15%	NR		97,026	18%
Orange	138,721	5%	13,241	10%	NR		34,627	25%
Riverside	116,577	5%	9,211	8%	NR		30,147	26%
Sacramento	74,268	5%	12,313	17%	NR		231	0.3%
San Bernardino	113,970	6%	13,931	12%	NR		22,601	20%
San Diego	152,305	5%	21,929	14%	NR		20,971	14%
San Francisco	32,816	4%	10,034	31%	NR		16,128	49%
San Mateo	27,493	4%	3,466	13%	NR		6,304	23%
Santa Clara	70,391	4%	8,788	12%	NR		5,799	8%
Ventura	37,192	5%	3,825	10%	NR		6,494	17%
Medium Counties (250,000-800,00)								
Kern	52,127	7%	5,927	11%	NR		7,830	15%
Marin	10,998	4%	1,416	13%	NR		2,209	20%
Monterey	23,718	6%	2,085	9%	NR		2,825	12%
Placer	15,078	4%	1,499	10%	NR		1,192	8%
San Joaquin	37,978	6%	5,305	14%	NR		7,978	21%
San Luis Obispo	14,273	5%	1,761	12%	NR		2,086	15%
Santa Barbara	20,727	5%	2,715	13%	NR		2,923	14%
Santa Cruz	12,759	5%	1,675	13%	NR		2,497	20%
Solano	19,880	5%	1,908	10%	NR		2,864	14%
Sonoma	22,264	5%	2,892	13%	NR		3,515	16%
Stanislaus	29,287	6%	3,466	12%	NR		4,556	16%
Tulare	26,806	6%	2,919	11%	NR		4,687	17%
Small Counties (90,000-250,000)								
Butte	12,537	6%	2,901	23%	NR		1,368	11%
El Dorado	8,181	5%	715	9%	NR		987	12%
Humboldt	7,982	6%	1,564	20%	NR		314	4%
Imperial	10,800	6%	1,101	10%	NR		1,569	15%
Kings	10,769	7%	1,026	10%	NR		2,188	20%
Madera	10,948	7%	915	8%	NR		1,697	16%
Mendocino	4,988	6%	879	18%	NR		1,239	25%
Merced	14,653	6%	2,422	17%	NR		1,816	12%

⁷ These percentages reflect the percent of the total population of the given county has been diagnosed with SMI. The total populations of each county are included in the MH/SUD Prevalence source data.

⁸ These percentages reflect the number of individuals within each county diagnosed with SMI (i.e. SMI prevalence) who utilize Medicaid services.

⁹ These percentages reflect the number of individuals within each county diagnosed with SMI (i.e. SMI prevalence) who utilize ADP services.

¹⁰ These percentages reflect the number of individuals within each county diagnosed with SMI (i.e. SMI prevalence) who utilize DMH services.

Characteristics	SMI Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ⁷	N	% ⁸	N	% ⁹	N	% ¹⁰
Napa	7,058	5%	652	9%	NR		436	6%
Nevada	4,484	5%	686	15%	NR		603	13%
Shasta	10,526	6%	1,965	19%	NR		2,167	21%
Sutter	5,317	6%	75	1%	NR		4,527	85%
Yolo	10,199	5%	1,092	11%	NR		4,380	43%
Yuba	4,716	6%	1,585	34%	NR		--	--
MBA (Under 90,000)								
Alpine	60	6%	6	10%	NR		16	27%
Amador	2,326	6%	244	10%	NR		111	5%
Calaveras	2,291	5%	293	13%	NR		71	3%
Colusa	1,284	6%	170	13%	NR		123	10%
Del Norte	2,206	8%	336	15%	NR		370	17%
Glenn	1,729	6%	207	12%	NR		161	9%
Inyo	930	5%	147	16%	NR		127	14%
Lake	4,008	6%	659	16%	NR		344	9%
Lassen	2,996	9%	305	10%	NR		137	5%
Mariposa	940	5%	174	19%	NR		271	29%
Modoc	547	6%	120	22%	NR		213	39%
Mono	647	5%	27	4%	NR		133	21%
Plumas	959	5%	211	22%	NR		449	47%
San Benito	2,732	5%	277	10%	NR		714	26%
Sierra	156	5%	5	3%	NR		77	49%
Siskiyou	2,470	5%	720	29%	NR		979	40%
Tehama	3,720	6%	709	19%	NR		1,956	53%
Trinity	776	5%	141	18%	NR		322	41%
Tuolumne	3,230	6%	503	16%	NR		735	23%
Unlabelled			2,055	--				
Out of State			219	--				

Table 1c: Penetration Rates for Broad Definition Adult Mental Health Services – County Level

Characteristics	Broad Definition Mental Health Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹¹	N	% ¹²	N	% ¹³	N	% ¹⁴
Statewide	3,183,061	12%	246,673	8%	--	--	--	--
Large Counties (Over 800,000)								
Alameda	185,814	12%	11,593	6%	NR		NR	
Contra Costa	121,879	12%	6,729	6%	NR		NR	
Fresno	137,993	15%	10,196	7%	NR		NR	
Los Angeles	1,419,709	14%	94,237	7%	NR		NR	
Orange	387,068	13%	13,631	4%	NR		NR	
Riverside	298,063	14%	11,675	4%	NR		NR	
Sacramento	194,032	14%	16,640	9%	NR		NR	
San Bernardino	291,429	14%	18,746	6%	NR		NR	
San Diego	413,848	14%	25,007	6%	NR		NR	
San Francisco	105,092	13%	10,958	10%	NR		NR	
San Mateo	80,654	11%	3,325	4%	NR		NR	
Santa Clara	203,646	11%	10,012	5%	NR		NR	
Ventura	101,087	13%	5,432	5%	NR		NR	
Medium Counties (250,000-800,000)								
Kern	128,494	16%	9,400	7%	NR		NR	
Marin	30,255	12%	1,505	5%	NR		NR	
Monterey	62,055	15%	2,466	4%	NR		NR	
Placer	40,606	12%	2,087	5%	NR		NR	
San Joaquin	96,153	14%	6,866	7%	NR		NR	
San Luis Obispo	39,573	15%	2,007	5%	NR		NR	
Santa Barbara	56,401	14%	3,997	7%	NR		NR	
Santa Cruz	35,063	14%	1,938	6%	NR		NR	
Solano	53,743	13%	2,336	4%	NR		NR	
Sonoma	61,170	13%	3,947	6%	NR		NR	
Stanislaus	73,893	14%	4,905	7%	NR		NR	
Tulare	65,226	15%	4,941	8%	NR		NR	
Small Counties (90,000-250,000)								
Butte	32,779	15%	3,527	11%	NR		NR	
El Dorado	21,721	12%	1,183	5%	NR		NR	
Humboldt	20,434	16%	1,802	9%	NR		NR	
Imperial	27,315	16%	2,200	8%	NR		NR	
Kings	27,938	19%	1,298	5%	NR		NR	
Madera	26,170	18%	1,543	6%	NR		NR	
Mendocino	12,476	15%	1,170	9%	NR		NR	

¹¹ These percentages reflect the percent of the total population of the given county that has been diagnosed with a broad definition mental health illness. The total populations of each county included in the MH/SUD Prevalence source data.

¹² These percentages reflect the number of individuals within each county diagnosed with a Broad Definition Mental Illness (i.e. Broad Definition Mental Health prevalence) who utilize Medicaid services.

¹³ These percentages reflect the number of individuals within each county diagnosed with a Broad Definition Mental Illness (i.e. Broad Definition Mental Health prevalence) who utilize ADP services.

¹⁴ These percentages reflect the number of individuals within each county diagnosed with a Broad Definition Mental Illness (i.e. Broad Definition Mental Health prevalence) who utilize DMH services.

Characteristics	Broad Definition Mental Health Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹¹	N	% ¹²	N	% ¹³	N	% ¹⁴
Merced	36,326	15%	3,281	9%	NR		NR	
Napa	18,397	13%	860	5%	NR		NR	
Nevada	11,946	12%	858	7%	NR		NR	
Shasta	26,022	14%	2,820	11%	NR		NR	
Sutter	13,340	14%	339	3%	NR		NR	
Yolo	28,266	14%	1,179	4%	NR		NR	
Yuba	11,398	16%	2,084	18%	NR		NR	
MBA (Under 90,000)								
Alpine	149	14%	4	3%	NR		NR	
Amador	6,024	16%	329	5%	NR		NR	
Calaveras	5,938	13%	308	5%	NR		NR	
Colusa	3,204	15%	215	7%	NR		NR	
Del Norte	5,525	19%	431	8%	NR		NR	
Glenn	4,264	15%	316	7%	NR		NR	
Inyo	2,372	14%	202	9%	NR		NR	
Lake	9,708	15%	980	10%	NR		NR	
Lassen	7,841	23%	425	5%	NR		NR	
Mariposa	2,431	14%	202	8%	NR		NR	
Modoc	1,327	15%	192	14%	NR		NR	
Mono	1,808	14%	37	2%	NR		NR	
Plumas	2,476	12%	230	9%	NR		NR	
San Benito	7,285	13%	392	5%	NR		NR	
Sierra	414	13%	12	3%	NR		NR	
Siskiyou	6,036	14%	759	13%	NR		NR	
Tehama	9,127	15%	859	9%	NR		NR	
Trinity	1,892	13%	162	9%	NR		NR	
Tuolumne	8,458	15%	506	6%	NR		NR	

Table 1d: Penetration Rates for SED Mental Health Services – County Level

Characteristics	SED Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹⁵	N	% ¹⁶	N	% ¹⁷	N	% ¹⁸
Statewide	714,430	8%	99,661	14%	--	--	205,418	39%
Large Counties (Over 800,000)								
Alameda	24,412	7%	3,193	13%	NR		11,360	47%
Contra Costa	17,938	7%	2,028	11%	NR		5,892	33%
Fresno	22,371	8%	2,619	12%	NR		3,568	16%
Los Angeles	195,233	8%	32,925	17%	NR		78,568	40%
Orange	54,934	7%	5,011	9%	NR		14,763	27%
Riverside	46,853	8%	3,490	7%	NR		11,060	24%
Sacramento	27,216	8%	4,761	17%	NR		14,014	51%
San Bernardino	46,153	8%	7,764	17%	NR		10,065	22%
San Diego	55,716	7%	6,644	12%	NR		3,638	7%
San Francisco	8,436	7%	1,606	19%	NR		2,577	31%
San Mateo	10,801	7%	708	7%	NR		1,024	9%
Santa Clara	30,097	7%	2,301	8%	NR		3,552	12%
Ventura	15,127	7%	1,644	11%	NR		11,360	75%
Medium Counties (250,000-800,00)								
Kern	20,099	8%	3,386	17%	NR		6,783	34%
Marin	3,457	7%	400	12%	NR		923	27%
Monterey	8,758	8%	870	10%	NR		2,093	24%
Placer	5,592	7%	711	13%	NR		666	12%
San Joaquin	15,702	8%	1,352	9%	NR		2,734	17%
San Luis Obispo	3,971	7%	664	17%	NR		1,177	30%
Santa Barbara	7,829	8%	754	10%	NR		1,397	18%
Santa Cruz	4,389	7%	507	12%	NR		1,684	38%
Solano	7,269	7%	431	6%	NR		1,724	24%
Sonoma	7,471	7%	604	8%	NR		1,774	24%
Stanislaus	11,477	8%	2,105	18%	NR		4,413	38%
Tulare	11,552	8%	2,165	19%	NR		5,398	47%
Small Counties (90,000-250,000)								
Butte	3,818	8%	1,134	30%	NR		1,038	27%
El Dorado	2,894	7%	440	15%	NR		791	27%
Humboldt	2,149	8%	404	19%	NR		29	1%
Imperial	4,142	8%	875	21%	NR		1,798	43%
Kings	3,314	8%	520	16%	NR		967	29%
Madera	3,549	8%	795	22%	NR		951	27%
Mendocino	1,529	8%	444	29%	NR		993	65%

¹⁵ These percentages reflect the percent of the total population of the given county that have been diagnosed with SED. The total populations of each county included in the MH/SUD Prevalence source data.

¹⁶ These percentages reflect the number of individuals within each county with a SED diagnosis (i.e. SED prevalence) who utilize Medicaid services.

¹⁷ These percentages reflect the number of individuals within each county with a SED diagnosis (i.e. SED prevalence) who utilize ADP services.

¹⁸ These percentages reflect the number of individuals within each county with a SED diagnosis (i.e. SED prevalence) who utilize DMH services.

Characteristics	SED Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹⁵	N	% ¹⁶	N	% ¹⁷	N	% ¹⁸
Merced	6,314	8%	1,096	17%	NR		507	8%
Napa	2,281	7%	193	8%	NR		329	14%
Nevada	1,340	7%	259	19%	NR		324	24%
Shasta	3,194	8%	822	26%	NR		879	28%
Sutter	1,995	8%	286	14%	NR		1,555	78%
Yolo	3,780	7%	235	6%	NR		1,228	32%
Yuba	1,687	8%	499	30%	NR		--	--
MBA (Under 90,000)								
Alpine	18	8%	2	11%	NR		12	67%
Amador	503	8%	93	18%	NR		49	10%
Calaveras	665	8%	98	15%	NR		21	3%
Colusa	525	8%	75	14%	NR		94	18%
Del Norte	509	8%	140	28%	NR		181	36%
Glenn	656	8%	162	25%	NR		79	12%
Inyo	288	8%	66	23%	NR		75	26%
Lake	1,124	8%	144	13%	NR		153	14%
Lassen	495	8%	134	27%	NR		31	6%
Mariposa	242	7%	55	23%	NR		131	54%
Modoc	149	8%	147	99%	NR		79	53%
Mono	185	8%	21	11%	NR		109	59%
Plumas	269	7%	44	16%	NR		197	73%
San Benito	1,168	7%	150	13%	NR		318	27%
Sierra	41	7%	0	0%	NR		24	59%
Siskiyou	735	8%	218	30%	NR		595	81%
Tehama	1,224	8%	257	21%	NR		668	55%
Trinity	198	8%	52	26%	NR		231	117%
Tuolumne	719	8%	213	30%	NR		256	36%
Unlabelled			936	--				
Out of State			9	--				

Table 1e: Penetration Rates for Alcohol or Drug Diagnosis Services – County Level

Characteristics	Alcohol or Drug Diagnosis Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹⁹	N	% ²⁰	N	% ²¹	N	% ²²
Statewide	2,903,974	7%	99,408	3%	162,811	6%	--	--
Large Counties (Over 800,000)								
Alameda	102,074	6%	4,132	4%	7,417	7%	N/A	
Contra Costa	75,203	7%	1,638	2%	2,803	4%	N/A	
Fresno	76,557	7%	4,662	6%	7,207	9%	N/A	
Los Angeles	756,437	7%	30,618	4%	41,709	6%	N/A	
Orange	224,783	7%	2,013	1%	8,772	4%	N/A	
Riverside	181,077	8%	3,464	2%	7,631	4%	N/A	
Sacramento	108,748	7%	5,864	5%	6,785	6%	N/A	
San Bernardino	170,359	8%	4,519	3%	6,208	4%	N/A	
San Diego	239,384	7%	5,322	2%	13,600	6%	N/A	
San Francisco	61,874	8%	4,186	7%	5,657	9%	N/A	
San Mateo	46,739	6%	587	1%	3,438	7%	N/A	
Santa Clara	116,430	6%	2,446	2%	6,224	5%	N/A	
Ventura	63,089	7%	1,919	3%	3,273	5%	N/A	
Medium Counties (250,000-800,00)								
Kern	74,822	8%	2,617	3%	2,361	3%	N/A	
Marin	18,964	7%	447	2%	1,644	9%	N/A	
Monterey	34,035	8%	673	2%	744	2%	N/A	
Placer	25,565	7%	774	3%	1,053	4%	N/A	
San Joaquin	53,755	7%	2,293	4%	3,974	7%	N/A	
San Luis Obispo	24,016	9%	264	1%	1,386	6%	N/A	
Santa Barbara	33,197	8%	1,828	6%	2,939	9%	N/A	
Santa Cruz	21,691	8%	725	3%	1,491	7%	N/A	
Solano	33,095	7%	596	2%	1,799	5%	N/A	
Sonoma	38,050	8%	2,533	7%	3,663	10%	N/A	
Stanislaus	42,033	7%	1,404	3%	2,264	5%	N/A	
Tulare	36,870	7%	1,569	4%	3,370	9%	N/A	
Small Counties (90,000-250,000)								
Butte	20,666	9%	1,700	8%	1,376	7%	N/A	
El Dorado	14,336	7%	532	4%	790	6%	N/A	
Humboldt	12,747	9%	1,028	8%	974	8%	N/A	
Imperial	17,153	9%	922	5%	1,252	7%	N/A	
Kings	17,496	10%	281	2%	330	2%	N/A	
Madera	13,741	8%	392	3%	743	5%	N/A	
Mendocino	7,790	8%	707	9%	632	8%	N/A	

¹⁹ These percentages reflect the percent of the total population of the given county that suffer from SUD. The total populations of each county included in the MH/SUD Prevalence source data.

²⁰ These percentages reflect the number of individuals within each county who have an alcohol or drug diagnoses with (i.e. Alcohol or Drug Prevalence) who utilize Medicaid services.

²¹ These percentages reflect the number of individuals within each county who have an alcohol or drug diagnoses with (i.e. Alcohol or Drug Prevalence) who utilize ADP services.

²² These percentages reflect the number of individuals within each county who have an alcohol or drug diagnoses with (i.e. Alcohol or Drug Prevalence) who utilize DMH services.

Characteristics	Alcohol or Drug Diagnosis Prevalence		Medicaid Utilization		ADP Utilization		DMH Utilization	
	N	% ¹⁹	N	% ²⁰	N	% ²¹	N	% ²²
Merced	21,362	7%	839	4%	1,064	5%	N/A	
Napa	11,241	8%	255	2%	861	8%	N/A	
Nevada	7,791	7%	312	4%	680	9%	N/A	
Shasta	15,867	8%	1,403	9%	1,498	9%	N/A	
Sutter	7,353	7%	75	1%	--	--	N/A	
Yolo	16,863	8%	273	2%	707	4%	N/A	
Yuba	6,853	8%	682	10%	--	--	N/A	
MBA (Under 90,000)								
Alpine	125	9%	2	2%	5	4%	N/A	
Amador	4,019	10%	70	2%	52	1%	N/A	
Calaveras	3,558	7%	82	2%	202	6%	N/A	
Colusa	1,914	8%	28	1%	123	6%	N/A	
Del Norte	3,573	11%	176	5%	174	5%	N/A	
Glenn	2,481	8%	75	3%	227	9%	N/A	
Inyo	1,568	8%	59	4%	128	8%	N/A	
Lake	5,124	7%	714	14%	708	14%	N/A	
Lassen	5,376	14%	169	3%	275	5%	N/A	
Mariposa	1,573	8%	128	8%	248	16%	N/A	
Modoc	958	9%	64	7%	83	9%	N/A	
Mono	1,283	8%	8	1%	38	3%	N/A	
Plumas	1,632	7%	84	5%	16	1%	N/A	
San Benito	4,938	7%	76	2%	276	6%	N/A	
Sierra	296	8%	9	3%	20	7%	N/A	
Siskiyou	3,659	8%	237	6%	119	3%	N/A	
Tehama	5,568	8%	217	4%	464	8%	N/A	
Trinity	1,290	8%	52	4%	107	8%	N/A	
Tuolumne	5,288	9%	196	4%	333	6%	N/A	
Unlabelled			349	--				
Out of State			119	--				

Section II: Service Utilization

Table 2: Medicaid Beneficiary Behavioral Health Expenditures 2009-2007

Year	N	Total Behavioral Health Expenditure	Mental Health Service Expenditure	Substance Use Service Expenditure	Median Total BH Expenditure Per User	Average Total BH Expenditure Per User
2009	564,480	\$3,809,008,639	\$3,402,989,285	\$406,019,354	\$1,410	\$6,748
2008	540,804	\$3,412,409,924	\$3,033,223,151	\$379,186,773	\$1,393	\$6,310
2007	523,072	\$3,167,469,868	\$2,849,197,909	\$318,271,959	\$1,291	\$6,056

Table 2.1a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2009

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²³			
Total	564,480	100%	\$3,809,008,639	\$1,410	\$6,748
Demographics					
Age					
0-13	121,286	21%	\$643,313,125	\$1,962	\$5,304
14-17	74,104	13%	\$522,963,765	\$2,215	\$7,057
18-21	30,035	5%	\$192,246,065	\$1,403	\$6,401
22-26	24,875	4%	\$168,631,165	\$929	\$6,779
27-64	280,653	50%	\$1,989,894,079	\$1,201	\$7,090
65+	33,458	6%	\$291,813,612	\$731	\$8,722
Gender					
Male	274,044	49%	\$2,054,228,544	\$1,678	\$7,496
Female	290,436	51%	\$1,754,780,095	\$1,207	\$6,042
Race / Ethnicity					
White-NH	169,138	30%	\$1,466,265,916	\$1,448	\$8,669
African American-NH	61,543	11%	\$573,417,157	\$1,769	\$9,317
Asian-NH	7,500	1%	\$59,324,940	\$889	\$7,910
Pacific Islander-NH	13,460	2%	\$107,636,912	\$1,142	\$7,997
Native-NH	3,154	1%	\$24,144,952	\$1,394	\$7,655
Other	186,747	33%	\$799,843,420	\$1,375	\$4,283
Hispanic	117,863	21%	\$736,079,849	\$1,337	\$6,245
Unknown/Not Reported	4,898	1%	\$42,252,237	\$1,410	\$8,626
Service Categories²⁴					
Residential	388	0.1%	\$4,261,872	--	\$10,984
Emergency	74,121	13%	\$63,955,698	--	\$863
Hospital/Inpatient	67,576	12%	\$1,414,862,390	--	\$20,937
Mental Health Treatment Outpatient	419,371	74%	\$1,660,470,323	--	\$3,959
Mental Health Rehabilitation	215,199	38%	\$228,056,014	--	\$1,060
Substance Use Services	91,833	16%	\$387,482,774	--	\$4,219
Medicaid Eligibility Categories					
CalWorks (TANF)	6,224	1%	\$26,626,870	\$740	\$4,278
SSI/SSP <65	229,264	41%	\$1,917,333,207	\$1,563	\$8,363
SSI/SSP ≥ 65	7,988	1%	\$57,509,586	\$562	\$7,199
Other Eligibility Categories for ≥65	9,317	2%	\$116,504,188	\$313	\$12,504
Foster Care	44,875	8%	\$396,082,149	\$3,052	\$8,826
AFDC	171,002	30%	\$642,983,256	\$1,153	\$3,760
Other Disabled	40,107	7%	\$384,008,371	\$1,346	\$9,575
Other Child/Family	35,660	6%	\$166,691,579	\$1,184	\$4,674
Unknown	172	0%	\$647,098	\$595	\$3,762
All Remaining Other Eligibility Categories	19,872	4%	\$100,629,494	\$1,437	\$5,064
Cohort					
SMI	255,603	45%	\$2,160,752,687	\$1,410	\$8,454

²³ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries, 21% (or 121,286 individuals) were aged 0-13.

²⁴ Individuals may appear in more than one service category

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²³			
SED	99,661	18%	\$801,650,998	\$2,859	\$8,044
Substance Use Only	61,613	11%	\$292,283,905	\$950	\$4,744
Other BH Adult	62,679	11%	\$220,060,092	\$458	\$3,511
Other BH Youth	84,925	15%	\$334,268,116	\$1,672	\$3,936
Special Populations					
Co-Occurring Mental Health/SUD	99,408	18%	\$976,876,124	\$1,924	\$9,827
Service Utilization					
No outpatient MH/SUD service received	28,840	5%	\$216,420,541	\$2,302	\$7,504

Table 2.1b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2009 – Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²⁵			
Total	478,946	100%	\$2,185,397,045	\$1,634	\$4,563
Demographics					
Age					
0-13	111,335	23%	\$586,771,400	\$2,261	\$5,270
14-17	69,645	15%	\$430,650,914	\$2,315	\$6,184
18-21	26,886	6%	\$132,494,767	\$1,516	\$4,928
22-26	21,289	4%	\$85,693,736	\$1,053	\$4,025
27-64	234,588	49%	\$897,935,072	\$1,353	\$3,828
65+	15,171	3%	\$51,796,900	\$1,406	\$3,414
Gender					
Male	234,067	49%	\$1,204,699,552	\$1,925	\$5,147
Female	244,879	51%	\$980,697,493	\$1,402	\$4,005
Race / Ethnicity					
White-NH	126,577	26%	\$705,000,427	\$1,952	\$5,570
African American-NH	52,677	11%	\$296,598,361	\$1,944	\$5,631
Asian-NH	5,271	1%	\$22,149,217	\$1,336	\$4,202
Pacific Islander-NH	10,731	2%	\$48,068,493	\$1,427	\$4,479
Native-NH	2,281	0.5%	\$13,734,587	\$2,255	\$6,021
Other	181,620	38%	\$638,091,215	\$1,358	\$3,513
Hispanic	96,193	20%	\$441,738,637	\$1,750	\$4,592
Unknown/Not Reported	3,594	1%	\$20,013,958	\$1,864	\$5,569
Medicaid Eligibility Categories					
CalWorks (TANF)	4,156	1%	\$14,507,707	\$1,345	\$3,491
SSI/SSP <65	193,197	40%	\$959,255,051	\$1,755	\$4,965
SSI/SSP ≥ 65	3,054	1%	\$10,080,128	\$1,562	\$3,301
Other Eligibility Categories for ≥65	2,378	0.5%	\$5,878,931	\$689	\$2,472
Foster Care	41,930	9%	\$349,312,334	\$3,351	\$8,331
AFDC	156,804	33%	\$512,827,089	\$1,281	\$3,270
Other Disabled	29,598	6%	\$133,990,948	\$1,659	\$4,527
Other Child/Family	31,857	7%	\$134,481,544	\$1,414	\$4,221
Unknown	81	0%	\$461,001	\$1,664	\$5,691
All Remaining Other Eligibility Categories	15,892	3%	\$64,609,471	\$1,776	\$4,066
Cohort					
SMI	220,352	46%	\$958,718,155	\$1,430	\$4,351
SED	91,621	19%	\$682,455,050	\$3,156	\$7,449
Substance Use Only	44,581	9%	\$133,782,807	\$1,553	\$3,001
Other BH Adult	42,056	9%	\$93,596,324	\$783	\$2,226
Other BH Youth	80,337	17%	\$316,851,868	\$1,817	\$3,944
Special Populations					
Co-Occurring Mental Health/SUD	78,489	16%	\$434,336,230	\$2,605	\$5,534
Service Utilization					
No outpatient MH/SUD service received	28,603	6%	\$155,985,981	\$1,891	\$5,453

²⁵ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who received Specialty Mental Health Services in 2009. For example, of the 478,946 specialty mental health beneficiaries, 23% (or 111,335 individuals) were aged 0-13.

Table 2.1c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2009 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²⁶			
Total	162,105	100%	\$1,623,611,594	\$248	\$10,016
Demographics					
Age					
0-13	16,563	10%	\$56,541,725	\$102	\$3,414
14-17	13,817	9%	\$92,312,851	\$444	\$6,681
18-21	7,510	5%	\$59,751,298	\$384	\$7,956
22-26	8,003	5%	\$82,937,429	\$298	\$10,363
27-64	95,315	59%	\$1,091,959,007	\$306	\$11,456
65+	20,855	13%	\$240,016,712	\$142	\$11,509
Gender					
Male	79,268	49%	\$849,528,992	\$274	\$10,717
Female	82,837	51%	\$774,082,602	\$221	\$9,345
Race / Ethnicity					
White-NH	75,227	46%	\$761,265,489	\$246	\$10,120
African American-NH	21,677	13%	\$276,818,796	\$374	\$12,770
Asian-NH	3,124	2%	\$37,175,723	\$145	\$11,900
Pacific Islander-NH	4,927	3%	\$59,568,419	\$168	\$12,090
Native-NH	1,486	1%	\$10,410,365	\$328	\$7,006
Other	15,686	10%	\$161,752,205	\$630	\$10,312
Hispanic	37,766	23%	\$294,341,212	\$145	\$7,794
Unknown/Not Reported	2,036	1%	\$22,238,279	\$228	\$10,923
Medicaid Eligibility Categories					
CalWorks (TANF)	2,693	2%	\$12,119,163	\$107	\$4,500
SSI/SSP <65	82,133	51%	\$958,078,156	\$339	\$11,665
SSI/SSP ≥ 65	5,415	3%	\$47,429,458	\$108	\$8,759
Other Eligibility Categories for ≥65	7,374	5%	\$110,625,257	\$167	\$15,002
Foster Care	9,722	6%	\$46,769,815	\$162	\$4,811
AFDC	26,051	16%	\$130,156,167	\$176	\$4,996
Other Disabled	16,620	10%	\$250,017,423	\$312	\$15,043
Other Child/Family	6,799	4%	\$32,210,035	\$121	\$4,737
Unknown	108	0.1%	\$186,097	\$198	\$1,723
All Remaining Other Eligibility Categories	5,190	3%	\$36,020,023	\$225	\$6,940
Cohort					
SMI	87,729	54%	\$1,202,034,532	\$683	\$13,702
SED	20,695	13%	\$119,195,948	\$227	\$5,760
Substance Use Only	23,189	14%	\$158,501,098	\$197	\$6,835
Other BH Adult	23,292	14%	\$126,463,768	\$68	\$5,429
Other BH Youth	7,200	4%	\$17,416,248	\$68	\$2,419
Special Populations					
Co-Occurring Mental Health/SUD	47,194	29%	\$542,539,894	\$348	\$11,496
Service Utilization					
No outpatient MH/SUD service received	4,884	3%	\$60,434,560	\$4,312	\$12,374

²⁶ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2009. For example, of the 162,105 individuals who did not receive specialty mental health services, 10% (or 16,563 individuals) were aged 0-13.

Table 2.2a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2008

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²⁷			
Total	540,804	100%	\$3,412,409,924	\$1,393	\$6,310
Demographics					
Age					
0-13	101,820	19%	\$509,802,266	\$1,809	\$5,007
14-17	66,244	12%	\$458,743,092	\$2,328	\$6,925
18-21	38,358	7%	\$254,434,858	\$1,807	\$6,633
22-26	24,483	5%	\$159,473,079	\$958	\$6,514
27-64	274,295	51%	\$1,776,215,286	\$1,196	\$6,476
65+	35,524	7%	\$253,344,297	\$655	\$7,132
Gender					
Male	261,524	48%	\$1,846,009,470	\$1,654	\$7,059
Female	279,280	52%	\$1,566,400,454	\$1,192	\$5,609
Race / Ethnicity					
White-NH	147,186	27%	\$1,247,046,105	\$1,323	\$8,473
African American-NH	53,100	10%	\$465,717,332	\$1,666	\$8,771
Asian-NH	6,880	1%	\$43,258,556	\$706	\$6,288
Pacific Islander-NH	10,246	2%	\$85,043,417	\$1,024	\$8,300
Native-NH	2,695	0.5%	\$19,421,966	\$1,086	\$7,207
Other	219,047	41%	\$940,638,754	\$1,493	\$4,294
Hispanic	96,815	18%	\$575,733,040	\$1,188	\$5,947
Unknown/Not Reported	4,647	1%	\$35,458,040	\$1,230	\$7,630
Service Categories²⁸					
Residential	436	0.1%	\$2,754,766	--	\$6,318
Emergency	68,060	13%	\$57,002,598	--	\$838
Hospital/Inpatient	67,407	12%	\$1,337,497,299	--	\$19,842
Mental Health Treatment Outpatient	406,328	75%	\$1,384,244,304	--	\$3,407
Mental Health Rehabilitation	204,380	38%	\$222,266,674	--	\$1,088
Substance Use Services	86,246	16%	\$362,393,833	--	\$4,202
Medicaid Eligibility Categories					
CalWorks (TANF)	5,860	1%	\$22,592,844	\$684	\$3,855
SSI/SSP <65	226,747	42%	\$1,696,865,345	\$1,504	\$7,484
SSI/SSP ≥ 65	7,392	1%	\$29,315,198	\$472	\$3,966
Other Eligibility Categories for ≥65	9,605	2%	\$117,801,574	\$244	\$12,265
Foster Care	45,617	8%	\$379,518,842	\$2,853	\$8,320
AFDC	158,968	29%	\$585,574,644	\$1,157	\$3,684
Other Disabled	35,584	7%	\$333,479,646	\$1,293	\$9,372
Other Child/Family	30,732	6%	\$151,794,533	\$1,327	\$4,939
Unknown	178	0%	\$626,214	\$725	\$3,518
All Remaining Other Eligibility Categories	20,121	4%	\$94,841,084	\$1,390	\$4,714
Cohort					
SMI	252,183	47%	\$1,943,244,257	\$1,409	\$7,706
SED	88,143	16%	\$677,137,648	\$2,684	\$7,682

²⁷ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries in 2008. For example, of the 540,804 beneficiaries, 19% (or 101,280 individuals) were aged 0-13.

²⁸ Individuals may appear in more than one service category

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²⁷			
Substance Use Only	58,026	11%	\$275,868,155	\$1,124	\$4,754
Other BH Adult	68,470	13%	\$247,184,874	\$540	\$3,610
Other BH Youth	73,982	14%	\$268,974,990	\$1,541	\$3,636
Special Populations					
Co-Occurring Mental Health/SUD	94,082	17%	\$869,905,566	\$2,118	\$9,246
Service Utilization					
No outpatient MH/SUD service received	33,605	6%	\$254,869,667	\$2,477	\$7,584

Table 2.2b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2008 – Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ²⁹			
Total	460,047	100%	\$2,079,691,535	\$1,642	\$4,521
Demographics					
Age					
0-13	92,307	20%	\$467,870,886	\$2,144	\$5,069
14-17	62,204	14%	\$386,931,989	\$2,465	\$6,220
18-21	35,112	8%	\$197,503,388	\$1,948	\$5,625
22-26	20,923	5%	\$87,249,213	\$1,106	\$4,170
27-64	231,907	50%	\$884,864,397	\$1,373	\$3,816
65+	17,573	4%	\$55,090,502	\$1,277	\$3,135
Gender					
Male	223,582	49%	\$1,146,575,580	\$1,936	\$5,128
Female	236,465	51%	\$933,115,955	\$1,410	\$3,946
Race / Ethnicity					
White-NH	107,162	23%	\$600,557,452	\$1,916	\$5,604
African American-NH	44,845	10%	\$250,022,978	\$1,923	\$5,575
Asian-NH	4,763	1%	\$21,272,690	\$1,152	\$4,466
Pacific Islander-NH	7,813	2%	\$37,899,849	\$1,439	\$4,851
Native-NH	1,853	0.4%	\$10,035,196	\$1,907	\$5,416
Other	214,577	47%	\$796,428,900	\$1,477	\$3,712
Hispanic	75,595	16%	\$345,244,096	\$1,701	\$4,567
Unknown/Not Reported	3,431	1%	\$18,213,173	\$1,823	\$5,308
Medicaid Eligibility Categories					
CalWorks (TANF)	3,817	1%	\$11,968,148	\$1,318	\$3,135
SSI/SSP <65	193,357	42%	\$938,779,950	\$1,726	\$4,855
SSI/SSP ≥ 65	3,047	1%	\$9,413,056	\$1,418	\$3,089
Other Eligibility Categories for ≥65	2,410	1%	\$5,386,987	\$707	\$2,235
Foster Care	42,684	9%	\$336,639,301	\$3,160	\$7,887
AFDC	145,466	32%	\$473,707,748	\$1,292	\$3,256
Other Disabled	26,408	6%	\$116,927,293	\$1,622	\$4,428
Other Child/Family	26,788	6%	\$122,990,588	\$1,659	\$4,591
Unknown	79	0%	\$520,046	\$2,274	\$6,583
All Remaining Other Eligibility Categories	15,991	3%	\$63,358,418	\$1,747	\$3,962
Cohort					
SMI	220,854	48%	\$980,612,996	\$1,474	\$4,440
SED	80,909	18%	\$585,853,187	\$3,013	\$7,241
Substance Use Only	41,793	9%	\$129,577,992	\$1,836	\$3,100
Other BH Adult	47,451	10%	\$126,911,455	\$896	\$2,675
Other BH Youth	69,040	15%	\$256,735,905	\$1,719	\$3,719
Special Populations					
Co-Occurring Mental Health/SUD	74,478	16%	\$414,171,052	\$2,837	\$5,561
Service Utilization					
No outpatient MH/SUD service received	33,374	7%	\$198,497,493	\$2,150	\$5,948

²⁹ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who received Specialty Mental Health Services in 2008. For example, of the 460,047 specialty mental health service recipients, 20% (or 92,307 individuals) were aged 0-13.

Table 2.2c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2008 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁰			
Total	149,939	100%	\$1,332,718,389	\$212	\$8,888
Demographics					
Age					
0-13	14,448	10%	\$41,931,380	\$90	\$2,902
14-17	11,549	8%	\$71,811,103	\$356	\$6,218
18-21	8,496	6%	\$56,931,470	\$346	\$6,701
22-26	7,686	5%	\$72,223,866	\$270	\$9,397
27-64	87,114	58%	\$891,350,889	\$262	\$10,232
65+	20,583	14%	\$198,253,795	\$116	\$9,632
Gender					
Male	73,573	49%	\$699,433,890	\$234	\$9,507
Female	76,366	51%	\$633,284,499	\$192	\$8,293
Race / Ethnicity					
White-NH	70,109	47%	\$646,488,653	\$211	\$9,221
African American-NH	19,070	13%	\$215,694,354	\$318	\$11,311
Asian-NH	2,970	2%	\$21,985,866	\$136	\$7,403
Pacific Islander-NH	4,290	3%	\$47,143,568	\$130	\$10,989
Native-NH	1,431	1%	\$9,386,770	\$256	\$6,560
Other	15,169	10%	\$144,209,854	\$709	\$9,507
Hispanic	34,837	23%	\$230,488,944	\$124	\$6,616
Unknown/Not Reported	1,881	1%	\$17,244,867	\$142	\$9,168
Medicaid Eligibility Categories					
CalWorks (TANF)	2,570	2%	\$10,624,696	\$98	\$4,134
SSI/SSP <65	74,869	50%	\$758,085,395	\$292	\$10,125
SSI/SSP ≥ 65	4,729	3%	\$19,902,142	\$97	\$4,209
Other Eligibility Categories for ≥65	7,649	5%	\$112,414,587	\$118	\$14,697
Foster Care	9,525	6%	\$42,879,541	\$164	\$4,502
AFDC	24,217	16%	\$111,866,896	\$153	\$4,619
Other Disabled	14,381	10%	\$216,552,353	\$276	\$15,058
Other Child/Family	6,584	4%	\$28,803,945	\$105	\$4,375
Unknown	111	0.1 %	\$106,168	\$428	\$956
All Remaining Other Eligibility Categories	5,304	4%	\$31,482,666	\$167	\$5,936
Cohort					
SMI	79,541	53%	\$962,631,261	\$526	\$12,102
SED	17,335	12%	\$91,284,461	\$191	\$5,266
Substance Use Only	22,259	15%	\$146,290,163	\$204	\$6,572
Other BH Adult	24,041	16%	\$120,273,419	\$68	\$5,003
Other BH Youth	6,763	5%	\$12,239,085	\$57	\$1,810
Special Populations					
Co-Occurring Mental Health/SUD	43,716	29%	\$455,734,514	\$333	\$10,425
Service Utilization					
No outpatient MH/SUD service received	4,369	3%	\$56,372,174	\$5,700	\$12,903

³⁰ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2008. For example, of the 149,939 individuals who did not receive specialty mental health services, 10% (or 14,448 individuals) were aged 0-13.

Table 2.3a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2007

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³¹			
Total	523,072	100%	\$3,167,469,868	\$1,291	\$6,056
Demographics					
Age					
0-13	83,781	16%	\$387,157,032	\$1,623	\$4,621
14-17	58,968	11%	\$379,490,917	\$2,136	\$6,436
18-21	46,387	9%	\$307,722,273	\$1,902	\$6,634
22-26	25,279	5%	\$162,976,358	\$949	\$6,447
27-64	269,066	51%	\$1,691,564,922	\$1,138	\$6,287
65+	39,508	8%	\$238,242,365	\$567	\$6,030
Gender					
Male	250,987	48%	\$1,690,558,371	\$1,543	\$6,736
Female	272,085	52%	\$1,476,911,497	\$1,107	\$5,428
Race / Ethnicity					
White-NH	90,137	46%	\$640,753,920	\$1,291	\$7,109
African American-NH	37,676	19%	\$263,422,659	\$1,460	\$6,992
Asian-NH	1,302	1%	\$6,470,828	\$1,071	\$4,970
Pacific Islander-NH	5,609	3%	\$27,719,001	\$781	\$4,942
Native-NH	1,305	1%	\$8,426,765	\$1,263	\$6,457
Other	0	--	--	--	--
Hispanic	56,806	29%	\$280,766,990	\$1,266	\$4,943
Unknown/Not Reported	4,510	2%	\$30,269,039	\$1,059	\$6,712
Service Categories³²					
Residential	547	0.1%	\$2,906,368	--	\$5,313
Emergency	65,302	12%	\$53,418,724	--	\$818
Hospital/Inpatient	67,113	13%	\$1,321,482,746	--	\$19,690
Mental Health Treatment Outpatient	388,962	74%	\$1,236,590,551	--	\$3,179
Mental Health Rehabilitation	195,311	37%	\$205,984,563	--	\$1,055
Substance Use Services	82,778	16%	\$313,558,067	--	\$3,788
Medicaid Eligibility Categories					
CalWorks (TANF)	6,067	1%	\$21,575,422	\$443	\$3,556
SSI/SSP <65	222,119	42%	\$1,603,622,323	\$1,431	\$7,220
SSI/SSP ≥ 65	7,367	1%	\$25,095,819	\$338	\$3,407
Other Eligibility Categories for ≥65	9,976	2%	\$102,362,584	\$158	\$10,261
Foster Care	44,840	9%	\$365,414,253	\$2,695	\$8,149
AFDC	150,521	29%	\$531,200,837	\$1,093	\$3,529
Other Disabled	34,069	7%	\$305,179,391	\$1,190	\$8,958
Other Child/Family	29,016	6%	\$131,168,586	\$1,100	\$4,521
Unknown	10	0%	\$20,976	\$1,675	\$2,098
All Remaining Other Eligibility Categories	19,087	4%	\$81,829,677	\$1,129	\$4,287
Cohort					
SMI	249,829	48%	\$1,893,059,556	\$1,388	\$7,577

³¹ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries in 2007. For example, of the 523,072 beneficiaries, 16% (or 83,781 individuals) were aged 0-13.

³² Individuals may appear in more than one service category

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³¹			
SED	75,903	15%	\$541,937,699	\$2,441	\$7,140
Substance Use Only	56,330	11%	\$238,846,277	\$1,053	\$4,240
Other BH Adult	77,523	15%	\$287,046,307	\$538	\$3,703
Other BH Youth	63,487	12%	\$206,580,029	\$1,345	\$3,254
Special Populations					
Co-Occurring Mental Health/SUD	91,331	17%	\$802,538,619	\$2,034	\$8,787
Service Utilization					
No outpatient MH/SUD service received	32,096	6%	\$232,436,187	\$2,397	\$7,242

Table 2.3b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2007 – Specialty Mental Health Plan

Characteristics	Any Use		Total expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³³			
Total	437,620	100%	\$1,824,824,503	\$1,540	\$4,170
Demographics					
Age					
0-13	74,711	17%	\$344,449,357	\$1,976	\$4,610
14-17	54,994	13%	\$317,630,324	\$2,288	\$5,776
18-21	42,578	10%	\$238,225,851	\$2,017	\$5,595
22-26	21,005	5%	\$80,467,970	\$1,111	\$3,831
27-64	224,864	51%	\$790,517,914	\$1,308	\$3,516
65+	19,443	4%	\$53,470,753	\$1,130	\$2,750
Gender					
Male	211,844	48%	\$1,000,449,093	\$1,817	\$4,723
Female	225,776	52%	\$824,375,410	\$1,333	\$3,651
Race / Ethnicity					
White-NH	68,819	44%	\$332,564,256	\$1,718	\$4,832
African American-NH	32,271	21%	\$150,091,337	\$1,645	\$4,651
Asian-NH	947	1%	\$3,387,827	\$1,349	\$3,577
Pacific Islander-NH	4,356	3%	\$13,751,831	\$1,018	\$3,157
Native-NH	1,032	1%	\$4,973,014	\$1,676	\$4,819
Other	0	--	--	--	--
Hispanic	45,630	29%	\$188,429,647	\$1,701	\$4,130
Unknown/Not Reported	3,263	2%	\$15,480,485	\$1,578	\$4,744
Medicaid Eligibility Categories					
CalWorks (TANF)	3,391	1%	\$9,018,569	\$1,131	\$2,660
SSI/SSP <65	188,116	43%	\$827,331,303	\$1,632	\$4,398
SSI/SSP ≥ 65	2,845	1%	\$7,271,233	\$1,201	\$2,556
Other Eligibility Categories for ≥65	2,226	1%	\$4,497,638	\$593	\$2,021
Foster Care	41,716	10%	\$315,873,181	\$2,980	\$7,572
AFDC	136,241	31%	\$409,296,427	\$1,222	\$3,004
Other Disabled	24,715	6%	\$103,359,643	\$1,556	\$4,182
Other Child/Family	24,022	5%	\$96,469,325	\$1,472	\$4,016
Unknown	8	0%	\$15,282	\$1,621	\$1,910
All Remaining Other Eligibility Categories	14,340	3%	\$51,691,902	\$1,554	\$3,605
Cohort					
SMI	218,199	50%	\$914,629,017	\$1,437	\$4,192
SED	69,292	16%	\$462,090,677	\$2,758	\$6,669
Substance Use Only	39,932	9%	\$109,890,985	\$1,681	\$2,752
Other BH Adult	52,184	12%	\$144,281,941	\$942	\$2,765
Other BH Youth	58,013	13%	\$193,931,883	\$1,556	\$3,343
Special Populations					
Co-Occurring Mental Health/SUD	71,492	16%	\$355,734,082	\$2,635	\$4,976
Service Utilization					
No outpatient MH/SUD service received	31,703	7%	\$183,457,945	\$2,114	\$5,787

³³ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who received Specialty Mental Health Services in 2007. For example, of the 437,620 specialty mental health service recipients, 17% (or 74,711 individuals) were aged 0-13.

Table 2.3c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2007 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁴			
Total	150,329	100%	\$1,342,645,365	\$158	\$8,931
Demographics					
Age					
0-13	12,949	9%	\$42,707,675	\$74	\$3,298
14-17	9,844	7%	\$61,860,593	\$184	\$6,284
18-21	10,116	7%	\$69,496,422	\$300	\$6,870
22-26	8,208	5%	\$82,508,388	\$204	\$10,052
27-64	86,161	57%	\$901,047,008	\$210	\$10,458
65+	22,991	15%	\$184,771,612	\$87	\$8,037
Gender					
Male	72,476	48%	\$690,109,278	\$186	\$9,522
Female	77,853	52%	\$652,536,087	\$136	\$8,382
Race / Ethnicity					
White-NH	33,903	23%	\$308,189,664	\$154	\$9,090
African American-NH	10,882	7%	\$113,331,322	\$231	\$10,415
Asian-NH	473	0.3%	\$3,083,001	\$140	\$6,518
Pacific Islander-NH	1,724	1%	\$13,967,170	\$100	\$8,102
Native-NH	475	0.3%	\$3,453,751	\$256	\$7,271
Other	0	--	--	--	--
Hispanic	16,608	25%	\$92,337,343	\$79	\$5,560
Unknown/Not Reported	1,872	3%	\$14,788,554	\$113	\$7,900
Medicaid Eligibility Categories					
CalWorks (TANF)	3,121	2%	\$12,556,853	\$62	\$4,023
SSI/SSP <65	73,263	49%	\$776,291,020	\$234	\$10,596
SSI/SSP ≥ 65	4,895	3%	\$17,824,586	\$76	\$3,641
Other Eligibility Categories for ≥65	8,188	5%	\$97,864,946	\$83	\$11,952
Foster Care	9,842	7%	\$49,541,072	\$139	\$5,034
AFDC	23,898	16%	\$121,904,410	\$129	\$5,101
Other Disabled	14,024	9%	\$201,819,748	\$220	\$14,391
Other Child/Family	7,357	5%	\$34,699,261	\$68	\$4,716
Unknown	6	0%	\$5,694	\$84	\$949
All Remaining Other Eligibility Categories	5,735	4%	\$30,137,775	\$109	\$5,255
Cohort					
SMI	78,520	52%	\$978,430,539	\$428	\$12,461
SED	14,729	10%	\$79,847,022	\$145	\$5,421
Substance Use Only	21,707	14%	\$128,955,292	\$191	\$5,941
Other BH Adult	28,567	19%	\$142,764,366	\$54	\$4,998
Other BH Youth	6,806	5%	\$12,648,146	\$41	\$1,858
Special Populations					
Co-Occurring Mental Health/SUD	42,576	28%	\$446,804,537	\$318	\$10,494
Service Utilization					
No outpatient MH/SUD service received	3,692	2%	\$48,978,242	\$5,600	\$13,266

³⁴ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2007. For example, of the 150,329 individuals who did not receive specialty mental health services, 9% (or 12,949 individuals) were aged 0-13.

Table 2.4a: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2009

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁵			
Total	52,837	100%	\$493,333,696	\$3,282	\$9,337
Demographics					
Age					
0-13	28,794	54%	\$228,641,632	\$2,849	\$7,941
14-17	19,384	37%	\$221,344,100	\$4,146	\$11,419
18-21	4,583	9%	\$43,018,124	\$3,053	\$9,386
22-26	67	0.1%	\$324,583	\$795	\$4,845
Gender					
Male	29,467	56%	\$271,676,142	\$3,265	\$9,220
Female	23,370	44%	\$221,657,554	\$3,305	\$9,485
Race / Ethnicity					
White-NH	21,031	40%	\$219,794,975	\$3,754	\$10,451
African American-NH	9,378	18%	\$95,231,510	\$3,502	\$10,155
Asian-NH	345	1%	\$4,019,854	\$3,088	\$11,652
Pacific Islander-NH	256	0.5%	\$3,286,718	\$3,435	\$12,839
Native-NH	420	1%	\$3,936,263	\$2,658	\$9,372
Other	7,724	15%	\$50,139,492	\$2,733	\$6,491
Hispanic	13,247	25%	\$110,094,790	\$2,869	\$8,311
Unknown/Not Reported	436	1%	\$6,830,094	\$4,313	\$15,665
Service Categories³⁶					
Residential	0	--	--	--	--
Emergency	4,835	9%	\$6,363,439	--	\$1,316
Hospital/Inpatient	3,622	7%	\$68,283,254	--	\$18,852
Mental Health Treatment Outpatient	47,586	90%	\$347,026,964	--	\$7,293
Mental Health Rehabilitation	24,488	46%	\$42,386,175	--	\$1,731
Substance Use Services	5,751	11%	\$14,668,620	--	\$2,551
Cohort					
SMI	1,996	4%	\$29,073,790	\$5,824	\$14,566
SED	27,209	51%	\$336,379,230	\$4,603	\$12,363
Substance Use Only	2,090	4%	\$10,516,208	\$1,504	\$5,032
Other BH Adult	2,110	4%	\$12,743,024	\$2,198	\$6,039
Other BH Youth	19,432	37%	\$104,621,444	\$2,334	\$5,384

³⁵ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries in 2009. For example, of the 52,837 foster care Medicaid beneficiaries, 54% (or 28,794 individuals) were aged 0-13.

³⁶ Individuals may appear in more than one service category

Table 2.4b: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2009 –Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁷			
Total	47,958	100%	\$420,962,480	\$3,670	\$8,778
Demographics					
Age					
0-13	25,853	54%	\$202,212,774	\$3,322	\$7,822
14-17	17,879	37%	\$183,789,590	\$4,455	\$10,280
18-21	4,180	9%	\$34,781,785	\$3,278	\$8,321
22-26	43	0.1%	\$176,378	\$1,278	\$4,102
Gender					
Male	26,351	55%	\$238,631,189	\$3,725	\$9,056
Female	21,607	45%	\$182,331,291	\$3,600	\$8,439
Race / Ethnicity					
White-NH	18,570	39%	\$183,734,139	\$4,337	\$9,894
African American-NH	8,494	18%	\$80,745,361	\$3,956	\$9,506
Asian-NH	300	1%	\$3,030,607	\$4,296	\$10,102
Pacific Islander-NH	232	0.5%	\$2,399,753	\$3,790	\$10,344
Native-NH	331	1%	\$3,060,346	\$3,381	\$9,246
Other	7,635	16%	\$47,636,061	\$2,725	\$6,239
Hispanic	11,995	25%	\$95,148,936	\$3,219	\$7,932
Unknown/Not Reported	401	1%	\$5,207,277	\$4,588	\$12,986
Cohort					
SMI	1,893	4%	\$21,601,381	\$5,387	\$11,411
SED	24,112	50%	\$280,806,065	\$5,314	\$11,646
Substance Use Only	1,661	3%	\$6,385,665	\$1,855	\$3,844
Other BH Adult	1,869	4%	\$12,019,682	\$2,463	\$6,431
Other BH Youth	18,423	38%	\$100,149,687	\$2,506	\$5,436

³⁷ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries who received Specialty Mental Health Services. For example, of the 47,958 foster care specialty mental health service recipients, 54% (or 25,853 individuals) were aged 0-13.

Table 2.4c: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2009 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁸			
Total	11,156	100%	\$61,923,129	\$196	\$5,551
Demographics					
Age					
0-13	4,691	42%	\$21,821,567	\$124	\$4,652
14-17	5,232	47%	\$32,946,474	\$339	\$6,297
18-21	1,209	11%	\$7,047,030	\$329	\$5,829
22-26	21	0.2%	\$107,366	\$418	\$5,113
Gender					
Male	6,935	62%	\$27,026,837	\$162	\$3,897
Female	4,221	38%	\$34,896,292	\$284	\$8,267
Race / Ethnicity					
White-NH	5,304	48%	\$30,846,123	\$239	\$5,816
African American-NH	2,124	19%	\$12,314,147	\$152	\$5,798
Asian-NH	78	1%	\$906,183	\$119	\$11,618
Pacific Islander-NH	63	1%	\$823,140	\$213	\$13,066
Native-NH	96	1%	\$652,964	\$227	\$6,802
Other	338	3%	\$2,002,608	\$473	\$5,925
Hispanic	3,030	27%	\$12,842,743	\$165	\$4,239
Unknown/Not Reported	123	1%	\$1,535,221	\$752	\$12,481
Cohort					
SMI	692	6%	\$6,763,454	\$798	\$9,774
SED	7,703	69%	\$47,559,043	\$216	\$6,174
Substance Use Only	863	8%	\$4,096,431	\$243	\$4,747
Other BH Adult	361	3%	\$207,409	\$81	\$575
Other BH Youth	1,537	14%	\$3,296,792	\$88	\$2,145

³⁸ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2009. For example, of the 11,156 individuals who did not receive specialty mental health services, 42% (or 4,691 individuals) were aged 0-13.

Table 2.5a: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2008

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ³⁹			
Total	51,209	100%	\$451,281,748	\$2,891	\$8,813
Demographics					
Age					
0-13	24,453	48%	\$171,411,222	\$2,346	\$7,010
14-17	17,413	34%	\$187,483,155	\$3,648	\$10,767
18-21	9,209	18%	\$91,466,003	\$3,342	\$9,932
22-26	123	0.2%	\$702,189	\$676	\$5,709
Gender					
Male	28,414	55%	\$251,619,727	\$2,889	\$8,855
Female	22,795	45%	\$199,662,021	\$2,894	\$8,759
Race / Ethnicity					
White-NH	17,822	35%	\$187,160,575	\$3,319	\$10,502
African American-NH	8,708	17%	\$78,655,006	\$2,971	\$9,032
Asian-NH	261	1%	\$2,916,802	\$2,097	\$11,175
Pacific Islander-NH	184	0%	\$1,593,403	\$1,955	\$8,660
Native-NH	321	1%	\$3,110,682	\$1,768	\$9,691
Other	12,555	25%	\$79,887,485	\$2,632	\$6,363
Hispanic	11,015	22%	\$92,709,907	\$2,635	\$8,417
Unknown/Not Reported	343	1%	\$5,247,888	\$3,963	\$15,300
Service Categories⁴⁰					
Residential	1	0%	\$95	--	\$95
Emergency	4,751	9%	\$6,145,911	--	\$1,294
Hospital/Inpatient	3,364	7%	\$59,723,714	--	\$17,754
Mental Health Treatment Outpatient	47,874	93%	\$327,609,039	--	\$6,843
Mental Health Rehabilitation	23,876	47%	\$40,799,471	--	\$1,709
Substance Use Services	5,870	11%	\$12,534,909	--	\$2,135
Cohort					
SMI	4,004	8%	\$60,996,146	\$6,027	\$15,234
SED	23,493	46%	\$272,428,153	\$3,935	\$11,596
Substance Use Only	2,425	5%	\$9,023,409	\$1,783	\$3,721
Other BH Adult	4,092	8%	\$26,941,567	\$2,202	\$6,584
Other BH Youth	17,195	34%	\$81,892,473	\$1,991	\$4,763

³⁹ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries in 2008. For example, of the 51,209 beneficiaries in 2008, 48% (or 24,453 individuals) were aged 0-13.

⁴⁰ Individuals may appear in more than one service category

Table 2.5b: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2008 –Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴¹			
Total	48,208	100%	\$398,353,286	\$3,421	\$8,263
Demographics					
Age					
0-13	22,757	47%	\$159,767,037	\$2,925	\$7,021
14-17	16,586	34%	\$160,898,588	\$4,124	\$9,701
18-21	8,761	18%	\$77,049,363	\$3,752	\$8,795
22-26	98	0.2%	\$471,672	\$1,288	\$4,813
Gender					
Male	26,500	55%	\$226,239,327	\$3,504	\$8,537
Female	21,708	45%	\$172,113,959	\$3,322	\$7,929
Race / Ethnicity					
White-NH	16,408	34%	\$160,343,874	\$4,308	\$9,772
African American-NH	8,095	17%	\$70,106,411	\$3,669	\$8,660
Asian-NH	235	0.5%	\$2,253,857	\$2,765	\$9,591
Pacific Islander-NH	161	0.3%	\$1,412,876	\$2,778	\$8,776
Native-NH	291	1%	\$2,557,487	\$3,283	\$8,789
Other	12,516	26%	\$77,005,052	\$2,643	\$6,153
Hispanic	10,172	21%	\$80,292,457	\$3,245	\$7,893
Unknown/Not Reported	330	1%	\$4,381,272	\$4,924	\$13,277
Cohort					
SMI	3,906	8%	\$47,854,285	\$5,999	\$12,251
SED	21,809	45%	\$237,787,041	\$4,848	\$10,903
Substance Use Only	1,995	4%	\$7,519,918	\$2,304	\$3,769
Other BH Adult	3,881	8%	\$25,700,294	\$2,701	\$6,622
Other BH Youth	16,617	34%	\$79,491,748	\$2,195	\$4,784

⁴¹ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries who received Specialty Mental Health Services in 2008. For example, of the 48,208 Foster Care specialty mental health service recipients in 2008, 47% (or 22,757 individuals) were aged 0-13.

Table 2.5c: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2008 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴²			
Total	10,815	100%	\$52,928,462	\$192	\$4,894
Demographics					
Age					
0-13	3,891	36%	\$11,644,185	\$113	\$2,993
14-17	4,313	40%	\$26,584,567	\$314	\$6,164
18-21	2,560	24%	\$14,416,640	\$375	\$5,631
22-26	44	0.4%	\$230,517	\$172	\$5,239
Gender					
Male	6,752	62%	\$25,380,400	\$174	\$3,759
Female	4,063	38%	\$27,548,062	\$229	\$6,780
Race / Ethnicity					
White-NH	5,146	48%	\$26,816,701	\$201	\$5,211
African American-NH	2,111	20%	\$8,548,595	\$165	\$4,050
Asian-NH	70	1%	\$662,945	\$102	\$9,471
Pacific Islander-NH	56	1%	\$180,527	\$122	\$3,224
Native-NH	99	1%	\$553,195	\$135	\$5,588
Other	416	4%	\$2,882,433	\$657	\$6,929
Hispanic	2,823	26%	\$12,417,450	\$162	\$4,399
Unknown/Not Reported	94	1%	\$866,616	\$508	\$9,219
Cohort					
SMI	1,466	14%	\$13,141,861	\$730	\$8,964
SED	6,454	60%	\$34,641,112	\$171	\$5,367
Substance Use Only	959	9%	\$1,503,491	\$284	\$1,568
Other BH Adult	710	7%	\$1,241,273	\$109	\$1,748
Other BH Youth	1,226	11%	\$2,400,725	\$91	\$1,958

⁴² This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2008. For example, of the 10,815 individuals who did not receive specialty mental health services in 2008, 36% (or 3,891 individuals) were aged 0-13.

Table 2.6a: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2007

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴³			
Total	50,232	100%	\$433,470,123	\$2,937	\$8,629
Demographics					
Age					
0-13	20,619	41%	\$136,269,605	\$2,404	\$6,609
14-17	15,511	31%	\$160,232,419	\$3,486	\$10,330
18-21	13,420	27%	\$132,028,636	\$3,368	\$9,838
22-26	667	1%	\$4,869,526	\$1,973	\$7,301
Gender					
Male	27,961	56%	\$243,259,376	\$2,932	\$8,700
Female	22,271	44%	\$190,210,747	\$2,945	\$8,541
Race / Ethnicity					
White-NH	14,009	28%	\$131,499,410	\$3,300	\$9,387
African American-NH	7,694	15%	\$66,904,269	\$2,925	\$8,696
Asian-NH	117	0%	\$938,094	\$2,766	\$8,018
Pacific Islander-NH	125	0%	\$854,927	\$2,765	\$6,839
Native-NH	267	1%	\$2,008,087	\$2,360	\$7,521
Other	0	--	--	--	--
Hispanic	8,407	17%	\$66,595,093	\$2,721	\$7,921
Unknown/Not Reported	339	1%	\$4,303,406	\$4,027	\$12,694
Service Categories⁴⁴					
Residential	1	0%	\$9,459	--	\$9,459
Emergency	4,748	9%	\$5,897,106	--	\$1,242
Hospital/Inpatient	3,468	7%	\$66,554,978	--	\$19,191
Mental Health Treatment Outpatient	46,817	93%	\$303,416,312	--	\$6,481
Mental Health Rehabilitation	22,822	45%	\$41,764,081	--	\$1,830
Substance Use Services	5,761	11%	\$12,085,773	--	\$2,098
Cohort					
SMI	5,852	12%	\$89,180,941	\$6,032	\$15,239
SED	20,524	41%	\$225,291,257	\$3,916	\$10,977
Substance Use Only	2,575	5%	\$10,069,853	\$1,561	\$3,911
Other BH Adult	6,364	13%	\$41,642,366	\$2,382	\$6,543
Other BH Youth	14,917	30%	\$67,285,706	\$1,936	\$4,511

⁴³ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries in 2007. For example, of the 50,232 beneficiaries in 2007, 41% (or 20,619 individuals) were aged 0-13.

⁴⁴ Individuals may appear in more than one service category

Table 2.6b: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2007 –Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴⁵			
Total	47,037	100%	\$369,718,389	\$3,196	\$7,860
Demographics					
Age					
0-13	19,098	41%	\$122,782,666	\$2,735	\$6,429
14-17	14,665	31%	\$135,134,158	\$3,674	\$9,215
18-21	12,654	27%	\$107,943,214	\$3,448	\$8,530
22-26	612	1%	\$3,801,111	\$2,181	\$6,211
Gender					
Male	25,948	55%	\$208,863,290	\$3,240	\$8,049
Female	21,089	45%	\$160,855,099	\$3,141	\$7,627
Race / Ethnicity					
White-NH	12,846	27%	\$111,666,047	\$3,760	\$8,693
African American-NH	7,120	15%	\$57,353,353	\$3,254	\$8,055
Asian-NH	107	0.2%	\$833,585	\$2,992	\$7,791
Pacific Islander-NH	115	0%	\$655,053	\$2,800	\$5,696
Native-NH	242	1%	\$1,751,776	\$2,630	\$7,239
Other	0	--	--	--	--
Hispanic	7,787	17%	\$58,762,789	\$3,061	\$7,546
Unknown/Not Reported	324	1%	\$3,364,644	\$4,168	\$10,385
Cohort					
SMI	5,711	12%	\$66,124,779	\$5,400	\$11,578
SED	18,944	40%	\$191,502,952	\$4,343	\$10,109
Substance Use Only	2,064	4%	\$7,282,892	\$1,906	\$3,529
Other BH Adult	5,986	13%	\$40,261,721	\$2,605	\$6,726
Other BH Youth	14,332	30%	\$64,546,045	\$2,050	\$4,504

⁴⁵ This column represents the percentage of individuals who are in a given characteristic category of the total Foster Care Medicaid Beneficiaries who received Specialty Mental Health Services in 2007. For example, of the 47,037 Foster Care specialty mental health service recipients in 2007, 41% (or 19,098 individuals) were aged 0-13.

Table 2.6c: Medicaid Behavioral Health Care Expenditures Among Current Foster Care Medicaid Beneficiaries 2007 – Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴⁶			
Total	11,068	100%	\$63,751,734	\$156	\$5,760
Demographics					
Age					
0-13	3,296	30%	\$13,486,939	\$98	\$4,092
14-17	3,670	33%	\$25,098,261	\$182	\$6,839
18-21	3,925	35%	\$24,085,422	\$350	\$6,136
22-26	168	2%	\$1,068,415	\$139	\$6,360
Gender					
Male	6,879	62%	\$34,396,086	\$149	\$5,000
Female	4,189	38%	\$29,355,648	\$180	\$7,008
Race / Ethnicity					
White-NH	3,461	31%	\$19,833,363	\$131	\$5,731
African American-NH	1,775	16%	\$9,550,916	\$124	\$5,381
Asian-NH	24	0%	\$104,509	\$122	\$4,355
Pacific Islander-NH	28	0%	\$199,874	\$174	\$7,138
Native-NH	66	1%	\$256,311	\$167	\$3,884
Other	0	--	--	--	--
Hispanic	1,868	17%	\$7,832,304	\$135	\$4,193
Unknown/Not Reported	88	1%	\$938,762	\$471	\$10,668
Cohort					
SMI	2,179	20%	\$23,056,162	\$891	\$10,581
SED	5,534	50%	\$33,788,305	\$132	\$6,106
Substance Use Only	1,134	10%	\$2,786,961	\$245	\$2,458
Other BH Adult	1,125	10%	\$1,380,645	\$96	\$1,227
Other BH Youth	1,096	10%	\$2,739,661	\$75	\$2,500

⁴⁶ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2007. For example, of the 11,068 individuals who did not receive specialty mental health services, 30% (or 3,296 individuals) were aged 0-13.

Table 2.7a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries – EPSDT 2009

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴⁷			
Total	28,903	100%	\$122,329,659	\$607	\$4,232
Demographics					
Age					
0-13	20,275	70%	\$70,701,595	\$536	\$3,487
14-17	8,526	29%	\$50,515,165	\$828	\$5,925
18-21	102	0%	\$1,117,894	\$1,244	\$10,960
22-26	0	--	--	--	--
Gender					
Male	18,763	65%	\$78,193,267	\$674	\$4,167
Female	10,140	35%	\$44,136,392	\$521	\$4,353
Race / Ethnicity					
White-NH	9,744	34%	\$48,134,471	\$748	\$4,940
African American-NH	2,081	7%	\$13,576,935	\$759	\$6,524
Asian-NH	311	1%	\$871,592	\$290	\$2,803
Pacific Islander-NH	161	1%	\$1,591,872	\$408	\$9,887
Native-NH	593	2%	\$2,604,418	\$1,042	\$4,392
Other	3,529	12%	\$18,773,236	\$1,547	\$5,320
Hispanic	11,796	41%	\$35,195,982	\$373	\$2,984
Unknown/Not Reported	417	1%	\$1,242,115	\$498	\$2,979
Service Categories⁴⁸					
Residential	1	0%	\$1,170	--	\$1,170
Emergency	1,282	4%	\$1,565,428	--	\$1,221
Hospital/Inpatient	1,010	3%	\$22,040,811	--	\$21,823
Mental Health Treatment Outpatient	9,793	34%	\$63,741,487	--	\$6,509
Mental Health Rehabilitation	15,629	54%	\$12,100,917	--	\$774
Substance Use Services	1,407	5%	\$2,174,328	--	\$1,545
Cohort					
SMI	53	0%	\$856,230	\$2,325	\$16,155
SED	19,202	19%	\$105,682,501	\$959	\$5,504
Substance Use Only	579	1%	\$1,419,299	\$392	\$2,451
Other BH Adult	42	0%	\$254,608	\$1,108	\$6,062
Other BH Youth	9,028	11%	\$14,124,180	\$264	\$1,564

⁴⁷ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries in 2009. For example, of the 28,903 beneficiaries, 70% (or 20,275 individuals) were aged 0-13.

⁴⁸ Individuals may appear in more than one service category

Table 2.7b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2009 – EPSDT Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁴⁹			
Total	18,299	100%	\$82,052,758	\$619	\$4,484
Demographics					
Age					
0-13	12,821	70%	\$49,827,776	\$510	\$3,886
14-17	5,424	30%	\$31,623,011	\$1,098	\$5,830
18-21	55	0%	\$609,130	\$3,156	\$11,075
22-26	0	0%	--	--	--
Gender					
Male	12,082	66%	\$54,132,957	\$697	\$4,480
Female	6,217	34%	\$27,919,801	\$514	\$4,491
Race / Ethnicity					
White-NH	5,067	28%	\$30,960,325	\$1,319	\$6,110
African American-NH	1,529	8%	\$10,128,866	\$928	\$6,625
Asian-NH	223	1%	\$567,980	\$250	\$2,547
Pacific Islander-NH	110	1%	\$695,395	\$287	\$6,322
Native-NH	170	1%	\$1,471,185	\$2,313	\$8,654
Other	2,920	16%	\$13,437,512	\$1,223	\$4,602
Hispanic	8,143	44%	\$23,957,288	\$300	\$2,942
Unknown/Not Reported	138	1%	\$841,366	\$989	\$6,097
Cohort					
SMI	38	0%	\$459,449	\$3,374	\$12,091
SED	12,677	69%	\$72,249,611	\$1,156	\$5,699
Substance Use Only	257	1%	\$446,100	\$294	\$1,736
Other BH Adult	16	0%	\$149,278	\$2,474	\$9,330
Other BH Youth	5,312	29%	\$8,755,479	\$217	\$1,648

⁴⁹ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who received Specialty Mental Health Services in 2009. For example, of the 18,299 specialty mental health service recipients, 70% (or 12,821 individuals) were aged 0-13.

Table 2.7c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2009 –EPSDT Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵⁰			
Total	4,292	100%	\$20,691,889	\$210	\$4,821
Demographics					
Age					
0-13	2,513	59%	\$8,184,723	\$176	\$3,257
14-17	1,698	40%	\$12,161,403	\$347	\$7,162
18-21	80	2%	\$345,257	\$122	\$4,316
22-26	0	0%	--	--	--
Gender					
Male	2,831	66%	\$11,051,890	\$187	\$3,904
Female	1,461	34%	\$9,639,999	\$280	\$6,598
Race / Ethnicity					
White-NH	1,778	41%	\$9,343,188	\$242	\$5,255
African American-NH	388	9%	\$2,344,907	\$245	\$6,044
Asian-NH	48	1%	\$205,479	\$236	\$4,281
Pacific Islander-NH	21	0%	\$800,912	\$259	\$38,139
Native-NH	77	2%	\$300,236	\$521	\$3,899
Other	429	10%	\$1,754,821	\$277	\$4,090
Hispanic	1,427	33%	\$5,799,317	\$174	\$4,064
Unknown/Not Reported	100	2%	\$130,743	\$116	\$1,307
Cohort					
SMI	38	1%	\$307,118	\$144	\$8,082
SED	3,278	76%	\$17,953,236	\$215	\$5,477
Substance Use Only	374	9%	\$939,026	\$392	\$2,511
Other BH Adult	35	1%	\$32,038	\$99	\$915
Other BH Youth	567	13%	\$1,460,471	\$121	\$2,576

⁵⁰ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2009. For example, of the 4,292 individuals who did not receive specialty mental health services, 59% (or 2,513 individuals) were aged 0-13.

Table 2.8a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries – EPSDT 2008

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵¹			
Total	16,285	100%	\$81,371,838	\$558	\$4,997
Demographics					
Age					
0-13	10,949	67%	\$43,414,853	\$468	\$3,965
14-17	5,186	32%	\$36,212,318	\$968	\$6,983
18-21	148	1%	\$1,742,455	\$910	\$11,773
22-26	0	0%	--	--	--
Gender					
Male	10,929	67%	\$53,035,594	\$628	\$4,853
Female	5,356	33%	\$28,336,244	\$474	\$5,291
Race / Ethnicity					
White-NH	4,432	27%	\$31,728,245	\$1,020	\$7,159
African American-NH	1,452	9%	\$9,821,570	\$657	\$6,764
Asian-NH	386	2%	\$1,364,380	\$259	\$3,535
Pacific Islander-NH	101	1%	\$349,184	\$195	\$3,457
Native-NH	150	1%	\$736,497	\$1,293	\$4,910
Other	2,668	16%	\$15,792,450	\$1,752	\$5,919
Hispanic	6,891	42%	\$20,508,859	\$259	\$2,976
Unknown/Not Reported	193	1%	\$1,060,547	\$170	\$5,495
Service Categories⁵²					
Residential	2	0%	\$3,064	--	\$1,532
Emergency	1,059	7%	\$1,265,293	--	\$1,195
Hospital/Inpatient	717	4%	\$15,482,820	--	\$21,594
Mental Health Treatment Outpatient	8,257	51%	\$51,857,805	--	\$6,280
Mental Health Rehabilitation	12,159	75%	\$9,136,238	--	\$751
Substance Use Services	1,093	7%	\$2,671,314	--	\$2,444
Cohort					
SMI	68	0.4%	\$1,436,569	\$2,842	\$21,126
SED	11,248	69%	\$71,721,960	\$1,043	\$6,376
Substance Use Only	489	3%	\$1,804,892	\$321	\$3,691
Other BH Adult	65	0.4%	\$258,631	\$132	\$3,979
Other BH Youth	4,415	27%	\$6,149,786	\$204	\$1,393

⁵¹ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries in 2008. For example, of the 16,285 beneficiaries, 67% (or 10,949 individuals) were aged 0-13.

⁵² Individuals may appear in more than one service category

Table 2.8b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2008 – EPSDT Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵³			
Total	14,535	100%	\$65,837,723	\$699	\$4,530
Demographics					
Age					
0-13	9,737	67%	\$37,288,902	\$528	\$3,830
14-17	4,715	32%	\$27,461,511	\$1,124	\$5,824
18-21	83	1%	\$1,087,310	\$3,660	\$13,100
22-26	0	0%	--	--	--
Gender					
Male	9,754	67%	\$45,189,554	\$768	\$4,633
Female	4,781	33%	\$20,648,169	\$551	\$4,319
Race / Ethnicity					
White-NH	3,830	26%	\$23,921,655	\$1,412	\$6,246
African American-NH	1,293	9%	\$7,750,332	\$859	\$5,994
Asian-NH	369	3%	\$1,021,332	\$249	\$2,768
Pacific Islander-NH	79	1%	\$247,286	\$268	\$3,130
Native-NH	116	1%	\$679,576	\$1,782	\$5,858
Other	2,504	17%	\$14,205,499	\$1,865	\$5,673
Hispanic	6,240	43%	\$17,338,623	\$284	\$2,779
Unknown/Not Reported	104	1%	\$673,420	\$515	\$6,475
Cohort					
SMI	57	0.4%	\$912,154	\$5,927	\$16,003
SED	10,133	70%	\$58,765,005	\$1,279	\$5,799
Substance Use Only	198	1%	\$397,879	\$280	\$2,009
Other BH Adult	25	0.2%	\$147,777	\$1,574	\$5,911
Other BH Youth	4,122	28%	\$5,614,908	\$224	\$1,362

⁵³ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who received Specialty Mental Health Services in 2008. For example, of the 14,353 specialty mental health service recipients, 67% (or 9,737 individuals) were aged 0-13.

Table 2.8c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2008 –EPSDT Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵⁴			
Total	3,650	100%	\$15,534,115	\$168	\$4,256
Demographics					
Age					
0-13	2,119	58%	\$6,125,951	\$146	\$2,891
14-17	1,407	39%	\$8,750,807	\$248	\$6,219
18-21	122	3%	\$655,145	\$107	\$5,370
22-26	0	0%	--	--	--
Gender					
Male	2,431	67%	\$7,846,040	\$159	\$3,227
Female	1,219	33%	\$7,688,075	\$196	\$6,307
Race / Ethnicity					
White-NH	1,443	40%	\$7,806,590	\$228	\$5,410
African American-NH	373	10%	\$2,071,238	\$144	\$5,553
Asian-NH	42	1%	\$343,048	\$518	\$8,168
Pacific Islander-NH	31	1%	\$101,898	\$93	\$3,287
Native-NH	67	2%	\$56,921	\$256	\$850
Other	432	12%	\$1,586,951	\$256	\$3,673
Hispanic	1,139	31%	\$3,170,236	\$130	\$2,783
Unknown/Not Reported	111	3%	\$387,127	\$115	\$3,488
Cohort					
SMI	49	1%	\$524,415	\$126	\$10,702
SED	2,715	74%	\$12,956,955	\$177	\$4,772
Substance Use Only	354	10%	\$1,407,013	\$339	\$3,975
Other BH Adult	58	2%	\$110,854	\$90	\$1,911
Other BH Youth	474	13%	\$534,878	\$108	\$1,128

⁵⁴ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who did not receive Specialty Mental Health Service in 2008. For example, of the 3,650 individuals who did not receive specialty mental health services, 58% (or 2,119 individuals) were aged 0-13.

Table 2.9a: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries – EPSDT 2007

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵⁵			
Total	13,932	100%	\$62,727,056	\$550	\$4,502
Demographics					
Age					
0-13	8,817	63%	\$29,371,242	\$425	\$3,331
14-17	4,873	35%	\$31,519,790	\$1,000	\$6,468
18-21	242	2%	\$1,836,024	\$804	\$7,587
22-26	0	0%	--	--	--
Gender					
Male	9,495	68%	\$42,856,958	\$620	\$4,514
Female	4,437	32%	\$19,870,098	\$444	\$4,478
Race / Ethnicity					
White-NH	1,798	13%	\$13,836,358	\$1,740	\$7,695
African American-NH	596	4%	\$5,431,643	\$1,378	\$9,113
Asian-NH	29	0.2%	\$62,277	\$471	\$2,147
Pacific Islander-NH	27	0.2%	\$114,160	\$262	\$4,228
Native-NH	69	0.5%	\$346,432	\$1,331	\$5,021
Other	0	--	--	--	--
Hispanic	2,404	17%	\$8,155,611	\$312	\$3,393
Unknown/Not Reported	161	1%	\$582,399	\$159	\$3,617
Service Categories⁵⁶					
Residential	1	0%	\$154	--	\$154
Emergency	802	6%	\$830,443	--	\$1,035
Hospital/Inpatient	653	5%	\$12,208,759	--	\$18,696
Mental Health Treatment Outpatient	7,392	53%	\$40,304,762	--	\$5,452
Mental Health Rehabilitation	10,077	72%	\$6,827,997	--	\$678
Substance Use Services	674	5%	\$1,931,304	--	\$2,865
Cohort					
SMI	93	1%	\$1,439,914	\$3,261	\$15,483
SED	9,560	69%	\$54,183,790	\$992	\$5,668
Substance Use Only	333	2%	\$1,687,444	\$326	\$5,067
Other BH Adult	135	1%	\$382,980	\$150	\$2,837
Other BH Youth	3,811	27%	\$5,032,928	\$197	\$1,321

⁵⁵ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries in 2007. For example, of the 13,932 beneficiaries, 63% (or 8,817 individuals) were aged 0-13.

⁵⁶ Individuals may appear in more than one service category

Table 2.9b: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2007 – EPSDT Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵⁷			
Total	12,290	100%	\$49,516,079	\$685	\$4,029
Demographics					
Age					
0-13	7,704	63%	\$24,676,937	\$498	\$3,203
14-17	4,441	36%	\$23,660,054	\$1,165	\$5,328
18-21	145	1%	\$1,179,088	\$2,384	\$8,132
22-26	0	--	--	--	--
Gender					
Male	8,374	68%	\$35,100,146	\$768	\$4,192
Female	3,916	32%	\$14,415,933	\$535	\$3,681
Race / Ethnicity					
White-NH	1,533	12%	\$10,733,213	\$2,352	\$7,001
African American-NH	491	4%	\$3,771,088	\$2,231	\$7,680
Asian-NH	27	0.2%	\$61,290	\$583	\$2,270
Pacific Islander-NH	19	0.2%	\$90,862	\$711	\$4,782
Native-NH	54	0.4%	\$229,184	\$1,655	\$4,244
Other	0	0%	--	--	--
Hispanic	2,077	17%	\$6,579,453	\$413	\$3,168
Unknown/Not Reported	83	1%	\$468,186	\$536	\$5,641
Cohort					
SMI	73	1%	\$811,239	\$4,820	\$11,113
SED	8,505	69%	\$43,617,936	\$1,230	\$5,129
Substance Use Only	150	1%	\$230,238	\$240	\$1,535
Other BH Adult	69	1%	\$362,012	\$1,642	\$5,247
Other BH Youth	3,493	28%	\$4,494,654	\$212	\$1,287

⁵⁷ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who received Specialty Mental Health Services in 2007. For example, of the 12,290 specialty mental health service recipients, 63% (or 7,704 individuals) were aged 0-13.

Table 2.9c: Medicaid Behavioral Health Care Expenditures Among Current Medicaid Beneficiaries 2007 – EPSDT Non-Specialty Mental Health Plan

Characteristics	Any Use		Total Expenditure	Median Expenditure Per User	Average Expenditure Per User
	N	% ⁵⁸			
Total	3,302	100%	\$13,210,977	\$140	\$4,001
Demographics					
Age					
0-13	1,877	57%	\$4,694,305	\$137	\$2,501
14-17	1,239	38%	\$7,859,736	\$159	\$6,344
18-21	186	6%	\$656,936	\$105	\$3,532
22-26	0	0%	--	--	--
Gender					
Male	2,284	69%	\$7,756,812	\$135	\$3,396
Female	1,018	31%	\$5,454,165	\$154	\$5,358
Race / Ethnicity					
White-NH	651	20%	\$3,103,145	\$155	\$4,767
African American-NH	265	8%	\$1,660,555	\$108	\$6,266
Asian-NH	7	0%	\$987	\$118	\$141
Pacific Islander-NH	11	0.3%	\$23,298	\$116	\$2,118
Native-NH	21	1%	\$117,248	\$498	\$5,583
Other	0	0%	--	--	--
Hispanic	553	17%	\$1,576,158	\$125	\$2,850
Unknown/Not Reported	95	3%	\$114,213	\$101	\$1,202
Cohort					
SMI	75	2%	\$628,675	\$151	\$8,382
SED	2,406	73%	\$10,565,854	\$148	\$4,391
Substance Use Only	235	7%	\$1,457,206	\$335	\$6,201
Other BH Adult	99	3%	\$20,968	\$96	\$212
Other BH Youth	487	15%	\$538,274	\$100	\$1,105

⁵⁸ This column represents the percentage of individuals who are in a given characteristic category of the total EPSDT Medicaid Beneficiaries who did not receive Specialty Mental Health Services in 2007. For example, of the 3,302 individuals who did not receive specialty mental health services, 57% (or 1,877 individuals) were aged 0-13.

Figure 1: Total Expenditures by Service Domain 2009

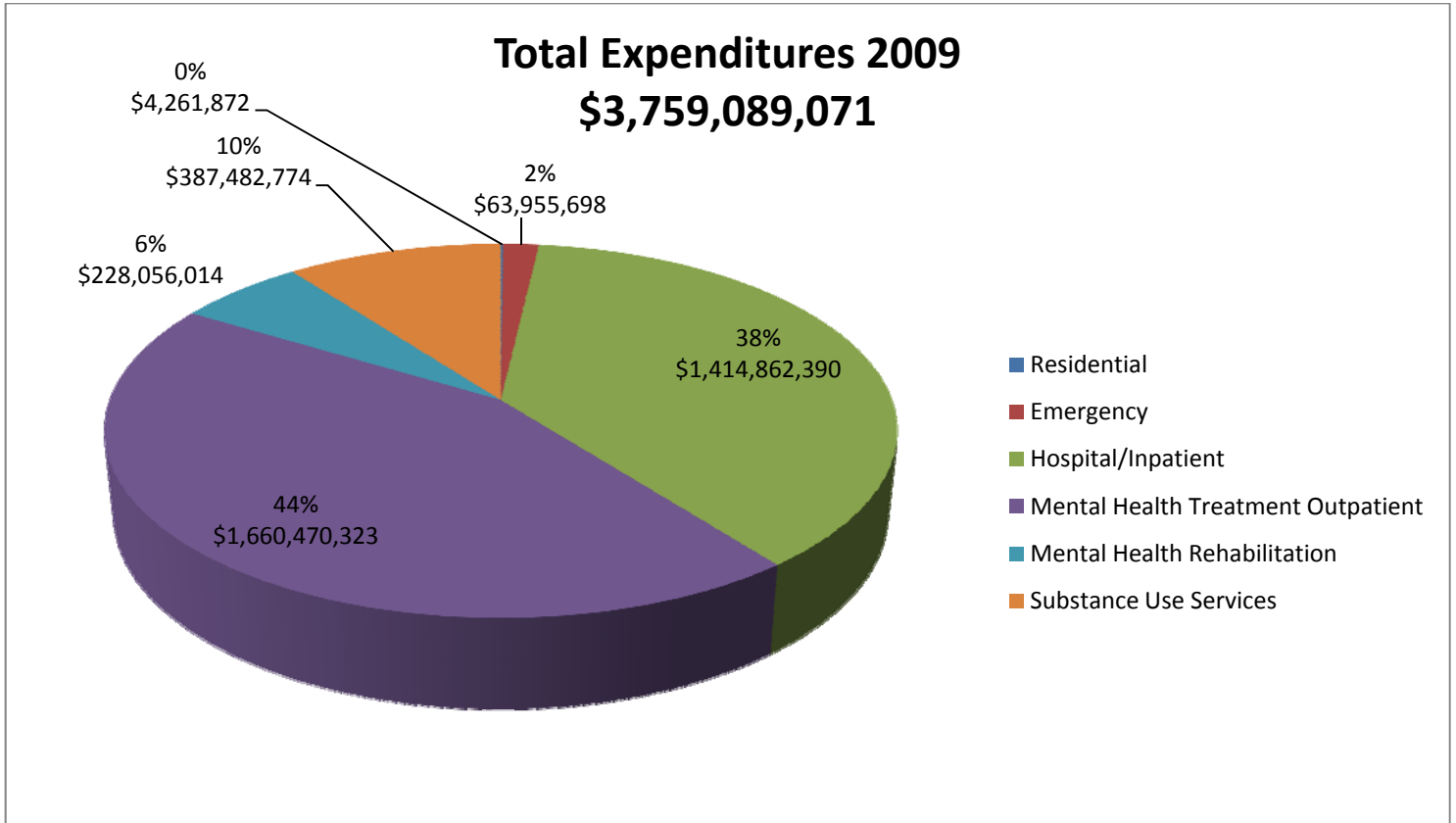


Figure 2: Total Expenditures by Service Domain 2008

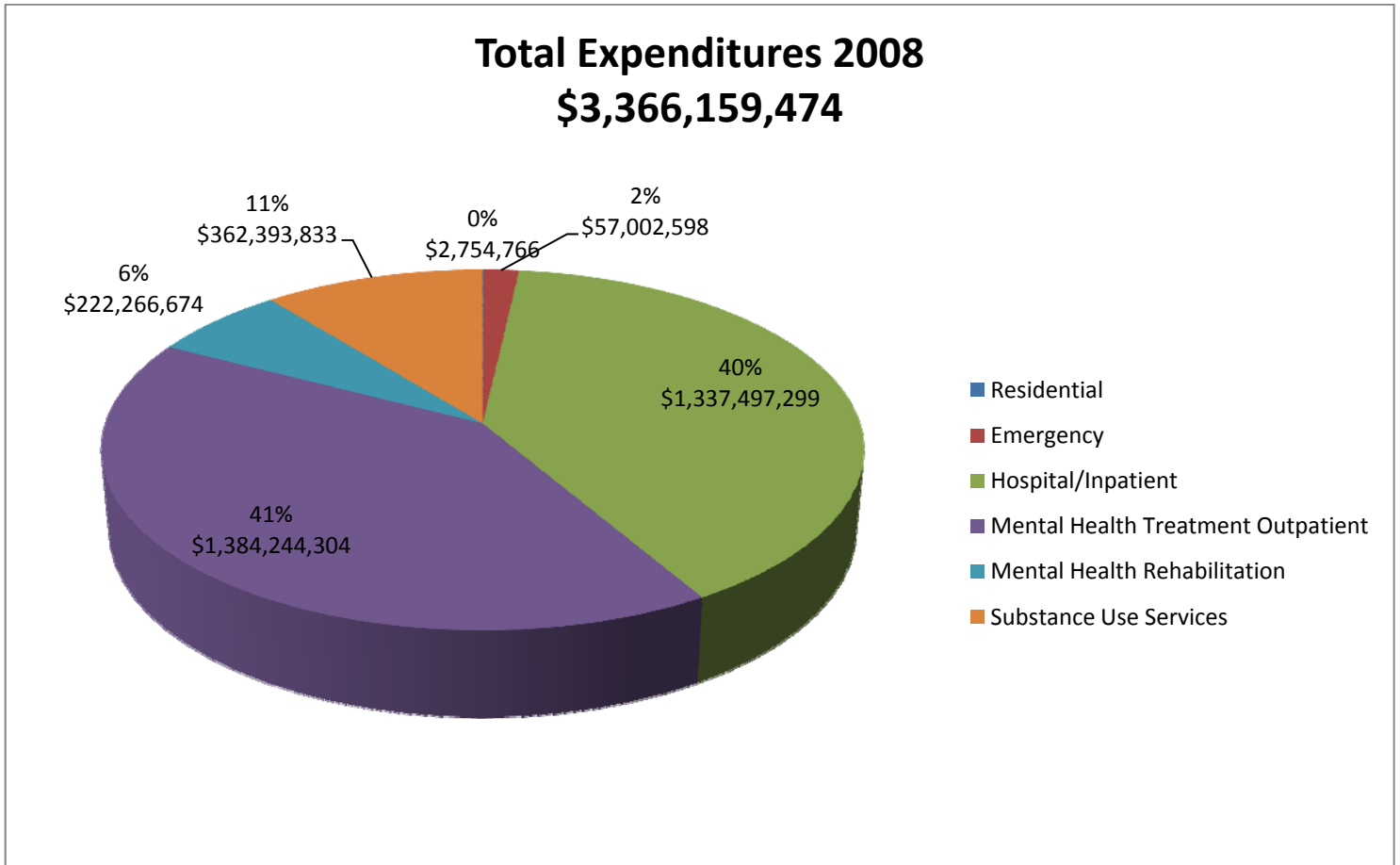


Figure 3: Total Expenditures by Service Domain 2007

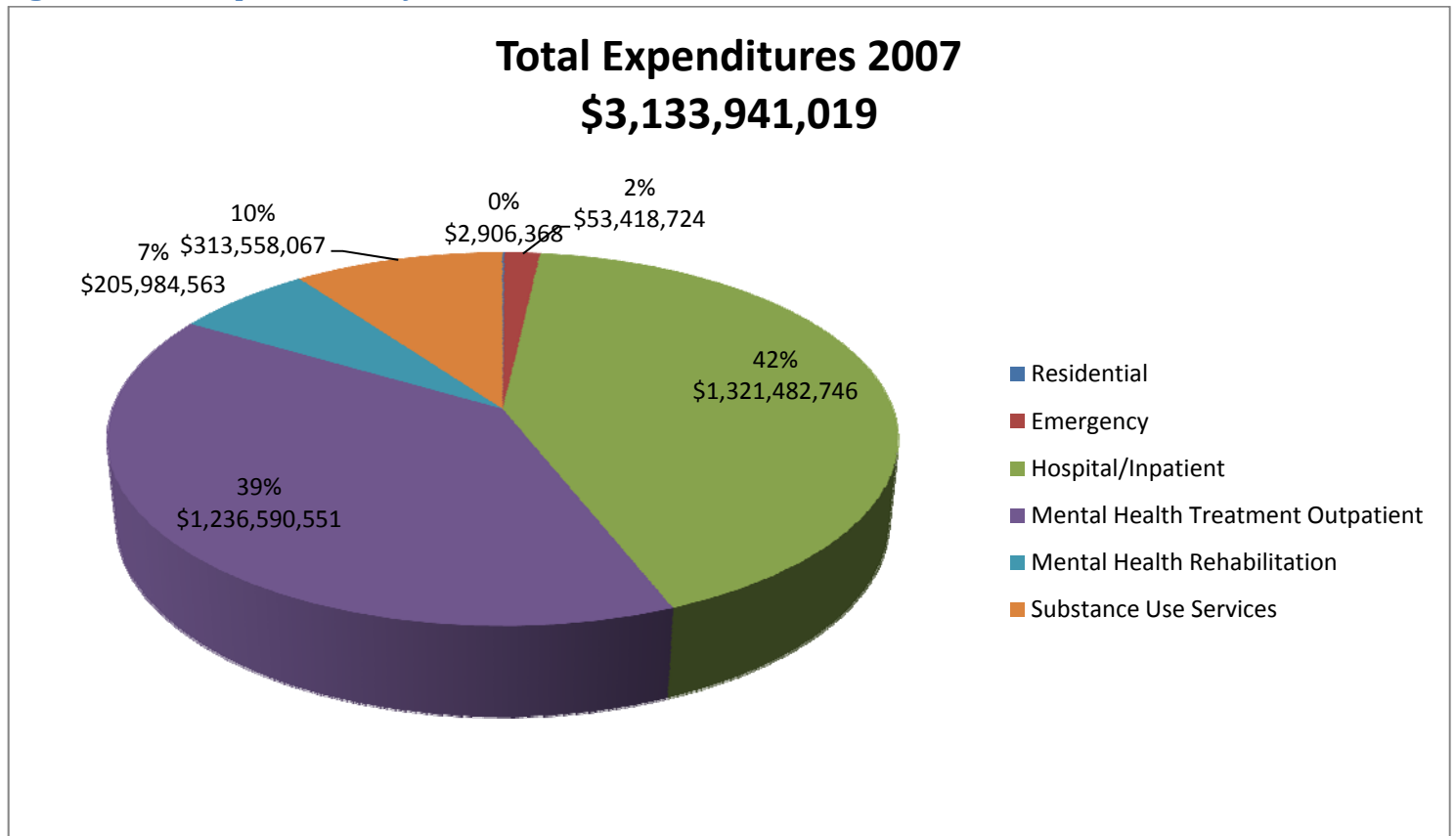


Figure 4: Total Expenditures -Adults 2009

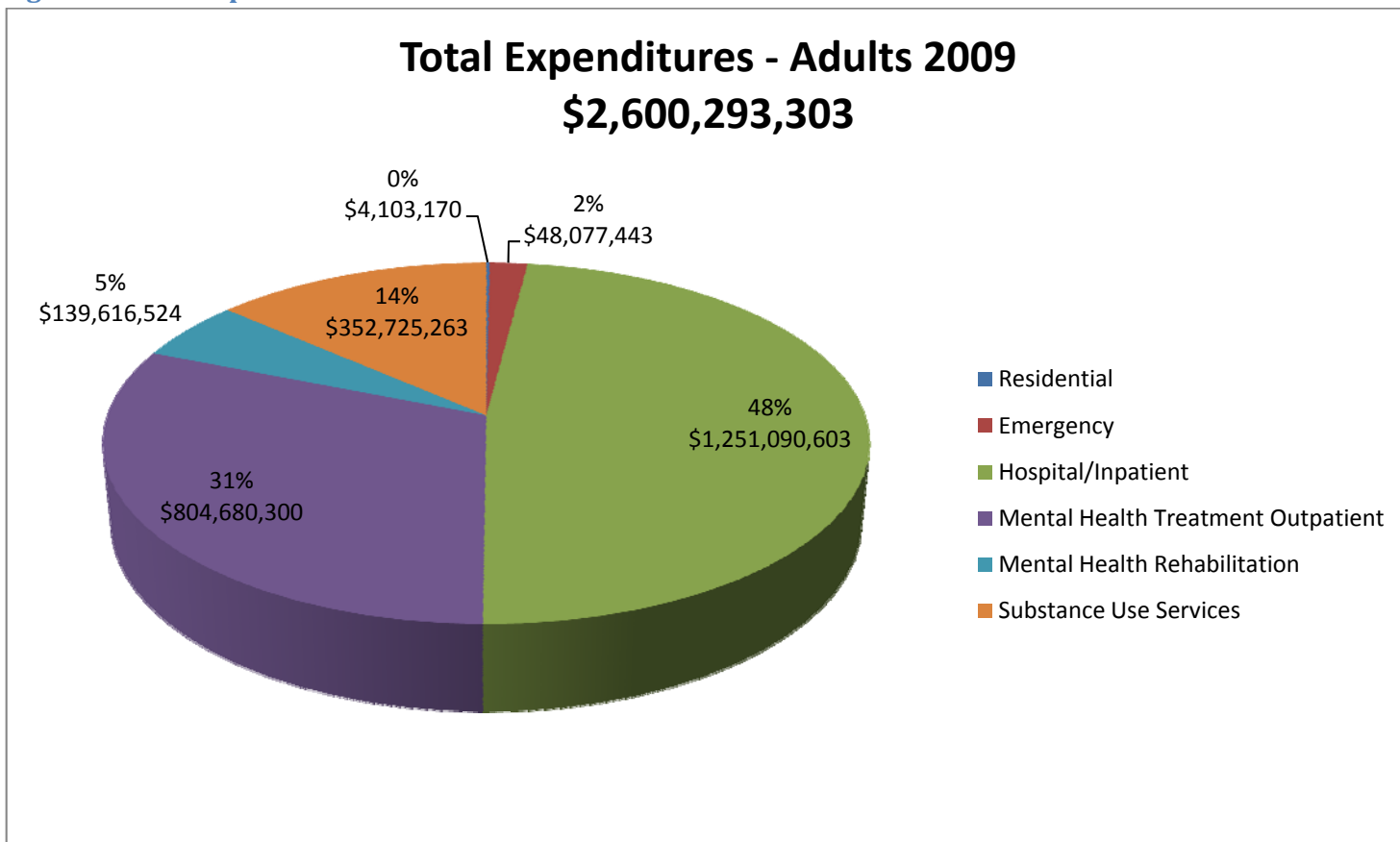


Figure 5: Total Expenditures -Adults 2008

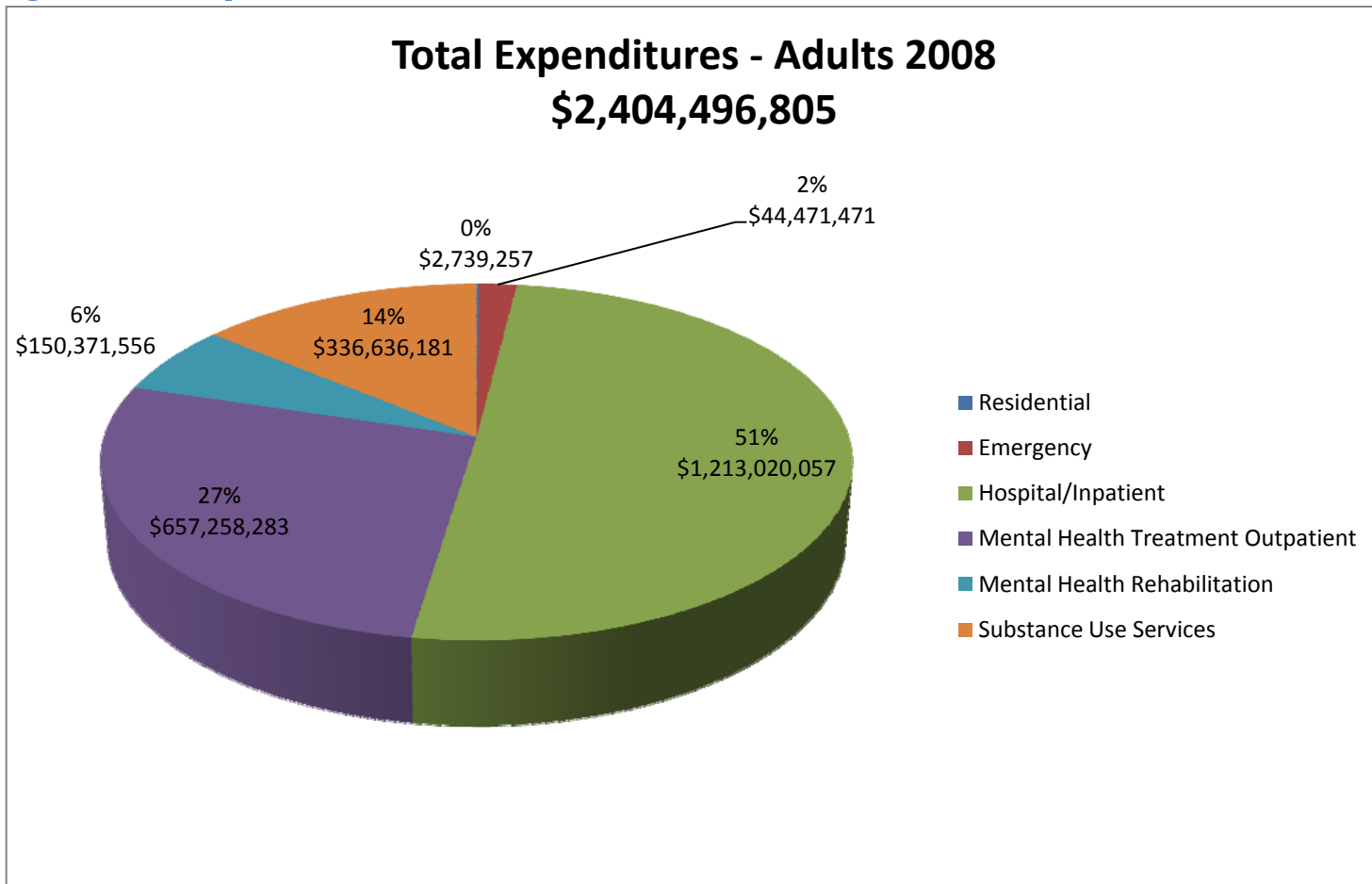


Figure 6: Total Expenditures -Adults 2007

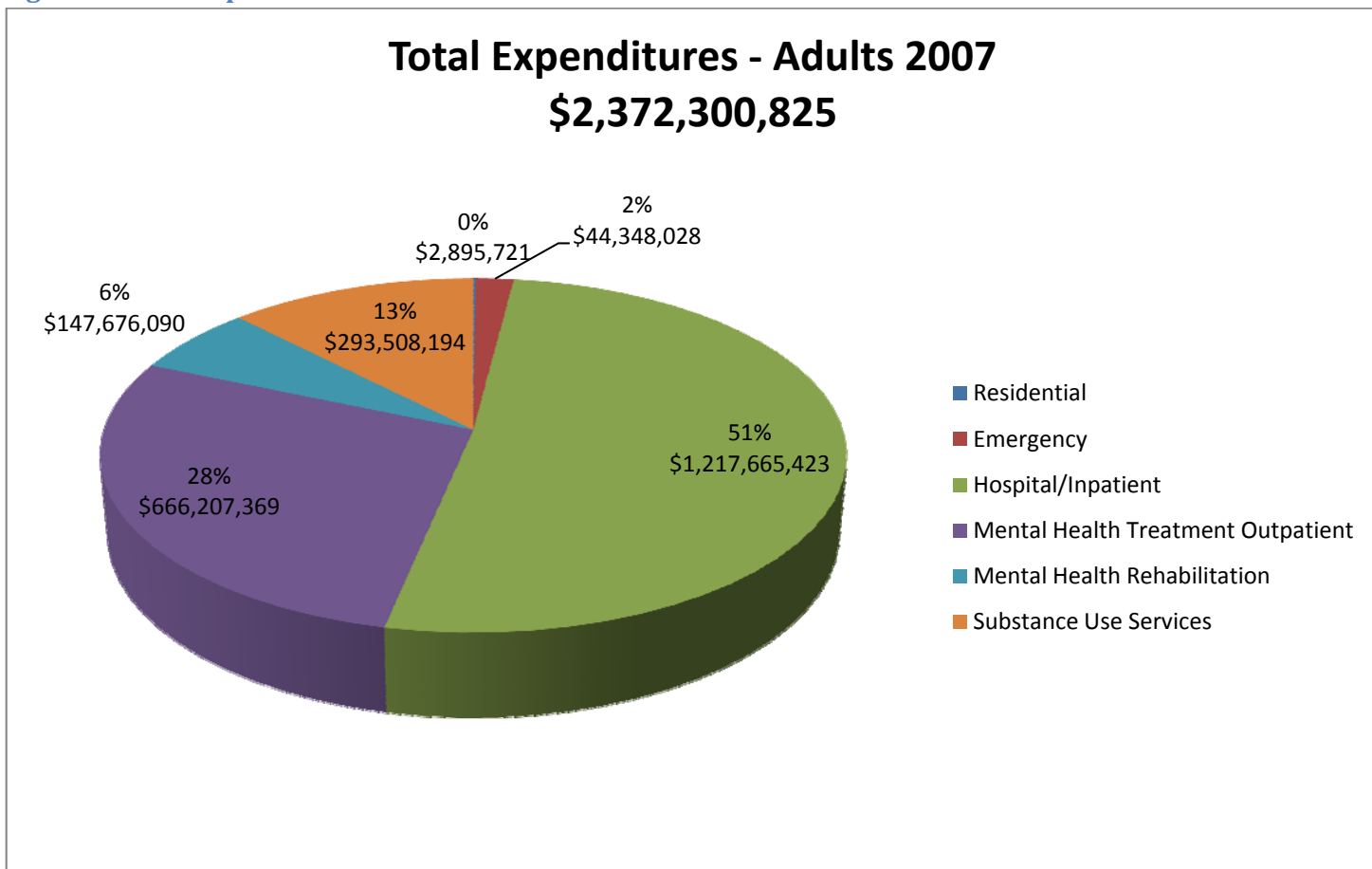


Figure 7: Total Expenditures -Youth 2009

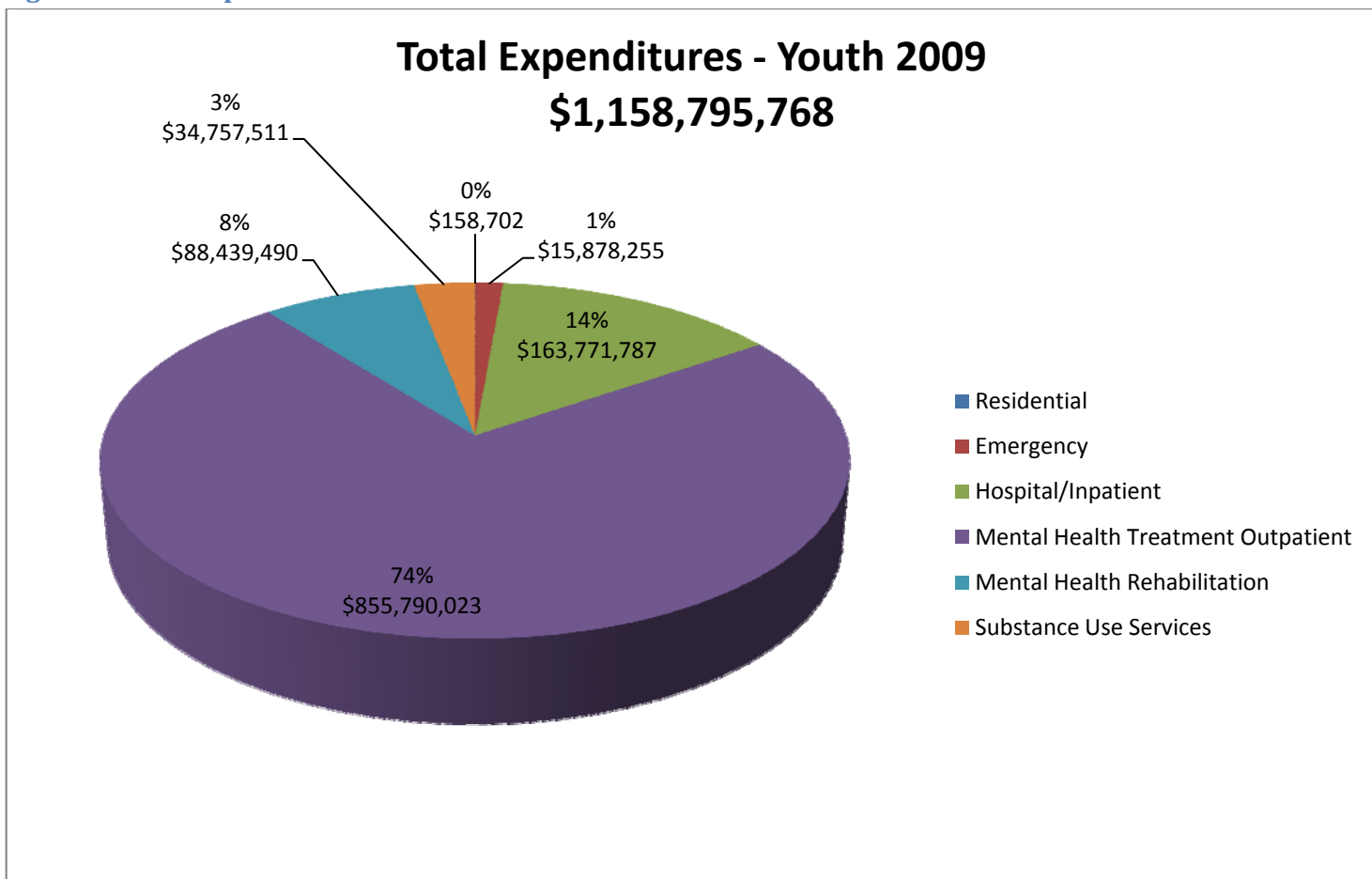


Figure 8: Total Expenditures - Youth 2008

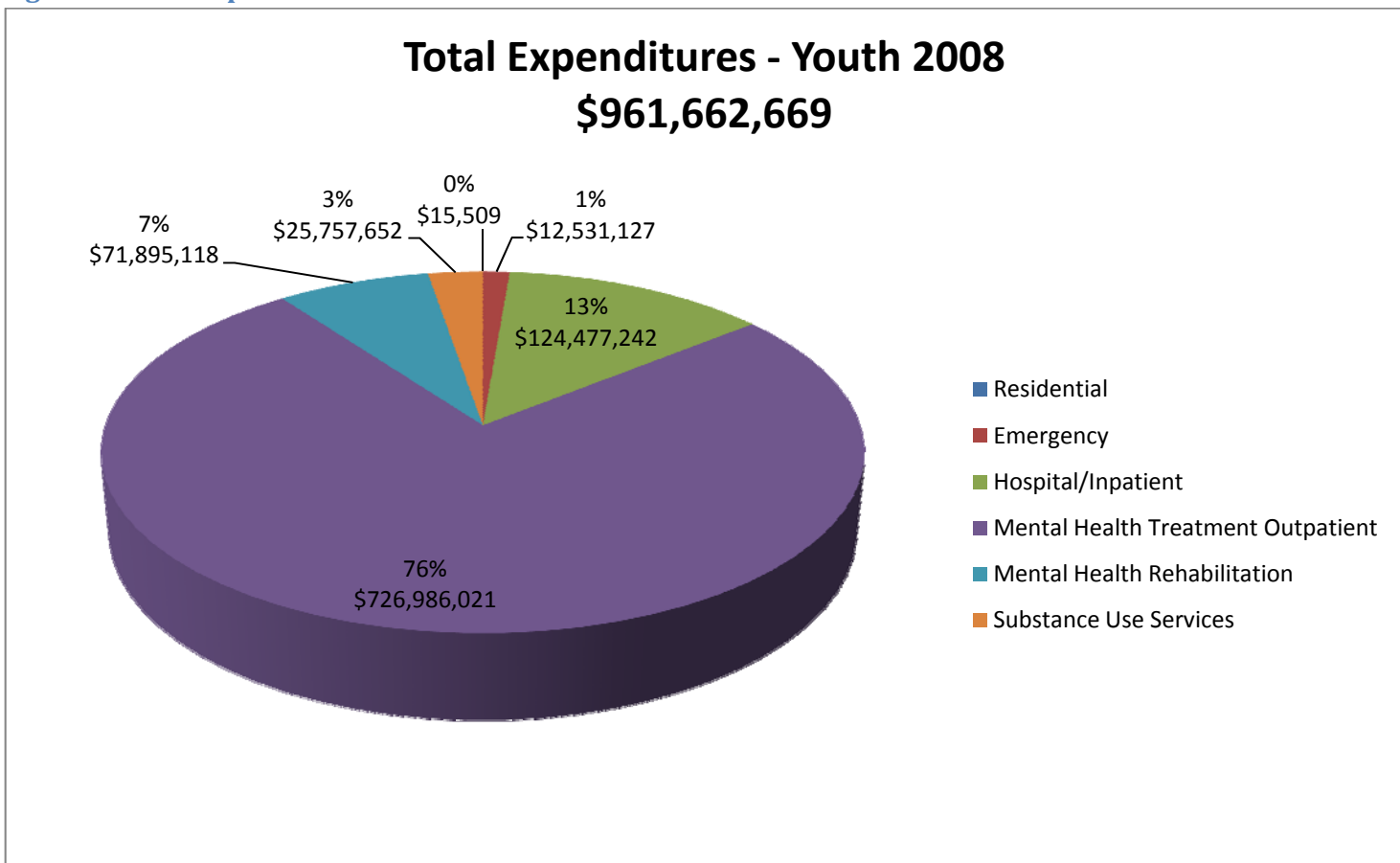


Figure 9: Total Expenditures - Youth 2007

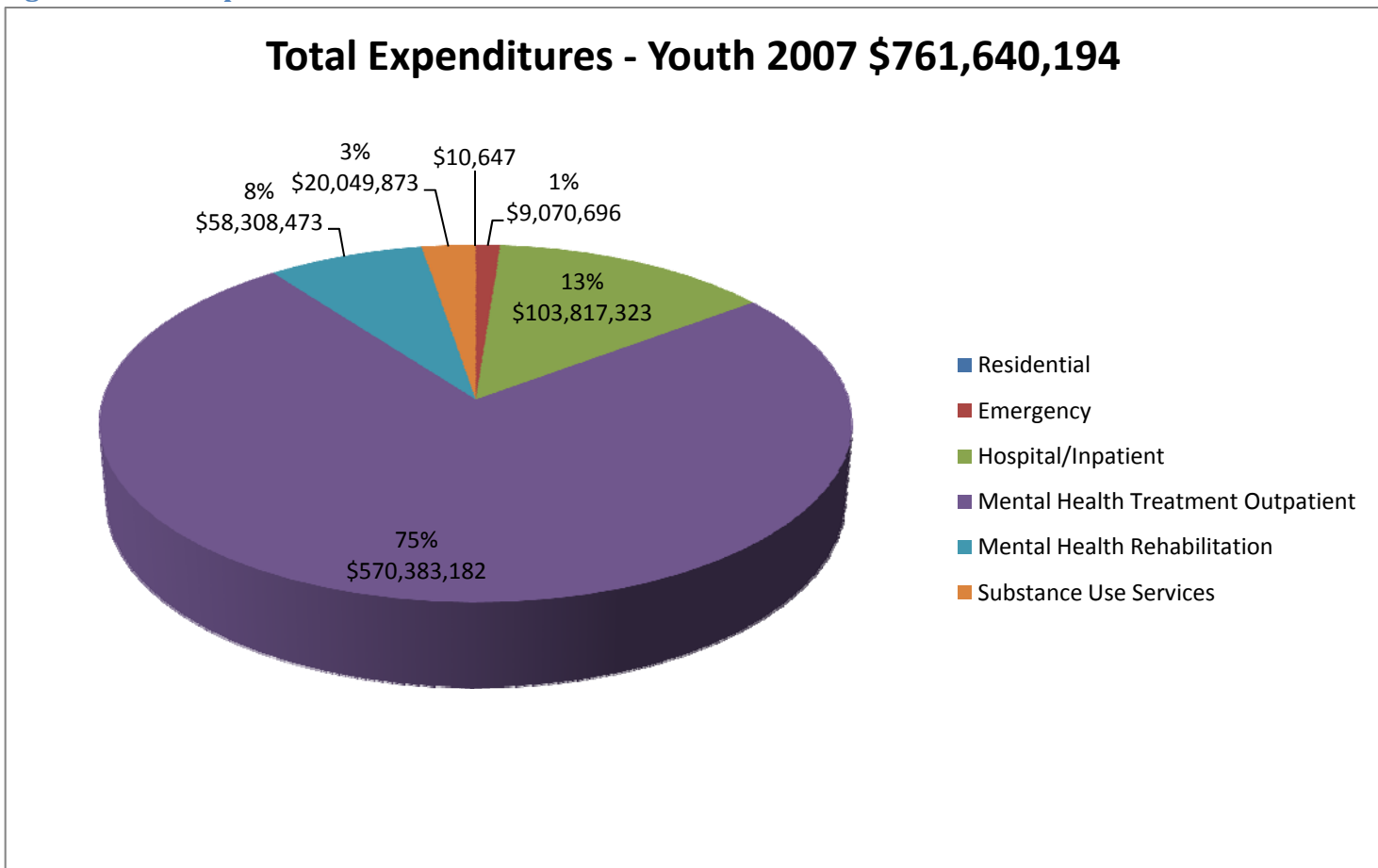


Table 3a: Behavioral Health Expenditures by Top Utilizers 2009

Condition	N	Avg. per person	Total Expenditure	% of Total 2009 High Utilizer Expenditure ⁵⁹
TOP 20%				
SMI	55,373	\$33,796	\$1,871,361,315	60%
SED	30,222	\$22,070	\$666,992,269	21%
Substance Use Only	7,735	\$26,890	\$207,994,839	7%
Other BH – Adult	5,034	\$33,256	\$167,409,785	5%
Other BH – Youth	14,533	\$14,554	\$211,512,492	7%
Total	112,897	\$27,682	\$3,125,270,700⁶⁰	100%
TOP 10%				
SMI	32,513	\$51,136	\$1,662,587,084	63%
SED	14,916	\$35,298	\$526,498,315	20%
Substance Use Only	1,480	\$108,367	\$160,382,521	6%
Other BH – Adult	2,620	\$55,494	\$145,394,523	6%
Other BH – Youth	4,920	\$25,429	\$125,110,516	5%
Total	56,449	\$46,413	\$2,619,972,959⁶¹	100%
TOP 5%				
SMI	18,081	\$76,723	\$1,387,234,435	66%
SED	6,441	\$56,969	\$366,934,666	18%
Substance Use Only	959	\$157,195	\$150,750,190	7%
Other BH – Adult	1,419	\$86,661	\$122,971,680	6%
Other BH – Youth	1,325	\$44,645	\$59,154,303	3%
Total	28,225	\$73,943	\$2,087,045,274⁶²	100%

⁵⁹ These figures represent the percentage of the total high utilizer expenditure of a given cohort. For example, amongst the top 20% of utilizers in 2009, high utilizers diagnosed with SMI expended 60% of the total top 20% high utilizer expenditure.

⁶⁰ This total represents 82% of the total expenditures for 2009.

⁶¹ This total represents 69% of the total expenditures for 2009.

⁶² This total represents 55% of the total expenditures for 2009.

Table 3b: Behavioral Health Expenditures by Top Utilizers 2008

Condition	N	Avg. per person	Total Expenditure	% of Total 2008 High Utilizer Expenditure ⁶³
TOP 20%				
SMI	54,242	\$30,645	\$1,662,262,493	60%
SED	26,505	\$21,212	\$562,215,799	20%
Substance Use Only	8,631	\$22,909	\$197,728,687	7%
Other BH – Adult	6,686	\$28,097	\$187,859,383	7%
Other BH – Youth	12,097	\$13,823	\$167,219,141	6%
Total	108,161	\$116,687	\$2,777,285,503⁶⁴	100%
TOP 10%				
SMI	31,446	\$46,606	\$1,465,561,791	63%
SED	13,503	\$33,260	\$449,107,480	19%
Substance Use Only	1,604	\$90,843	\$145,712,818	6%
Other BH – Adult	3,352	\$47,508	\$159,245,875	7%
Other BH – Youth	4,176	\$23,854	\$99,615,154	4%
Total	54,081	\$242,071	\$2,319,243,118⁶⁵	100%
TOP 5%				
SMI	17,182	\$70,752	\$1,215,662,652	66%
SED	6,036	\$53,134	\$320,718,372	17%
Substance Use Only	997	\$135,976	\$135,567,787	7%
Other BH – Adult	1,684	\$77,458	\$130,439,785	7%
Other BH – Youth	1,142	\$42,181	\$48,170,301	3%
Total	27,041	\$379,501	\$1,850,558,897⁶⁶	100%

⁶³ These figures represent the percentage of the total high utilizer expenditures of a given cohort. For example, amongst the top 20% of utilizers in 2009, high utilizers diagnosed with SMI expended 60% of the total top 20% high utilizer expenditure.

⁶⁴ This total represents 81% of the total expenditures for 2008.

⁶⁵ This total represents 68% of the total expenditures for 2008.

⁶⁶ This total represents 54% of the total expenditures for 2008.

Table 3c: Behavioral Health Expenditures by Top Utilizers 2007

Condition	N	Avg. per person	Total Expenditure	% of Total 2007 High Utilizer Expenditure ⁶⁷
TOP 20%				
SMI	56,246	\$28,999	\$1,631,062,449	63%
SED	22,438	\$20,045	\$449,775,336	17%
Substance Use Only	7,615	\$21,625	\$164,670,981	6%
Other BH – Adult	8,564	\$26,155	\$223,990,171	9%
Other BH – Youth	9,752	\$12,951	\$126,295,210	5%
Total	104,615	\$24,813	\$2,595,794,147⁶⁸	100%
TOP 10%				
SMI	32,536	\$44,217	\$1,438,635,141	66%
SED	10,853	\$32,783	\$355,789,981	16%
Substance Use Only	1,590	\$77,087	\$122,568,043	6%
Other BH – Adult	4,259	\$44,449	\$189,309,329	9%
Other BH – Youth	3,070	\$23,808	\$73,090,584	3%
Total	52,308	\$41,665	\$2,179,393,078⁶⁹	100%
TOP 5%				
SMI	17,526	\$67,617	\$1,185,051,740	68%
SED	4,749	\$53,604	\$254,563,152	15%
Substance Use Only	935	\$119,670	\$111,891,359	6%
Other BH – Adult	2,105	\$72,966	\$153,592,705	9%
Other BH – Youth	839	\$43,977	\$36,896,358	2%
Total	26,154	\$66,605	\$1,741,995,314⁷⁰	100%

⁶⁷ These figures represent the percentage of the total high utilizer expenditures of a given cohort. For example, amongst the top 20% of utilizers in 2009, high utilizers diagnosed with SMI expended 63% of the total top 20% high utilizer expenditure.

⁶⁸ This total represents 82% of the total expenditures for 2007.

⁶⁹ This total represents 69% of the total expenditures for 2007.

⁷⁰ This total represents 55% of the total expenditures for 2007.

Table 4: Characteristics of Current Participants in Behavioral Health Services 2009

Characteristics	Total		Top 20% MH/SUD Service Utilizers		Top 10% MH/SUD Service Utilizers		Top 5% MH/SUD Service Utilizers		No Outpatient MH/SUD Service Received	
	N	% ⁷¹	N	% ⁷²	N	% ⁷³	N	% ⁷⁴	N	% ⁷⁵
Medicaid Beneficiaries	564,480	100%	112,896	20%	56,449	10%	28,225	5%	28,840	5%
Demographics										
Age										
0-13	121,286	21%	25,988	21%	10,302	8%	3,731	3%	4,681	4%
14-17	74,104	13%	19,593	26%	9,718	13%	4,111	6%	4,759	6%
18-21	30,035	5%	6,436	21%	3,321	11%	1,503	5%	2,404	8%
22-26	24,875	4%	4,293	17%	2,632	11%	1,371	6%	1,885	8%
27-64	280,653	50%	50,251	18%	26,305	9%	14,590	5%	14,206	5%
65+	33,458	6%	6,329	19%	4,169	12%	2,918	9%	905	3%
Gender										
Male	274,044	49%	61,189	22%	30,861	11%	15,284	6%	13,340	5%
Female	290,436	51%	51,707	18%	25,588	9%	12,941	4%	15,500	5%
Race / Ethnicity										
White-NH	169,138	30%	39,482	23%	21,914	13%	12,108	7%	4,853	3%
African American-NH	61,543	11%	15,491	25%	8,810	14%	4,821	8%	3,501	6%
Asian-NH	7,500	1%	1,407	19%	797	11%	454	6%	110	1%
Pacific Islander-NH	13,460	2%	2,697	20%	1,624	12%	934	7%	186	1%
Native-NH	3,154	1%	707	22%	356	11%	188	6%	63	2%
Other	186,747	33%	28,459	15%	11,237	6%	4,081	2%	15,848	8%
Hispanic	117,863	21%	23,544	20%	11,065	9%	5,265	4%	4,041	3%
Unknown/Not Reported	4,898	1%	1,110	23%	646	13%	374	8%	238	5%
Medicaid Eligibility										
CalWorks (TANF)	6,224	1%	858	14%	415	7%	176	3%	752	12%
SSI/SSP <65	229,264	41%	51,216	22%	27,983	12%	15,172	7%	11,722	5%
SSI/SSP ≥ 65	7,988	1%	1,321	17%	847	11%	552	7%	152	2%
Other Eligibility Categories for ≥65	9,317	2%	2,124	23%	1,746	19%	1,386	15%	146	2%
Foster Care	44,875	8%	14,541	32%	7,467	17%	3,327	7%	1,624	4%
AFDC	171,002	30%	25,014	15%	9,041	5%	3,113	2%	8,847	5%
Other Disabled	40,107	7%	8,166	20%	4,710	12%	2,830	7%	2,160	5%
Other Child/Family	35,660	6%	6,238	17%	2,805	8%	1,059	3%	1,843	5%
Unknown	172	0%	28	16%	12	7%	4	2%	1	1%
All Remaining Other	19,872	4%	3,391	17%	1,423	7%	606	3%	1,593	8%

⁷¹ This column represents the percentage of individuals who are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries, 21% (or 121,286 individuals) were aged 0-13.

⁷² This column represents the percentage of individuals in the top 20% of high MH/SUD Service Utilizers that are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries in 2009, 21% (or 25,988 individuals) of the top 20% high utilizers were aged 0-13.

⁷³ This column represents the percentage of individuals in the top 10% of high MH/SUD Service Utilizers that are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries in 2009, 8% (or 10,302 individuals) of the top 10% high utilizers were aged 0-13.

⁷⁴ This column represents the percentage of individuals in the top 5% of high MH/SUD Service Utilizers that are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries in 2009, 3% (or 3,731 individuals) of the top 5% high utilizers were aged 0-13.

⁷⁵ This column represents the percentage of individuals who received no outpatient MH/SUD services that are in a given characteristic category of the total Medicaid Beneficiaries in 2009. For example, of the 564,480 beneficiaries in 2009, 4% (or 4,681 individuals) were aged 0-13.

Characteristics	Total		Top 20% MH/SUD Service Utilizers		Top 10% MH/SUD Service Utilizers		Top 5% MH/SUD Service Utilizers		No Outpatient MH/SUD Service Received	
	N	% ⁷¹	N	% ⁷²	N	% ⁷³	N	% ⁷⁴	N	% ⁷⁵
Eligibility Categories										
Cohort										
SMI	255,603	45%	55,373	22%	32,513	13%	18,081	7%	14,680	6%
SED	99,661	18%	30,222	30%	14,916	15%	6,441	6%	4,464	4%
Substance Use Only	61,613	11%	7,735	13%	1,480	2%	959	2%	418	1%
Other BH Adult	62,679	11%	5,034	8%	2,620	4%	1,419	2%	4,335	7%
Other BH Youth	84,925	15%	14,533	17%	4,920	6%	1,325	2%	4,943	6%
Special Populations										
Co-Occurring Mental Health/SUD	99,408	18%	24,601	25%	11,572	12%	6,771	7%	1,190	1%

Table 5: Enrollment Rates by Eligibility Category 2007-2009

Eligibility Category	2007		2008		2009	
	N	% ⁷⁶	N	%	N	%
Main Eligibility Categories						
CalWorks (TANF)	6,067	1%	5,860	1%	6,224	1%
SSI/SSP <65	222,119	42%	226,747	42%	229,264	41%
SSI/SSP ≥ 65	7,367	1%	7,392	1%	7,988	1%
Other Eligibility Categories for ≥65	9,976	2%	9,605	2%	9,317	2%
Foster Care	44,840	9%	45,617	8%	44,875	8%
AFDC	150,521	29%	158,968	29%	171,002	30%
Other Disabled	34,069	7%	35,584	7%	40,107	7%
Other Child/Family	29,016	6%	30,732	6%	35,660	6%
Unknown	10	0%	178	0%	172	0%
All Remaining Other Eligibility Categories	19,087	4%	20,121	4%	19,872	4%
Special Populations						
New Enrollees ⁷⁷			276,542	51%	251,245	44%

⁷⁶ Represents the percentage of individuals enrolled in Medicaid by eligibility category. For example, of the 523,072 Medicaid beneficiaries in 2007, 1% (or 6,067 individuals) were eligible through CalWorks (TANF).

⁷⁷ Defined as presenting for service in calendar year and not in calendar year prior. Percents are of the total N in the current year.

Table 6a: Number of ED Admissions by Cohort 2009

Cohort	Number of BH Admissions											
	0		1-2		3-4		5-6		7+		Total	
	N	% ⁷⁸	N	%	N	%	N	%	N	%	N	%
SMI	204,238	80%	34,643	14%	8,964	4%	3,468	1%	4,290	2%	255,603	100%
SED	89,966	90%	6,736	7%	1,627	2%	569	1%	763	1%	99,661	100%
Substance Use Only	51,821	84%	8,719	14%	713	1%	182	0%	178	0%	61,613	100%
Other BH – Adult	52,249	83%	9,325	15%	812	1%	165	0%	128	0%	62,679	100%
Other BH – Youth	78,878	93%	5,094	6%	686	1%	157	0%	110	0%	84,925	100%
Total	477,152	85%	64,517	11%	12,802	2%	4,541	1%	5,469	1%	564,481	100%

Table 6b: Number of ED Admissions by Cohort 2008

Cohort	Number of BH Admissions											
	0		1-2		3-4		5-6		7+		Total	
	N	% ⁷⁹	N	%	N	%	N	%	N	%	N	%
SMI	201,140	80%	34,024	13%	9,254	4%	3,431	1%	4,334	2%	252,183	100%
SED	80,190	91%	5,402	6%	1,396	2%	507	1%	648	1%	88,143	100%
Substance Use Only	48,709	84%	7,848	14%	1,118	2%	198	0%	153	0%	58,026	100%
Other BH – Adult	58,227	85%	8,714	13%	1,201	2%	180	0%	148	0%	68,470	100%
Other BH – Youth	69,197	94%	3,905	5%	628	1%	145	0%	107	0%	73,982	100%
Total	457,463	85%	59,893	11%	13,597	3%	4,461	1%	5,390	1%	540,804	100%

Table 6c: Number of ED Admissions by Cohort 2007

Cohort	Number of BH Admissions											
	0		1-2		3-4		5-6		7+		Total	
	N	% ⁸⁰	N	%	N	%	N	%	N	%	N	%
SMI	199,498	80%	34,904	14%	8,253	3%	3,225	1%	3,949	2%	249,829	100%
SED	69,600	92%	4,496	6%	983	1%	337	0%	487	1%	75,903	100%
Substance Use Only	47,552	84%	7,936	14%	605	1%	144	0%	93	0%	56,330	100%
Other BH – Adult	67,029	86%	9,257	12%	906	1%	193	0%	138	0%	77,523	100%
Other BH – Youth	60,018	95%	2,911	5%	383	1%	111	0%	64	0%	63,487	100%
Total	443,697	85%	59,504	11%	11,130	2%	4,010	1%	4,731	1%	523,072	100%

⁷⁸ Represents the percentage of individuals with zero (0) behavioral health related emergency department admissions in 2009. For example, of the 255,603 individuals with SMI in 2009, 80% (or 204,238 individuals) had zero admissions.

⁷⁹ Represents the percentage of individuals with zero (0) behavioral health related emergency department admissions in 2008. For example, of the 252,183 individuals with SMI in 2008, 80% (or 201,140 individuals) had zero admissions.

⁸⁰ Represents the percentage of individuals with zero (0) behavioral health related emergency department admissions in 2007. For example, of the 249,829 individuals with SMI in 2007, 80% (or 199,498 individuals) had zero admissions.

Table 7a: Number of Encounters –2009

Cohort	Specialty Mental Health Plan Number of Encounters										Non-Specialty Mental Health Plan Number of Encounters									
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total	
	N	% ⁸¹	N	%	N	%	N	%	N	%	N	% ⁸²	N	%	N	%	N	%	N	%
Residential																				
SMI	220,410	99.9%	2	0%	9	0%	55	0.02%	220,476	100%	44,936	100%	0	0%	0	0%	0	0%	44,936	100%
SED	91,640	100%	0	0%	1	0%	0	0.00%	91,641	100%	17,831	100%	0	0%	0	0%	0	0%	17,831	100%
Substance Use	44,608	99%	26	0%	31	0%	259	0.12%	44,924	100%	27,709	100%	0	0%	0	0%	0	0%	27,709	100%
Other BH – Adult	42,261	100%	0	0%	2	0%	2	0.00%	42,265	100%	25,156	100%	0	0%	0	0%	0	0%	25,156	100%
Other BH – Youth	80,371	100%	0	0%	0	0%	1	0.00%	80,372	100%	10,271	100%	0	0%	0	0%	0	0%	10,271	100%
Emergency																				
SMI	174,907	79%	38,438	17%	6,215	3%	916	0%	220,476	100%	39,140	87%	5,595	12%	193	0%	8	0%	44,936	100%
SED	82,169	90%	8,295	9%	1,028	1%	149	0%	91,641	100%	17,608	99%	222	1%	1	0%	0	0%	17,831	100%
Substance Use	42,638	95%	2,152	5%	111	0%	23	0%	44,924	100%	20,203	73%	7,316	26%	173	1%	17	0%	27,709	100%
Other BH – Adult	37,190	88%	4,854	11%	201	0%	20	0%	42,265	100%	19,801	79%	5,343	21%	12	0%	0	0%	25,156	100%
Other BH – Youth	75,399	94%	4,805	6%	162	0%	6	0%	80,372	100%	9,197	90%	1,074	10%	0	0%	0	0%	10,271	100%
Hospital/Inpatient																				
SMI	180,513	82%	23,269	11%	9,161	4%	7,533	3%	220,476	100%	35,203	78%	6,209	14%	1,360	3%	2,164	5%	44,936	100%
SED	83,342	91%	5,091	6%	1,895	2%	1,313	1%	91,641	100%	17,702	99%	120	1%	7	0%	2	0%	17,831	100%
Substance Use	43,283	96%	1,096	2%	210	0%	335	1%	44,924	100%	26,591	96%	980	4%	121	0%	17	0%	27,709	100%
Other BH – Adult	38,971	92%	2,569	6%	484	1%	241	1%	42,265	100%	22,066	88%	1,780	7%	420	2%	890	4%	25,156	100%
Other BH – Youth	76,314	95%	2,448	3%	783	1%	827	1%	80,372	100%	10,001	97%	236	2%	23	0%	11	0%	10,271	100%
Mental Health Treatment Outpatient																				
SMI	21,888	10%	50,222	23%	67,846	31%	80,520	37%	220,476	100%	11,265	25%	25,041	56%	4,707	10%	3,923	9%	44,936	100%
SED	4,334	5%	14,437	16%	19,021	21%	53,849	59%	91,641	100%	404	2%	14,798	83%	2,073	12%	556	3%	17,831	100%
Substance Use	37,845	84%	5,175	12%	1,146	3%	758	2%	44,924	100%	22,148	80%	5,293	19%	211	1%	57	0%	27,709	100%
Other BH – Adult	7,149	17%	13,201	31%	11,614	27%	10,301	24%	42,265	100%	8,448	34%	15,141	60%	1,084	4%	483	2%	25,156	100%
Other BH – Youth	6,019	7%	19,464	24%	19,282	24%	35,607	44%	80,372	100%	1,416	14%	8,476	83%	277	3%	102	1%	10,271	100%

⁸¹ Represents the percentage of individuals with who received Specialty Mental Health services in 2009 who had zero (0) encounters in 2009 by service and cohort. For example, of the 220,476 individuals diagnosed with SMI receiving Specialty Mental Health services, 99.9% (or 220,410 individuals) had zero encounters with Residential services.

⁸² Represents the percentage of individuals with who did not receive Specialty Mental Health services in 2009 who had zero (0) encounters in 2009 by service and cohort. For example, of the 44,936 individuals diagnosed with SMI not receiving Specialty Mental Health services, 100% (or 44,936 individuals) had zero encounters with Residential services.

Cohort	Specialty Mental Health Plan Number of Encounters										Non-Specialty Mental Health Plan Number of Encounters									
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total	
	N	% ⁸¹	N	%	N	%	N	%	N	%	N	% ⁸²	N	%	N	%	N	%	N	%
Mental Health Rehabilitation																				
SMI	108,203	49%	57,597	26%	31,230	14%	23,446	11%	220,476	100%	44,923	100%	9	0%	3	0%	1	0%	44,936	100%
SED	44,009	48%	23,632	26%	13,223	14%	10,777	12%	91,641	100%	17,683	99%	130	1%	18	0%	0	0%	17,831	100%
Substance Use	41,585	93%	2,873	6%	328	1%	138	0%	44,924	100%	27,702	100%	2	0%	2	0%	3	0%	27,709	100%
Other BH – Adult	24,842	59%	11,494	27%	3,698	9%	2,231	5%	42,265	100%	25,132	100%	20	0%	3	0%	1	0%	25,156	100%
Other BH – Youth	45,962	57%	21,111	26%	8,505	11%	4,794	6%	80,372	100%	10,251	100%	20	0%	0	0%	0	0%	10,271	100%
Substance Use Services																				
SMI	191,049	87%	15,340	7%	2,724	1%	11,363	5%	220,476	100%	40,369	90%	4,067	9%	378	1%	122	0%	44,936	100%
SED	86,633	95%	2,655	3%	559	1%	1,794	2%	91,641	100%	17,620	99%	200	1%	6	0%	5	0%	17,831	100%
Substance Use	2,871	6%	5,890	13%	5,880	13%	30,283	67%	44,924	100%	5,095	18%	21,008	76%	1,181	4%	425	2%	27,709	100%
Other BH – Adult	40,363	95%	1,438	3%	224	1%	240	1%	42,265	100%	23,857	95%	1,264	5%	33	0%	2	0%	25,156	100%
Other BH – Youth	78,505	98%	1,212	2%	248	0%	407	1%	80,372	100%	9,961	97%	305	3%	5	0%	0	0%	10,271	100%

Table 7b: Number of Encounters – 2008

Cohort	Specialty Mental Health Plan Number of Encounters										Non-Specialty Mental Health Plan Number of Encounters									
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total	
	N	% ⁸³	N	%	N	%	N	%	N	%	N	% ⁸⁴	N	%	N	%	N	%	N	%
Residential																				
SMI	220,847	99.9%	2	0%	8	0%	88	0%	220,945	100%	42,594	100%	0	0%	0	0%	0	0%	42,594	100%
SED	80,917	100%	0	0%	0	0%	1	0%	80,918	100%	16,157	100%	0	0%	0	0%	0	0%	16,157	100%
Substance Use	41,772	99%	14	0%	23	0%	296	1%	42,105	100%	27,458	100%	0	0%	0	0%	0	0%	27,458	100%
Other BH – Adult	47,676	100%	0	0%	1	0%	3	0%	47,680	100%	25,342	100%	0	0%	0	0%	0	0%	25,342	100%
Other BH – Youth	69,063	100%	0	0%	0	0%	0	0%	69,063	100%	9,572	100%	0	0%	0	0%	0	0%	9,572	100%
Emergency																				
SMI	174,403	79%	39,684	18%	6,112	3%	746	0%	220,945	100%	38,093	89%	4,389	10%	108	0%	4	0%	42,594	100%
SED	73,167	90%	6,778	8%	867	1%	106	0%	80,918	100%	15,955	99%	202	1%	0	0%	0	0%	16,157	100%
Substance Use	39,713	94%	2,249	5%	131	0%	12	0%	42,105	100%	20,533	75%	6,766	25%	145	1%	14	0%	27,458	100%
Other BH – Adult	42,371	89%	5,047	11%	248	1%	14	0%	47,680	100%	20,408	81%	4,928	19%	6	0%	0	0%	25,342	100%
Other BH – Youth	65,117	94%	3,805	6%	135	0%	6	0%	69,063	100%	8,733	91%	839	9%	0	0%	0	0%	9,572	100%
Hospital/Inpatient																				
SMI	179,838	81%	24,013	11%	9,332	4%	7,762	4%	220,945	100%	31,354	74%	6,489	15%	2,021	5%	2,730	6%	42,594	100%
SED	74,356	92%	3,915	5%	1,578	2%	1,069	1%	80,918	100%	16,045	99%	106	1%	4	0%	2	0%	16,157	100%
Substance Use	40,523	96%	1,105	3%	189	0%	288	1%	42,105	100%	26,455	96%	863	3%	114	0%	26	0%	27,458	100%
Other BH – Adult	43,972	92%	2,819	6%	559	1%	330	1%	47,680	100%	21,546	85%	2,096	8%	670	3%	1,030	4%	25,342	100%
Other BH – Youth	65,947	95%	1,790	3%	640	1%	686	1%	69,063	100%	9,349	98%	177	2%	26	0%	20	0%	9,572	100%
Mental Health Treatment Outpatient																				
SMI	19,538	9%	52,239	24%	68,931	31%	80,237	36%	220,945	100%	12,157	29%	23,209	54%	4,375	10%	2,853	7%	42,594	100%
SED	3,324	4%	12,818	16%	17,199	21%	47,577	59%	80,918	100%	359	2%	13,374	83%	1,984	12%	440	3%	16,157	100%
Substance Use	34,926	83%	5,091	12%	1,224	3%	864	2%	42,105	100%	21,995	80%	5,232	19%	194	1%	37	0%	27,458	100%
Other BH – Adult	6,551	14%	14,634	31%	13,156	28%	13,339	28%	47,680	100%	8,828	35%	14,979	59%	1,180	5%	355	1%	25,342	100%
Other BH – Youth	4,714	7%	17,365	25%	16,997	25%	29,987	43%	69,063	100%	1,095	11%	8,095	85%	277	3%	105	1%	9,572	100%
Mental Health Rehabilitation																				
SMI	109,154	49%	55,236	25%	30,973	14%	25,582	12%	220,945	100%	42,590	100%	3	0%	0	0%	1	0%	42,594	100%
SED	39,816	49%	20,752	26%	11,352	14%	8,998	11%	80,918	100%	16,022	99%	131	1%	4	0%	0	0%	16,157	100%
Substance Use	39,271	93%	2,307	5%	378	1%	149	0%	42,105	100%	27,451	100%	1	0%	2	0%	4	0%	27,458	100%

⁸³ Represents the percentage of individuals with who received Specialty Mental Health services in 2008 who had zero (0) encounters in 2008 by service and cohort. For example, of the 220,945 individuals diagnosed with SMI receiving Specialty Mental Health services, 99.9% (or 220,847 individuals) had zero encounters with Residential services.

⁸⁴ Represents the percentage of individuals with who did not receive Specialty Mental Health services in 2008 who had zero (0) encounters in 2008 by service and cohort. For example, of the 42,594 individuals diagnosed with SMI not receiving Specialty Mental Health services, 100% (or 42,594 individuals) had zero encounters with Residential services.

Cohort	Specialty Mental Health Plan										Non-Specialty Mental Health Plan									
	Number of Encounters										Number of Encounters									
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total	
	N	% ⁸³	N	%	N	%	N	%	N	%	N	% ⁸⁴	N	%	N	%	N	%	N	%
Other BH – Adult	28,195	59%	11,739	25%	4,639	10%	3,107	7%	47,680	100%	25,312	100%	25	0%	4	0%	1	0%	25,342	100%
Other BH – Youth	40,065	58%	18,164	26%	6,934	10%	3,900	6%	69,063	100%	9,553	100%	15	0%	1	0%	3	0%	9,572	100%
Substance Use Services																				
SMI	191,440	87%	15,567	7%	2,758	1%	11,180	5%	220,945	100%	38,290	90%	3,893	9%	322	1%	89	0%	42,594	100%
SED	77,275	95%	1,925	2%	373	0%	1,345	2%	80,918	100%	15,983	99%	163	1%	10	0%	1	0%	16,157	100%
Substance Use	2,754	7%	5,247	12%	5,162	12%	28,942	69%	42,105	100%	5,295	19%	20,577	75%	1,154	4%	432	2%	27,458	100%
Other BH – Adult	45,188	95%	1,792	4%	336	1%	364	1%	47,680	100%	24,124	95%	1,203	5%	14	0%	1	0%	25,342	100%
Other BH – Youth	67,804	98%	855	1%	163	0%	241	0%	69,063	100%	9,381	98%	190	2%	0	0%	1	0%	9,572	100%

Table 7c: Number of Encounters –2007

Cohort	Specialty Mental Health Plan Number of Encounters										Non-Specialty Mental Health Plan Number of Encounters									
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total	
	N	% ⁸⁵	N	%	N	%	N	%	N	%	N	% ⁸⁶	N	%	N	%	N	%	N	%
Residential																				
SMI	218,077	100%	6	0%	13	0%	147	0%	218,243	100%	42,339	100%	0	0%	0	0%	0	0%	42,339	100%
SED	69,303	100%	0	0%	0	0%	0	0%	69,303	100%	14,706	100%	0	0%	0	0%	0	0%	14,706	100%
Substance Use	39,699	99%	23	0%	44	0%	309	1%	40,075	100%	26,328	100%	0	0%	0	0%	0	0%	26,328	100%
Other BH – Adult	52,275	100%	2	0%	0	0%	2	0%	52,279	100%	27,036	100%	0	0%	0	0%	0	0%	27,036	100%
Other BH – Youth	58,028	100%	0	0%	0	0%	1	0%	58,029	100%	9,072	100%	0	0%	0	0%	0	0%	9,072	100%
Emergency																				
SMI	172,477	79%	38,951	18%	6,021	3%	794	0%	218,243	100%	37,774	89%	4,463	11%	97	0%	5	0%	42,339	100%
SED	63,156	91%	5,415	8%	640	1%	92	0%	69,303	100%	14,550	99%	155	1%	1	0%	0	0%	14,706	100%
Substance Use	37,983	95%	1,983	5%	96	0%	13	0%	40,075	100%	19,642	75%	6,549	25%	122	0%	15	0%	26,328	100%
Other BH – Adult	46,603	89%	5,426	10%	242	0%	8	0%	52,279	100%	22,218	82%	4,809	18%	9	0%	0	0%	27,036	100%
Other BH – Youth	55,220	95%	2,688	5%	114	0%	7	0%	58,029	100%	8,412	93%	660	7%	0	0%	0	0%	9,072	100%
Hospital/Inpatient																				
SMI	177,304	81%	25,297	12%	9,668	4%	5,974	3%	218,243	100%	30,519	72%	7,298	17%	1,853	4%	2,669	6%	42,339	100%
SED	64,073	92%	3,143	5%	1,168	2%	919	1%	69,303	100%	14,560	99%	130	1%	11	0%	5	0%	14,706	100%
Substance Use	38,691	97%	980	2%	146	0%	258	1%	40,075	100%	25,154	96%	1,020	4%	136	1%	18	0%	26,328	100%
Other BH – Adult	48,256	92%	3,119	6%	586	1%	318	1%	52,279	100%	22,637	84%	2,802	10%	533	2%	1,064	4%	27,036	100%
Other BH – Youth	55,186	95%	1,528	3%	604	1%	711	1%	58,029	100%	8,755	97%	262	3%	36	0%	19	0%	9,072	100%
Mental Health Treatment Outpatient																				
SMI	19,472	9%	48,437	22%	68,113	31%	82,221	38%	218,243	100%	12,583	30%	22,724	54%	4,171	10%	2,861	7%	42,339	100%
SED	2,746	4%	10,806	16%	15,356	22%	40,395	58%	69,303	100%	293	2%	12,288	84%	1,772	12%	353	2%	14,706	100%
Substance Use	33,660	84%	4,370	11%	1,173	3%	872	2%	40,075	100%	21,376	81%	4,731	18%	171	1%	50	0%	26,328	100%
Other BH – Adult	6,962	13%	14,858	28%	14,478	28%	15,981	31%	52,279	100%	9,403	35%	15,950	59%	1,289	5%	394	1%	27,036	100%
Other BH – Youth	4,115	7%	14,808	26%	14,436	25%	24,670	43%	58,029	100%	1,020	11%	7,672	85%	292	3%	88	1%	9,072	100%
Mental Health Rehabilitation																				
SMI	106,126	49%	54,124	25%	31,516	14%	26,477	12%	218,243	100%	42,338	100%	0	0%	1	0%	0	0%	42,339	100%
SED	34,592	50%	17,430	25%	9,619	14%	7,662	11%	69,303	100%	14,606	99%	92	1%	8	0%	0	0%	14,706	100%
Substance Use	37,290	93%	2,268	6%	354	1%	163	0%	40,075	100%	26,327	100%	1	0%	0	0%	0	0%	26,328	100%
Other BH – Adult	30,679	59%	12,861	25%	5,245	10%	3,494	7%	52,279	100%	26,988	100%	42	0%	6	0%	0	0%	27,036	100%
Other BH – Youth	34,088	59%	14,890	26%	5,895	10%	3,156	5%	58,029	100%	9,046	100%	22	0%	4	0%	0	0%	9,072	100%
Substance Use Services																				

⁸⁵ Represents the percentage of individuals with who received Specialty Mental Health services in 2007 who had zero (0) encounters in 2007 by service and cohort. For example, of the 218,243 individuals diagnosed with SMI receiving Specialty Mental Health services, 99.9% (or 218,077 individuals) had zero encounters with Residential services.

⁸⁶ Represents the percentage of individuals with who did not receive Specialty Mental Health services in 2007 who had zero (0) encounters in 2007 by service and cohort. For example, of the 42,339 individuals diagnosed with SMI not receiving Specialty Mental Health services, 100% (or 42,339 individuals) had zero encounters with Residential services.

Cohort	Specialty Mental Health Plan										Non-Specialty Mental Health Plan										
	Number of Encounters																				
	0		1-3		4-10		11+		Total		0		1-3		4-10		11+		Total		
N	% ⁸⁵	N	%	N	%	N	%	N	%	N	%	N	% ⁸⁶	N	%	N	%	N	%	N	%
SMI	189,696	87%	14,461	7%	2,859	1%	11,227	5%	218,243	100%	38,110	90%	3,806	9%	342	1%	81	0%	42,339	100%	
SED	67,210	97%	1,074	2%	228	0%	791	1%	69,303	100%	14,601	99%	99	1%	6	0%	0	0%	14,706	100%	
Substance Use	2,790	7%	4,962	12%	4,994	12%	27,329	68%	40,075	100%	4,715	18%	20,014	76%	1,202	5%	397	2%	26,328	100%	
Other BH – Adult	49,681	95%	1,725	3%	391	1%	482	1%	52,279	100%	25,777	95%	1,233	5%	23	0%	3	0%	27,036	100%	
Other BH – Youth	57,315	99%	458	1%	104	0%	152	0%	58,029	100%	8,874	98%	195	2%	3	0%	0	0%	9,072	100%	

Table 8a: Special Analyses: Elapsed Time from Hospital Discharge to Receipt of Medicaid Outpatient Behavioral Health Service 2009

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁷	N	%	N	%	N	%	N	%
Total	161,836	113,311	70%	7,771	5%	6,645	4%	7,466	5%	26,643	16%
Demographics											
Age											
0-13	7,210	5,120	71%	381	5%	229	3%	213	3%	1,267	18%
14-17	10,098	6,685	66%	660	7%	507	5%	554	5%	1,692	17%
18-21	8,800	6,023	68%	398	5%	357	4%	400	5%	1,622	18%
22-26	13,299	9,792	74%	549	4%	468	4%	663	5%	1,827	14%
27-64	115,003	83,423	73%	5,383	5%	4,758	4%	5,342	5%	16,097	14%
65+	7,415	2,268	31%	400	5%	326	4%	294	4%	4,127	56%
Gender											
Male	88,824	64,712	73%	3,965	4%	3,291	4%	3,794	4%	13,062	15%
Female	73,012	48,599	67%	3,806	5%	3,354	5%	3,672	5%	13,581	19%
Race / Ethnicity											
White-NH	50,322	32,157	64%	2,731	5%	2,337	5%	2,601	5%	10,496	21%
African American-NH	22,771	14,751	65%	1,324	6%	1,128	5%	1,434	6%	4,134	18%
Asian-NH	1,457	855	59%	82	6%	55	4%	52	4%	413	28%
Pacific Islander-NH	3,748	2,593	69%	190	5%	211	6%	157	4%	597	16%
Native-NH	539	316	59%	32	6%	48	9%	36	7%	107	20%
Other	60,702	49,282	81%	2,037	3%	1,681	3%	1,850	3%	5,852	10%
Hispanic	20,353	12,112	60%	1,275	6%	1,100	5%	1,262	6%	4,604	23%
Unknown/Not Reported	1,944	1,245	64%	100	5%	85	4%	74	4%	440	23%
Medicaid Eligibility Categories											
CalWorks (TANF)	904	329	36%	46	5%	40	4%	41	5%	448	50%
SSI/SSP <65	110,453	84,020	76%	5,120	5%	4,408	4%	4,916	4%	11,989	11%
SSI/SSP ≥ 65	897	203	23%	49	5%	52	6%	29	3%	564	63%
Other Eligibility Categories for ≥65	3,494	698	20%	150	4%	115	3%	95	3%	2,436	70%
Foster Care	5,809	4,479	77%	299	5%	208	4%	188	3%	635	11%
AFDC	15,608	8,384	54%	1,053	7%	885	6%	1,019	7%	4,267	27%
Other Disabled	18,062	11,849	66%	753	4%	675	4%	830	5%	3,955	22%

⁸⁷ Represents the percentage of individuals within a characteristic category with an elapsed time of 0-7 days between hospital discharge and receipt of Medicaid Behavioral Health Outpatient services in 2009. For example, of the 7,210 individuals aged 0-13 in 2009 with a hospital discharge, 71% (or 5,120 individuals) had an elapsed time of 0-7 days before receiving Medicaid BH Outpatient services.

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁷	N	%	N	%	N	%	N	%
Other Child/Family	3,643	2,120	58%	206	6%	168	5%	201	6%	948	26%
Unknown	1	0	0%	0	0%	0	0%	0	0%	1	100%
All Remaining Other Eligibility Categories	2,965	1,229	41%	95	3%	94	3%	147	5%	1,400	47%
Cohort											
SMI	137,868	99,433	72%	6,592	5%	5,762	4%	6,507	5%	19,574	14%
SED	13,828	10,208	74%	872	6%	606	4%	593	4%	1,549	11%
Substance Use Only	1,280	396	31%	18	1%	17	1%	49	4%	800	63%
Other BH Adult	788	393	50%	25	3%	24	3%	27	3%	319	40%
Other BH Youth	3,302	1,536	47%	161	5%	124	4%	158	5%	1,323	40%
Special Populations											
Co-Occurring Mental Health/SUD	44,961	33,425	74%	2,246	5%	1,973	4%	2,385	5%	4,932	11%

Table 8b: Special Analyses: Elapsed Time from Hospital Discharge to Receipt of Medicaid Outpatient Behavioral Health Service 2008

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁸	N	%	N	%	N	%	N	%
Total	155,119	107,104	69%	7,602	5%	6,440	4%	7,482	5%	26,491	17%
Demographics											
Age											
0-13	4,830	3,270	68%	238	5%	158	3%	170	4%	994	21%
14-17	7,707	5,007	65%	534	7%	427	6%	448	6%	1,291	17%
18-21	7,313	4,802	66%	418	6%	331	5%	391	5%	1,371	19%
22-26	13,329	9,795	73%	583	4%	483	4%	579	4%	1,889	14%
27-64	113,616	81,517	72%	5,447	5%	4,665	4%	5,603	5%	16,384	14%
65+	8,305	2,708	33%	382	5%	376	5%	291	4%	4,548	55%
Gender											
Male	85,105	61,118	72%	3,878	5%	3,255	4%	3,817	4%	13,037	15%
Female	70,014	45,986	66%	3,724	5%	3,185	5%	3,665	5%	13,454	19%
Race / Ethnicity											
White-NH	49,483	31,598	64%	2,660	5%	2,282	5%	2,663	5%	10,280	21%
African American-NH	21,468	13,521	63%	1,305	6%	1,119	5%	1,495	7%	4,028	19%
Asian-NH	1,408	867	62%	57	4%	54	4%	57	4%	373	26%
Pacific Islander-NH	3,696	2,590	70%	195	5%	161	4%	153	4%	597	16%
Native-NH	531	289	54%	46	9%	28	5%	41	8%	127	24%
Other	59,777	47,366	79%	2,143	4%	1,749	3%	1,831	3%	6,688	11%
Hispanic	17,067	9,852	58%	1,110	7%	974	6%	1,147	7%	3,984	23%
Unknown/Not Reported	1,689	1,021	60%	86	5%	73	4%	95	6%	414	25%
Medicaid Eligibility Categories											
CalWorks (TANF)	709	248	35%	37	5%	35	5%	42	6%	347	49%
SSI/SSP <65	107,245	80,253	75%	5,126	5%	4,363	4%	5,097	5%	12,406	12%
SSI/SSP ≥ 65	1,171	424	36%	37	3%	43	4%	42	4%	625	53%
Other Eligibility Categories for ≥65	3,574	685	19%	113	3%	112	3%	61	2%	2,603	73%
Foster Care	4,651	3,452	74%	248	5%	198	4%	187	4%	566	12%
AFDC	13,992	7,516	54%	935	7%	801	6%	907	6%	3,833	27%
Other Disabled	17,578	11,411	65%	793	5%	651	4%	815	5%	3,908	22%

⁸⁸ Represents the percentage of individuals within a characteristic category with an elapsed time of 0-7 days between hospital discharge and receipt of Medicaid Behavioral Health Outpatient services in 2008. For example, of the 4,830 individuals aged 0-13 in 2008 with a hospital discharge, 68% (or 3,270 individuals) had an elapsed time of 0-7 days before receiving Medicaid BH Outpatient services.

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁸	N	%	N	%	N	%	N	%
Other Child/Family	3,352	1,996	60%	202	6%	137	4%	181	5%	836	25%
Unknown	1	0	%	0	%	1	100%	0	%	0	%
All Remaining Other Eligibility Categories	2,846	1,119	39%	111	4%	99	3%	150	5%	1,367	48%
Cohort											
SMI	135,139	95,987	71%	6,684	5%	5,730	4%	6,691	5%	20,047	15%
SED	10,007	7,177	72%	626	6%	480	5%	508	5%	1,216	12%
Substance Use Only	1,185	400	34%	20	2%	15	1%	35	3%	715	60%
Other BH Adult	517	185	36%	31	6%	15	3%	30	6%	256	50%
Other BH Youth	2,372	1,028	43%	133	6%	94	4%	99	4%	1,018	43%
Special Populations											
Co-Occurring Mental Health/SUD	44,552	33,321	75%	2,193	5%	1,896	4%	2,402	5%	4,740	11%

Table 8c: Special Analyses: Elapsed Time from Hospital Discharge to Receipt of Medicaid Outpatient Behavioral Health Service 2007

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁹	N	%	N	%	N	%	N	%
Total	118,807	69,007	58%	8,074	7%	6,651	6%	7,422	6%	27,653	23%
Demographics											
Age											
0-13	4,161	2,705	65%	233	6%	146	4%	163	4%	914	22%
14-17	5,579	3,482	62%	415	7%	350	6%	370	7%	962	17%
18-21	5,776	3,235	56%	409	7%	366	6%	411	7%	1,355	23%
22-26	10,134	6,141	61%	648	6%	553	5%	570	6%	2,222	22%
27-64	84,578	51,038	60%	5,930	7%	4,801	6%	5,605	7%	17,204	20%
65+	8,550	2,406	28%	439	5%	435	5%	302	4%	4,968	58%
Gender											
Male	62,485	37,890	61%	4,266	7%	3,281	5%	3,755	6%	13,293	21%
Female	56,322	31,117	55%	3,808	7%	3,370	6%	3,667	7%	14,360	25%
Race / Ethnicity											
White-NH	23,239	13,049	56%	1,441	6%	1,209	5%	1,274	5%	6,266	27%
African American-NH	10,111	5,265	52%	752	7%	665	7%	854	8%	2,575	25%
Asian-NH	211	79	37%	8	4%	15	7%	8	4%	101	48%
Pacific Islander-NH	1,137	695	61%	72	6%	45	4%	61	5%	264	23%
Native-NH	273	174	64%	14	5%	11	4%	16	6%	58	21%
Other	0	--	--	--	--	--	--	--	--	--	--
Hispanic	7,281	3,712	51%	515	7%	421	6%	547	8%	2,086	29%
Unknown/Not Reported	1,367	716	52%	80	6%	90	7%	93	7%	388	28%
Medicaid Eligibility Categories											
CalWorks (TANF)	665	153	23%	37	6%	24	4%	38	6%	413	62%
SSI/SSP <65	79,028	50,944	64%	5,574	7%	4,611	6%	4,998	6%	12,901	16%
SSI/SSP ≥ 65	1,016	242	24%	34	3%	46	5%	44	4%	650	64%
Other Eligibility Categories for ≥65	3,578	547	15%	132	4%	111	3%	65	2%	2,723	76%
Foster Care	4,247	2,981	70%	249	6%	247	6%	249	6%	521	12%
AFDC	12,161	5,389	44%	891	7%	739	6%	963	8%	4,179	34%
Other Disabled	12,485	6,403	51%	818	7%	608	5%	740	6%	3,916	31%

⁸⁹ Represents the percentage of individuals within a characteristic category with an elapsed time of 0-7 days between hospital discharge and receipt of Medicaid Behavioral Health Outpatient services in 2007. For example, of the 4,161 individuals aged 0-13 in 2007 with a hospital discharge, 66% (or 2,705 individuals) had an elapsed time of 0-7 days before receiving Medicaid BH Outpatient services.

Characteristics	Total Discharge N	0-7 Days		8-14 Days		15-30 Days		30+ Days		No Contact	
		N	% ⁸⁹	N	%	N	%	N	%	N	%
Other Child/Family	3,226	1,636	51%	237	7%	175	5%	190	6%	988	31%
Unknown	0	--	--	--	--	--	--	--	--	--	--
All Remaining Other Eligibility Categories	2,401	712	30%	102	4%	90	4%	135	6%	1,362	57%
Cohort											
SMI	101,993	61,376	60%	7,241	7%	6,013	6%	6,711	7%	20,652	20%
SED	7,815	5,443	70%	543	7%	430	6%	442	6%	957	12%
Substance Use Only	1,473	306	21%	38	3%	28	2%	38	3%	1,063	72%
Other BH Adult	578	181	31%	40	7%	18	3%	27	5%	312	54%
Other BH Youth	1,780	674	38%	98	6%	59	3%	82	5%	867	49%
Special Populations											
Co-Occurring Mental Health/SUD	31,155	19,414	62%	2,415	8%	1,935	6%	2,315	7%	5,076	16%

Table 9a: Special Analyses: Hospital and Emergency Department Readmissions within 30 Days of Inpatient Discharge for a Behavioral Health Condition 2009

Characteristics	Unique Individuals with Valid Inpatient Admission N ⁹⁰	Mental Health			
		Inpatient		Emergency Department	
		N	% ⁹¹	N	% ⁹²
Total	79,342	18,345	23%	4,841	6%
Demographics					
Age					
0-13	4,072	511	13%	234	6%
14-17	7,340	1,167	16%	481	7%
18-21	4,946	1,047	21%	279	6%
22-26	6,355	1,647	26%	463	7%
27-64	52,430	13,483	26%	3,316	6%
65+	4,189	490	12%	68	2%
Gender					
Male	41,071	10,348	25%	2,474	6%
Female	38,271	7,997	21%	2,367	6%
Race / Ethnicity					
White-NH	26,987	5,868	22%	1,658	6%
African American-NH	12,921	3,575	28%	568	4%
Asian-NH	819	134	16%	28	3%
Pacific Islander-NH	1,752	390	22%	62	4%
Native-NH	384	75	20%	19	5%
Other	22,369	5,547	25%	1,967	9%
Hispanic	13,101	2,504	19%	491	4%
Unknown/Not Reported	1,009	252	25%	48	5%
Medicaid Eligibility					
CalWorks (TANF)	707	78	11%	20	3%
SSI/SSP <65	48,363	13,341	28%	3,321	7%
SSI/SSP ≥ 65	657	57	9%	10	2%
Other Eligibility Categories for ≥65	1,831	240	13%	11	1%
Foster Care	3,600	700	19%	253	7%
AFDC	10,947	1,329	12%	518	5%
Other Disabled	8,438	1,920	23%	488	6%
Other Child/Family	2,540	351	14%	130	5%
Unknown	1	0	0%	0	0%
All Remaining Other Eligibility Categories	2,258	329	15%	90	4%
Cohort					
SMI	63,799	16,289	26%	4,057	6%
SED	8,926	1,568	18%	637	7%
Substance Use Only	658	54	8%	9	1%
Other BH Adult	3,542	326	9%	60	2%
Other BH Youth	2,417	108	4%	78	3%
Special Populations					
Co-Occurring Mental Health/SUD	23,159	8,222	36%	1,621	7%
Service Utilization					
High MH/SUD Medicaid service utilizer	40,876	14,945	37%	3,291	8%

⁹⁰ Admissions are based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

⁹¹ This represents the percent of individuals who had a valid admission followed by an inpatient readmission within 30 days of their previous discharge. For example, of the 4,072 individuals aged 0-13 with a valid admission, 13% (or 511 individuals) had a hospital inpatient readmission within 30 days of discharge for behavioral health reasons.

⁹² This represents the percent of individuals who had a valid admission followed by an emergency department readmission within 30 days of their previous discharge. For example, of the 4,072 individuals aged 0-13 with a valid admission, 6% (or 234 individuals) had an emergency department readmission within 30 days of discharge for behavioral health reasons.

Table 9b: Special Analyses: Hospital and Emergency Department Readmissions within 30 Days of Inpatient Discharge for a Behavioral Health Condition 2008

Characteristics	Unique Individuals with Valid Inpatient Admission N ⁹³	Mental Health			
		Inpatient		Emergency Department	
		N	% ⁹⁴	N	% ⁹⁵
Total	88,486	17,624	20%	4,428	5%
Demographics					
Age					
0-13	3,477	273	8%	110	3%
14-17	6,142	874	14%	404	7%
18-21	4,962	867	17%	283	6%
22-26	6,901	1,611	23%	446	6%
27-64	60,187	13,473	22%	3,128	5%
65+	6,798	525	8%	57	1%
Gender					
Male	46,112	10,218	22%	2,302	5%
Female	42,374	7,406	17%	2,126	5%
Race / Ethnicity					
White-NH	31,143	5,429	17%	1,482	5%
African American-NH	14,217	3,517	25%	474	3%
Asian-NH	890	106	12%	23	3%
Pacific Islander-NH	2,028	389	19%	74	4%
Native-NH	395	50	13%	17	4%
Other	25,855	5,781	22%	1,864	7%
Hispanic	12,870	2,150	17%	453	4%
Unknown/Not Reported	1,088	202	19%	41	4%
Medicaid Eligibility					
CalWorks (TANF)	634	78	12%	21	3%
SSI/SSP <65	54,220	13,004	24%	3,100	6%
SSI/SSP ≥ 65	909	51	6%	8	1%
Other Eligibility Categories for ≥65	3,338	236	7%	6	0%
Foster Care	3,373	532	16%	228	7%
AFDC	10,823	1,151	11%	479	4%
Other Disabled	10,148	1,835	18%	388	4%
Other Child/Family	2,471	360	15%	132	5%
Unknown	1	0	0%	0	0%
All Remaining Other Eligibility Categories	2,569	377	15%	66	3%
Cohort					
SMI	73,204	16,143	22%	3,829	5%
SED	7,324	1,056	14%	462	6%
Substance Use Only	838	45	5%	16	2%
Other BH Adult	4,846	289	6%	69	1%
Other BH Youth	2,274	91	4%	52	2%
Special Populations					
Co-Occurring Mental Health/SUD	24,578	8,028	33%	1,434	6%
Service Utilization					
High MH/SUD Medicaid service utilizer	46,573	14,279	31%	3,035	7%

⁹³ Admissions are based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

⁹⁴ This represents the percent of individuals who had a valid admission followed by an inpatient readmission within 30 days of their previous discharge. For example, of the 3,477 individuals aged 0-13 with a valid admission, 8% (or 273 individuals) had a hospital inpatient readmission within 30 days of discharge for behavioral health reasons.

⁹⁵ This represents the percent of individuals who had a valid admission followed by an emergency department readmission within 30 days of their previous discharge. For example, of the 3,477 individuals aged 0-13 with a valid admission, 3% (or 110 individuals) had an emergency department readmission within 30 days of discharge for behavioral health reasons.

Table 9c: Special Analyses: Hospital and Emergency Department Readmissions within 30 Days of Inpatient Discharge for a Behavioral Health Condition 2007

Characteristics	Unique Individuals with Valid Inpatient Admission N ⁹⁶	Mental Health			
		Inpatient		Emergency Department	
		N	% ⁹⁷	N	% ⁹⁸
Total	76,790	17,714	23%	4,171	5%
Demographics					
Age					
0-13	2,480	260	10%	100	4%
14-17	4,266	632	15%	269	6%
18-21	4,576	727	16%	250	5%
22-26	6,420	1,572	24%	402	6%
27-64	54,127	13,974	26%	3,072	6%
65+	4,898	549	11%	78	2%
Gender					
Male	39,776	10,250	26%	2,103	5%
Female	37,014	7,464	20%	2,068	6%
Race / Ethnicity					
White-NH	14,103	2,851	20%	816	6%
African American-NH	7,518	2,053	27%	241	3%
Asian-NH	145	15	10%	8	6%
Pacific Islander-NH	637	123	19%	21	3%
Native-NH	157	33	21%	12	8%
Other	0	--		--	--
Hispanic	5,215	968	19%	210	4%
Unknown/Not Reported	903	199	22%	34	4%
Medicaid Eligibility					
CalWorks (TANF)	633	69	11%	11	2%
SSI/SSP <65	48,558	13,309	27%	2,996	6%
SSI/SSP ≥ 65	734	49	7%	11	1%
Other Eligibility Categories for ≥65	1,816	218	12%	8	0%
Foster Care	2,981	533	18%	254	9%
AFDC	9,925	1,091	11%	363	4%
Other Disabled	7,802	1,778	23%	363	5%
Other Child/Family	2,278	329	14%	122	5%
Unknown	0	--		--	--
All Remaining Other Eligibility Categories	2,063	338	16%	43	2%
Cohort					
SMI	64,970	16,539	25%	3,734	6%
SED	5,289	824	16%	323	6%
Substance Use Only	713	36	5%	3	0%
Other BH Adult	4,368	249	6%	65	1%
Other BH Youth	1,450	66	5%	46	3%
Special Populations					
Co-Occurring Mental Health/SUD	22,303	7,929	36%	1,441	6%
Service Utilization					
High MH/SUD Medicaid service utilizer	39,439	14,421	37%	2,814	7%

⁹⁶ Admissions are based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

⁹⁷ This represents the percent of individuals who had a valid admission followed by an inpatient readmission within 30 days of their previous discharge. For example, of the 2,480 individuals aged 0-13 with a valid admission, 10% (or 260 individuals) had a hospital inpatient readmission within 30 days of discharge for behavioral health reasons.

⁹⁸ This represents the percent of individuals who had a valid admission followed by an emergency department readmission within 30 days of their previous discharge. For example, of the 2,480 individuals aged 0-13 with a valid admission, 4% (or 100 individuals) had an emergency department readmission within 30 days of discharge for behavioral health reasons.

Table 10a: System at a Glance – Adults

Year	CA Arrivals ⁹⁹	CA Snapshot ¹⁰⁰	Departures ¹⁰¹
2009	15,468	134,223	14%
2008	15,611	128,288	14%
2007	14,630	125,258	13%

Table 10b: System at a Glance – Youth

Year	CA Arrivals ¹⁰²	CA Snapshot ¹⁰³	Departures ¹⁰⁴
2009	11,222	82,847	14%
2008	10,884	76,998	14%
2007	10,378	73,221	14%

⁹⁹ Average number of new adults entering the system each month.

¹⁰⁰ Average number of adult consumers continuously serviced by the system.

¹⁰¹ This number represents the average percent that exit the system (those who do not receive a service for the three months following the last month of service) in a given month. The denominator varies by month and includes those currently receiving services (continuously served plus new arrivals receiving services in the three month window of the month).

¹⁰² Average number of new youth entering the system each month.

¹⁰³ Average number of youth consumers continuously serviced by the system.

¹⁰⁴ This number represents the average percent that exit the system (those who do not receive a service for the three months following the last month of service) in a given month. The denominator varies by month and includes those currently receiving services (continuously served plus new arrivals receiving services in the three month window of the month).

Table 11a: Number of Months with Service Received – 2009 Adults

Number of Months	N	% ¹⁰⁵
1	82,987	29%
2	31,740	11%
3	22,702	8%
4	20,286	7%
5	18,089	6%
6	16,418	6%
7	13,899	5%
8	12,151	4%
9	10,735	4%
10	10,924	4%
11	12,769	5%
12	30,201	11%
Total	282,901	100%

Table 11b: Number of Months with Service Received – 2008 Adults

Number of Months	N	% ¹⁰⁶
1	79,315	29%
2	31,214	11%
3	22,700	8%
4	19,369	7%
5	16,867	6%
6	15,421	6%
7	13,293	5%
8	11,806	4%
9	10,895	4%
10	10,386	4%
11	11,637	4%
12	30,001	11%
Total	272,904	100%

¹⁰⁵ Represents the percentage of adults out of all adults receiving services who received services for a given number of months in 2009. For example, in 2009, 282,901 adults received services; of those, 29% (or 82,987 adults) received services for one month.

¹⁰⁶ Represents the percentage of adults out of all adults receiving services who received services for a given number of months in 2008. For example, in 2008, 272,904 adults received services; of those, 29% (or 79,315 adults) received services for one month.

Table 11c: Number of Months with Service Received – 2007 Adults

Number of Months	N	% ¹⁰⁷
1	74,867	29%
2	29,184	11%
3	20,857	8%
4	18,065	7%
5	16,264	6%
6	14,842	6%
7	13,031	5%
8	11,631	4%
9	10,959	4%
10	11,201	4%
11	12,328	5%
12	29,735	11%
Total	262,964	100%

Table 11d: Number of Months with Service Received – 2009 Youth

Number of Months	N	% ¹⁰⁸
1	49,051	25%
2	25,072	13%
3	18,749	10%
4	15,134	8%
5	13,112	7%
6	12,888	7%
7	10,156	5%
8	8,689	5%
9	8,011	4%
10	7,914	4%
11	8,415	4%
12	15,998	8%
Total	193,189	100%

¹⁰⁷ Represents the percentage of adults out of all adults receiving services who received services for a given number of months in 2007. For example, in 2007, 262,964 adults received services; of those, 29% (or 74,867 adults) received services for one month.

¹⁰⁸ Represents the percentage of youth out of all youth receiving services who received services for a given number of months in 2009. For example, in 2009, 193,189 youth received services; of those, 25% (or 49,051 youth) received services for one month.

Table 11e: Number of Months with Service Received – 2008 Youth

Number of Months	N	% ¹⁰⁹
1	45,500	25%
2	23,672	13%
3	18,622	10%
4	14,841	8%
5	12,647	7%
6	11,964	7%
7	9,295	5%
8	8,181	5%
9	7,656	4%
10	7,363	4%
11	7,737	4%
12	15,186	8%
Total	182,664	100%

Table 11f: Number of Months with Service Received – 2007 Youth

Number of Months	N	% ¹¹⁰
1	43,648	25%
2	22,839	13%
3	17,952	10%
4	14,119	8%
5	12,715	7%
6	11,309	7%
7	8,972	5%
8	7,974	5%
9	6,925	4%
10	7,119	4%
11	7,460	4%
12	13,228	8%
Total	174,260	100%

¹⁰⁹ Represents the percentage of youth out of all youth receiving services who received services for a given number of months in 2008. For example, in 2008, 182,664 youth received services; of those, 25% (or 45,500 youth) received services for one month.

¹¹⁰ Represents the percentage of youth out of all youth receiving services who received services for a given number of months in 2007. For example, in 2007, 174,260 youth received services; of those, 25% (or 43,648 youth) received services for one month.

Section III: County-level Data

Table 12a: Current Participants in Behavioral Health Services – County Level 2009

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹¹		
Large Counties (Over 800,000)				
Alameda	26,507	2%	\$6,243	\$995
Contra Costa	13,373	1%	\$5,829	\$841
Fresno	20,144	2%	\$3,982	\$708
Los Angeles	203,864	2%	\$6,773	\$593
Orange	33,450	1%	\$5,100	\$274
Riverside	23,503	1%	\$4,238	\$533
Sacramento	34,912	2%	\$3,496	\$892
San Bernardino	37,367	2%	\$4,477	\$516
San Diego	49,733	2%	\$4,969	\$521
San Francisco	20,358	3%	\$6,566	\$1,355
San Mateo	6,874	1%	\$6,288	\$259
Santa Clara	20,316	1%	\$7,272	\$563
Ventura	11,186	1%	\$3,932	\$574
Medium Counties (250,000-800,000)				
Kern	17,348	2%	\$3,915	\$401
Marin	3,604	1%	\$5,095	\$459
Monterey	6,197	1%	\$5,724	\$285
Placer	4,573	1%	\$2,572	\$710
San Joaquin	14,052	2%	\$3,020	\$621
San Luis Obispo	3,882	1%	\$4,477	\$40
Santa Barbara	7,232	2%	\$4,513	\$1,108
Santa Cruz	5,016	2%	\$10,311	\$271
Solano	5,173	1%	\$3,905	\$328
Sonoma	8,177	2%	\$4,956	\$1,003
Stanislaus	11,387	2%	\$3,169	\$463
Tulare	10,323	2%	\$4,581	\$421
Small Counties (90,000-250,000)				
Butte	9,771	4%	\$3,179	\$823
El Dorado	2,708	2%	\$2,741	\$782
Humboldt	5,434	4%	\$4,221	\$629
Imperial	5,613	3%	\$2,171	\$224
Kings	3,522	2%	\$2,398	\$191
Madera	3,778	3%	\$2,689	\$142
Mendocino	3,760	4%	\$3,501	\$220
Merced	7,332	3%	\$1,596	\$334

¹¹¹ Represents the percentage of individuals within the population of a given county that participated in behavioral health services in 2009. For example, in Alameda county in 2009, 2% of the population (or 26,507 individuals) participated in behavioral health services.

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹¹		
Napa	1,527	1%	\$6,992	\$214
Nevada	1,980	2%	\$5,190	\$397
Shasta	6,940	4%	\$2,282	\$580
Sutter	907	1%	\$1,025	\$561
Yolo	2,645	1%	\$5,490	\$218
Yuba	3,783	5%	\$2,896	\$831
MBA (Under 90,000)				
Alpine	16	1%	\$3,146	\$83
Amador	509	1%	\$1,191	\$543
Calaveras	800	2%	\$1,989	\$384
Colusa	512	2%	\$6,707	\$402
Del Norte	1,215	4%	\$1,521	\$1,259
Glenn	906	3%	\$2,838	\$276
Inyo	499	3%	\$3,205	\$489
Lake	2,670	4%	\$2,285	\$728
Lassen	882	3%	\$3,301	\$267
Mariposa	853	5%	\$1,787	\$478
Modoc	546	6%	\$10,632	\$64
Mono	124	1%	\$1,939	\$16
Plumas	573	3%	\$3,220	\$315
San Benito	824	1%	\$2,579	\$157
Sierra	43	1%	\$3,909	\$54
Siskiyou	1,868	4%	\$6,318	\$411
Tehama	2,122	3%	\$2,150	\$473
Trinity	431	3%	\$4,333	\$265
Tuolumne	1,757	3%	\$2,755	\$130

Table 12b: Current Participants in Behavioral Health Services – County Level 2008

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹²		
Large Counties (Over 800,000)				
Alameda	24,695	2%	\$5,725	\$1,010
Contra Costa	12,151	1%	\$5,590	\$1,008
Fresno	21,722	2%	\$2,755	\$658
Los Angeles	195,358	2%	\$6,016	\$541
Orange	32,852	1%	\$5,268	\$272
Riverside	22,718	1%	\$3,137	\$426
Sacramento	35,432	3%	\$3,691	\$720
San Bernardino	34,060	2%	\$4,314	\$545
San Diego	46,349	2%	\$4,838	\$650
San Francisco	19,764	2%	\$5,662	\$1,450
San Mateo	6,010	1%	\$6,608	\$528
Santa Clara	20,561	1%	\$6,676	\$543
Ventura	10,252	1%	\$3,720	\$775
Medium Counties (250,000-800,000)				
Kern	17,182	2%	\$4,440	\$505
Marin	2,782	1%	\$6,845	\$999
Monterey	5,717	1%	\$5,667	\$235
Placer	4,384	1%	\$3,080	\$589
San Joaquin	13,504	2%	\$2,888	\$650
San Luis Obispo	4,442	2%	\$3,802	\$186
Santa Barbara	8,105	2%	\$4,478	\$317
Santa Cruz	4,938	2%	\$10,370	\$313
Solano	6,875	2%	\$4,416	\$178
Sonoma	7,938	2%	\$5,069	\$1,080
Stanislaus	10,402	2%	\$3,347	\$455
Tulare	11,162	3%	\$4,051	\$333
Small Counties (90,000-250,000)				
Butte	9,323	4%	\$2,856	\$578
El Dorado	2,518	1%	\$3,118	\$781
Humboldt	5,469	4%	\$2,733	\$463
Imperial	5,611	3%	\$2,154	\$268
Kings	3,497	2%	\$1,991	\$180
Madera	3,625	2%	\$2,310	\$229
Mendocino	3,851	4%	\$3,497	\$241
Merced	6,769	3%	\$1,281	\$387

¹¹² Represents the percentage of individuals within the population of a given county that participate in behavioral health services in 2008. For example, in Alameda county in 2008, 2% of the population (or 24,695 individuals) participated in behavioral health services.

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹²		
Napa	1,547	1%	\$6,832	\$437
Nevada	1,705	2%	\$4,198	\$144
Shasta	6,879	4%	\$2,101	\$540
Sutter	830	1%	\$1,169	\$749
Yolo	2,863	1%	\$3,845	\$348
Yuba	3,679	5%	\$2,691	\$611
MBA (Under 90,000)				
Alpine	21	2%	\$2,066	\$24
Amador	585	2%	\$1,116	\$1,569
Calaveras	779	2%	\$2,257	\$1,356
Colusa	550	3%	\$5,260	\$249
Del Norte	1,458	5%	\$1,792	\$283
Glenn	839	3%	\$3,738	\$217
Inyo	481	3%	\$2,464	\$210
Lake	2,757	4%	\$1,906	\$324
Lassen	826	2%	\$3,473	\$218
Mariposa	585	3%	\$3,424	\$150
Modoc	315	3%	\$3,804	\$1,017
Mono	131	1%	\$2,125	\$4
Plumas	562	3%	\$3,942	\$648
San Benito	710	1%	\$2,379	\$215
Sierra	43	1%	\$14	\$69
Siskiyou	1,964	4%	\$7,177	\$308
Tehama	1,969	3%	\$2,576	\$86
Trinity	444	3%	\$3,335	\$84
Tuolumne	1,959	3%	\$2,701	\$387

Table 12c: Current Participants in Behavioral Health Services – County Level 2007

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹³		
Large Counties (Over 800,000)				
Alameda	24,040	2%	\$5,808	\$758
Contra Costa	11,742	1%	\$5,201	\$1,158
Fresno	20,716	2%	\$2,763	\$655
Los Angeles	190,920	2%	\$5,599	\$486
Orange	31,750	1%	\$5,704	\$225
Riverside	24,259	1%	\$2,692	\$346
Sacramento	34,181	2%	\$3,538	\$571
San Bernardino	32,149	2%	\$3,885	\$450
San Diego	41,157	1%	\$5,006	\$462
San Francisco	18,713	2%	\$5,846	\$1,067
San Mateo	5,944	1%	\$5,750	\$427
Santa Clara	20,517	1%	\$6,580	\$576
Ventura	9,648	1%	\$3,963	\$527
Medium Counties (250,000-800,000)				
Kern	16,840	2%	\$4,624	\$463
Marin	2,638	1%	\$6,097	\$656
Monterey	4,809	1%	\$5,577	\$223
Placer	3,918	1%	\$2,877	\$392
San Joaquin	12,734	2%	\$2,587	\$598
San Luis Obispo	4,253	2%	\$3,494	\$168
Santa Barbara	8,177	2%	\$5,394	\$304
Santa Cruz	4,610	2%	\$10,016	\$283
Solano	6,959	2%	\$4,397	\$167
Sonoma	7,575	2%	\$5,313	\$1,027
Stanislaus	10,183	2%	\$3,173	\$361
Tulare	10,737	2%	\$3,292	\$378
Small Counties (90,000-250,000)				
Butte	8,966	4%	\$2,719	\$649
El Dorado	2,193	1%	\$2,747	\$359
Humboldt	5,656	4%	\$2,372	\$582
Imperial	5,974	4%	\$1,969	\$220
Kings	3,395	2%	\$1,897	\$116
Madera	3,431	2%	\$2,346	\$352
Mendocino	3,727	4%	\$2,573	\$177
Merced	6,015	2%	\$1,464	\$385

¹¹³ Represents the percentage of individuals within the population of a given county that participate in behavioral health services in 2007. For example, in Alameda county in 2007, 2% of the population (or 24,040 individuals) participated in behavioral health services.

Counties	Total		Average Mental Health Cost	Average Substance Use Cost
	N	% ¹¹³		
Napa	1,420	1%	\$5,706	\$122
Nevada	1,487	2%	\$3,126	\$774
Shasta	6,976	4%	\$2,442	\$459
Sutter	831	1%	\$1,178	\$490
Yolo	3,053	2%	\$4,091	\$220
Yuba	3,371	5%	\$2,532	\$521
MBA (Under 90,000)				
Alpine	48	4%	\$403	\$77
Amador	554	1%	\$1,347	\$134
Calaveras	702	2%	\$1,962	\$133
Colusa	495	2%	\$4,410	\$319
Del Norte	1,455	5%	\$1,744	\$161
Glenn	857	3%	\$3,264	\$312
Inyo	425	2%	\$2,590	\$711
Lake	2,750	4%	\$2,326	\$419
Lassen	853	2%	\$3,647	\$87
Mariposa	493	3%	\$3,467	\$711
Modoc	333	3%	\$2,217	\$418
Mono	119	1%	\$5,398	\$10
Plumas	542	3%	\$4,114	\$428
San Benito	711	1%	\$3,226	\$178
Sierra	23	1%	\$0	\$12
Siskiyou	1,913	4%	\$7,578	\$843
Tehama	1,839	3%	\$1,967	\$155
Trinity	426	3%	\$3,635	\$172
Tuolumne	1,757	3%	\$3,395	\$1,219

Table 13a: Special Analyses: Monthly Mental Health Inpatient Services by County 2009

County	Admission Rate ¹¹⁴	Mental Health Inpatient		
		Avg. Length of Stay (days)	30 Day Readmission Rate N	% ¹¹⁵
Statewide	43,389	8	9,948	23%
Large Counties (Over 800,000)				
Alameda	951	7	224	24%
Contra Costa	450	9	85	19%
Fresno	1,256	6	214	17%
Los Angeles	20,727	8	5,659	27%
Orange	4,361	13	924	21%
Riverside	358	14	20	6%
Sacramento	895	9	124	14%
San Bernardino	2,884	6	529	18%
San Diego	5,321	9	1,098	21%
San Francisco	668	6	181	27%
San Mateo	505	7	187	37%
Santa Clara	344	8	77	22%
Ventura	440	7	38	9%
Medium Counties (250,000-800,000)				
Kern	894	7	88	10%
Marin	184	10	32	17%
Monterey	130	6	15	12%
Placer	2	2	0	0%
San Joaquin	37	19	2	5%
San Luis Obispo	--	--	--	--
Santa Barbara	63	7	0	0%
Santa Cruz	238	8	64	27%
Solano	385	11	63	16%
Sonoma	3	4	0	0%
Stanislaus	1,112	5	148	13%
Tulare	308	11	42	14%
Small Counties (90,000-250,000)				
Butte	125	7	3	2%
El Dorado	--	--	--	--
Humboldt	2	2	0	0%
Imperial	2	1	0	0%
Kings	1	2	0	0%
Madera	1	5	0	0%
Mendocino	--	--	--	--
Merced	4	1	0	0%
Napa	438	9	112	26%
Nevada	--	--	--	--

¹¹⁴ Admission Rate is based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

¹¹⁵ This represents the percent of individuals with a valid inpatient admission who experienced a mental health inpatient readmission within 30 days of discharge in a given county. For example, in Alameda county, of the 951 individuals with a valid inpatient admission, 24% (or 224 individuals) experienced a mental health inpatient readmission within 30 days of discharge.

County	Mental Health Inpatient			
	Admission Rate ¹¹⁴	Avg. Length of Stay (days)	30 Day Readmission Rate	
			N	% ¹¹⁵
Shasta	1	2	0	0%
Sutter	--	--	--	--
Yolo	294	9	19	6%
Yuba	4	4	0	0%
MBA (Under 90,000)				
Alpine	--	--	--	--
Amador	--	--	--	--
Calaveras	--	--	--	--
Colusa	--	--	--	--
Del Norte	0	6	--	--
Glenn	--	--	--	--
Inyo	--	--	--	--
Lake	0	3	--	--
Lassen	--	--	--	--
Mariposa	--	--	--	--
Modoc	--	--	--	--
Mono	--	--	--	--
Plumas	1	3	0	0%
San Benito	--	--	--	--
Sierra	--	--	--	--
Siskiyou	--	--	--	--
Tehama	--	--	--	--
Trinity	--	--	--	--
Tuolumne	--	--	--	--

Table 13b: Special Analyses: Monthly Mental Health Inpatient Services by County 2008

County	Admission Rate ¹¹⁶	Mental Health Inpatient		
		Avg. Length of Stay (days)	30 Day Readmission Rate	
			N	% ¹¹⁷
Statewide	41,120	9	9,355	23%
Large Counties (Over 800,000)				
Alameda	839	8	197	23%
Contra Costa	375	10	68	18%
Fresno	1,048	7	187	18%
Los Angeles	19,752	9	5,347	27%
Orange	4,560	13	948	21%
Riverside	822	8	142	17%
Sacramento	774	8	80	10%
San Bernardino	2,375	6	493	21%
San Diego	4,828	9	969	20%
San Francisco	595	7	190	32%
San Mateo	204	6	42	21%
Santa Clara	282	8	47	17%
Ventura	467	8	54	12%
Medium Counties (250,000-800,000)				
Kern	776	7	97	13%
Marin	201	10	31	15%
Monterey	107	6	20	19%
Placer	1	2	0	0%
San Joaquin	44	21	10	23%
San Luis Obispo	--	--	--	--
Santa Barbara	37	7	0	0%
Santa Cruz	358	7	91	25%
Solano	545	11	64	12%
Sonoma	57	6	6	11%
Stanislaus	770	5	100	13%
Tulare	226	14	29	13%
Small Counties (90,000-250,000)				
Butte	190	8	8	4%
El Dorado	2	2	0	0%
Humboldt	2	5	0	0%
Imperial	2	7	0	0%
Kings	--	--	--	--
Madera	1	4	0	0%
Mendocino	3	8	8	4%
Merced	--	--	--	--
Napa	330	10	76	23%
Nevada	1	1	0	0%

¹¹⁶ Admission Rate is based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

¹¹⁷ This represents the percent of individuals with a valid inpatient admission who experienced a mental health inpatient readmission within 30 days of discharge in a given county. For example, in Alameda county, of the 839 individuals with a valid inpatient admission, 23% (or 197 individuals) experienced a mental health inpatient readmission within 30 days of discharge.

County	Admission Rate ¹¹⁶	Mental Health Inpatient		
		Avg. Length of Stay (days)	30 Day Readmission Rate	
			N	% ¹¹⁷
Shasta	7	12	0	0%
Sutter	--	--	--	--
Yolo	288	9	25	9%
Yuba	3	4	0	0%
MBA (Under 90,000)				
Alpine	--	--	--	--
Amador	1	2	0	0%
Calaveras	1	2	0	0%
Colusa	0	1	.	.
Del Norte	--	--	--	--
Glenn	--	--	--	--
Inyo	--	--	--	--
Lake	--	--	--	--
Lassen	--	--	--	--
Mariposa	--	--	--	--
Modoc	--	--	--	--
Mono	--	--	--	--
Plumas	1	1	0	0%
San Benito	--	--	--	--
Sierra	--	--	--	--
Siskiyou	--	--	--	--
Tehama	--	--	--	--
Trinity	--	--	--	--
Tuolumne	245	7	34	14%

Table 13c: Special Analyses: Monthly Mental Health Inpatient Services by County 2007

County	Admission Rate ¹¹⁸	Mental Health Inpatient		
		Avg. Length of Stay (days)	30 Day Readmission Rate	
			N	% ¹¹⁹
Statewide	43,179	9	9,593	22%
Large Counties (Over 800,000)				
Alameda	1,230	7	260	21%
Contra Costa	437	10	69	16%
Fresno	879	7	150	17%
Los Angeles	20,021	9	5,362	27%
Orange	4,782	13	997	21%
Riverside	1,320	7	263	20%
Sacramento	1,024	8	115	11%
San Bernardino	2,468	6	478	19%
San Diego	4,796	9	946	20%
San Francisco	959	8	251	26%
San Mateo	239	6	56	23%
Santa Clara	313	10	39	12%
Ventura	363	8	47	13%
Medium Counties (250,000-800,000)				
Kern	785	7	139	18%
Marin	143	7	27	19%
Monterey	190	6	16	8%
Placer	10	4	0	0%
San Joaquin	75	20	1	1%
San Luis Obispo	3	3	0	0%
Santa Barbara	130	5	16	12%
Santa Cruz	395	7	95	24%
Solano	691	11	73	11%
Sonoma	316	7	42	13%
Stanislaus	56	7	2	4%
Tulare	442	9	50	11%
Small Counties (90,000-250,000)				
Butte	219	8	4	2%
El Dorado	10	3	0	--
Humboldt	6	4	0	--
Imperial	4	2	0	--
Kings	9	3	0	--

¹¹⁸ Admission Rate is based on the number of valid admissions (admissions with no discharge before Dec 1st and admissions less than 1 day from prior discharge have been eliminated).

¹¹⁹ This represents the percent of individuals with a valid inpatient admission who experienced a mental health inpatient readmission within 30 days of discharge in a given county. For example, in Alameda county, of the 1,230 individuals with a valid inpatient admission, 21% (or 260 individuals) experienced a mental health inpatient readmission within 30 days of discharge.

County	Admission Rate ¹¹⁸	Mental Health Inpatient		
		Avg. Length of Stay (days)	30 Day Readmission Rate	
			N	% ¹¹⁹
Madera	10	5	0	--
Mendocino	10	4	1	10%
Merced	11	3	0	--
Napa	273	11	28	10%
Nevada	3	2	0	--
Shasta	38	3	1	3%
Sutter	--	--	--	--
Yolo	233	9	32	14%
Yuba	10	3	1	10%
MBA (Under 90,000)				
Alpine	--	--	--	--
Amador	1	2	0	--
Calaveras	1	42	1	100%
Colusa	1	3	0	--
Del Norte	--	--	--	--
Glenn	1	3	0	--
Inyo	1	4	0	--
Lake	3	4	0	--
Lassen	1	2	0	--
Mariposa	--	--	--	--
Modoc	--	--	--	--
Mono	1	3	0	--
Plumas	--	--	--	--
San Benito	1	3	0	--
Sierra	--	--	--	--
Siskiyou	2	2	0	--
Tehama	1	2	0	--
Trinity	--	--	--	--
Tuolumne	262	8	31	12%

Section IV: Methodology

This section describes the methodology used to analyze Medi-Cal Claims data provided by the Department of Health Care Services (DHCS) for the years 2007-2009. In order to ascertain the current state of behavioral health service utilization in California, it was determined that access to Medi-Cal claims level data was critical. This data would help the TAC/HSRI team to determine current need for behavioral health services and evaluate the extent to which estimated need was met through penetration rates. Through additional statistical analysis, this data would help to provide a deeper understanding of how services are currently being delivered and how this pattern of service utilization may impact the expansion population to serve the complex needs of Medi-Cal clients with behavioral health issues. The TAC/HSRI team requested from DHCS claims data for behavioral health clients enrolled in the Medi-Cal program between 2007 and 2010. Because of data lag issues it was determined that 2010 would not be used. Thus, the analysis included in this report and was restricted to 2007 – 2009. The extraction algorithm used to download the claims files of all DHCS behavioral health clients across the 3 years is shown in Table 14 below.

Table 14: Diagnostic Codes for Extracting Population

Diagnostic Category	SAMHSA Diagnosis Codes to Identify Mental Health Population	
	First three Digits of ICD-9 CM Diagnosis	Example Conditions included within Diagnostic Category
Schizophrenia	295	Chronic and acute schizophrenia conditions
Major Depressive & Affective Conditions	296	Manic, depressive and bipolar conditions
Other Psychoses	297, 298	Paranoid states, delusional conditions, and reactive psychoses
Childhood Psychoses	299	Infantile autism, disintegrative conditions, and childhood-like schizophrenia
Neurotic and other Depressive Conditions	300, 311	Anxiety states; phobic, obsessive-compulsive, and other neurotic conditions; and unspecified depressive conditions
Personality Conditions	301	Affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality conditions
Other Mental Conditions	302, 306, 310	Sexual deviations, physiological malfunctions arising from mental factors, and non-psychotic mental conditions due to organic brain damage
Special Symptoms & Syndromes	307	Eating conditions, tics and repetitive movement conditions, sleep conditions and enuresis
Stress and Adjustment Reactions	308, 309	Acute reaction to stress, depressive reaction, separation conditions, and conduct disturbance
Disorders of Conduct	312	Aggressive outbursts, truancy, delinquency, kleptomania, impulse control condition, and other conduct disorders
Emotional Disturbances	313	Overanxious condition, shyness, relationship problems, and other mixed emotional disturbances of childhood or adolescence such as oppositional condition

SAMHSA Diagnosis Codes to Identify Mental Health Population		
Diagnostic Category	First three Digits of ICD-9 CM Diagnosis	Example Conditions included within Diagnostic Category
Hyperkinetic Syndrome	314	Attention deficit with or without hyperactivity, and hyperkinesis with or without developmental delay
Pregnancy/Childbirth Conditions	648.40-648.44	Mental conditions associated with pregnancy or childbirth
SAMHSA Diagnosis Codes to Identify Substance Abuse Population		
Alcohol Abuse	291, 303, 305.0	Alcoholic psychoses
Drug Abuse	292, 304, 305.2-305.9	Drug psychoses and mood conditions, drug dependence
Tobacco Use Disorder	305.1	Tobacco use disorder
Pregnancy/Childbirth Conditions	760.71, 648.3-648.34, 779.5	Substance abuse related pregnancy or childbirth

The requested Medi-Cal dataset was populated by clients with specific diagnosis codes (ICD9 Codes) with a primary diagnosis identifying a behavioral health disorder such as schizophrenia, depressive conditions, disorders of conduct, and substance use from SAMHSA’s diagnostic categories for substance use. Additionally, pregnancy and childbirth mental conditions were also included (see Table 14). DHCS also provided the TAC/HSRI team with a list of variables available from the data element list. The team requested the following variables listed in Table 15 along with a brief indication as to which main task in the work plan the variable would enable us to perform.

Table 15: Claims Level Data Requested

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
1. Unique Medicaid identifier	X	Medicaid ID that can be linked to eligibility file and possibly other files	2
4. DHCS Claim Type	X	Identifies the general type of service that was provided.	2
6. Beneficiary ID: County	X	Identifies the county of the patient.	2
7. Beneficiary ID: Aid Code	X	Aid Category identifies which aid code the claim was paid under.	2
10. Beneficiary ID: Person Number	X	Person Number identifies the individual person in the case. The counties assign the codes.	2
12. Sex	X	Identifies the sex of the patient.	2, 4, 5
13. Race	X	Identifies ethnicity of the patient. This coding scheme is used on MEDS.	2, 4, 5
15. Provider Zip Code1	X	Servicing address for billing provider.	4, 5
16. Provider Number1, 2	X	Billing provider number. It identifies the provider of services.	4, 5
17. Hospital Reimbursement Rates	X	Hospital Reimbursement Rate identifies the percentage rate in which allowed charges will be adjusted to reflect the variance between charges and actual cost for out-of-state and non-contract hospitals. This variable may be available if dollar amounts are removed.	3,4, 5
18. Patient Liability Amount	X	Patient Liability identifies the amount owed by the recipient for the services being billed for by the provider on this claim.	3, 5
19. Provider County1	X	County code of the billing provider.	4, 5
20. Physician Specialty	X	Identifies the primary specialty for Physicians.	4, 5
21. Vendor Code	X	Identifies the general type of provider.	4, 5
22. Discharge/Status Code	X	DHCS Discharge/Patient Status Code indicates status of patient on the last day of service on inpatient claims.	3, 5, 7
25. Medicare Indicator	X	Medicare Indicator indicates that this was a Medicare Crossover Claim	2, 5
26. Admission Date	Complete date is allowed.	Admission Date identifies the date the patient was admitted to the hospital (Inpatient claims only).	2, 7
27. Discharge Date	Complete date is allowed.	Discharge Date identifies the date the patient was discharged to the hospital (Inpatient claims only).	2, 7

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
29. Primary Diagnosis Code (ICD)	X	Primary Diagnosis Code identifies the diagnosis code for the principal condition requiring medical attention.	2, 5, 7
30. Co-Insurance Amount	X	Co-Insurance Amount identifies the co-insurance amount billed to Medi-Cal for Medicare services.	2, 5, 7
31. Total Medi-Cal Billed Amount	X	Total Medi-Cal Billed Amount indicates the amount Medi-Cal was billed by the provider.	2, 5, 7
32. Total Medi-Cal Paid Amount1	X	Total Medi-Cal Paid Amount indentifies the amount Medi-Cal paid to the provider.	3, 7, 8
34. Federal Financial Participation	X	Indicates what FFP rate was used for payment.	3, 7
35. Adjustment Indicator	X	Adjustment Indicator identifies the record as an adjustment.	3, 7
36. Days Stay	X	Days Stay indicates the number of days that the patient stayed in the hospital (Inpatient claims only).	3, 7
39. From Date of Service	Complete date is allowed.	This is the earliest date of service for the period of service being reported by the provider in this claim.	3,7
40. To Date of Service	Complete date is allowed.	This is the latest date of service for the period of service being reported by the provider in this claim.	3,7
41. Other Coverage Indicator	X	Other Coverage Indicator indicates that there was a non-Medicare other health insurance for the claim.	3,7
43. Birth Date	Complete date is allowed for all individuals.	Birth Date identifies the Medi-Cal recipient's date of birth.	3 (for linking with DMH and / or ADP data)
44. Provider Type Code	X	Provider Type Code identifies the classification of the provider rendering health and medical services using the newer 3-digit coding.	4, 5
45. Category of Service	X	Category of Service identifies the category of service the service (procedure) code falls into and that the provider is qualified to render (using the newer 3-digit coding).	3, 5
46. CCS/GHPP Indicator	X	CCS/GHPP Indicator indicates service authorized by the California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP).	3, 5

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
47. Provider Name1	X	Identifies the name of the billing provider.	4, 5
48. Minor Consent Service Code	X	Minor Consent Service Code identifies the recipient as a minor consent eligible and to identify the minor consent services needed.	2, 5
50. FI Claim Type	X	Identifies the type of claim used for this billing and the type of edits that were applicable.	3, 5
51. Prepaid Health Plan Code	X	Recipient Managed Care Plan Code (a.k.a. Prepaid Health Plan Code) identifies the prepaid health plan that the recipient is enrolled in.	3, 5
52. Secondary Diagnosis Code	X	Secondary Diagnosis Code identifies patient's secondary diagnosis, which requires supplementary medical treatment.	2,5
53. Claim Emergency Indicator	X	Claim Emergency Indicator indicates whether the service was performed in an emergency situation.	2,5
55. Admission Necessity Code	X	Inpatient Admission Necessity/Type Code indicates the necessity for admission to an inpatient hospital.	2,5
56. Patient Status Code	X	DHCS Discharge/Patient Status Code indicates status of patient on the last day of service on inpatient claims.	2, 5, 7
62. Admit Source	X	Admit Source identifies the reason a patient was admitted to a hospital.	2, 5, 7

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
<u>Detail Line Elements</u>			
64. Medi-Cal Billed Amount	X	Detailed Medi-Cal Allowed Amount (Previously named "Detail Medi-Cal Amount Paid") identifies the maximum amount payable for this service by Medi-Cal.	3, 5, 7
65. Medi-Cal Paid Amount1	X	Detail Medi-Cal Billed Amount identifies the amount billed for this service.	3, 7
66. Medicare Billed Amount	X	Medicare Billed Amount identifies the amount billed to Medicare.	3,7
67. Medicare Paid Amount	X	Medicare Paid Amount identifies the amount paid by Medicare.	3, 7
68. Medicare Deduction Code	X	Medicare Deduction Code identifies the type of deductible amount reported in the data element MEDICARE DEDUCTIBLE AMOUNT for Medicare claims.	3, 7
69. Medicare Deductible Amount	X	Medicare Deductible Amount indicates the Medicare deductible amount billed to Medi-Cal for this service.	3, 7
70. From Date of Service	Complete date is allowed.	Detail From Date of Service identifies the start date of the service on this detail.	3, 7
71. To Date of Service	Complete date is allowed.	Detail To Date of Service identifies the end date of the service on this detail.	3, 7
72. PCCM Indicator	X	Primary Care Case Management Indicator identifies if this is a Primary Care Case Management record.	3, 5
73. Other Health Care Coverage	X	Other Coverage Indicator indicates that there was a non-Medicare other health insurance for the claim. It identifies the Other Health Care Circumstances for each service rendered.	2, 7
74. EPSDT Service Indicator	X	EPSDT Service Indicator identifies the kind of service for Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims.	2, 7
76. Place of Service	X	DHCS Place of Service identifies where service was rendered.	2, 7
77. Type of Service	X	Type of Service based on the procedure code/revenue code on claims/encounters.	2, 7
78. Procedure Code	X	The procedure code being billed on the claim line. This procedure code field can contain CPT-4, HCPCS, Revenue Codes or State Codes.	3, 7

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
79. Procedure Indicator	X	Identifies the type of procedure code or drug code present in the procedure code field.	3, 7
82. Units of Service	X	Indicates number of units of service provided.	3, 7
84. Co-Pay Amount	X	The co-payment amount is to be collected by or obligated to the provider at the time the service is rendered.	3, 4, 5
86. Prescribing Provider Number2	X	Referring Prescribing Provider Number.	3, 4, 5
87. EPSDT Referral Code	X	EPSDT (Early Periodic Screening, Diagnosis and Treatment) Referral Code identifies if this claim is a CHDP screen-related service; e.g., if a CHDP (Child Health and Disability Prevention) referral preceded this claim.	3, 4, 5
88. Co-Pay Indicator	X	Co-Pay Indicator determines the kind of co-pay.	3, 4, 5
89. Drug Manufacturer	X	Indicates code of drug manufacturer.	3, 4, 5
90. FI Type of Service	X	FI Type of Service characterizes the type of service with which a procedure code is associated.	3, 4, 7
91. Medi-Cal Reimbursement Amount 1	X	Medi-Cal Reimbursed Amount identifies the actual amount reimbursed for this detail line procedure.	3, 4, 7
92. Other Coverage Amount	X	Detail Other Coverage Amount identifies the amount of money paid by an insurance carrier or third party for this service. Does not include Medicare payment.	3, 7
93. Original Place of Service	X	Original Place of Service identifies where the service was rendered.	3, 4, 7
95. Drug Days Supply	X	Drug Days Supply identifies the number of days that the prescription covered.	3, 4, 7
96. Medical Supply Indicator	X	Medical Supply Indicator indicates whether this drug code is for a medical supply.	3, 7
97. Compound Drug Indicator	X	Indicates whether a drug claim is for a compound drug.	3, 7
99. Billed Code Indicator	X	Provides information about the original contents of the Procedure Code field before any cross-referencing takes place.	3, 5, 7

Data Element List (Based on the '35' Paid Claims File)			
DATA ELEMENT	Level of Data Required	DESCRIPTION FROM MIS/DSS METADATA	Data Requested for TAC Work Plan MAIN TASK (may then be used for additional task)
<u>Header Elements</u>			
100. FFP Indicator	X	Detailed FFP (Federal Financial Participation) Indicator currently used only on FPACT claims from EDS to indicate the level of Medicaid Federal Financial Participation, if any, that the state may claim.	3, 7
RECORD_ID	X	Record ID	2, 4,5
ADJ_IND	X	Adjusted claim	2, 4,5
REVENUE_CD	X	Revenue code	2, 4,5

It was determined that both claims level and eligibility level variables were necessary for a comprehensive analysis. However, the eligibility files had a number of missing data elements useful for the analysis, most notably race. Attempts were made to use it for select demographic variables in instances that were missing in the claims files. The claims level variables identify the population's need for services, the Medi-Cal expenditures on this population, and other information on service utilization. Claims level variables include items such as provider information (type, specialty, county of practice, etc.), primary and secondary diagnosis codes, category of services, and Medi-Cal paid amount (see table 15). Information on Short-Doyle and Drug Medi-Cal providers were also included in the claims files. To facilitate data transfer, a secure FTP server was assigned to upload data in text format. Data was encrypted and restricted to the appointed team of analysts, with all files being password protected and stored in a locked secured server environment. All staff who worked with the data received standard training on confidentiality awareness that conformed to standards set by the Federal Department of Health and Human Services. A data security administrator (DSA) was designated to ensure that all information for shared network resources were done at the server level based upon the user's authentication credentials. Application-level access passwords were only allowed when explicitly authorized by management. Security administrators ensured that server access was restricted such that information transfer could not be affected via access to shared system resources such as disk space or memory. The security administrator also ensured that firewalls at the system boundaries were monitored and controlled from communication with the outside world. Such firewalls logged all access attempts, both successful and unsuccessful. The data security administrator ensured that any publicly accessible server was located on a separate subnet to prevent unauthorized access. The DSA created standards for the creation and use of cryptographic keys and the standards for use of cryptography. All moderate-risk information that leaves a site's internal network (even if it is headed for another site's internal network) was encrypted using a 128-bit key and the AES method of cryptography. The data was stored in a secured server in climate control environment.

All physical access points (including designated entry/exit points) to facilities containing information systems (except for those areas within the facilities officially designated as publicly accessible) were controlled and individual access authorizations were verified before granting access to the facilities. Access to areas officially designated as publicly accessible, as appropriate, in accordance with the organization's assessment of risk were also controlled. A copy of the signed confidentiality contract required for the use of Medicaid Data is on file.

Data Preparation

All data files were uploaded in panel or disaggregated (claims) format, with multiple claims per client on successive rows. There were a total of 3 files that corresponded to the years under the analysis. After the data files were successfully downloaded, they were stored in SQL format by calendar year, with select variables migrated and converted to SPSS format for specific analyses. Most utilization and performance indicator analyses were performed using SPSS. All provider analyses and analyses exploring arrivals and monthly service penetration were conducted using SQL program.

To prepare for data analysis, the team created several variables that are introduced across multiple analysis result tables. These included individual level data found in demographic variables such as age categories, race/ethnicity and gender. Eligibility categories were also developed from the Medi-Cal Aid codes provided (details discussed below). Clinical variables such as cohort by behavioral health diagnostic conditions and special populations such as Mental Health Specialty (Short-Doyle), EPSDT (Early & Periodic Screening, Diagnosis & Treatment) and Children's Medi-Cal Foster Care Program were also constructed. The final category of individual level variables constructed was the Top utilizers. Aggregate variables on behavioral service categories were also constructed using CPT and HCPCS procedure codes. Indicator (dummy) variables were created for all cohort or special population of interest that were used in the analyses. Details on how these variables were constructed for analyses are described below.

Demographic Variable Construction

Demographic variables were created primarily from data furnished in the claims files. Gender was uploaded as a string variable that was converted to numeric sequence with 0 for male and 1 for female. Age categories were constructed from the client's birthday and it was determined by age as of January 1st of the given year. Once age on January 1 was calculated, they were subdivided into 10 categories to match the prevalence estimates for data presented in the penetration tables (0-5, 6-11, 12-17, 18-20, 21-24, 25-34, 35-44, 45-54, 55-64, 65+) and into 6 categories for all other tables (0-13, 14-17, 18-21, 22-26, 27-64, 65+). Race and ethnicity were collapsed into 8 categories from those reported in the Claims Data. Asian demographics include individuals from north (China, Japan, Korea) as well as southeast Asia (India, Thailand, Vietnam, Hmong, Cambodia and Phillipines). Pacific Islanders include those from pacific isles located several hundred miles from the coast of any mainland Asian continent. Where possible, missing information was provided by identical respondents on the limited eligibility files.

Eligibility Categories

Medi-Cal, California's Medicaid program, was started in 1965 in response to the passage of Title XIX of the Social Security Act¹²⁰. The original intent of Medi-Cal was to provide healthcare to uninsured individuals and address the complex healthcare coverage issues of the disabled and elderly. Additional eligibility categories have been added in the 47 years since Medi-Cal's creation. These new categories were developed in response to the changing healthcare needs of California's population.

In general, eligibility to Medi-Cal depends on income. One's income must fall below state-defined limits in order to qualify for Medi-Cal. Applicants must fit into one of the following categories:

- Individuals who are aged, blind or disabled according to Social Security Rules
- Families with children where deprivation exists (linked to Cal-Works, California's TANF program)
- Children or pregnant women without regard to deprivation or property
- Individuals with specific health needs, such as Tuberculosis sufferers, dialysis users, users of intravenous nutrition services, breast and cervical cancer sufferers, certain services for minors and nursing home care.

In determining one's eligibility for Medi-Cal, county eligibility workers assign each applicant an Aid Code. This code is not seen by the applicant, but is used to track the criteria by which the beneficiary qualified for Medi-Cal. For example, a person receiving coverage through the Medically Needy Program would have a different aid code based on whether he or she is aged, disabled, blind, etc¹²¹. Aid codes are also used by health care workers to discern which services will be covered by Medi-Cal based on the applicant's eligibility. There are over 170 aid codes used in California today.

For the purposes of this analysis, it was not necessary to calculate the frequency of behavioral health service utilization for individuals qualifying for Medi-Cal through each of the approximately 170 aid codes. Our team highlighted 10 prominent categories of aid code that was most useful to our analysis and our ability to determine who qualified eligible enrollees are likely to be among the expansion population.

These categories included the following:

Eligibility based on:

- CalWorks eligibility (TANF) for beneficiaries aged under 65
- SSI/SSP eligibility for beneficiaries under age 65

¹²⁰ Overview History of Centers for Medicare and Medicaid Services. <https://www.cms.gov/History/>

¹²¹ Kulkarni, M. (2006) A guide to MediCal programs: Third edition. Retrieved from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/G/PDF%20GuideMediCalPrograms2006.pdf>

- SSI/SSP eligibility for beneficiaries over age 65
- Other eligibility codes for beneficiaries over age 65
- Foster Care
- Aid for Families with Dependent Children (AFDC)¹²²
- Other codes for disabled beneficiaries
- Other codes for children or families
- All remaining codes

In Table 16 below we outline how the aid codes were distributed into these 9 categories. A definition of each of the aid codes can be found at the end of this document.

Table 16: Eligibility Categories and Corresponding Aid Codes

Eligibility Categories	Aid Codes
CAL WORKS	3E, 3D, 3L, 3M, 3U, 3V, 3W, 4H, 4P, 4R
SSI/SSP <65	20, 36, 60
SSI/SSP ≥ 65	10
Other Eligibility Categories for ≥65	OW, 1X, 1Y, 14, 16, 17, 18, C1, C2, D2, D3, 13
Foster Care	4A, 4F, 4G, 03, 04, 06, 4H, 4K, 4L, 40, 42, 46, 5K
AFDC	3G, 3H, 30, 32, 3H, 33, 34, 35, 37, 3N, 3P, 3R, C5
Other Disabled	6A, 6C, 6E, 6G, 6H, 6U, 6V, 6W, 6X, 6Y, 63, 64, 66, 67, 68, 6R, 6J, 80, C7, C8, D4, D5, D6, D7, 5J, 5R, 2E, 2H, 23, 24, 26, 27,28, 8G, C3, C4
Other Child/Family	34, 37, 38, C5, C6, 3A, 3C,5E, E1, 7X, 8X, 45, 7J, 3E, 3L, 4P, 4R, 8N, 8P, 8R, 8T, 3W, 4T, 44, 45, 47, 48, 7A, 7J, 7K, 7M, 7N, 7P, 7R, 72, 74, 8E, 8U, 8V, 8W, 82, 83, C9, D1
All Remaining Other Eligibility Categories	All remaining aid codes

Clinical Cohort

We developed for analysis several clinical cohort variables to further examine their current utilization under Medi-Cal. The most prominent among these are our definition of SMI (individuals with severe and persistent mental illness), SED (children with severe emotional disturbance) adults and youths with other behavioral health complications also known as broad definition behavioral health individuals, individuals with substance use, and those with substance use and mental health comorbidity. We identified these clinical cohorts through the ICD-9 diagnostic codes. We began by identifying our broad behavioral health individuals as those with a primary diagnosis between 295 and 314 and 648.4. These correspond to diagnostic conditions listed below in Table 17. Some apply only to adults, others only to children, and

¹²² Covers those who would have been eligible for MediCal if AFDC were still in effect.

some to both. For those that apply to both, age up to 17 was used to isolate behavioral youth population from behavioral adult population.

Table 17: Diagnostic Conditions of the Broad Definition Behavioral Health Cohort.

ICD-9 Code	Diagnostic Category
295.0 – 295.9	Schizophrenia
296.0 – 296.9	Episodic Mood Disorder
297.0 – 297.9	Delusional Disorder
298.0 – 298.9	Other Non-organic Psychoses
300.0 – 300.9	Anxiety, dissociative & somatoform
301.0 – 301.9	Personality Disorders
302.0 – 302.9	Sexual & Gender Identity
306.0 – 306.9	Physiological Malfunction from mental disorders
307.0 – 307.9	Special symptoms and syndromes not elsewhere classified
308.0 – 308.9	Acute reaction to stress
309.0 – 309.9	Adjustment reaction
311.0 – 311.9	Depressive
312.0 – 312.9	Disturbance of Conduct
313.0 – 313.9	Disturbance of emotions
314.0 – 314.9	Hyperkinetic Syndrome (youths)
648.4	Mental disorders of mothers complicating pregnancy childbirth

From these broad definition categories we constructed a mutually exclusive cohort of SMI, SED and broad definition other behavioral health cohorts. Substance Use only population was constructed according to a set of diagnostic categories specified below. The construction of the SMI and SED cohorts are described below.

SMI & SED

The target population served by the California Department of Public Health consists of individuals with severe mental illness (SMI), children with serious emotional disturbances (SED) and individuals using substances. To determine the current need for state Medicaid behavioral health services, it is important to assess the service utilization rates of these specific cohorts. Cohort-based data facilitates the design of specialized strategies that can effectively address the complex needs of individuals with behavioral health issues.

In order to identify the individuals in these specific cohorts, we identified the diagnosis codes associated with SMI, SED and Substance Use from California that used SAMHSA definitions. Table 18 below lists some of the common diagnoses and Table 19 details additional codes used to determine SMI & SED. A diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), or major depressive disorders were used to classify SMI and SED.

Table 18: ICD9 Diagnosis Codes that Correspond with SMI, Substance Use, and SED

SMI	
ICD Code	Diagnosis
295.1 -- 295.9	Includes schizophrenic disorders
301.2	Schizoid personality disorder
301.22	Schizotypal personality disorder
296.4 -- 296.89	Bipolar affective disorder, manic Bipolar affective disorder, depressed Bipolar affective disorder, mixed Bipolar disorder, unspecified Manic-depressive psychosis, other and unspecified
296.0 -- 296.06	Manic disorder single and recurrent episodes
296.2 -- 296.36	Major depression single and recurrent episodes
Substance Use Cohort	
ICD Code	Diagnosis
291.0 -- 292.99	Includes Alcoholic psychoses such as Alcohol withdrawal delirium Alcohol induced persisting amnestic disorder Alcohol induced persisting dementia Alcohol induced psychotic disorder with hallucinations Idiosyncratic alcohol intoxication Alcohol induced psychotic disorder with delusions Drug psychoses such as Drug withdrawal Drug induced psychotic disorders, with and without hallucinations Pathological drug intoxication Drug induced persisting delirium, dementia and amnestic disorder Drug induced mood and sleep disorders
303.0 -- 305.99	Includes Alcohol dependence syndrome such as Alcohol intoxication Chronic alcoholism Dipsomania Drug dependence such as Opioid dependence Sedative, hypnotic or anxiolytic dependence Cocaine dependence Cannabis dependence Amphetamine dependence Hallucinogen dependence Combinations dependence.

	Non-dependent abuse of drugs
760.71	Fetal alcohol syndrome
648.3 -- 648.34	Includes Drug dependence complicating pregnancy childbirth or the puerperium
779.5	drug withdrawal syndrome in newborn Drug withdrawal syndrome in infant of dependent mother Excludes: fetal alcohol syndrome (760.71)
SED	
ICD Code	Diagnosis
295.10	Hebephrenia
295.20	Catatonic (schizophrenia): agitation excitation excited type stupor withdrawn type Schizophrenic: catalepsy catatonia flexibilitas cerea
295.30	Paraphrenic schizophrenia Excludes: involutional paranoid state (297.2) paranoia (297.1) paraphrenia (297.2)
295.60	Residual type Chronic undifferentiated schizophrenia Restzustand (schizophrenic) Schizophrenic residual state
295.90	Unspecified schizophrenia Schizophrenia: NOS mixed NOS undifferentiated NOS undifferentiated type Schizophrenic reaction NOS Schizophreniform psychosis NOS
313.81	Oppositional defiant disorder
299.00	Other specified pervasive developmental disorders Asperger's disorder Atypical childhood psychosis Borderline psychosis of childhood Excludes: simple stereotypes without psychotic disturbance (307.3)
309.21	Separation anxiety disorder

313.89	Reactive attachment disorder of infancy
295.70	Schizoaffective disorder Cyclic schizophrenia Mixed schizophrenic and affective psychosis Schizo-affective psychosis Schizophreniform psychosis, affective type
296.0	Episodic mood disorders Includes: episodic affective disorders Excludes: neurotic depression (300.4) reactive depressive psychosis (298.0) reactive excitation (298.1)
296.2	Major depressive disorder, single episode Depressive psychosis, single episode or unspecified Endogenous depression, single episode or unspecified Involutional melancholia, single episode or unspecified Manic-depressive psychosis or reaction, depressed type, single episode or unspecified Monopolar depression, single episode or unspecified Psychotic depression, single episode or unspecified Excludes: circular type, if previous attack was of manic type (296.5) depression NOS (311) reactive depression (neurotic) (300.4) psychotic (298.0)
296.3	Major depressive disorder, recurrent episode Any condition classifiable to 296.2, stated to be recurrent Excludes: circular type, if previous attack was of manic type (296.5) depression NOS (311) reactive depression (neurotic) (300.4) psychotic (298.0)
296.4	Bipolar I disorder, most recent episode (or current) manic Bipolar disorder, now manic Manic-depressive psychosis, circular type but currently manic Excludes: brief compensatory or rebound mood swings (296.99)
296.5	Bipolar I disorder, most recent episode (or current) depressed Bipolar disorder, now depressed Manic-depressive psychosis, circular type but currently depressed Excludes: brief compensatory or rebound mood swings (296.99)
296.6	Bipolar I disorder, most recent episode (or current) mixed Manic-depressive psychosis, circular type, mixed
296.7	Bipolar I disorder, most recent episode (or current) unspecified

	Atypical bipolar affective disorder NOS Manic-depressive psychosis, circular type, current condition not specified as either manic or depressive
296.80	Other and unspecified bipolar disorders
296.89	Bipolar II disorder Manic-depressive psychosis, mixed type
300.3	Obsessive-compulsive disorders Anancastic neurosis Compulsive neurosis Obsessional phobia [any] Excludes: obsessive-compulsive symptoms occurring in: endogenous depression (296.2-296.3) organic states (e.g., encephalitis) schizophrenia (295.0-295.9)
300.4	Dysthymic disorder Anxiety depression Depression with anxiety Depressive reaction Neurotic depressive state Reactive depression Excludes: adjustment reaction with depressive symptoms (309.0-309.1) depression NOS (311) manic-depressive psychosis, depressed type (296.2-296.3) reactive depressive psychosis (298.0)
301.13	Cyclothymic disorder Cycloid personality Cyclothymia Cyclothymic personality
300.02	generalized anxiety disorder
309.81	Posttraumatic stress disorder Chronic posttraumatic stress disorder Concentration camp syndrome Posttraumatic stress disorder NOS Post-Traumatic Stress Disorder (PTSD) Excludes: acute stress disorder (308.3) posttraumatic brain syndrome: nonpsychotic (310.2) psychotic (293.0-293.9)
300.14	Dissociative identity disorder
302.2	Pedophilia
302.3	Transvestic fetishism Excludes: trans-sexualism (302.5)
302.4	Exhibitionism
302.6	Gender identity disorder in children

	Feminism in boys Gender identity disorder NOS Excludes: gender identity disorder in adult (302.85) trans-sexualism (302.50-302.53) transvestism (302.3)
302.82	Voyeurism
302.83	Sexual masochism
302.84	Sexual sadism
302.85	Gender identity disorder in adolescents or adults Use additional code to identify sex reassignment surgery status (302.5) Excludes: gender identity disorder NOS (302.6) gender identity disorder in children (302.6)
302.89	Other Frotteurism Nymphomania Satyriasis
307.1	Anorexia nervosa Excludes: eating disturbance NOS (307.50) feeding problem (783.3) of nonorganic origin (307.59) loss of appetite (783.0) of nonorganic origin (307.59)
307.51	Bulimia nervosa Overeating of nonorganic origin
312.34	Intermittent explosive disorder
314.00	Without mention of hyperactivity Predominantly inattentive type
314.01	With hyperactivity Combined type Overactivity NOS Predominantly hyperactive/impulsive type Simple disturbance of attention with overactivity
314.9	Unspecified hyperkinetic syndrome Hyperkinetic reaction of childhood or adolescence NOS Hyperkinetic syndrome NOS

In terms of the substance use cohort, we included diagnostic categories related to alcohol and drug use and dependence, including complications to the mother of use during pregnancy or to the newborn. We excluded the use of tobacco and caffeine from consideration. Table 19 below details the full list of diagnostic categories that we considered for inclusion as SMI & SED, respectively.

Table 19: SMI and SED Qualifying Diagnoses Table (full details)

ICD-9 Code	ICD-9 Description	SMI	SED
295.00	Simple Type Schizophrenia, Unspecified State	X	X
295.01	Simple Type Schizophrenia, Subchronic State	X	X
295.02	Simple Type Schizophrenia, Chronic State	X	X
295.03	Simple Type Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.04	Simple Type Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.05	Simple Type Schizophrenia, in Remission	X	X
295.10	Disorganized Type Schizophrenia, Unspecified State	X	X
295.11	Disorganized Type Schizophrenia, Subchronic State	X	X
295.12	Disorganized Type Schizophrenia, Chronic State	X	X
295.13	Disorganized Type Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.14	Disorganized Type Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.15	Disorganized Type Schizophrenia, in Remission	X	X
295.20	Catatonic Type Schizophrenia, Unspecified State	X	X
295.21	Catatonic State Schizophrenia, Subchronic State	X	X
295.22	Catatonic Type Schizophrenia, Chronic State	X	X
295.23	Catatonic Type Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.24	Catatonic Type Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.25	Catatonic Type Schizophrenia, in Remission	X	X
295.30	Paranoid Type Schizophrenia, Unspecified State	X	X
295.31	Paranoid Type Schizophrenia, Subchronic State	X	X
295.32	Paranoid Type Schizophrenia, Chronic State	X	X
295.33	Paranoid Type Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.34	Paranoid Type Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.35	Paranoid Type Schizophrenia, in Remission	X	X
295.40	Acute Schizophrenic Episode, Unspecified State	X	X
295.41	Acute Schizophrenic Episode, Subchronic State	X	X
295.42	Acute Schizophrenic Episode, Chronic State	X	X
295.43	Acute Schizophrenic Episode, Subchronic State With Acute Exacerbation	X	X
295.44	Acute Schizophrenic Episode, Chronic State With Acute Exacerbation	X	X
295.45	Acute Schizophrenic Episode, in Remission	X	X
295.50	Latent Schizophrenia, Unspecified State	X	X
295.51	Latent Schizophrenia, Subchronic State	X	X
295.52	Latent Schizophrenia, Chronic State	X	X
295.53	Latent Schizophrenia, Subchronic State With Acute	X	X

	Exacerbation		
295.54	Latent Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.55	Latent Schizophrenia, in Remission	X	X
295.60	Residual Schizophrenia, Unspecified State	X	X
295.61	Residual Schizophrenia, Subchronic State	X	X
295.62	Residual Schizophrenia, Chronic State	X	X
295.63	Residual Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.64	Residual Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.65	Residual Schizophrenia, in Remission	X	X
295.70	Schizo-Affective Type Schizophrenia, Unspecified State	X	X
295.71	Schizo-Affective Type Schizophrenia, Subchronic State	X	X
295.72	Schizo-Affective Type Schizophrenia, Chronic State	X	X
295.73	Schizo-Affective Type Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.74	Schizo-Affective Type Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.75	Schizo-Affective Type Schizophrenia, in Remission	X	X

ICD-9 Code	ICD-9 Description	SMI	SED
295.80	Other Specified Types of Schizophrenia, Unspecified State	X	X
295.81	Other Specified Types of Schizophrenia, Subchronic State	X	X
295.82	Other Specified Types of Schizophrenia, Chronic State	X	X
295.83	Other Specified Types of Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.84	Other Specified Types of Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.85	Other Specified Types of Schizophrenia, in Remission	X	X
295.90	Unspecified Schizophrenia, Unspecified State	X	X
295.91	Unspecified Schizophrenia, Subchronic State	X	X
295.92	Unspecified Schizophrenia, Chronic State	X	X
295.93	Unspecified Schizophrenia, Subchronic State With Acute Exacerbation	X	X
295.94	Unspecified Schizophrenia, Chronic State With Acute Exacerbation	X	X
295.95	Unspecified Schizophrenia, in Remission	X	X
296.00	Manic Disorder, Single Episode, Unspecified Degree	X	X
296.01	Manic Disorder, Single Episode, Mild Degree	X	X
296.02	Manic Disorder, Single Episode, Moderate Degree	X	X
296.03	Manic Disorder, Single Episode, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.04	Manic Disorder, Single Episode, Severe Degree, Specified as With Psychotic Behavior	X	X
296.05	Manic Disorder, Single Episode, in Partial or Unspecified Remission	X	X

296.06	Manic Disorder, Single Episode, in Full Remission	X	X
296.10	Manic Disorder, Recurrent Episode, Unspecified Degree	X	X
296.11	Manic Disorder, Recurrent Episode, Mild Degree	X	X
296.12	Manic Disorder, Recurrent Episode, Moderate Degree	X	X
296.13	Manic Disorder, Recurrent Episode, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.14	Manic Disorder, Recurrent Episode, Severe Degree, Specified as With Psychotic Behavior	X	X
296.15	Manic Disorder, Recurrent Episode, in Partial or Unspecified Remission	X	X
296.16	Manic Disorder, Recurrent Episode, in Full Remission	X	X
296.20	Major Depressive Disorder, Single Episode, Unspecified Degree	X	X
296.21	Major Depressive Disorder, Single Episode, Mild Degree	X	X
296.22	Major Depressive Disorder, Single Episode, Moderate Degree	X	X
296.23	Major Depressive Disorder, Single Episode, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.24	Major Depressive Disorder, Single Episode, Severe Degree, Specified as With Psychotic Behavior	X	X
296.25	Major Depressive Disorder, Single Episode, in Partial or Unspecified Remission	X	X
296.26	Major Depressive Disorder, Single Episode in Full Remission	X	X
296.30	Major Depressive Disorder, Recurrent Episode, Unspecified Degree	X	X
296.31	Major Depressive Disorder, Recurrent Episode, Mild Degree	X	X
296.32	Major Depressive Disorder, Recurrent Episode, Moderate Degree	X	X
296.33	Major Depressive Disorder, Recurrent Episode, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.34	Major Depressive Disorder, Recurrent Episode, Severe Degree, Specified as With Psychotic Behavior	X	X
296.35	Major Depressive Disorder, Recurrent Episode, in Partial or Unspecified Remission	X	X
296.36	Major Depressive Disorder, Recurrent Episode, in Full Remission	X	X
296.40	Bipolar Affective Disorder, Manic, Unspecified Degree	X	X
296.41	Bipolar Affective Disorder, Manic, Mild Degree	X	X
296.42	Bipolar Affective Disorder, Manic, Moderate Degree	X	X
296.43	Bipolar Affective Disorder, Manic, Severe Degree, Without Mention of Psychotic Behavior	X	X

ICD-9 Code	ICD-9 Description	SMI	SED
296.44	Bipolar Affective Disorder, Manic, Severe Degree, Specified as With Psychotic Behavior	X	X
296.45	Bipolar Affective Disorder, Manic, in Partial or Unspecified Remission	X	X
296.46	Bipolar Affective Disorder, Manic, in Full Remission	X	X
296.50	Bipolar Affective Disorder, Depressed, Unspecified Degree	X	X

296.51	Bipolar Affective Disorder, Depressed, Mild Degree	X	X
296.52	Bipolar Affective Disorder, Depressed, Moderate Degree	X	X
296.53	Bipolar Affective Disorder, Depressed, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.54	Bipolar Affective Disorder, Depressed, Severe Degree, Specified as With Psychotic Behavior	X	X
296.55	Bipolar Affective Disorder, Depressed, in Partial or Unspecified Remission	X	X
296.56	Bipolar Affective Disorder, Depressed, in Full Remission	X	X
296.60	Bipolar Affective Disorder, Mixed, Unspecified Degree	X	X
296.61	Bipolar Affective Disorder, Mixed, Mild Degree	X	X
296.62	Bipolar Affective Disorder, Mixed, Moderate Degree	X	X
296.63	Bipolar Affective Disorder, Mixed, Severe Degree, Without Mention of Psychotic Behavior	X	X
296.64	Bipolar Affective Disorder, Mixed, Severe Degree, Specified as With Psychotic Behavior	X	X
296.65	Bipolar Affective Disorder, Mixed, in Partial or Unspecified Remission	X	X
296.66	Bipolar Affective Disorder, Mixed, in Full Remission	X	X
296.7	Bipolar Affective Disorder, Unspecified	X	X
296.80	Manic-Depressive Psychosis, Unspecified	X	X
296.81	Atypical Manic Disorder	X	X
296.82	Atypical Depressive Disorder	X	X
296.89	Other Manic-Depressive Psychosis	X	X
296.90	Unspecified Affective Psychosis	X	X
296.99	Other Specified Affective Psychoses	X	X
297.0	Paranoid State, Simple	X	X
297.1	Paranoia	X	X
297.2	Paraphrenia	X	X
297.3	Shared Paranoid Disorder	X	X
297.8	Other Specified Paranoid States	X	X
297.9	Unspecified Paranoid State	X	X
298.0	Depressive Type Psychosis	X	X
298.1	Excitatory Type Psychosis	X	X
298.2	Reactive Confusion	X	X
298.3	Acute Paranoid Reaction	X	X
298.4	Psychogenic Paranoid Psychosis	X	X
298.8	Other and Unspecified Reactive Psychosis	X	X
298.9	Unspecified Psychosis	X	X
299.00	Infantile Autism, Current or Active State		X
299.01	Infantile Autism, Residual State		X
299.10	Disintegrative Psychosis, Current or Active State		X
299.11	Disintegrative Psychosis, Residual State		X
299.80	Other Specified Early Childhood Psychoses, Current or Active State		X
299.81	Other Specified Early Childhood Psychoses, Residual State		X

299.90	Unspecified Childhood Psychosis, Current or Active State		X
299.91	Unspecified Childhood Psychosis, Residual State		X
300.00	Anxiety State, Unspecified	X	X
300.01	Panic Disorder Without Agoraphobia	X	X
300.02	Generalized Anxiety Disorder	X	X
300.09	Other Anxiety States	X	X
300.14	Multiple Personality	X	X
300.20	Phobia, Unspecified		X
300.21	Agoraphobia With Panic Attacks	X	X
300.22	Agoraphobia Without Mention of Panic Attacks	X	X

ICD-9 Code	ICD-9 Description	SMI	SED
300.23	Social Phobia		X
300.29	Other Isolated or Simple Phobias		X
300.3	Obsessive-Compulsive Disorders	X	X
300.4	Neurotic Depression	X	X
301.0	Paranoid Personality Disorder	X	X
301.10	Affective Personality Disorder, Unspecified	X	X
301.11	Chronic Hypomanic Personality Disorder	X	X
301.12	Chronic Depressive Personality Disorder	X	X
301.13	Cyclothymic Disorder	X	X
301.20	Schizoid Personality Disorder, Unspecified	X	X
301.21	Introverted Personality	X	X
301.22	Schizotypal Personality	X	X
301.1	Explosive Personality Disorder	X	X
301.4	Compulsive Personality Disorder	X	X
301.50	Histrionic Personality Disorder, Unspecified	X	X
301.51	Chronic Factitious Illness With Physical Symptoms	X	X
301.59	Other Histrionic Personality Disorder	X	X
301.6	Dependent Personality Disorder	X	X
301.81	Narcissistic Personality	X	X
301.82	Avoidant Personality	X	X
301.83	Borderline Personality	X	X
301.84	Passive-Aggressive Personality	X	X
301.89	Other Personality Disorders	X	X
301.9	Unspecified Personality Disorder	X	X
307.1	Anorexia Nervosa		X
307.2	Tic Disorder, Unspecified		X
307.20	Transient Tic Disorder of Childhood		X
307.21	Chronic Motor Tic Disorder		X
307.22	Gilles De La Tourettes Disorder		X
307.23	Stereotyped Repetitive Movements		X
307.3	Tic Disorder, Unspecified		X
307.50	Eating Disorders, Unspecified		X
307.51	Bulimia		X

307.52	Pica		X
307.53	Psychogenic Rumination		X
307.54	Psychogenic Vomiting		X
307.59	Other Disorders of Eating		X
307.6	Enuresis		X
307.7	Encopresis		X
309.21	Separation Anxiety Disorder		X
309.81	Prolonged Posttraumatic Stress Disorder	X	X
312.30	Impulse Control Disorder, Unspecified		X
312.33	Pyromania		X
312.34	Intermittent Explosive Disorder		X
312.35	Isolated Explosive Disorder		X
312.39	Other Disorders of Impulse Control		X
312.9	Unspecified Disturbance of Conduct		X
313.0	Overanxious Disorder Specific to Childhood and Adolescence		X
313.1	Misery and Unhappiness Disorder Specific to Childhood and Adolescence		X
313.21	Shyness Disorder of Childhood		X
313.22	Introverted Disorder of Childhood		X
313.23	Elective Mutism		X
313.3	Relationship Problems Specific to Childhood and Adolescence		X
313.81	Oppositional Disorder of Childhood or Adolescence		X
313.82	Identity Disorder of Childhood or Adolescence		X
313.83	Academic Underachievement Disorder of Childhood or Adolescence		X
313.89	Other Emotional Disturbances of Childhood or Adolescence		X
313.9	Unspecified Emotional Disturbance of Childhood or		X

ICD-9 Code	ICD-9 Description	SMI	SED
	Adolescence		
314.00	Attention Deficit Disorder of Childhood Without Mention of Hyperactivity		X
314.01	Attention Deficit Disorder of Childhood With Hyperactivity		X
314.1	Hyperkinesis of Childhood With Developmental Delay		X
314.2	Hyperkinesis Conduct Disorder of Childhood		X
314.8	Other Specified Manifestations of Hyperkinetic Syndrome		X
314.9	Unspecified Hyperkinetic Syndrome of Childhood		X
787.6	Incontinence of Feces		X

Other Behavioral Health

This cohort was defined as anyone in the diagnostic range included above, but not meeting the above definition of SMI or SED (e.g. other depressive disorders, PTSD).

Substance Use Primary

This cohort was defined as anyone who did not meet SMI or SED criteria and a majority of claims were substance use related.

Co-occurring Mental Health and Substance Use

Since diagnoses are associated with individual claims and persons could have more than one primary diagnosis, our algorithm for selecting individuals into the mutually exclusive cohorts is based on the modal occurrence of diagnoses across multiple claims occurring in the same calendar year. An individual was classified as substance use and mental health co-occurring cohort is not a mutually exclusive category in that it was based on individuals with both a mental health and substance use disorder primary diagnosis occurring in the same year. Therefore, individuals who are SMI or SED as well as those who are part of the broader definition of behavioral health cohort could be classified as co-occurring users.

Mental Health Specialty (Short-Doyle)

Individuals were identified as receiving behavioral health services funded through specialty plans (Short-Doyle) through procedure codes and vendor codes that specify Short-Doyle services. Table 20 below lists the procedure codes provided by the Medi-Cal Data Element Dictionary used to identify MH Specialty recipient service.

Table 20: MH Specialty (Short-Doyle) Procedure codes

The codes and/or definitions went into effect beginning with the July 1992 month of service due to the implementation of the Mental Health Rehabilitation Option. The codes were defined as follows:

Short-Doyle Procedure Code	Service	Domain of Service
0001	Mental Health-Case Management	MH Outpatient Rehabilitation
0101	Mental Health-Collateral, Assessment, Individual Therapy, or Group Therapy (combines former codes of 0101, 0301, 0401, and 0501)	MH Outpatient
0201	Mental Health-Crisis Stabilization-Emergency room, Crisis Stabilization, Psychiatric Health Facility	Emergency
0220	Drug Services-Methadone Maintenance	Substance Use Services
0225	Prenatal Services-Methadone Maintenance	Substance Use Services
0301	Same as 0101 (optional code)	MH Outpatient
0310	Alcohol Services-Day Care Habilitative	Substance Use Services
0320	Drug Services-Day Care Habilitative	Substance Use Services
0325	Prenatal Services-Day Care Habilitative	Substance Use Services
0401	Same as 0101 (optional code)	MH Outpatient
0425	Prenatal Services-Residential Care	Substance Use Services
0501	Same as 0101 (optional code)	MH Outpatient
0520	Drug Services-Naltrexone Treatment	Substance Use Services
0525	Prenatal Services-Naltrexone Treatment	Substance Use Services
0601	Mental Health-Medication Support	MH Outpatient Treatment
0701	Mental Health-Crisis Intervention	Emergency
0801	Mental Health-Day Treatment Intensive	MH Outpatient Treatment
0810	Alcohol Services-Drug Free Treatment	Substance Use Services
0820	Drug Services-Drug Free Treatment	Substance Use Services
0825	Prenatal Services-Drug Free Treatment	Substance Use Services
0901	Mental Health-Day Treatment Rehabilitative	MH Outpatient Rehabilitation
5101	Mental Health-Case Management/Brokerage	MH Outpatient Rehabilitation

In addition to the procedure codes described in Table 20, Vendor Code 64 (Short-Doyle Community Mental Health Hospital Services), 74 (Short-Doyle Community Mental Health Clinic) and 95 (Short-Doyle Community Mental Health Rehabilitation Treatment) and Other Procedure Indicator of 8 were also included to capture all possible occurrences of Specialty Mental Health Plan participants in the datasets. These codes were also used to identify providers for all provider analyses.

EPSDT & Children’s Medical Foster Care Program

California’s Early and Periodic Screening, Diagnosis & Treatment program is commonly referred to as the Child Health and Disability Prevention (CHDP) program, which is indicated by Claim Type 6, a referral code of 1 on the EPSDT Referral Code indicator, and procedure indicator. All three variables were used to identify the EPSDT special population. In the case of the Other Procedure Indicator (2), additional restrictions were placed such as only claims coded that belonged to individuals under age 18. Additional analyses on Claim Type 6 and EPSDT Referral Code indicator revealed that a small number of adults over age 20 were included. We excluded adults over age 20 in our pool of EPSDT subpopulation. Children belonging to the medical foster care program were exclusively identified through Eligibility code for Foster Care described above.

Top Utilizers (5, 10 & 20%)

Top utilizers were estimated from paid claims and used to identify patterns of utilization. These groups were identified in each year by ranking behavioral service users by paid amount and obtaining the Top 5, 10, and 20% of all behavioral health service users. Once these groups were selected from the ranking distribution, additional analyses such as expenditure and utilization were performed and reported elsewhere in this document along with comparisons made by their respective cohorts in the overall population.

Behavioral Health Service Categories

Behavioral health service categories were used to describe the overall pattern of behavioral health service provided overall to individuals in each year, as well as for subgroups such as adults, youths, EPSDT and Foster Care program participants. These categories were defined through the vast range of CPT, HCPCS & Short-Doyle procedure codes. From our analyses of nearly 6,000 unique procedure codes, we categorized all Behavioral Services into 40 unique service codes, and from these service codes further categorized them into 6 major service categories. Indicator variables (dummy) were created for each service domain to estimate the number of individuals who received services in the domain and the amount

paid by Medi-Cal for those services by domain in each year. Table 21 below outlines the 44 behavioral health services provided through Medi-Cal we catalogued and their respective domain assignments.

Table 21: Behavioral Health service categories by Domain

Service Code	Name	Domain
1	Residential	Residential
2	Psychiatric Emergency	Emergency
3	Crisis Residential	Emergency
4	Respite Care	Emergency
5	Crisis Intervention	Emergency
6	Inpatient (Psychiatric)	Inpatient/Hospital
7	Substance Use Screening	Substance Use Services
8	Diagnostic Interview	MH Outpatient Treatment
9	Individual Psychotherapy	MH Outpatient Treatment
10	Family Psychotherapy	MH Outpatient Treatment
11	Group Psychotherapy	MH Outpatient Treatment
12	Medication Management	MH Outpatient Treatment
13	Electroconvulsive Therapy	MH Outpatient Treatment
14	Hypnotherapy	MH Outpatient Treatment
15	Environmental Manipulation	MH Outpatient Treatment
16	Collateral	MH Outpatient Treatment
17	Testing and Assessment	MH Outpatient Treatment
18	Outpatient Consultation	MH Outpatient Treatment
19	Primary Care Behavioral Health	MH Outpatient Treatment
20	Case Consultation	MH Outpatient Treatment
21	Mental Health Day Rehabilitation	MH Outpatient Rehabilitation
22	Acute Care Psych Facility	Inpatient/Hospital
23	Substance Use Counseling	Substance Use Services
24	Pregnancy Mental Health	MH Outpatient Treatment
25	Psychiatric Rehabilitation	MH Outpatient Rehabilitation
26	Therapeutic Behavioral	MH Outpatient Rehabilitation
27	Substance Use Outpatient Detox	Substance Use Services
28	Mental Health Case Management	MH Outpatient Rehabilitation
29	Mental Health Crisis Stabilization	Emergency
30	Methadone Maintenance	Substance Use Services
31	Alcohol Day Habilitation	Substance Use Services
32	Drug Day Habilitation	Substance Use Services
33	Prenatal Day Care	Substance Use Services
34	Alcohol Services(Drug Free)	Substance Use Services
35	Drug Services (Drug Free)	Substance Use Services
36	Substance Use Day Treatment	Substance Use Services
37	Substance Use Outpatient	Substance Use Services
38	Prenatal Service (Residential)	Substance Use Services
39	Substance Use Inpatient Detox	Substance Use Services
40	Mental Health Day Treatment	MH Outpatient Treatment

It is important to note that individuals whom we place into the various service categories are not mutually exclusive as a person in any behavioral health system and are likely to be receiving multiple services simultaneously across multiple categories that are paid through Medi-Cal. Therefore, the number of individuals reported in those tables will exceed the total number overall who are served annually through DHCS.

Snapshot/Arrival/Disappearance and New Enrollees

We used snapshot, arrival and disappearance as a means of presenting another glimpse of behavioral health utilization using methods our team has pioneered and used in the federal Block Grant and various state and local health reform initiatives. This is based on examining the patterns of service use by examining the number of individuals who are served using 3 consecutive months as a barometer for gauging how many cease service use and perhaps returning in subsequent months in the same calendar year or in a subsequent year. We therefore, assign individuals to snapshot who have 3 or more consecutive months of service (as indicated by claims). Those who experience any interruption but return subsequently are considered arrivals. Arrivals may also include individuals who are new to services funded through Medi-Cal. Disappearances are defined by those who receive no services for more than 3 months.

New enrollees reported in Table 5 is a category we assigned to individuals beginning in 2008 and into 2009. They refer to individuals who are known to the Medi-Cal claim system in 2008 but not in 2007 and those known in 2009 but not in 2008. As part of that section of analyses, we also examined the number of individuals who experienced 1, 2 up to 12 months of unbroken service as defined by service begin or end dates.

Special Analyses Variables

Encounter

We defined encounters reported in Table 7 primarily by counting individual claims for services. This was the case for Emergency, Mental Health Outpatient Treatment and Rehabilitation and Substance Use services. For inpatient and residential services we defined encounters by counting as unique episode or encounter those claims separated by more than one day from the defined end of service date.

No Contact from Hospital Discharge

In Table 8 as a performance indicator we examined the length in days that elapsed from inpatient discharge to the receipt of Medicaid outpatient behavioral services. These services are those that are

defined by service categories ranging from residential to mental health outpatient treatment, rehabilitation and substance use services. Emergency services are excluded. We measured the days from hospital discharge date to the begin date of service for the outpatient service that met our inclusion criteria. The column “No Contact” includes either individual who did not receive a behavioral health service or those who were readmitted to the hospital for behavioral health reasons.

Table 22: Aid Codes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		EPSDT
						SD/MC	Inactive in MEDS	
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.	Yes	Yes			Yes
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.	Yes	Yes		9/30/90	Yes
06	Full	No	Out of State Interstate Compact on Adoption Assistance AA children from out of state placed in CA	Yes	No			Yes
1E	Full	No	Continued eligibility for the Aged (FFP), Covers former SSI beneficiaries who are Aged (with exception of persons who are deceased or incarcerated in a correctional facility) until the county re-determines their eligibility.	Yes	Yes			No
1H	Full	No	Federal poverty level – Aged (FPL-Aged) Provides full scope (no share of cost) Medi-Cal to qualified aged individuals/couples.	Yes	No			No
1U	Restricted to pregnancy and Emergency Services	No	Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status Emergency	Yes	Yes			No
1X	Full	No	Multipurpose Senior Services Program Medi-Cal Qualified, Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Yes			No
1Y	Full	Yes	Multipurpose Senior Services Program Medi-Cal Qualified, Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Yes			No
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.	Yes	Yes			No
13	Full	Y/N	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Yes			No
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of	Yes	Yes			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.					
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the Lynch v. Rank lawsuit.	Yes	Yes			No
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.	Yes	Yes			No
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.	Yes	Yes		1/31/06	No
2A	Full	No	Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act	Yes	No			Yes
2E	Full	No	Continued eligibility for the Blind (FFP), Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	Yes			Yes
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	Yes	10/25/10		Yes
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy blind persons of any age.	Yes	Yes			Yes
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Yes			Yes
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Yes			Yes
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the Lynch v. Rank lawsuit. (See aid code 16 for definition of Pickle eligibles.)	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	Yes			Yes
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)	Yes	Yes		1/31/06	Yes
3A	Full	No	SAFETY NET – All other Families, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from assistance unit (AU) due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Yes			Yes
3C	Full	No	SAFETY NET – Two Parent, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from AU due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Yes			Yes
3D	Full	No	Not on cash aid, but cash-linked Medi-Cal eligible because the individual has been determined to be eligible for CalWORKs.	Yes				Yes
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Yes			Yes
3G	Full	No	AFDC-FG (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes			Yes
3H	Full	No	AFDC-FU (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project					
3L	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Yes			Yes
3M	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Yes			Yes
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.	Yes	Yes		12/13/10 Replaced by 4L	Yes
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes			Yes
3R	Full	No	Aid to Families with Dependent Children (AFDC) – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes			Yes
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment. Emergency	Yes	Yes			No
3U	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Yes			Yes
3V	Restricted to pregnancy	No	Section 1931(b) (FFP). Provides emergency and pregnancy-related	Yes	Yes			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
	and emergency services		benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. Emergency					
3W	Full	No	Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case	Yes	No			Yes
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.	Yes	Yes			Yes
32	Full	No	AFDC-FG (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided.	Yes	Yes		11/1/85	Yes
33	Full	No	AFDC – Unemployed Parent (State-only program non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.	Yes	Yes			Yes
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Yes			Yes
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements.	Yes	Yes			Yes
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	Yes	Yes			Yes
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Yes			Yes
38	Full	No	Continuing Medi-Cal Eligibility (FFP). Edwards v. Kizer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			Medi-Cal only has been determined and an appropriate Notice of Action sent.					
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to AFDC cash grant discontinuance due to increased earnings, increased hours of employment or loss of the \$30 and 1/3 disregard.	Yes	Yes			Yes
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).	Yes	Yes			Yes
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.	Yes	Yes			Yes
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.	Yes	Yes			Yes
4H	Full	No	Foster Care children in CalWorks	Yes	Yes	12/13/10		Yes
4L	Full	No	Foster care children in Social Security Act Title XIX, Seciton 1931 (b) program	Yes	Yes	12/13/10		Yes
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.	Yes	Yes			Yes
4M	Full	No	FORMER FOSTER CARE CHILDREN. This program covers former foster care youth who were in foster care on their eighteenth birthday. Coverage extends until the 21st birthday and provides full-scope, no-cost benefits.	Yes	Yes			Yes
4P	RestrictedFull	No	CalWORKs Family reunification – All Families (FFP) Provides for the continuance of CalWORKS services (includes Medi-Cal) to all families except two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care				10/25/10	
4R	RestrictedFull	No	CalWORKs Family reunification – Two Parent (FFP) Provides for the continuance of CalWORKS services (includes Medi-Cal) to two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care				10/25/10	
4T	Full	No	Children in IV-E KinGAP Program	Yes	Yes	1/10/11		Yes
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Yes			Yes
44	Restricted to pregnancy related services	No	Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	Yes	Yes			No
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.	Yes	Yes			Yes
46	Full	No	Out of State Interstate Compact Foster Care children from out of state placed in CA	Yes	No			Yes
47	Full Restricted to Infants less than one year	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.	Yes	Yes			Yes
48	Restricted to pregnancy related services	No	Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.	Yes	Yes			No
5E	Full	No	Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. Please note: T21 through 3/31/09; however T19 funded effective 4/1/09.	Yes	Yes	10/25/10		Yes
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal. Emergency	Yes	Yes			No
5J	Restricted to pregnancy and emergency services	No	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a	Yes	No			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			potential new linkage of disability with no SOC. Emergency					
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	Yes	Yes			Yes
5R	Restricted to pregnancy and emergency services	Yes	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC. Emergency	Yes	No			No
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients. Emergency	Yes	Yes			No
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support. Emergency	Yes	Yes			No
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.	Yes	Yes			Yes
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; Emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.	Yes	Yes			No
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal. Emergency	Yes	Yes			No
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).	Yes	Yes			Yes
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).	Yes	Yes			Yes
6E	Full	No	Continued eligibility for the Disabled (FFP), Covers former SSI beneficiaries who are Disabled (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	Yes			Yes
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.	Yes	Yes	3/16/09		Yes
6H	Full	No	Federal Poverty Level – Disabled (FPL Disabled). Provides full-scope Medi-Cal (No share of cost) to qualified disabled individuals/couples	Yes	Yes			Yes
6J	Full	No	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Yes			No
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6P) who are appealing their cessation of SSI disability.	Yes	Yes			Yes
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.	Yes	Yes			Yes
6R	Full	Yes	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Yes			No
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no share of cost) to qualified disabled individuals/couples who do not have satisfactory immigration status. Emergency	Yes	Yes			No
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	Yes			Yes
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			the Department of Developmental Services (DDS) Regional Waiver.					
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Yes			Yes
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Yes			Yes
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.	Yes	Yes			Yes
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Yes			Yes
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	Yes			Yes
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.	Yes	Yes			Yes
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	Yes			Yes
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).	Yes	Yes		1/31/06	Yes
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides Emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.	Yes	Yes			No
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	Yes			Yes
7C	Restricted to pregnancy	No	100 Percent Program. Child – Undocumented / Nonimmigrant Status /	Yes	Yes			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
	and emergency services		[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers Emergency and pregnancy related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.					
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to the 19 years of age who would otherwise lose their share of cost	Yes	Yes			Yes
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides Emergency and pregnancy-related benefits (no share of cost) to children up to 19 years of age who would otherwise lose their no share of cost Medi-Cal	Yes	Yes			No
7M	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. State Funds	No	Yes			
7N	Restricted Valid for Minor Consent Services	No	Minor consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning	No	Yes			
7P	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. State Funds	No	Yes			
7R	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors under the age 12. Limited to services related to family planning and sexual assault. State Funds	No	No			
72	Full	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	Yes			Yes
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides Emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	Yes			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all-postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.	Yes	Yes			No
8E	Full	No	Accelerated Enrollment. Provides immediate , temporary, fee-for-service, full scope Medi-Cal benefits to children under the age of 19 Please note: T21 through 3/31/09; however T19 effective 4/1/09.	Yes	Yes			Yes
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.	Yes	Yes			Yes
8U	Full	No	CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.	Yes	Yes	10/11/1		Yes
8V	Full	Yes	CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.	Yes	Yes	10/11/10		Yes
8W	Full Restricted	No	Medically Indigent (MI)-Accelerated Enrollment (AE)- CHDP Gateway for Medi-Cal. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program who are Screened as No Cost Medi-Cal Eligibles. Provides Temporary, full scope Medi-Cal benefits with no SOC. Please note: T21 through 3/31/09; however T19 effective 4/1/09.	Yes	Yes			Yes
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.	No	Yes with MQ			No
82	Full	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	Yes	Yes			Yes
83	Full	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Yes			Yes

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
86	Full	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Yes			No
87	Full	Yes	MI-Confirmed Pregnancy (FFP). Covers person"s aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.	Yes	Yes			No
C1	Restricted Emergency/Prenatal	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Yes			No
C2	Restricted Emergency/Prenatal	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required	Yes	Yes			No
C3	Restricted Emergency/Prenatal	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Yes			No
C4	Restricted Emergency/Prenatal	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	Yes			No
C5	Restricted Emergency/Prenatal	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Yes			No
C6	Restricted Emergency/Prenatal	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Yes			No
C7	Restricted Emergency/Prenatal	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	Yes			No
C8	Restricted Emergency/Prenatal	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	Yes			No
C9	Restricted Emergency/Prenatal	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age	Yes	Yes			No

All Other Aid Codes (Regular FFP)								
Code	Benefits	SOC	Program/Description	DMH	ADP	Effective Dates		
						SD/MC	Inactive in MEDS	EPSDT
			21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.					
D1	Restricted Emergency/Prenatal	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Yes			No
D2	Restricted Emergency/Prenatal	No	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Yes			No
D3	Restricted Emergency/Prenatal	Yes	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Yes			No
D4	Restricted Emergency/Prenatal	No	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Yes			No
D5	Restricted Emergency/Prenatal	Yes	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Yes			No
D6	Restricted Emergency/Prenatal	No	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Yes			No
D7	Restricted Emergency/Prenatal	Yes	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Yes			No
D8	Restricted Emergency/Prenatal	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Yes			No
D9	Restricted Emergency/Prenatal	Yes	MI-Confirmed Pregnancy (FFP). Covers person’s aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.	Yes	Yes			No

Appendix B: California Alcohol & Drug Program Data

Table 1a: System Snapshot – Admissions

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
Total Admissions	841,610	224,396	220,711	214,212	182,291
Admissions (% of total across FYs 2007-2010)	100%	27%	26%	25%	22%
Demographics					
Female	37%	36%	36%	36%	37%
< 18	11%	10%	11%	11%	12%
Hispanic (Any race)	34%	33%	34%	34%	33%
White (Non-Hispanic)	43%	44%	43%	42%	43%
Black (Non-Hispanic)	16%	15%	15%	16%	16%
Multi-race (Non-Hispanic)	2%	2%	2%	2%	2%
Other race ¹²³ (Non-Hispanic)	6%	6%	6%	6%	6%
Pregnant	2%	2%	2%	2%	2%
Homeless	19%	18%	18%	19%	20%
< High School Diploma	42%	41%	42%	42%	42%
Criminal Justice Involvement	55%	57%	57%	55%	50%
Employed (past 30 days)	22%	26%	24%	19%	16%
U.S. Veteran	4%	4%	4%	4%	4%
Medi-Cal Beneficiary ¹²⁴	30%	29%	29%	30%	33%
Referral Source					
Individual (includes self-referral)	38%	36%	37%	38%	43%
Substance abuse program	8%	8%	8%	8%	7%
Other health care provider	3%	3%	3%	3%	3%
SACPA ¹²⁵ /Prop 36/OTP	23%	27%	25%	23%	16%
Non-SACPA court/Criminal Justice	18%	18%	18%	18%	17%
Other community referral	5%	5%	5%	5%	7%
Child Protective Services	4%	3%	4%	5%	6%
Total	100%	100%	100%	100%	100%
Substance Use Conditions					
Alcohol only	11%	10%	11%	12%	13%
Marijuana only	6%	5%	5%	6%	7%
Methamphetamine only	12%	13%	12%	11%	10%

¹²³ Self-reported as “other race”, not all races combined.

¹²⁴ MediCal beneficiary status varies by age group; clients under 18 and over 64 are more than twice as likely to be MediCal beneficiaries.

¹²⁵ Substance Abuse and Crime Prevention Act (SACPA), also known as Proposition 36, is a treatment diversion program for first and second time non-violent adult drug offenders. Offender Treatment Program (OTP) is an enhancement of the SACPA program.

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
Heroin only	8%	8%	8%	8%	8%
Cocaine/Crack only	3%	4%	4%	4%	3%
OxyCodone/OxyContin/other opiates only	2%	1%	2%	2%	2%
Other single use	1%	1%	1%	1%	1%
Alcohol & Marijuana (poly-drug use)	10%	9%	10%	11%	11%
Other poly drug use	47%	49%	47%	46%	45%
Needle Use (past 30-days)	15%	15%	15%	15%	16%
Total	100%	100%	100%	100%	100%
Treatment Service Type					
Outpatient	52%	53%	52%	52%	50%
Day treatment	5%	5%	6%	4%	4%
Detox	12%	12%	12%	13%	13%
Residential – 30 days or less	1%	2%	1%	1%	1%
Residential – 31 days or more	18%	17%	18%	18%	18%
Narcotic Treatment Maintenance	7%	7%	7%	7%	8%
Narcotic Treatment Detox	4%	4%	4%	4%	5%
Medication prescribed as part of treatment	13%	12%	12%	12%	14%
Admission Type					
Single Admission	37%	39%	36%	35%	40%
Recurrent Admission ¹²⁶	22%	9%	22%	27%	31%
CoC Admission ¹²⁷	20%	17%	21%	22%	21%
Other Service Conditions					
Past 30-days ER visit(s)	10%	9%	10%	10%	11%
Past 30-days overnight hospital stay(s)	4%	3%	4%	4%	4%
Past 30-days experiencing physical health problems	19%	18%	19%	19%	20%
Mental illness diagnosis	23%	22%	22%	24%	26%
Past 30-days OP ER services for MH needs	3%	3%	3%	3%	4%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	3%	2%	2%	3%	3%
Medication prescribed for MH needs	17%	15%	16%	17%	19%
Past 30-days participation in social support recovery activities	36%	37%	37%	36%	34%

¹²⁶ Refers to any admission that is not the first admission for an individual and are admissions that are more than 30 days from the previous discharge

¹²⁷ Refers to any admission that is not the first admission for an individual and are concurrent admissions or admissions within 30 days of previous discharge.

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
Social Conditions					
Past 30-days lived with someone who uses substances	14%	14%	14%	14%	15%
Past 30-days serious conflict with family member(s)	12%	12%	12%	12%	13%
BEST PRACTICE INDICATORS					
Days waited to enter treatment					
0 days	72%	70%	71%	72%	74%
1-3 days	10%	10%	10%	10%	9%
4-7 days	7%	8%	7%	7%	6%
8-14 days	5%	5%	5%	5%	4%
15-30 days	4%	5%	4%	4%	4%
More than 30 days	2%	2%	2%	2%	3%
Total	100%	100%	100%	100%	100%
Length of Stay					
0 days	4%	4%	4%	4%	4%
1-15 days	24%	23%	23%	24%	26%
16-30 days	12%	12%	12%	12%	12%
31-60 days	13%	14%	13%	13%	13%
61-90 days	11%	11%	11%	12%	11%
91-120 days	8%	8%	8%	8%	8%
121-150 days	6%	5%	6%	6%	6%
151-180 days	5%	5%	5%	5%	5%
More than 180 days	17%	18%	18%	16%	15%
Total	100%	100%	100%	100%	100%
Discharge Status					
Completed Tx	39%	38%	39%	40%	39%
Non-complete Tx/Satisfactory Progress	18%	17%	17%	18%	19%
Non-complete/Unsatisfactory progress	41%	43%	42%	40%	39%
Incarceration	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Table 1b: System Snapshot – Individuals

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
Total First Admissions	489,962	165,010	127,074	109,512	88,366
First Admissions (% of total across FYs 2007-2010)	100%	34%	26%	22%	18%
Demographics at First Admission					
Female	35%	35%	35%	35%	35%
< 18	15%	12%	15%	16%	20%
Hispanic (Any race)	36%	35%	36%	37%	37%
White (Non-Hispanic)	41%	43%	40%	39%	40%
Black (Non-Hispanic)	15%	15%	15%	16%	15%
Multi-race (Non-Hispanic)	2%	1%	2%	2%	2%
Other race (Non-Hispanic)	6%	6%	7%	7%	6%
Pregnant	2%	2%	2%	2%	1%
Homeless	15%	16%	15%	15%	14%
< High School Diploma	45%	43%	45%	46%	46%
Criminal Justice Involvement	55%	58%	56%	55%	50%
Employed (past 30 days)	25%	28%	26%	23%	19%
U.S. Veteran	4%	4%	4%	4%	3%
Medi-Cal Beneficiary	31%	30%	30%	32%	34%
Referral Source at First Admission					
Individual (includes self-referral)	37%	36%	36%	36%	39%
Substance abuse program	6%	6%	7%	6%	5%
Other health care provider	4%	3%	4%	4%	4%
SACPA/Prop 36/OTP	23%	26%	24%	22%	16%
Non-SACPA court/Criminal Justice	20%	19%	20%	21%	20%
Other community referral	7%	5%	6%	7%	10%
Child Protective Services	4%	3%	4%	5%	5%
Total	100%	100%	100%	100%	100%
Substance Use Conditions at First Admission					
Alcohol only	13%	10%	13%	14%	14%
Marijuana only	8%	6%	8%	9%	11%
Methamphetamine only	12%	14%	12%	11%	10%
Heroin only	6%	7%	6%	6%	6%
Cocaine/Crack only	3%	4%	4%	3%	3%

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
OxyCodone/OxyContin/other opiates only	2%	1%	2%	2%	2%
Other single use	1%	1%	1%	1%	1%
Alcohol & Marijuana (poly-drug use)	13%	10%	13%	14%	15%
Other poly drug use	43%	47%	43%	40%	38%
Needle Use (past 30-days)	12%	14%	12%	11%	11%
Total	100%	100%	100%	100%	100%
Treatment Service Type at First Admission					
Outpatient	58%	57%	58%	60%	59%
Day treatment	5%	5%	6%	5%	5%
Detox	10%	11%	9%	9%	10%
Residential – 30 days or less	1%	1%	1%	1%	1%
Residential – 31 days or more	16%	16%	16%	16%	16%
Narcotic Treatment Maintenance	5%	6%	5%	5%	5%
Narcotic Treatment Detox	4%	4%	4%	4%	4%
Medication prescribed as part of treatment	10%	10%	10%	10%	10%
User Type at First Admission					
Single ¹²⁸	64%	53%	62%	69%	83%
Any Recurrent ¹²⁹	25%	36%	27%	19%	7%
Any CoC ¹³⁰	21%	27%	22%	19%	13%
Other Service Conditions at First Admission					
Past 30-days ER visit(s)	9%	9%	9%	9%	10%
Past 30-days overnight hospital stay(s)	3%	3%	3%	4%	4%
Past 30-days experiencing physical health problems	18%	18%	18%	18%	19%
Self-Report Mental illness diagnosis	20%	20%	20%	20%	22%
Past 30-days OP ER services for MH needs	3%	3%	3%	3%	3%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	2%	2%	2%	2%	3%
Medication prescribed for MH needs	15%	15%	15%	15%	17%
Past 30-days participation in social support recovery activities	30%	33%	30%	29%	27%

¹²⁸ An individual who has only one admission

¹²⁹ An individual who has had any recurrent admissions

¹³⁰ An individual who has any CoC admission

Characteristics	Total	FY 2007	FY 2008	FY 2009	FY 2010
Social Conditions					
Past 30-days lived with someone who uses substances	15%	15%	14%	14%	15%
Past 30-days serious conflict with family member(s)	13%	13%	12%	13%	13%
BEST PRACTICE INDICATORS					
Days waited to enter treatment at First Admission					
0 days	72%	70%	71%	73%	75%
1-3 days	10%	10%	10%	9%	9%
4-7 days	7%	8%	7%	7%	6%
8-14 days	5%	5%	4%	5%	4%
15-30 days	4%	5%	4%	4%	4%
More than 30 days	2%	3%	2%	2%	3%
Total	100%	100%	100%	100%	100%
Length of Stay (Mean – All Admissions)					
0 days	3%	2%	3%	3%	3%
1-15 days	16%	15%	15%	16%	19%
16-30 days	10%	10%	10%	10%	11%
31-60 days	15%	16%	15%	15%	15%
61-90 days	13%	14%	13%	14%	13%
91-120 days	10%	10%	10%	10%	10%
121-150 days	7%	7%	8%	7%	7%
151-180 days	6%	6%	6%	6%	6%
More than 180 days	19%	20%	20%	19%	16%
Total	100%	100%	100%	100%	100%
Discharge Status at First Admission					
Completed Tx	37%	37%	37%	38%	38%
Non-complete/Satisfactory progress	18%	17%	18%	19%	20%
Non-complete/Unsatisfactory progress	42%	44%	43%	40%	40%
Incarceration	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Table 2: Days Waited to Enter Treatment (Best Practice Indicator)

Characteristics	Total	0 days	1-3 days	4-7 days	8-14 days	15-30 days	> 30 days
Total Admissions	841,610	598,193	82,769	58,316	39,496	36,464	20,342
Admissions (% of total by days waited to enter treatment)	100%	72%	10%	7%	5%	4%	2%
Demographics							
Female	37%	36%	37%	37%	36%	36%	38%
< 18	11%	13%	4%	5%	4%	4%	4%
Hispanic (Any race)	34%	34%	32%	35%	34%	32%	31%
White (Non-Hispanic)	43%	42%	44%	44%	45%	47%	51%
Black (Non-Hispanic)	16%	17%	16%	13%	13%	12%	10%
Multi-race (Non-Hispanic)	2%	2%	2%	2%	2%	2%	2%
Other race (Non-Hispanic)	6%	6%	6%	6%	6%	6%	6%
Pregnant	2%	2%	2%	2%	2%	2%	2%
Homeless	19%	17%	25%	22%	24%	23%	23%
< High School Diploma	42%	43%	39%	40%	38%	38%	37%
Criminal Justice Involvement	55%	52%	55%	61%	63%	69%	76%
Employed (past 30 days)	21%	22%	20%	21%	19%	19%	20%
U.S. Veteran	4%	4%	4%	4%	4%	5%	4%
Medi-Cal Beneficiary	30%	33%	24%	24%	21%	19%	18%
Substance Use Conditions							
Alcohol	41%	41%	41%	41%	41%	41%	42%
Marijuana	32%	33%	28%	31%	31%	32%	34%
Methamphetamine	39%	35%	43%	47%	48%	52%	56%
Heroin	18%	19%	19%	16%	16%	14%	12%
Cocaine/Crack	17%	17%	19%	17%	18%	17%	15%
OxyCodone/OxyContin/other opiates	5%	6%	6%	4%	4%	4%	4%
Discharge Status							
Completed Tx/Referred	39%	37%	42%	41%	43%	45%	49%
Non-complete/Satisfactory progress	18%	18%	16%	16%	16%	16%	14%
Non-complete/Unsatisfactory progress	41%	42%	40%	41%	39%	37%	35%
Incarceration	2%	2%	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%	100%

Table 3: Treatment Service Type (Service & Resource Indicators)

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
Total Admissions	841,610	435,715	41,478	104,079	11,212	149,975	61,840	37,311
Admissions	100%	52%	5%	12%	1%	18%	7%	5%
Demographics								
Female	37%	36%	60%	27%	32%	40%	37%	30%
< 18	11%	17%	31%	0%	11%	2%	0%	0%
Hispanic (Any race)	34%	39%	40%	20%	27%	29%	33%	32%
White (Non-Hispanic)	43%	38%	32%	54%	57%	47%	49%	53%
Black (Non-Hispanic)	16%	15%	20%	20%	9%	17%	12%	9%
Multi-race (Non-Hispanic)	2%	2%	2%	1%	1%	2%	1%	1%
Other race (Non-Hispanic)	6%	7%	6%	5%	6%	6%	6%	5%
Pregnant	2%	2%	6%	1%	1%	3%	2%	0%
Homeless	19%	7%	8%	51%	26%	40%	6%	11%
< High School Diploma	42%	47%	57%	26%	38%	38%	36%	35%
Criminal Justice Involvement	55%	68%	47%	29%	63%	64%	17%	16%
Employed (past 30 days)	22%	27%	14%	15%	15%	10%	26%	28%
U.S. Veteran	4%	3%	2%	8%	4%	5%	4%	4%
Medi-Cal Beneficiary	30%	35%	53%	19%	17%	16%	44%	20%
Referral Source								
Individual (includes self-referral)	38%	21%	23%	63%	36%	37%	87%	92%
Substance abuse program	8%	4%	14%	20%	12%	10%	8%	4%
Other health care provider	3%	3%	3%	7%	7%	4%	1%	3%
SACPA/Prop 36/OTP	23%	36%	16%	5%	15%	18%	3%	1%
Non-SACPA court/Criminal Justice	18%	23%	17%	4%	26%	23%	1%	1%
Other community referral	5%	8%	12%	1%	4%	4%	0%	0%
Child Protective Services	4%	5%	14%	1%	2%	5%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Substance Use Conditions								
Alcohol only	11%	11%	9%	26%	14%	10%	0%	0%
Marijuana only	6%	9%	13%	0%	3%	2%	0%	0%
Methamphetamine only	12%	15%	12%	6%	12%	14%	0%	0%
Heroin only	8%	2%	1%	7%	4%	2%	50%	53%
Cocaine/Crack only	3%	4%	3%	5%	3%	5%	0%	0%

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
OxyCodone/OxyContin/other opiates only	2%	0%	0%	2%	1%	1%	10%	10%
Other single use	1%	1%	5%	0%	0%	0%	1%	1%
Alcohol & Marijuana (poly-drug use)	10%	14%	14%	6%	11%	7%	0%	0%
Other poly drug use	47%	45%	42%	48%	53%	59%	39%	37%
Needle Use (past 30-days) ¹³¹	15%	4%	4%	22%	15%	10%	58%	67%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Other Service Conditions								
Past 30-days ER visit(s)	10%	6%	11%	23%	15%	12%	8%	7%
Past 30-days overnight hospital stay(s)	4%	2%	4%	7%	6%	5%	4%	3%
Past 30-days experiencing physical health problems	19%	16%	22%	27%	25%	20%	19%	16%
Self-Report Mental illness diagnosis	23%	22%	23%	29%	27%	27%	22%	17%
Past 30-days OP ER services for MH needs	3%	3%	3%	5%	5%	4%	2%	1%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	3%	2%	2%	4%	6%	4%	1%	1%
Medication prescribed for MH needs	17%	17%	19%	18%	20%	19%	14%	8%
Past 30-days participation in social support recovery activities	36%	38%	38%	30%	43%	46%	15%	11%
BEST PRACTICE INDICATORS								
Days waited to enter treatment								
0 days	72%	77%	85%	72%	51%	44%	87%	86%
1-3 days	10%	8%	6%	13%	13%	16%	8%	10%
4-7 days	7%	7%	4%	6%	11%	12%	3%	3%
8-14 days	5%	4%	2%	5%	9%	10%	1%	1%
15-30 days	4%	3%	2%	3%	12%	11%	1%	1%
More than 30 days	2%	2%	1%	1%	6%	7%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%

¹³¹Because individuals included in Needle Use (past-30 days) may be included in one other Substance Use Condition as well, the total percentages for Substance Use Conditions may not sum to 100%.

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
Length of Stay								
0 days	4%	5%	5%	5%	1%	1%	2%	3%
1-15 days	24%	9%	12%	89%	36%	21%	10%	36%
16-30 days	12%	10%	11%	5%	48%	14%	10%	36%
31-60 days	13%	15%	18%	1%	8%	19%	10%	8%
61-90 days	11%	12%	12%	0%	4%	21%	8%	5%
91-120 days	8%	11%	10%	0%	1%	8%	6%	3%
121-150 days	6%	8%	7%	0%	0%	4%	5%	3%
151-180 days	5%	7%	6%	0%	0%	4%	4%	4%
More than 180 days	17%	23%	20%	0%	1%	7%	45%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status								
Completed Tx	39%	32%	28%	71%	72%	49%	10%	23%
Non-complete/Satisfactory progress	18%	18%	21%	11%	6%	16%	31%	26%
Non-complete/Unsatisfactory progress	41%	47%	48%	18%	21%	34%	54%	50%
Incarceration	2%	3%	3%	0%	0%	1%	5%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Admission Type								
Single Admission	37%	46%	41%	22%	32%	31%	26%	19%
Recurrent Admission	22%	19%	16%	31%	19%	21%	23%	29%
CoC Admission	20%	15%	22%	22%	25%	27%	33%	18%

Table 3a: Treatment Service Type – Medi-Cal Beneficiary (Service & Resource Indicators)

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
Total Admissions	252,973	151,519	22,131	19,348	1,877	23,435	27,313	7,350
Admissions	100%	60%	9%	8%	1%	9%	11%	3%
Demographics								
Female	50%	48%	62%	37%	47%	65%	46%	41%
< 18	24%	31%	48%	0%	5%	5%	0%	0%
Hispanic (Any race)	37%	41%	44%	19%	23%	29%	31%	29%
White (Non-Hispanic)	35%	31%	24%	49%	60%	44%	44%	52%
Black (Non-Hispanic)	20%	20%	25%	26%	9%	19%	18%	13%
Multi-race (Non-Hispanic)	2%	2%	2%	1%	2%	2%	1%	1%
Other race (Non-Hispanic)	6%	6%	6%	5%	6%	5%	6%	5%
Pregnant	4%	3%	8%	1%	3%	11%	3%	1%
Homeless	12%	6%	5%	52%	29%	40%	6%	8%
< High School Diploma	54%	60%	69%	31%	37%	44%	41%	40%
Criminal Justice Involvement	41%	48%	35%	26%	55%	53%	15%	17%
Employed (past 30 days)	10%	12%	7%	8%	7%	6%	10%	14%
U.S. Veteran	3%	2%	1%	9%	5%	4%	4%	4%
Referral Source								
Individual (includes self-referral)	43%	32%	25%	53%	38%	39%	88%	93%
Substance abuse program	9%	5%	20%	28%	14%	12%	9%	5%
Other health care provider	5%	6%	4%	10%	9%	5%	1%	2%
SACPA/Prop 36/OTP	13%	18%	8%	4%	17%	14%	1%	0%
Non-SACPA court/Criminal Justice	14%	20%	11%	3%	14%	14%	1%	0%
Other community referral	9%	13%	16%	1%	4%	4%	0%	0%
Child Protective Services	7%	7%	15%	1%	5%	12%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Substance Use Conditions								
Alcohol only	13%	15%	11%	26%	13%	8%	0%	0%
Marijuana only	10%	14%	19%	0%	2%	2%	0%	0%
Methamphetamine only	9%	10%	10%	6%	11%	15%	0%	0%
Heroin only	8%	1%	0%	7%	4%	1%	49%	40%
Cocaine/Crack only	3%	3%	2%	5%	2%	5%	0%	0%

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
OxyCodone/OxyContin/other opiates only	2%	0%	0%	2%	2%	1%	9%	14%
Other single use	1%	1%	8%	0%	1%	0%	1%	1%
Alcohol & Marijuana (poly-drug use)	15%	21%	16%	6%	8%	7%	0%	0%
Other poly drug use	40%	35%	34%	48%	58%	61%	40%	45%
Needle Use (past 30-days) ¹³²	15%	4%	3%	21%	18%	10%	55%	55%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Other Service Conditions								
Past 30-days ER visit(s)	14%	9%	14%	35%	22%	19%	11%	12%
Past 30-days overnight hospital stay(s)	5%	4%	6%	10%	8%	8%	5%	4%
Past 30-days experiencing physical health problems	25%	21%	26%	40%	34%	31%	26%	27%
Self-Report Mental illness diagnosis	33%	32%	21%	46%	43%	40%	32%	30%
Past 30-days OP ER services for MH needs	5%	5%	4%	8%	7%	7%	3%	3%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	4%	4%	2%	7%	7%	6%	2%	1%
Medication prescribed for MH needs	28%	32%	23%	28%	31%	29%	20%	17%
Past 30-days participation in social support recovery activities	30%	30%	30%	31%	50%	49%	16%	15%
BEST PRACTICE INDICATORS								
Days waited to enter treatment								
0 days	79%	83%	88%	71%	48%	44%	87%	82%
1-3 days	8%	6%	5%	12%	14%	17%	8%	14%
4-7 days	6%	5%	3%	9%	11%	13%	3%	3%
8-14 days	3%	3%	2%	5%	8%	10%	1%	1%
15-30 days	3%	2%	1%	2%	13%	10%	1%	0%
More than 30 days	1%	1%	1%	1%	6%	7%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%

¹³² Because individuals included in Needle Use (past-30 days) may be included in one other Substance Use Condition as well, the total percentages for Substance Use Conditions may not sum to 100%.

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
Length of Stay								
0 days	4%	5%	4%	5%	2%	1%	2%	3%
1-15 days	19%	9%	10%	88%	42%	24%	9%	42%
16-30 days	10%	9%	10%	5%	44%	15%	7%	40%
31-60 days	13%	15%	16%	1%	6%	18%	9%	4%
61-90 days	10%	12%	12%	0%	5%	18%	7%	3%
91-120 days	8%	10%	10%	0%	1%	8%	6%	2%
121-150 days	6%	8%	7%	0%	0%	3%	5%	1%
151-180 days	5%	6%	6%	0%	0%	5%	4%	1%
More than 180 days	24%	27%	24%	0%	1%	8%	52%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status								
Completed Tx	31%	27%	25%	72%	69%	45%	8%	23%
Non-complete/Satisfactory progress	22%	23%	24%	10%	7%	18%	31%	27%
Non-complete/Unsatisfactory progress	44%	47%	49%	18%	23%	36%	54%	49%
Incarceration	2%	2%	2%	0%	1%	1%	7%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Admission Type								
Single Admission	41%	49%	49%	18%	26%	27%	27%	17%
Recurrent Admission	21%	19%	13%	35%	19%	21%	24%	30%
CoC Admission	19%	14%	20%	26%	32%	31%	32%	13%

Table 3b: Treatment Service Type –Non-Medi-Cal Beneficiary (Service & Resource Indicators)

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
Total Admissions	588,409	284,195	19,347	84,534	9,335	126,539	34,527	29,932
Admissions	100%	48%	3%	14%	2%	22%	6%	5%
Demographics								
Female	31%	29%	57%	25%	29%	36%	30%	27%
< 18	5%	9%	12%	0%	12%	2%	0%	0%
Hispanic (Any race)	32%	37%	34%	20%	28%	29%	34%	33%
White (Non-Hispanic)	46%	41%	42%	56%	56%	47%	54%	53%
Black (Non-Hispanic)	14%	12%	15%	18%	9%	17%	6%	9%
Multi-race (Non-Hispanic)	2%	2%	3%	1%	1%	2%	1%	1%
Other race (Non-Hispanic)	6%	7%	7%	5%	5%	6%	5%	4%
Pregnant	1%	1%	4%	0%	1%	2%	1%	0%
Homeless	22%	9%	11%	50%	25%	40%	6%	11%
< High School Diploma	37%	40%	44%	25%	39%	36%	32%	34%
Criminal Justice Involvement	61%	79%	61%	30%	64%	66%	18%	16%
Employed (past 30 days)	25%	34%	19%	16%	16%	11%	38%	32%
U.S. Veteran	4%	3%	2%	7%	4%	5%	4%	4%
Referral Source								
Individual (includes self-referral)	36%	16%	20%	66%	35%	37%	87%	91%
Substance abuse program	7%	3%	8%	18%	11%	9%	7%	4%
Other health care provider	3%	1%	2%	6%	6%	3%	1%	3%
SACPA/Prop 36/OTP	27%	44%	25%	5%	14%	19%	4%	1%
Non-SACPA court/Criminal Justice	19%	25%	23%	4%	28%	24%	1%	1%
Other community referral	4%	6%	8%	1%	4%	4%	0%	0%
Child Protective Services	3%	4%	14%	0%	1%	3%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Substance Use Conditions								
Alcohol only	11%	9%	8%	26%	14%	11%	0%	0%
Marijuana only	4%	7%	7%	0%	3%	2%	0%	0%
Methamphetamine only	13%	17%	15%	6%	12%	14%	0%	0%
Heroin only	8%	2%	1%	7%	4%	2%	51%	56%
Cocaine/Crack only	4%	4%	3%	5%	3%	5%	0%	0%
OxyCodone/OxyContin/other	2%	1%	1%	2%	1%	1%	10%	9%

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
opiates only								
Other single use	0%	1%	1%	0%	0%	0%	1%	1%
Alcohol & Marijuana (poly-drug use)	8%	11%	12%	6%	11%	7%	0%	0%
Other poly drug use	50%	49%	52%	48%	52%	59%	38%	34%
Needle Use (past 30-days) ¹³³	15%	4%	4%	22%	15%	10%	60%	70%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Other Service Conditions								
Past 30-days ER visit(s)	9%	5%	9%	20%	14%	11%	6%	6%
Past 30-days overnight hospital stay(s)	3%	2%	3%	6%	6%	4%	2%	2%
Past 30-days experiencing physical health problems	17%	14%	20%	24%	23%	18%	14%	14%
Self-Report Mental illness diagnosis	19%	16%	24%	25%	24%	25%	15%	14%
Past 30-days OP ER services for MH needs	3%	2%	2%	4%	4%	4%	2%	1%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	2%	1%	2%	4%	5%	3%	1%	1%
Medication prescribed for MH needs	13%	11%	16%	15%	18%	18%	8%	6%
Past 30-days participation in social support recovery activities	38%	43%	47%	30%	41%	45%	14%	11%
BEST PRACTICE INDICATORS								
Days waited to enter treatment								
0 days	68%	73%	82%	73%	51%	45%	87%	87%
1-3 days	11%	8%	7%	13%	12%	16%	8%	9%
4-7 days	8%	8%	4%	6%	10%	11%	3%	3%
8-14 days	5%	5%	3%	5%	9%	10%	1%	1%
15-30 days	5%	4%	3%	3%	11%	11%	1%	1%
More than 30 days	3%	2%	1%	1%	6%	7%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Length of Stay								

¹³³ Because individuals included in Needle Use (past-30 days) may be included in one other Substance Use Condition as well, the total percentages for Substance Use Conditions may not sum to 100%.

Characteristics	Total	OP	Day Tx	Detox	≤ 30 day Res	> 30 day Res	Narcotic Tx Maint.	Narcotic Tx Detox
0 days	4%	5%	5%	5%	1%	1%	2%	3%
1-15 days	26%	10%	14%	89%	34%	21%	10%	34%
16-30 days	12%	10%	13%	5%	49%	14%	12%	35%
31-60 days	14%	16%	19%	1%	8%	20%	11%	9%
61-90 days	12%	12%	12%	0%	4%	21%	9%	5%
91-120 days	8%	11%	10%	0%	1%	8%	7%	3%
121-150 days	5%	8%	6%	0%	0%	4%	5%	3%
151-180 days	5%	7%	5%	0%	0%	4%	5%	5%
More than 180 days	14%	21%	16%	0%	1%	6%	40%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status								
Completed Tx	42%	34%	31%	70%	73%	49%	12%	23%
Non-complete/Satisfactory progress	16%	15%	19%	11%	6%	16%	31%	26%
Non-complete/Unsatisfactory progress	40%	47%	46%	18%	21%	34%	53%	50%
Incarceration	2%	3%	3%	0%	0%	1%	4%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Admission Type								
Single Admission	36%	45%	31%	23%	33%	32%	26%	19%
Recurrent Admission	22%	19%	19%	31%	19%	21%	23%	29%
CoC Admission	21%	16%	24%	22%	24%	27%	34%	20%

Table 4: Length of Stay (Best Practice Indicator)

Characteristics	Total	0 days	1-15 days	16-30 days	31-60 days	61-90 days	91-120 days	121-150 days	151-180 days	> 180 days
Total Admissions	841,610	30,095	184,902	90,998	104,619	88,216	63,054	44,334	38,271	197,121
Admissions (% of total by length of stay)	100%	4%	22%	11%	12%	10%	7%	5%	5%	23%
Demographics										
Female	37%	36%	33%	35%	38%	36%	36%	37%	38%	40%
< 18	11%	7%	3%	8%	11%	12%	16%	17%	15%	15%
Hispanic (Any race)	34%	35%	27%	33%	35%	35%	37%	39%	38%	36%
White (Non-Hispanic)	43%	43%	49%	45%	42%	42%	40%	39%	40%	39%
Black (Non-Hispanic)	16%	15%	17%	14%	15%	15%	14%	14%	14%	17%
Multi-race (Non-Hispanic)	2%	2%	1%	2%	2%	2%	2%	2%	2%	2%
Other race (Non-Hispanic)	6%	6%	5%	6%	6%	6%	7%	7%	7%	6%
Pregnant	2%	2%	2%	2%	2%	2%	2%	2%	3%	2%
Homeless	19%	20%	36%	18%	16%	18%	13%	11%	12%	11%
< High School Diploma	42%	42%	34%	41%	44%	43%	45%	46%	45%	45%
Criminal Justice Involvement	53%	53%	39%	52%	62%	64%	65%	64%	63%	50%
Employed (past 30 days)	22%	22%	17%	21%	21%	21%	26%	27%	26%	24%
U.S. Veteran	4%	4%	5%	4%	3%	3%	3%	3%	3%	3%
Medi-Cal Beneficiary	30%	28%	22%	26%	28%	26%	29%	32%	31%	42%

Characteristics	Total	0 days	1-15 days	16-30 days	31-60 days	61-90 days	91-120 days	121-150 days	151-180 days	> 180 days
Treatment Service Type										
Outpatient	52%	67%	20%	42%	58%	54%	69%	74%	68%	65%
Day treatment	5%	6%	2%	4%	6%	5%	6%	5%	5%	7%
Detox	12%	16%	49%	5%	1%	0%	0%	0%	0%	1%
Residential – 30 days or less	1%	1%	2%	6%	1%	1%	0%	0%	0%	0%
Residential – 31 days or more	18%	5%	17%	23%	27%	34%	18%	12%	17%	8%
Narcotic Treatment Maintenance	7%	3%	3%	5%	5%	5%	5%	6%	6%	17%
Narcotic Treatment Detox	4%	3%	7%	14%	3%	2%	2%	2%	4%	1%
Medication prescribed as part of treatment	13%	6%	12%	20%	8%	7%	7%	8%	10%	19%
Days waited to enter treatment										
0 days	72%	77%	70%	69%	67%	65%	71%	72%	71%	79%
1-3 days	10%	8%	12%	11%	11%	10%	8%	8%	9%	8%
4-7 days	7%	7%	7%	8%	8%	8%	7%	7%	7%	5%
8-14 days	5%	4%	5%	5%	6%	6%	5%	5%	5%	3%
15-30 days	4%	3%	4%	5%	5%	6%	5%	5%	5%	3%
More than 30 days	2%	1%	2%	2%	3%	4%	3%	3%	4%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Referral Source										
Individual (includes self-referral)	38%	35%	56%	43%	31%	29%	26%	25%	26%	37%
Substance abuse program	8%	8%	13%	6%	6%	6%	5%	4%	4%	7%
Other health care provider	3%	3%	4%	5%	3%	2%	2%	2%	2%	3%
SACPA/Prop 36/OTP	23%	27%	13%	22%	29%	28%	31%	31%	30%	22%
Non-SACPA court/Criminal Justice	18%	19%	9%	17%	21%	24%	24%	24%	25%	17%
Other community referral	5%	3%	2%	4%	5%	6%	7%	7%	6%	9%

Characteristics	Total	0 days	1-15 days	16-30 days	31-60 days	61-90 days	91-120 days	121-150 days	151-180 days	> 180 days
Child Protective Services	4%	5%	2%	3%	5%	5%	5%	6%	6%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status										
Completed Tx/Referred	24%	6%	31%	20%	15%	27%	24%	23%	28%	26%
Completed Tx/Not Referred	15%	5%	9%	7%	6%	13%	20%	24%	27%	30%
Non-complete/Satisfactory progress/Referred	8%	6%	7%	9%	10%	8%	8%	8%	7%	7%
Non-complete/Satisfactory progress/Not Referred	10%	9%	7%	11%	11%	10%	11%	11%	10%	11%
Non-complete/Unsatisfactory progress/Referred	11%	13%	13%	14%	15%	11%	10%	9%	8%	7%
Non-complete/Unsatisfactory progress/Not Referred	30%	60%	31%	37%	40%	28%	24%	22%	18%	18%
Incarceration	2%	2%	1%	2%	3%	3%	3%	3%	2%	2%
Admission Type										
Single Admission	37%	38%	27%	31%	34%	37%	43%	46%	46%	47%
Recurrent Admission	22%	23%	28%	23%	22%	20%	20%	19%	19%	18%
CoC Admission	20%	15%	21%	21%	21%	21%	18%	17%	17%	21%

Table 5: Recurrent & Continuous Users

Characteristics	Total	Single Admission Only	Continuous Admissions Only	Recurrent Admissions Only	Mixed (Continuous & Recurrent) Admissions
Total Individuals	243,563	154,323	28,918	41,521	18,801
Individuals (% of total across FYs 2007-2010)	100%	63%	12%	17%	8%
Demographics at First Admission					
Female	35%	33%	41%	34%	40%
< 18	15%	19%	8%	9%	3%
Hispanic (Any race)	36%	38%	33%	34%	31%
White (Non-Hispanic)	40%	38%	45%	42%	46%
Black (Non-Hispanic)	15%	15%	14%	15%	15%
Multi-race (Non-Hispanic)	2%	2%	2%	2%	2%
Other race (Non-Hispanic)	7%	7%	6%	6%	6%
Pregnant	2%	1%	2%	2%	2%
Homeless	15%	13%	15%	17%	21%
< High School Diploma	45%	48%	39%	42%	37%
Criminal Justice Involvement	57%	55%	55%	64%	61%
Employed (past 30 days)	24%	26%	23%	22%	17%
U.S. Veteran	4%	4%	4%	4%	4%
Medi-Cal Beneficiary	31%	33%	29%	29%	27%
Referral Source at First Admission					
Individual (includes self-referral)	36%	35%	40%	34%	40%
Substance abuse program	6%	6%	5%	5%	6%
Other health care provider	4%	4%	4%	3%	3%
SACPA/Prop 36/OTP	23%	22%	23%	30%	29%
Non-SACPA court/Criminal Justice	20%	22%	15%	20%	13%
Other community referral	6%	7%	6%	3%	3%
Child Protective Services	4%	4%	6%	4%	5%
Total	100%	100%	100%	100%	100%
Substance Use Conditions at First Admission					
Alcohol only	13%	14%	11%	10%	9%
Marijuana only	8%	10%	5%	6%	3%
Methamphetamine only	11%	11%	12%	13%	13%
Heroin only	6%	5%	8%	7%	11%
Cocaine/Crack only	3%	3%	3%	4%	4%

Characteristics	Total	Single Admission Only	Continuous Admissions Only	Recurrent Admissions Only	Mixed (Continuous & Recurrent) Admissions
OxyCodone/OxyContin/other opiates only	2%	2%	3%	1%	2%
Other single use	1%	1%	1%	0%	0%
Alcohol & Marijuana (poly-drug use)	13%	15%	9%	11%	6%
Other poly drug use	42%	39%	47%	46%	52%
Needle Use (past 30-days)	12%	10%	15%	14%	20%
Total	100%	100%	100%	100%	100%
Treatment Service Type at First Admission					
Outpatient	59%	63%	51%	58%	45%
Day treatment	5%	5%	5%	3%	4%
Detox	8%	7%	5%	11%	12%
Residential – 30 days or less	1%	1%	1%	1%	1%
Residential – 31 days or more	17%	15%	20%	17%	22%
Narcotic Treatment Maintenance	7%	5%	14%	7%	12%
Narcotic Treatment Detox	3%	3%	2%	3%	3%
Medication prescribed as part of treatment	100%	100%	100%	100%	100%
Other Service Conditions at First Admission					
Past 30-days ER visit(s)	9%	9%	9%	9%	11%
Past 30-days overnight hospital stay(s)	3%	3%	3%	3%	4%
Past 30-days experiencing physical health problems	18%	18%	18%	18%	20%
Self-Report Mental illness diagnosis	22%	19%	24%	25%	29%
Past 30-days OP ER services for MH needs	3%	3%	3%	3%	3%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	2%	2%	2%	2%	3%
Medication prescribed for MH needs	11%	8%	17%	11%	16%
Past 30-days participation in social support recovery activities	35%	29%	54%	37%	51%
Social Conditions at First Admission					
Past 30-days lived with someone who uses substances	14%	14%	16%	15%	17%
Past 30-days serious conflict with family member(s)	13%	12%	14%	12%	15%

Characteristics	Total	Single Admission Only	Continuous Admissions Only	Recurrent Admissions Only	Mixed (Continuous & Recurrent) Admissions
Days waited to enter treatment at First Admission					
0 days	72%	73%	69%	71%	69%
1-3 days	10%	9%	12%	10%	11%
4-7 days	7%	7%	7%	7%	7%
8-14 days	5%	4%	5%	5%	5%
15-30 days	4%	4%	5%	4%	5%
More than 30 days	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%
Length of Stay (Mean – All Admissions)					
0 days	3%	4%	0%	1%	0%
1-15 days	15%	16%	11%	15%	13%
16-30 days	10%	10%	10%	11%	13%
31-60 days	15%	13%	19%	21%	26%
61-90 days	13%	12%	16%	16%	20%
91-120 days	10%	10%	12%	12%	12%
121-150 days	8%	8%	8%	8%	7%
151-180 days	6%	6%	6%	5%	4%
More than 180 days	20%	22%	18%	11%	6%
Total	100%	100%	100%	100%	100%
Discharge Status at First Admission					
Completed Tx	38%	40%	40%	24%	29%
Non-complete/Satisfactory progress	18%	17%	26%	16%	20%
Non-complete/Unsatisfactory progress	42%	40%	33%	57%	49%
Incarceration	2%	2%	1%	3%	2%
Total	100%	100%	100%	100%	100%

Table 6: Discharge Status (Resource Impact Indicator)

Characteristics	Total	Comp/Ref	Comp/No Ref	NC/Sat Pro/Ref	NC/Sat Pro/No Ref	NC/ Un Sat Pro/Ref	NC/Un Sat Pro/No Ref	Incarceration
Total Admissions	841,610	184,663	113,513	61,214	74,516	86,765	228,944	17,206
Admissions (% of total by discharge status)	100%	24%	15%	8%	10%	11%	30%	2%
Demographics								
Female	36%	35%	34%	41%	39%	38%	37%	25%
< 18	10%	6%	10%	11%	18%	11%	10%	16%
Hispanic (Any race)	34%	29%	33%	33%	34%	35%	37%	39%
White (Non-Hispanic)	44%	49%	44%	44%	40%	43%	40%	38%
Black (Non-Hispanic)	15%	15%	14%	15%	18%	14%	16%	14%
Multi-race (Non-Hispanic)	2%	2%	2%	2%	2%	2%	2%	2%
Other race (Non-Hispanic)	6%	6%	7%	6%	6%	6%	6%	7%
Pregnant	2%	2%	2%	3%	2%	2%	2%	1%
Homeless	20%	30%	18%	19%	17%	17%	15%	9%
< High School Diploma	41%	34%	39%	42%	49%	44%	44%	49%
Criminal Justice Involvement	55%	53%	61%	51%	42%	59%	54%	80%
Employed (past 30 days)	22%	19%	27%	21%	20%	21%	22%	24%
U.S. Veteran	4%	5%	5%	4%	4%	3%	3%	3%
Medi-Cal Beneficiary	28%	21%	26%	30%	41%	28%	31%	29%
Substance Use Conditions								
Alcohol	41%	47%	47%	39%	41%	36%	37%	33%
Marijuana	32%	27%	35%	31%	34%	36%	34%	39%
Methamphetamine	40%	40%	43%	39%	28%	44%	41%	44%
Heroin	17%	15%	9%	19%	22%	19%	20%	23%
Cocaine/Crack	17%	19%	17%	17%	17%	17%	16%	16%

Characteristics	Total	Comp/Ref	Comp/No Ref	NC/Sat Pro/Ref	NC/Sat Pro/No Ref	NC/ Un Sat Pro/Ref	NC/Un Sat Pro/No Ref	Incarceration
OxyCodone/OxyContin/other opiates	5%	5%	3%	7%	6%	5%	5%	4%
Other Service Conditions								
Past 30-days ER visit(s)	10%	14%	9%	11%	9%	10%	9%	7%
Past 30-days overnight hospital stay(s)	4%	5%	3%	4%	4%	4%	3%	2%
Past 30-days experiencing physical health problems	19%	21%	17%	19%	19%	19%	18%	18%
Self-Report Mental illness diagnosis	23%	24%	21%	26%	24%	24%	23%	20%
Past 30-days OP ER services for MH needs	3%	4%	2%	4%	3%	4%	3%	2%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	3%	3%	2%	3%	3%	3%	2%	1%
Medication prescribed for MH needs	17%	17%	15%	19%	18%	17%	16%	14%
Past 30-days participation in social support recovery activities	37%	41%	43%	36%	30%	36%	32%	37%
Social Conditions								
Past 30-days lived with someone who uses substances	14%	15%	12%	14%	14%	15%	15%	13%
Past 30-days serious conflict with family member(s)	12%	13%	10%	13%	12%	13%	13%	10%

Table 7: Substance Use Conditions (Service & Resource Indicators)

Characteristics	Total	Alcohol Only	Marijuana Only	Other Drug Only	Alcohol & Marij.	Other Poly Drug	Needle Use	Substance Use
Total Admissions	841,610	94,798	48,786	163,226	85,296	334,460	115,044	569,316
Admissions (% of total by substance use type)	100%	11%	6%	19%	10%	40%	14%	68%
Demographics								
Female	37%	35%	29%	43%	27%	39%	32%	35%
< 18	11%	12%	51%	2%	42%	4%	0%	10%
Hispanic (Any race)	34%	29%	43%	34%	42%	32%	33%	33%
White (Non-Hispanic)	43%	50%	21%	40%	35%	44%	53%	44%
Black (Non-Hispanic)	16%	13%	28%	16%	15%	17%	9%	16%
Multi-race (Non-Hispanic)	2%	1%	2%	1%	2%	2%	1%	2%
Other race (Non-Hispanic)	6%	6%	6%	8%	6%	6%	4%	6%
Pregnant	2%	1%	2%	3%	1%	2%	1%	1%
Homeless	19%	24%	5%	16%	12%	22%	22%	21%
< High School Diploma	42%	33%	69%	37%	61%	39%	38%	41%
Criminal Justice Involvement	55%	34%	56%	53%	56%	62%	36%	47%
Employed (past 30 days)	22%	22%	24%	22%	25%	21%	20%	22%
U.S. Veteran	4%	6%	1%	4%	3%	4%	4%	4%
Medi-Cal Beneficiary	30%	34%	52%	26%	44%	26%	26%	30%
Referral Source								
Individual (includes self-referral)	38%	51%	23%	32%	29%	30%	71%	47%
Substance abuse program	8%	9%	5%	8%	6%	8%	8%	8%
Other health care provider	3%	8%	4%	2%	4%	3%	2%	4%
SACPA/Prop 36/OTP	23%	5%	16%	34%	13%	31%	12%	20%
Non-SACPA Court/Criminal Justice	18%	16%	31%	16%	30%	19%	5%	13%
Other community referral	5%	8%	15%	4%	14%	4%	1%	5%

Characteristics	Total	Alcohol Only	Marijuana Only	Other Drug Only	Alcohol & Marij.	Other Poly Drug	Needle Use	Substance Use
Child Protective Services	4%	3%	6%	6%	4%	5%	1%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Other Service Conditions								
Past 30-days ER visit(s)	10%	19%	5%	7%	10%	9%	11%	12%
Past 30-days overnight hospital stay(s)	4%	7%	2%	3%	3%	3%	4%	4%
Past 30-days experiencing physical health problems	19%	26%	12%	15%	19%	19%	20%	21%
Self-Report Mental illness diagnosis	23%	28%	12%	18%	20%	27%	24%	24%
Past 30-days OP ER services for MH needs	3%	5%	2%	2%	4%	4%	3%	4%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	3%	4%	2%	2%	3%	3%	2%	3%
Medication prescribed for MH needs	17%	25%	11%	13%	20%	18%	13%	17%
Past 30-days participation in social support recovery activities	36%	34%	18%	37%	27%	45%	24%	30%
Social Conditions								
Past 30-days lived with someone who uses substances	14%	13%	11%	10%	18%	15%	20%	18%
Past 30-days serious conflict with family member(s)	12%	14%	9%	9%	15%	13%	13%	15%
BEST PRACTICE INDICATORS								
Days waited to enter treatment								
0 days	72%	74%	83%	71%	78%	68%	73%	71%
1-3 days	10%	10%	6%	10%	7%	11%	11%	11%
4-7 days	7%	6%	5%	7%	6%	8%	7%	7%
8-14 days	5%	4%	3%	5%	4%	5%	5%	5%
15-30 days	4%	4%	3%	5%	4%	5%	3%	4%
More than 30 days	2%	2%	1%	2%	2%	3%	1%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Characteristics	Total	Alcohol Only	Marijuana Only	Other Drug Only	Alcohol & Marij.	Other Poly Drug	Needle Use	Substance Use
Length of Stay								
0 days	4%	5%	4%	4%	4%	4%	3%	4%
1-15 days	24%	35%	9%	24%	15%	25%	37%	31%
16-30 days	12%	10%	9%	13%	10%	12%	16%	13%
31-60 days	13%	11%	15%	13%	15%	14%	10%	13%
61-90 days	11%	9%	13%	11%	13%	12%	7%	10%
91-120 days	8%	7%	12%	7%	11%	8%	4%	7%
121-150 days	6%	5%	9%	5%	8%	5%	3%	5%
151-180 days	5%	4%	7%	5%	6%	5%	3%	4%
More than 180 days	17%	15%	22%	18%	19%	16%	15%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status								
Completed Tx	39%	53%	31%	34%	36%	40%	29%	37%
Non-complete/Satisfactory Progress	18%	17%	21%	19%	20%	16%	20%	18%
Non-completed/Unsatisfactory Progress	41%	29%	45%	44%	41%	42%	48%	43%
Incarceration	2%	1%	3%	2%	3%	2%	3%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Admission Type								
Single Admission	37%	47%	63%	35%	55%	34%	21%	36%
Recurrent Admission	22%	19%	12%	21%	15%	23%	30%	22%
CoC Admission	20%	17%	8%	22%	12%	22%	26%	19%

Table 8: Referral Source (Service & Resource Indicators)

Characteristics	Total	Ind	SA Prog	Other Health Prog	SACPA/ Prop 36/ OTP	Non-SACPA Court/ Criminal Justice	Other Comm Ref	CPS
Total Admissions	757,962	290,371	59,091	24,918	175,364	134,115	41,565	32,538
Admissions (% of total by referral source)	100%	38%	8%	3%	23%	18%	5%	4%
Demographics								
Female	35%	38%	35%	39%	27%	28%	36%	75%
< 18	10%	6%	10%	14%	2%	18%	49%	4%
Hispanic (Any race)	33%	29%	28%	25%	36%	38%	49%	40%
White (Non-Hispanic)	44%	50%	39%	49%	42%	40%	28%	41%
Black (Non-Hispanic)	15%	15%	26%	18%	14%	13%	16%	11%
Multi-race (Non-Hispanic)	2%	1%	2%	2%	2%	2%	2%	2%
Other race (Non-Hispanic)	6%	5%	6%	6%	7%	7%	6%	6%
Pregnant	2%	2%	2%	3%	1%	2%	1%	6%
Homeless	19%	22%	36%	28%	12%	14%	9%	12%
< High School Diploma	41%	36%	38%	38%	39%	49%	66%	48%
Criminal Justice Involvement	57%	24%	34%	24%	100%	100%	47%	32%
Employed (past 30 days)	22%	20%	13%	12%	29%	25%	21%	18%
U.S. Veteran	4%	4%	6%	7%	4%	3%	2%	2%
Medi-Cal Beneficiary	28%	32%	34%	45%	15%	22%	47%	44%

Characteristics	Total	Ind	SA Prog	Other Health Prog	SACPA/ Prop 36/ OTP	Non-SACPA Court/ Criminal Justice	Other Comm Ref	CPS
Days waited to enter treatment								
0 days	72%	73%	75%	68%	69%	68%	77%	77%
1-3 days	10%	11%	9%	13%	10%	9%	7%	8%
4-7 days	7%	6%	6%	7%	8%	7%	5%	6%
8-14 days	5%	4%	5%	5%	5%	5%	4%	4%
15-30 days	4%	4%	3%	5%	5%	6%	5%	4%
More than 30 days	2%	2%	1%	2%	3%	4%	2%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Status								
Completed Tx	39%	37%	51%	43%	38%	42%	34%	38%
Non-complete/Satisfactory Progress	17%	20%	18%	19%	13%	15%	28%	18%
Non-completed/Unsatisfactory Progress	41%	42%	29%	37%	46%	40%	35%	43%
Incarceration	2%	2%	1%	1%	3%	4%	3%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Characteristics	Total	Ind	SA Prog	Other Health Prog	SACPA/ Prop 36/ OTP	Non-SACPA Court/ Criminal Justice	Other Comm Ref	CPS
Other Service Conditions								
Past 30-days ER visit(s)	10%	13%	12%	27%	6%	6%	6%	11%
Past 30-days overnight hospital stay(s)	3%	4%	5%	13%	2%	2%	2%	5%
Past 30-days experiencing physical health problems	19%	21%	19%	37%	15%	14%	14%	22%
Self-Report Mental illness diagnosis	23%	26%	28%	52%	17%	18%	11%	25%
Past 30-days OP ER services for MH needs	3%	4%	4%	15%	2%	2%	2%	3%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	2%	3%	3%	17%	1%	1%	1%	1%
Medication prescribed for MH needs	16%	18%	20%	48%	10%	13%	11%	15%
Past 30-days participation in social support recovery activities	36%	29%	39%	34%	46%	37%	22%	50%
Social Conditions								
Past 30-days lived with someone who uses substances	14%	18%	11%	17%	11%	10%	10%	18%
Past 30-days serious conflict with family member(s)	12%	16%	10%	18%	8%	8%	8%	16%

Table 9: Medi-Cal Beneficiary (System Indicator)

Characteristics	Total	No	Yes
Total Admissions	841,382	588,409	252,973
Admissions (% of total by Medi-Cal eligibility)	100%	70%	30%
Demographics			
Female	37%	31%	50%
< 18	11%	5%	24%
Hispanic (Any race)	34%	32%	37%
White (Non-Hispanic)	43%	46%	35%
Black (Non-Hispanic)	16%	14%	20%
Multi-race (Non-Hispanic)	2%	2%	2%
Other race (Non-Hispanic)	6%	6%	6%
Pregnant	2%	1%	4%
Homeless	19%	22%	12%
< High School Diploma	42%	37%	54%
Criminal Justice Involvement	55%	61%	41%
Employed (past 30 days)	22%	25%	10%
U.S. Veteran	4%	4%	3%
Referral Source			
Individual (includes self-referral)	38%	36%	43%
Substance abuse program	8%	7%	9%
Other health care provider	3%	3%	5%
SACPA/Prop 36/OTP	23%	27%	13%
Non-SACPA court/Criminal Justice	18%	19%	14%
Other community referral	5%	4%	9%
Child Protective Services	4%	3%	7%
Total	100%	100%	100%
Substance Use Conditions			
Alcohol only	11%	11%	13%
Marijuana only	6%	4%	10%
Methamphetamine only	12%	13%	9%
Heroin only	8%	8%	8%
Cocaine/Crack only	4%	4%	3%
OxyCodone/OxyContin/other opiates only	2%	2%	2%
Other single use	1%	0%	1%

Characteristics	Total	No	Yes
Alcohol & Marijuana (poly-drug use)	10%	8%	15%
Other poly drug use	47%	50%	40%
Needle Use (past 30-days)	15%	15%	15%
Substance Use (past 30-days)	68%	68%	68%
Treatment Service Type			
Outpatient	52%	48%	60%
Day treatment	5%	3%	9%
Detox	12%	14%	8%
Residential – 30 days or less	1%	2%	1%
Residential – 31 days or more	18%	22%	9%
Narcotic Treatment Maintenance	7%	6%	11%
Narcotic Treatment Detox	4%	5%	3%
Medication prescribed as part of treatment	13%	12%	14%
Other Service Conditions			
Past 30-days ER visit(s)	10%	9%	14%
Past 30-days overnight hospital stay(s)	4%	3%	5%
Past 30-days experiencing physical health problems	19%	17%	25%
Self-Report Mental illness diagnosis	23%	19%	33%
Past 30-days OP ER services for MH needs	3%	3%	5%
Past 30-days overnight stay(s) in psychiatric facility/hospital for MH needs	3%	2%	4%
Medication prescribed for MH needs	17%	13%	28%
Past 30-days participation in social support recovery activities	36%	38%	30%
Social Conditions			
Past 30-days lived with someone who uses substances	14%	14%	16%
Past 30-days serious conflict with family member(s)	12%	11%	15%
BEST PRACTICE INDICATORS			
Days waited to enter treatment			
0 days	72%	68%	79%
1-3 days	10%	11%	8%
4-7 days	7%	8%	6%
8-14 days	5%	5%	3%
15-30 days	4%	5%	3%
More than 30 days	2%	3%	1%
Total	100%	100%	100%

Characteristics	Total	No	Yes
Length of Stay			
0 days	4%	4%	4%
1-15 days	24%	26%	19%
16-30 days	12%	12%	10%
31-60 days	13%	14%	13%
61-90 days	11%	12%	10%
91-120 days	8%	8%	8%
121-150 days	6%	5%	6%
151-180 days	5%	5%	5%
More than 180 days	17%	14%	24%
Total	100%	100%	100%
Discharge Status			
Completed Tx	39%	42%	31%
Non-complete/Satisfactory progress	18%	16%	22%
Non-complete/Unsatisfactory progress	41%	40%	44%
Incarceration	2%	2%	2%
Total	100%	100%	100%
Admission Type			
Single Admission	37%	36%	41%
Recurrent Admission	22%	22%	21%
CoC Admission	20%	21%	19%

Table 10: Medi-Cal Beneficiary by County (System Indicator)

County	Total	FY 2007	FY 2008	FY 2009	FY 2010
Admissions (Statewide)	100.0%	25.4%	25.3%	25.7%	23.6%
Alameda	3.4%	2.6%	2.8%	3.9%	4.3%
Alpine	0.0%	0.0%	0.0%	0.0%	0.0%
Amador	0.0%	0.1%	0.0%	0.0%	0.0%
Butte	1.1%	1.3%	1.1%	1.0%	0.8%
Calaveras	0.1%	0.1%	0.1%	0.2%	0.1%
Colusa	0.1%	0.1%	0.1%	0.1%	0.1%
Contra Costa	1.3%	1.4%	1.3%	1.2%	1.3%
Del Norte	0.1%	0.1%	0.1%	0.1%	0.1%
El Dorado	0.7%	0.8%	0.7%	0.7%	0.5%
Fresno	6.2%	5.9%	7.0%	7.0%	5.1%
Glenn	0.1%	0.1%	0.1%	0.1%	0.1%
Humboldt	0.8%	0.8%	0.8%	0.8%	0.9%
Imperial	1.5%	1.9%	1.6%	1.2%	1.1%
Inyo	0.1%	0.1%	0.1%	0.1%	0.0%
Kern	1.4%	1.4%	1.4%	1.4%	1.4%
Kings	0.4%	0.5%	0.5%	0.3%	0.1%
Lake	0.6%	0.5%	0.5%	0.6%	0.7%
Lassen	0.3%	0.3%	0.3%	0.3%	0.2%
Los Angeles	33.6%	33.1%	33.3%	32.8%	35.6%
Madera	0.6%	0.8%	0.7%	0.6%	0.4%
Marin	0.9%	0.8%	1.0%	0.8%	0.9%
Mariposa	0.1%	0.2%	0.1%	0.1%	0.1%
Mendocino	0.7%	0.7%	0.8%	0.7%	0.5%
Merced	0.3%	0.4%	0.4%	0.3%	0.2%
Modoc	0.0%	0.1%	0.0%	0.0%	0.1%
Mono	0.0%	0.0%	0.0%	0.0%	0.0%
Monterey	0.6%	0.6%	0.6%	0.6%	0.7%
Napa	0.3%	0.2%	0.2%	0.3%	0.3%
Nevada	0.3%	0.3%	0.3%	0.3%	0.3%
Orange	1.9%	2.1%	2.0%	1.8%	1.8%
Placer	0.6%	0.5%	0.6%	0.7%	0.7%
Plumas	0.0%	0.1%	0.1%	0.0%	0.0%

County	Total	FY 2007	FY 2008	FY 2009	FY 2010
Riverside	3.8%	3.3%	3.5%	3.6%	4.8%
Sacramento	4.9%	4.4%	4.4%	5.5%	5.2%
San Benito	0.2%	0.1%	0.1%	0.2%	0.2%
San Bernardino	3.4%	3.8%	3.4%	3.1%	3.3%
San Diego	3.2%	3.3%	3.3%	3.2%	3.1%
San Francisco	4.4%	3.8%	4.2%	4.5%	5.1%
San Joaquin	1.6%	1.6%	1.6%	1.5%	1.5%
San Luis Obispo	0.5%	0.6%	0.5%	0.5%	0.5%
San Mateo	1.0%	0.9%	1.0%	1.1%	1.1%
Santa Barbara	2.1%	2.8%	2.1%	1.7%	1.9%
Santa Clara	2.8%	3.0%	2.7%	3.0%	2.4%
Santa Cruz	1.4%	1.6%	1.6%	1.2%	1.1%
Shasta	1.4%	1.5%	1.3%	1.5%	1.2%
Sierra	0.0%	0.0%	0.0%	0.0%	0.0%
Siskiyou	0.1%	0.1%	0.1%	0.1%	0.1%
Solano	1.2%	1.2%	1.3%	1.2%	1.1%
Sonoma	2.2%	2.5%	2.2%	2.1%	2.1%
Stanislaus	1.8%	1.5%	1.8%	2.0%	1.7%
Tehama	0.5%	0.6%	0.5%	0.5%	0.3%
Trinity	0.1%	0.1%	0.1%	0.1%	0.1%
Tulare	2.4%	2.5%	2.6%	2.4%	2.2%
Tuolumne	0.2%	0.2%	0.2%	0.2%	0.2%
Ventura	1.4%	1.3%	1.4%	1.4%	1.4%
Yolo	0.4%	0.5%	0.4%	0.4%	0.4%
Yuba & Sutter	0.8%	1.0%	0.8%	0.8%	0.6%

Appendix C: Mental Health Client Services Information Data (CSI)

Table 1: System at a glance - Individuals

Characteristics	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹³⁴	N	%	N	%	N	%	N	%
Total	630,239	100%	637,700	100%	660,168	100%	635,942	100%	560,818	100%
Demographics										
Age										
0-13	133,735	21%	133,770	21%	137,345	21%	135,965	21%	123,028	22%
14-17	84,955	13%	86,971	14%	92,245	14%	92,144	14%	82,390	15%
18-21	33,507	5%	34,702	5%	38,391	6%	37,986	6%	35,034	6%
22-26	44,613	7%	45,349	7%	47,273	7%	43,786	7%	37,159	7%
27-64	315,444	50%	318,905	50%	325,343	49%	306,949	48%	266,268	47%
65+	17,672	3%	17,854	3%	19,429	3%	18,951	3%	16,818	3%
Unknown/Not Reported ¹³⁵	313	0.05%	149	0.02%	142	0.02%	161	0.03%	121	0.02%
Gender										
Female	301,977	48%	303,528	48%	313,603	48%	304,316	48%	270,356	48%
Male	325,954	52%	331,858	52%	344,435	52%	330,400	52%	289,490	52%
Other	40	0%	40	0%	46	0%	51	0%	42	0%
Unknown	2,268	0.4%	2,274	0.4%	2,084	0.3%	1,175	0.2%	930	0.2%
Race/Ethnicity										
White	152,711	24%	185,246	29%	191,514	29%	177,874	28%	154,146	27%
African American	52,649	8%	65,074	10%	66,361	10%	62,806	10%	50,536	9%
Asian-NH	24,522	4%	28,441	4%	28,739	4%	27,238	4%	22,870	4%
Pacific Islander	1,677	0.3%	2,305	0.4%	3,797	1%	2,414	0.4%	1,919	0.3%
Native	4,911	1%	6,203	1%	6,510	1%	6,175	1%	4,954	1%
Other	56,043	9%	63,296	10%	60,622	9%	57,573	9%	49,794	9%
Hispanic	95,819	15%	129,453	20%	134,997	20%	132,448	21%	116,643	21%
Multi	25,666	4%	31,163	5%	33,542	5%	31,535	5%	27,957	5%
Homeless	8,700	1%	6,987	1%	8,490	1%	9,950	2%	7,463	1%
< High School Diploma	135,448	21%	100,641	16%	118,836	18%	119,029	19%	99,738	18%
Criminal Justice Involvement	11,812	2%	6,921	1%	9,605	1%	10,933	2%	8,926	2%
Employed (past 30 days)	15,496	2%	14,859	2%	15,672	2%	14,933	2%	10,957	2%
Has Experienced Trauma	69,858	11%	125,680	20%	141,626	21%	138,867	22%	118,041	21%
Substance Use Conditions										
Has Substance Dependence Diagnosis	85,065	13%	134,248	21%	136,535	21%	120,808	19%	94,379	17%

¹³⁴ These percentages represent the total population served by DMH that belong to a given characteristic category. For example, in 2006, of the 630,239 individuals served by DMH, 21% (or 133,735 individuals) were aged 0-13.

¹³⁵ Because the age is unknown or not reported we were unable to determine if they were a Youth or Adult and thus these individuals have not been included in the following Adult & Youth tables

Table 1b: System at a glance – Adults

Characteristics	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹³⁶	N	%	N	%	N	%	N	%
Total	411,236	100%	416,810	100%	430,436	100%	407,672	100%	355,279	100%
Demographics										
Gender										
Female	215,864	52%	216,986	52%	223,998	52%	214,544	53%	189,013	53%
Male	193,540	47%	198,026	48%	204,759	48%	192,193	47%	165,523	47%
Other	29	0%	33	0%	40	0%	42	0%	36	0%
Unknown	1,803	0.4%	1,765	0.4%	1,639	0.4%	893	0.2%	707	0.2%
Race/Ethnicity										
White	111,889	27%	136,906	33%	143,842	33%	134,079	33%	117,298	33%
African American	30,744	7%	37,674	9%	39,512	9%	37,966	9%	31,129	9%
Asian	20,132	5%	22,753	5%	23,037	5%	22,025	5%	18,697	5%
Pacific Islander	1,080	0.3%	1,423	0.3%	2,864	1%	1,443	0.4%	1,197	0.3%
Native	3,108	1%	3,906	1%	4,180	1%	3,966	1%	3,199	1%
Other	37,489	9%	41,584	10%	40,737	9%	39,103	10%	33,851	10%
Hispanic	45,304	11%	59,478	14%	65,194	15%	63,322	16%	56,397	16%
Multi	15,519	4%	18,629	4%	21,063	5%	19,750	5%	17,843	5%
Homeless	8,206	2%	6,550	2%	7,985	2%	9,315	2%	6,981	2%
< High School Diploma	60,101	15%	38,913	9%	44,587	10%	43,091	11%	35,462	10%
Criminal Justice Involvement	2,400	1%	2,071	0.5%	2,943	1%	3,040	1%	3,486	1%
Employed (past 30 days)	14,105	3%	13,377	3%	14,319	3%	13,883	3%	10,114	3%
Has Experienced Trauma	41,853	10%	77,113	19%	88,395	21%	86,156	21%	73,345	21%
Substance Use Conditions										
Has Substance Dependence Diagnosis	71,563	17%	114,548	27%	116,459	27%	102,131	25%	77,667	22%

¹³⁶ These percentages represent the total population of adults served by DMH that belong to a given characteristic category. For example, in 2006, of the 411,236 individual adults served by DMH, 52% (or 215,864 adults) were female.

Table 1c: System at a Glance – Youth

Characteristics	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹³⁷	N	%	N	%	N	%	N	%
Total	218,690	100%	220,741	100%	229,590	100%	228,109	100%	205,418	100%
Demographics										
Gender										
Female	85,963	39%	86,465	39%	89,532	39%	89,692	39%	81,286	40%
Male	132,252	60%	133,760	61%	139,608	61%	138,126	61%	123,903	60%
Other	11	0%	7	0%	6	0%	9	0%	6	0%
Unknown	464	0.2%	509	0.2%	444	0.2%	282	0.1%	223	0.1%
Race/Ethnicity										
White	40,746	19%	48,306	22%	47,623	21%	43,733	19%	36,804	18%
African American	21,882	10%	27,382	12%	26,838	12%	24,827	11%	19,391	9%
Asian	4,385	2%	5,684	3%	5,694	2%	5,200	2%	4,166	2%
Pacific Islander	596	0.3%	882	0.4%	932	0.4%	970	0.4%	721	0.4%
Native	1,801	1%	2,297	1%	2,330	1%	2,209	1%	1,754	1%
Other	18,509	8%	21,686	10%	19,868	9%	18,444	8%	15,934	8%
Hispanic	50,357	23%	69,906	32%	69,746	30%	69,078	30%	60,203	29%
Multi	10,140	5%	12,529	6%	12,476	5%	11,783	5%	10,114	5%
Homeless	487	0.2%	436	0.2%	503	0.2%	626	0.3%	472	0.2%
< High School Diploma	75,281	34%	61,704	28%	74,214	32%	75,893	33%	64,236	31%
Criminal Justice Involvement	9,403	4%	4,848	2%	6,655	3%	7,878	3%	5,428	3%
Employed (past 30 days)	1,381	1%	1,476	1%	1342	1%	1,041	0.5%	835	0.4%
Has Experienced Trauma	27,969	13%	48,532	22%	53,199	23%	52,664	23%	44,670	22%
Substance Use Conditions										
Has Substance Dependence Diagnosis	13,470	6%	19,685	9%	20,057	9%	18,654	8%	16,691	8%

¹³⁷ These percentages represent the total population of youth served by DMH that belong to a given characteristic category. For example, in 2006, of the 218,690 individual youth served by DMH, 39% (or 85,963 youth) were female.

Table 2a: System at a Glance – Service Utilization (% Received)

Services	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹³⁸	N	%	N	%	N	%	N	%
Total	630,213	100%	637,671	100%	660,134	100%	635,899	100%	560,784	100%
24 Hour Services										
Hospital Inpatient	22,319	4%	18,478	3%	17,365	3%	18,870	3%	16,353	3%
Hospital Administrative Day	3,264	1%	4,099	1%	3,736	1%	3,641	1%	3,066	1%
Psychiatric Health Facility	7,462	1%	7,598	1%	8,693	1%	7,298	1%	5,242	1%
SNF Intensive	2,338	0.4%	2,273	0.4%	1,992	0.3%	1,694	0.3%	1,521	0.3%
IMD Basic (no Patch)	1,796	0.3%	1,626	0.3%	1,400	0.2%	1,015	0.2%	721	0.1%
IMD with Patch	1,920	0.3%	1,515	0.2%	1,719	0.3%	1,646	0.3%	250	0%
Adult Crisis Residential	5,239	1%	5,173	1%	5,881	1%	5,499	1%	4,189	1%
Jail Inpatient	331	0.1%	--	--	--	--	--	--	--	--
Residential, Other	1,363	0.2%	1,312	0.2%	1,194	0.2%	1,243	0.2%	1,024	0.2%
Adult Residential	2,251	0.4%	2,489	0.4%	2,325	0.4%	2,148	0.3%	1,450	0.3%
Semi-Supervised Living	1,206	0.2%	1,025	0.2%	816	0.1%	632	0.1%	362	0.1%
Independent Living	112	0%	130	0%	124	0%	134	0%	70	0%
Mental Health Rehab Center	2,074	0.3%	2,145	0.3%	2,124	0.3%	2,020	0.3%	1,393	0.2%
Day Services										
Crisis Stabilization – Emergency Room	40,175	6%	42,123	7%	44,950	7%	43,290	7%	32,946	6%
Crisis Stabilization – Urgent Care	13,217	2%	13,618	2%	11,981	2%	16,065	3%	17,415	3%
Vocational Services	700	0.1%	861	0.1%	934	0.1%	764	0.1%	582	0.1%
Socialization	1,571	0.2%	2,167	0.3%	1,968	0.3%	1,812	0.3%	1,307	0.2%
SNF Augmentation	171	0%	151	0%	120	0%	111	0%	98	0%
Day Treatment Intensive – Half Day	544	0.1%	523	0.1%	457	0.1%	309	0%	177	0%
Day Treatment Intensive – Full Day	4,099	1%	3,777	1%	3,561	1%	3,343	1%	2,507	0.4%
Day Rehabilitation – Half Day	873	0.1%	667	0.1%	348	0.1%	420	0.1%	364	0.1%
Day Rehabilitation – Full Day	6,414	1%	5,359	1%	4,956	1%	4,274	1%	2,879	1%
Outpatient Services										
Targeted Case Management	291,162	46%	289,261	45%	304,768	46%	290,048	46%	253,374	45%
Collateral	161,504	26%	162,934	26%	171,809	26%	170,176	27%	149,884	27%
Professional Inpatient Visit – Collateral	112	0%	138	0%	57	0%	50	0%	14	0%
Mental Health Services (MHS)	477,616	76%	489,861	77%	507,191	77%	481,319	76%	413,051	74%
Professional Inpatient Visit – MHS	6,561	1%	7,638	1%	6,262	1%	2,012	0.3%	1,354	0.2%
Therapeutic Behavioral Services	3,351	1%	3,652	1%	3,695	1%	4,201	1%	4,327	1%
Medication Support (MS)	323,521	51%	322,874	51%	330,337	50%	314,891	50%	277,105	49%
Professional Inpatient Visit – MS	3,565	1%	3,070	0.5%	2,377	0.4%	2,361	0.4%	3,110	1%
Crisis Intervention (CI)	126,607	20%	124,525	20%	128,234	19%	117,189	18%	109,412	20%
Professional Inpatient Visit (CI)	9	0%	8	0%	2	0%	--	--	--	--

¹³⁸ These percentages represents the total population receiving DMH services of a given service category. For example, in 2006, of the 630,213 individuals receiving DMH services, 4% (or 22,319 individuals) received Hospital Inpatient 24 Hour Services.

Table 2b: System at a Glance – Service Utilization (% Received) – Adults

Services	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹³⁹	N	%	N	%	N	%	N	%
Total	411,207	100%	416,777	100%	430,396	100%	407,630	100%	355,243	100%
24 Hour Services										
Hospital Inpatient	19,185	5%	15,970	4%	15,059	3%	16,497	4%	14,418	4%
Hospital Administrative Day	3,094	1%	3,905	1%	3,590	1%	3,508	1%	2,977	1%
Psychiatric Health Facility	6,929	2%	6,935	2%	7,723	2%	6,363	2%	4,460	1%
SNF Intensive	2,297	1%	2,232	1%	1,966	0.5%	1,670	0.4%	1,494	0.4%
IMD Basic (no Patch)	1,669	0.4%	1,530	0.4%	1,343	0.3%	971	0.2%	695	0.2%
IMD with Patch	1,771	0.4%	1,390	0.3%	1,589	0.4%	1,526	0.4%	240	0.1%
Adult Crisis Residential	5,082	1%	5,041	1%	5,676	1%	5,356	1%	4,077	1%
Jail Inpatient	312	0.1%	--	--	--	--	--	--	--	--
Residential, Other	1,185	0.3%	1,134	0.3%	1,040	0.2%	1,104	0.3%	909	0.3%
Adult Residential	2,153	1%	2,383	1%	2,253	1%	2,088	1%	1,413	0.4%
Semi-Supervised Living	1,161	0.3%	992	0.2%	789	0.2%	603	0.1%	340	0.1%
Independent Living	112	0%	130	0%	124	0%	134	0%	70	0%
Mental Health Rehab Center	1,955	0.5%	2,031	0.5%	2,055	0.5%	1,962	0.5%	1,356	0.4%
Day Services										
Crisis Stabilization – Emergency Room	36,261	9%	37,884	9%	40,126	9%	38,605	9%	29,071	8%
Crisis Stabilization – Urgent Care	10,670	3%	11,081	3%	9,971	2%	13,512	3%	14,703	4%
Vocational Services	615	0.1%	793	0.2%	883	0.2%	745	0.2%	567	0.2%
Socialization	1,505	0.4%	2,035	0.5%	1,844	0.4%	1,724	0.4%	1,249	0.4%
SNF Augmentation	167	0%	148	0%	115	0%	106	0%	94	0%
Day Treatment Intensive – Half Day	82	0%	10	0%	9	0%	2	0%	1	0%
Day Treatment Intensive – Full Day	559	0.1%	460	0.1%	398	0.1%	329	0.1%	171	0%
Day Rehabilitation – Half Day	578	0.1%	527	0.1%	240	0.1%	236	0.1%	234	0.1%
Day Rehabilitation – Full Day	2,552	1%	2,209	1%	2,023	0.5%	1,605	0.4%	1,254	0.4%
Outpatient Services										
Targeted Case Management	189,676	46%	189,730	46%	202,416	47%	191,723	47%	169,477	48%
Collateral	52,067	13%	50,748	12%	53,018	12%	50,196	12%	40,462	11%
Professional Inpatient Visit – Collateral	66	0%	102	0%	56	0%	49	0%	14	0%
Mental Health Services (MHS)	281,061	68%	289,913	70%	298,519	69%	273,649	67%	227,640	64%
Professional Inpatient Visit – MHS	5,151	1%	6,221	1%	4,715	1%	1,692	0.4%	1,214	0.3%
Therapeutic Behavioral Services	171	0%	188	0%	203	0%	214	0.1%	264	0.1%
Medication Support (MS)	247,305	60%	246,604	59%	253,319	59%	240,325	59%	211,248	59%
Professional Inpatient Visit – MS	2,743	1%	2,403	1%	1,806	0.4%	1,641	0.4%	2,350	1%
Crisis Intervention (CI)	97,489	24%	97,002	23%	100,385	23%	91,019	22%	83,049	23%
Professional Inpatient Visit (CI)	3	0%	4	0%	2	0%	--	--	--	--

¹³⁹ These percentages represents the total population of adults receiving DMH services of a given service category. For example, in 2006, of the 411,207 individual adults receiving DMH services, 5% (or 19,185 individuals) received Hospital Inpatient 24 Hour Services.

Table 2c: System at a Glance – Service Utilization (% Received) – Youth

Services	CY 2006		CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁰	N	%	N	%	N	%	N	%
Total	218,679	100%	220,734	100%	229,584	100%	228,100	100%	205,412	100%
24 Hour Services										
Hospital Inpatient	3,127	1%	2,506	1%	2,304	1%	2,366	1%	1,928	1%
Hospital Administrative Day	169	0.1%	194	0.1%	146	0.1%	131	0.1%	88	0%
Psychiatric Health Facility	528	0.2%	656	0.3%	969	0.4%	930	0.4%	779	0.4%
SNF Intensive	41	0%	41	0%	26	0%	24	0%	27	0%
IMD Basic (no Patch)	126	0.1%	96	0%	57	0%	43	0%	25	0%
IMD with Patch	148	0.1%	125	0.1%	130	0.1%	120	0.1%	10	0%
Adult Crisis Residential	153	0.1%	131	0.1%	203	0.1%	142	0.1%	112	0.1%
Jail Inpatient	19	0%	--	--	--	--	--	--	--	--
Residential, Other	178	0.1%	178	0.1%	154	0.1%	139	0.1%	115	0.1%
Adult Residential	94	0%	105	0%	72	0%	60	0%	37	0%
Semi-Supervised Living	42	0%	33	0%	27	0%	29	0%	22	0%
Independent Living	--	--	--	--	--	--	--	--	--	--
Mental Health Rehab Center	117	0.1%	114	0.1%	68	0%	57	0%	35	0%
Day Services										
Crisis Stabilization – Emergency Room	3,900	2%	4,234	2%	4,820	2%	4,675	2%	3,870	2%
Crisis Stabilization – Urgent Care	2,542	1%	2,537	1%	2,006	1%	2,543	1%	2,683	1%
Vocational Services	83	0%	67	0%	50	0%	19	0%	15	0%
Socialization	62	0%	127	0.1%	118	0.1%	81	0%	55	0%
SNF Augmentation	4	0%	3	0%	5	0%	5	0%	3	0%
Day Treatment Intensive – Half Day	461	0.2%	512	0.2%	448	0.2%	307	0.1%	176	0.1%
Day Treatment Intensive – Full Day	3,539	2%	3,317	2%	3,163	1%	3,014	1%	2,336	1%
Day Rehabilitation – Half Day	295	0.1%	140	0.1%	108	0%	184	0.1%	130	0.1%
Day Rehabilitation – Full Day	3,858	2%	3,148	1%	2,933	1%	2,669	1%	1,625	1%
Outpatient Services										
Targeted Case Management	101,327	46%	99,460	45%	102,303	45%	98,281	43%	83,870	41%
Collateral	109,355	50%	112,152	51%	118,764	52%	119,954	53%	109,409	53%
Professional Inpatient Visit – Collateral	46	0%	36	0%	1	0%	1	0%	--	--
Mental Health Services (MHS)	196,301	90%	199,826	91%	208,581	91%	207,579	91%	185,350	90%
Professional Inpatient Visit – MHS	1,409	1%	1,417	1%	1,546	1%	320	0.1%	140	0.1%
Therapeutic Behavioral Services	3,178	1%	3,463	2%	3,492	2%	3,987	2%	4,063	2%
Medication Support (MS)	76,026	35%	76,178	35%	76,952	34%	74,498	33%	65,815	32%
Professional Inpatient Visit – MS	821	0.4%	667	0.3%	571	0.2%	720	0.3%	760	0.4%
Crisis Intervention (CI)	29,065	13%	27,499	12%	27,820	12%	26,108	11%	26,332	13%
Professional Inpatient Visit (CI)	6	0%	4	0%	--	--	--	--	--	--

¹⁴⁰ These percentages represents the total population of youth receiving DMH services of a given service category. For example, in 2006, of the 218,679 individual youth receiving DMH services, 1% (or 3,127 individuals) received Hospital Inpatient 24 Hour Services.

Table 3: System at a glance – Service Utilization (Amount Received – Total Units)

Services	Unit	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010
24 Hour Services						
Hospital Inpatient	Hours	243,254	160,519	149,949	157,329	131,283
Hospital Administrative Day	Hours	40,771	55,518	47,219	40,143	28,995
Psychiatric Health Facility	Hours	91,903	99,800	103,326	76,325	51,092
SNF Intensive	Hours	233,872	238,393	201,071	171,088	154,857
IMD Basic (no Patch)	Hours	322,816	254,163	246,535	170,786	129,933
IMD with Patch	Hours	153,996	120,585	132,051	111,338	31,415
Adult Crisis Residential	Hours	104,267	100,373	110,287	97,745	73,361
Jail Inpatient	Hours	9,334	--	--	--	--
Residential, Other	Hours	266,076	243,156	221,276	228,868	150,725
Adult Residential	Hours	218,388	245,390	234,109	200,272	127,692
Semi-Supervised Living	Hours	141,407	141,898	118,048	73,267	34,688
Independent Living	Hours	26,920	30,999	23,457	19,550	11,840
Mental Health Rehab Center	Hours	241,931	285,790	262,679	230,241	129,169
Day Services						
Crisis Stabilization – Emergency Room	Hours	767,903	740,329	789,793	792,329	565,537
Crisis Stabilization – Urgent Care	Hours	217,941	192,065	142,713	186,487	217,751
Vocational Services	Hours	159,120	146,596	135,600	85,500	45,632
Socialization	Hours	346,220	463,960	426,420	375,584	252,636
SNF Augmentation	Hours	31,337	25,619	22,759	19,409	16,203
Day Treatment Intensive – Half Day	Hours	178,680	191,492	150,184	113,316	29,496
Day Treatment Intensive – Full Day	Hours	2,821,024	2,652,080	2,510,936	2,468,352	1,580,384
Day Rehabilitation – Half Day	Hours	224,568	166,936	86,860	104,536	84,868
Day Rehabilitation – Full Day	Hours	3,702,480	3,215,376	2,808,320	2,290,360	1,452,608
Outpatient Services						
Linkage/Brokerage	Hours	2,043,724	2,144,656	2,285,873	2,042,055	1,674,796
Collateral	Hours	1,052,624	1,054,181	1,163,004	1,157,352	1,002,714
Professional Inpatient Visit – Collateral	Hours	412	376	68	73	14
Mental Health Services (MHS)	Hours	7,865,706	8,461,013	9,033,608	8,791,786	7,024,753
Professional Inpatient Visit – MHS	Hours	25,654	19,882	12,389	9,006	4,186
Therapeutic Behavioral Services	Hours	386,766	438,158	430,924	460,292	448,789
Medication Support (MS)	Hours	1,437,133	1,452,573	1,479,065	1,382,253	1,128,389
Professional Inpatient Visit – MS	Hours	19,615	14,736	11,307	12,296	13,403
Crisis Intervention (CI)	Hours	410,896	418,338	453,644	425,065	399,814
Professional Inpatient Visit (CI)	Hours	16	7	0	--	--

Table 4a: Number of Individuals Receiving Evidence-Based Practices

Evidence-Based Practice	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴¹	N	%	N	%	N	%
Assertive Community Treatment	325	9%	398	3%	573	3%	428	4%
Supportive Employment	84	2%	240	2%	500	3%	301	3%
Supportive Housing	69	2%	343	3%	755	4%	511	5%
Family Psychoeducation	288	8%	1,286	11%	2,777	15%	1,691	15%
Integrated Dual Diagnosis Treatment	627	16%	1,467	13%	1,535	8%	1,078	10%
Illness Management & Recovery	778	20%	1,266	11%	2,308	13%	1,396	13%
Medication Management	1,068	28%	5,966	52%	9,101	50%	5,229	48%
New Generation Medications	17	0.4%	4	0.03%	21	0.1%	14	0%
Therapeutic Foster Care	267	7%	262	2%	276	2%	197	2%
Multisystemic Therapy	155	4%	174	2%	101	1%	40	0%
Functional Family Therapy	127	3%	148	1%	130	1%	114	1%
Total	3,805	100%	11,554	100%	18,077	100%	10,999	100%

Table 4b: Number of Adults Receiving Evidence-Based Practices

Evidence-Based Practice	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴²	N	%	N	%	N	%
Assertive Community Treatment	198	9%	253	4%	429	4%	320	5%
Supportive Employment	80	4%	181	3%	467	5%	266	4%
Supportive Housing	43	2%	281	4%	705	7%	486	8%
Family Psychoeducation	63	3%	250	4%	444	4%	332	5%
Integrated Dual Diagnosis Treatment	83	4%	1,032	15%	1,470	14%	1,036	17%
Illness Management & Recovery	736	34%	574	8%	826	8%	498	8%
Medication Management	784	37%	4,197	61%	5,694	56%	3,094	51%
New Generation Medications	15	1%	0	0%	21	0.2%	13	0%
Therapeutic Foster Care	20	1%	14	0.2%	16	0.2%	16	0%
Multisystemic Therapy	88	4%	60	1%	21	0.2%	5	0%
Functional Family Therapy	30	1%	45	1%	50	0.5%	45	1%
Total	2,140	100%	6,887	100%	10,143	100%	6,111	100%

Table 4c: Number of Youth Receiving Evidence-Based Practices

Evidence-Based Practice	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴³	N	%	N	%	N	%
Assertive Community Treatment	127	8%	145	3%	144	2%	108	2%
Supportive Employment	4	0.2%	58	1%	28	0.4%	35	1%
Supportive Housing	26	2%	62	1%	44	1%	25	1%
Family Psychoeducation	225	14%	1,036	22%	2,330	29%	1,359	28%
Integrated Dual Diagnosis Treatment	544	33%	432	9%	61	1%	42	1%
Illness Management & Recovery	42	3%	691	15%	1,478	19%	898	18%
Medication Management	284	17%	1,765	38%	3,398	43%	2,135	44%
New Generation Medications	2	0.1%	4	0.1%	0	0%	1	0%
Therapeutic Foster Care	247	15%	248	5%	260	3%	181	4%
Multisystemic Therapy	67	4%	114	2%	80	1%	35	1%
Functional Family Therapy	97	6%	103	2%	80	1%	69	1%

¹⁴¹ This percentage represents the total individuals who received a given Evidence Based Practices (EBP). For example, in 2007, of the 3,805 individuals that received an EBP, 9% (or 325 individuals) received Assertive Community Treatment.

¹⁴² This percentage represents the total adults who received a given Evidence Based Practices (EBP). For example, in 2007, of the 2,140 individual adults that received an EBP, 9% (or 198 adults) received Assertive Community Treatment.

¹⁴³ This percentage represents the total youth who received a given Evidence Based Practices (EBP). For example, in 2007, of the 1,665 individual youth that received an EBP, 8% (or 127 youth) received Assertive Community Treatment.

Total 1,665 100% 4,658 100% 7,903 100% 4,888 100%

Table 5a: Number of Individuals Receiving Service Strategies

Service Strategy	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁴	N	%	N	%	N	%
Peer and/or Family Delivered Services	4,848	12%	5,819	10%	6,281	8%	6,493	11%
Psychoeducation	9,728	25%	14,760	25%	17,810	22%	13,892	23%
Family Support	7,985	21%	8,728	15%	9,379	12%	9,189	16%
Supportive Education	3,112	8%	4,719	8%	6,909	9%	4,957	8%
Delivered in Partnership with Law Enforcement	956	2%	2,383	4%	4,256	5%	2,383	4%
Delivered in Partnership with Health Care	1,466	4%	2,041	3%	2,815	4%	1,579	3%
Delivered in Partnership with Social Services	2,206	6%	2,616	4%	3,668	5%	2,235	4%
Delivered in Partnership with Substance Abuse Services	839	2%	1,900	3%	3,199	4%	1,644	3%
Integrated Services for Mental Health and Aging	831	2%	815	1%	736	1%	496	1%
Integrated Services for Mental Health and Developmental Disability	243	1%	209	0.3%	164	0.2%	118	0%
Ethnic-Specific Service Strategy	1,566	4%	6,658	11%	9,177	12%	5,874	10%
Age-Specific Service Strategy	5,044	13%	9,483	16%	15,216	19%	10,310	17%
Total	38,824	100%	60,131	100%	79,610	100%	59,170	100%

Table 5b: Number of Adults Receiving Service Strategies

Service Strategy	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁵	N	%	N	%	N	%
Peer and/or Family Delivered Services	1,035	8%	1,359	5%	1,487	5%	1,623	7%
Psychoeducation	3,403	26%	8,182	33%	10,679	33%	7,049	32%
Family Support	1,709	13%	1,951	8%	2,275	7%	2,132	10%
Supportive Education	1,286	10%	1,452	6%	2,040	6%	1,587	7%
Delivered in Partnership with Law Enforcement	267	2%	329	1%	532	2%	426	2%
Delivered in Partnership with Health Care	942	7%	1,430	6%	1,985	6%	1,021	5%
Delivered in Partnership with Social Services	1,244	10%	1,170	5%	1,035	3%	669	3%
Delivered in Partnership with Substance Abuse Services	539	4%	502	2%	455	1%	369	2%
Integrated Services for Mental Health and Aging	720	6%	661	3%	569	2%	421	2%
Integrated Services for Mental Health and Developmental Disability	124	0.9%	108	0.4%	95	0.3%	54	0%
Ethnic-Specific Service Strategy	653	5%	5,624	23%	8,036	25%	4,545	21%
Age-Specific Service Strategy	1,137	9%	2,035	8%	3,246	10%	1,838	8%
Total	13,059	100%	24,803	100%	32,434	100%	21,734	100%

¹⁴⁴ This percentage represents the total individuals who received a given Service Strategy. For example, in 2007, of 38,824 individuals that received a Service Strategy, 12% (or 4,848 individuals) received Peer and/or Family Delivered Services.

¹⁴⁵ This percentage represents the total individual adults who received a given Service Strategy. For example, in 2007, of 13,059 adults that received a Service Strategy, 8% (or 1,035 adults) received Peer and/or Family Delivered Services.

Table 5c: Number of Youth Receiving Service Strategies

Service Strategy	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁶	N	%	N	%	N	%
Peer and/or Family Delivered Services	3,813	15%	4,460	13%	4,794	10%	4,870	13%
Psychoeducation	6,325	25%	6,575	19%	7,120	15%	6,843	18%
Family Support	6,276	24%	6,777	19%	7,104	15%	7,057	19%
Supportive Education	1,826	7%	3,267	9%	4,864	10%	3,370	9%
Delivered in Partnership with Law Enforcement	689	3%	2,049	6%	3,721	8%	1,957	5%
Delivered in Partnership with Health Care	524	2%	610	2%	828	2%	558	1%
Delivered in Partnership with Social Services	962	4%	1,445	4%	2,628	6%	1,566	4%
Delivered in Partnership with Substance Abuse Services	300	1%	1,393	4%	2,741	6%	1,275	3%
Integrated Services for Mental Health and Aging	111	0.4%	151	0.4%	164	0.3%	75	0%
Integrated Services for Mental Health and Developmental Disability	119	0.5%	101	0.3%	69	0.1%	64	0%
Ethnic-Specific Service Strategy	913	4%	1,029	3%	1,134	2%	1,329	4%
Age-Specific Service Strategy	3,907	15%	7,441	21%	11,959	25%	8,472	23%
Total	25,765	100%	35,298	100%	47,126	100%	37,436	100%

Table 6a: Number of Individuals Receiving Multiple Evidence-Based Practices

Number of EBPs	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁷	N	%	N	%	N	%
2 Evidence-Based Practices	846	79%	877	68%	1,613	74%	1,011	76%
3 Evidence-Based Practices	209	19%	337	26%	479	22%	237	18%
4 Evidence-Based Practices	14	1%	49	4%	55	3%	62	5%
5 Evidence-Based Practices	4	0.4%	22	2%	8	1%	12	1%
6 Evidence-Based Practices	--	--	7	1%	4	0.2%	2	0.2%
7 Evidence-Based Practices	--	--	2	0.2%	4	0.2%	1	0.1%
Total	1,073	100%	1,294	100%	2,183	100%	1,325	100%

Table 6b: Number of Adults Receiving Multiple Evidence-Based Practices

Number of EBPs	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁸	N	%	N	%	N	%
2 Evidence-Based Practices	652	79%	438	63%	831	69%	517	73%
3 Evidence-Based Practices	161	19%	214	31%	309	26%	141	20%
4 Evidence-Based Practices	12	1%	33	5%	40	3%	41	6%
5 Evidence-Based Practices	4	0.5%	12	2%	24	2%	11	2%
6 Evidence-Based Practices	--	--	1	0.1%	3	0.2%	--	--
7 Evidence-Based Practices	--	--	--	--	3	0.2%	--	--
Total	829	100%	698	100%	1,210	100%	710	100%

¹⁴⁶ This percentage represents the total individual youth who received a given Service Strategy. For example, in 2007, of 25,765 youth that received a Service Strategy, 15% (or 3,813 youth) received Peer and/or Family Delivered Services.

¹⁴⁷ This percentage represents the number of individuals receiving multiple EBPs in a given category. For example, in 2007, of the 1,073 individuals receiving more than one EBP, 79% (or 846 individuals) received two EBPs.

¹⁴⁸ This percentage represents the number of individual adults receiving multiple EBPs in a given category. For example, in 2007, of the 829 individual adults receiving more than one EBP, 79% (or 652 adults) received two EBPs.

Table 6c: Number of Youth Receiving Multiple Evidence-Based Practices

Number of EBPs	CY 2007		CY 2008		CY 2009		CY 2010	
	N	% ¹⁴⁹	N	%	N	%	N	%
2 Evidence-Based Practices	194	80%	439	74%	777	80%	494	80%
3 Evidence-Based Practices	48	20%	122	21%	168	17%	96	16%
4 Evidence-Based Practices	2	0.8%	16	3%	15	2%	21	3%
5 Evidence-Based Practices	--	--	10	2%	4	0.4%	1	0%
6 Evidence-Based Practices	--	--	6	1%	1	0.1%	2	0%
7 Evidence-Based Practices	--	--	2	0.3%	1	0.1%	1	0%
Total	244	100%	595	100%	966	100%	615	100%

Table 7a: Percent of Overall Recipients Receiving an EBP

Evidence-Based Practice	Total N	EBP N ¹⁵⁰	EBP % ¹⁵¹
2007	637,671	1,410	0.2%
2008	660,134	8,427	1%
2009	635,899	13,102	2%
2010	560,784	7,939	1%
Total	2,494,488	30,878	1%

Table 7b: Percent of Recipients Receiving an EBP – Adults

Evidence-Based Practice	Total N	EBP N ¹⁵²	EBP % ¹⁵³
2007	416,777	285	0.1%
2008	430,396	5,171	1%
2009	407,630	7,235	2%
2010	355,243	4,435	1%
Total	1,610,046	17,126	1%

Table 7c: Percent of Recipients Receiving an EBP – Youth

Evidence-Based Practice	Total N	EBP N ¹⁵⁴	EBP % ¹⁵⁵
2007	220,734	1,125	1%
2008	229,584	3,250	1%
2009	228,100	5,752	3%
2010	205,412	4,273	2%
Total	883,830	14,400	2%

¹⁴⁹ This percentage represents the number of individual youth receiving multiple EBPs in a given category. For example, in 2007, of the 244 individual youth receiving more than one EBP, 80% (or 194 youth) received two EBPs.

¹⁵⁰ Number of unduplicated EBPs

¹⁵¹ This percentage represents the percent of the total population served by DMH that received an unduplicated EBP.

¹⁵² Number of unduplicated EBPs

¹⁵³ This percentage represents the percent of the total adult population served by DMH that received an unduplicated EBP.

¹⁵⁴ Number of unduplicated EBPs

¹⁵⁵ This percentage represents the percent of the total youth population served by DMH that received an unduplicated EBP.

Table 8: EBP Recipients by County

County	Number of Users	% of Population ¹⁵⁶	# of Individuals that Received EBPs	% of Users ¹⁵⁷
Statewide	554,615	1%	10,499	2%
Large Counties (Over 800,000)				
Alameda	32,204	2%	0	0%
Contra Costa	17,819	2%	0	0%
Fresno	9,986	1%	245	2%
Los Angeles	175,594	2%	164	0.1%
Orange	49,390	2%	58	0.1%
Riverside	41,207	2%	60	0.1%
Sacramento	231	0%	0	0%
San Bernardino	36,614	2%	47	0.1%
San Diego	30,988	1%	7,821	25%
San Francisco	19,766	2%	0	0%
San Mateo	8,881	1%	10	0.1%
Santa Clara	6,823	0.4%	4	0.1%
Ventura	10,046	1%	308	3%
Medium Counties (250,000-800,000)				
Kern	14,567	2%	3	0.0%
Marin	3,132	1%	12	0.4%
Monterey	4,917	1%	41	0.8%
Placer	1,858	0.5%	0	0%
San Joaquin	10,712	2%	8	0.1%
San Luis Obispo	3,263	1%	0	0%
Santa Barbara	4,320	1%	4	0.1%
Santa Cruz	4,181	2%	0	0%
Solano	4,588	1%	3	0.1%
Sonoma	5,289	1%	1	0.0%
Stanislaus	8,969	2%	83	0.9%
Tulare	10,085	2%	46	0.5%
Small Counties (90,000-250,000)				
Butte	2,406	1%	34	1%
El Dorado	1,778	1%	40	2%
Humboldt	343	0.3%	0	0%
Imperial	3,367	2%	803	24%

¹⁵⁶ This represents the percent of DMH services users in each county. For example, in Alameda county, 2% of the total county population (or 32,204 individuals) utilize DMH services.

¹⁵⁷ This percentage reflects the percent of users in each county who receive EBPs. For example, in Alameda county the number of DMH service users is 32,204 individuals (or 2% of the total county population). Of these 32,204 users, 0% (or 0 individuals) receive an EBP.

County	Number of Users	% of Population ¹⁵⁶	# of Individuals that Received EBPs	% of Users ¹⁵⁷
Kings	3,151	2%	0	0%
Madera	2,647	2%	5	0.2%
Mendocino	2,232	3%	0	0%
Merced	2,306	0.9%	109	5%
Napa	765	0.6%	13	2%
Nevada	927	0.9%	28	3%
Shasta	3,046	2%	99	3%
Sutter	0	--	--	--
Yolo	5,608	3%	177	3%
Yuba	0	--	--	--
MBA (Under 90,000)				
Alpine	28	2%	0	0%
Amador	160	0.4%	0	0%
Calaveras	92	0.2%	30	33%
Colusa	217	1%	94	43%
Del Norte	550	2%	0	0%
Glenn	240	0.9%	28	12%
Inyo	202	1%	0	0%
Lake	496	0.8%	7	1%
Lassen	168	0.5%	13	8%
Mariposa	402	2%	0	0%
Modoc	292	3%	22	8%
Mono	242	2%	19	8%
Plumas	646	3%	0	0%
San Benito	1,032	2%	18	2%
Sierra	101	3%	4	4%
Siskiyou	1,574	4%	3	0.2%
Tehama	2,624	4%	33	1%
Trinity	553	4%	0	0%
Tuolumne	990	2%	2	0.2%

2010

Table 9a: Arrivals & Snapshots – Adults

CA Arrivals ¹⁵⁸								
1	2	3	4	5	6	7	Missing	Total
1,077	1,261	2,951	6,244	2,800	98	76	2,525	17,032
6% ¹⁵⁹	7%	17%	37%	16%	1%	0.4%	15%	100%
CA Snapshot ¹⁶⁰								
1	2	3	4	5	6	7	Missing	Total
4,372	11,571	36,084	73,174	30,678	733	373	23,043	180,028
2% ¹⁶¹	6%	20%	41%	17%	0.4%	0.2%	13%	100%

Table 9b: Arrivals & Snapshots – Youth

CA Arrivals ¹⁶²								
1	2	3	4	5	6	7	Missing	Total
163	210	1,113	4,511	2,541	149	61	1,017	9,765
2% ¹⁶³	2%	11%	46%	26%	2%	1%	10%	100%
CA Snapshot ¹⁶⁴								
1	2	3	4	5	6	7	Missing	Total
841	2,006	16,347	53,248	23,700	750	306	9,871	107,069
1% ¹⁶⁵	2%	15%	50%	22%	1%	0.3%	9%	100%

¹⁵⁸ Average number of new adults entering the system each month.

¹⁵⁹ These represent the percent of adults who “arrive” in the DMH system at the specified functioning level. For example, of the 17,032 adults who “arrived” to the system in 2010, 6% (or 1,077 adults) entered the system at Functional Level 1.

¹⁶⁰ Average number of adult consumers continuously serviced by the system

¹⁶¹ These represent the percent of adults who are continuously serviced by system at the specified functioning level. For example, of the 180,028 adults continuously serviced in 2010, 2% (or 4,372 adults) were serviced at Functional Level 1.

¹⁶² Average number of new youth entering the system each month.

¹⁶³ These represent the percent of youth who “arrive” in the DMH system at the specified functioning level. For example, of the 9,765 youth who “arrived” to the system in 2010, 2% (or 163 youth) entered the system at Functional Level 1.

¹⁶⁴ Average number of youth consumers continuously serviced by the system

¹⁶⁵ These represent the percent of youth who are continuously serviced by system at the specified functioning level. For example, of the 107,069 youth continuously serviced in 2010, 1% (or 841 youth) were serviced at Functional Level 1.

Table 10a: Service Utilization – Adults

Percent Receiving ¹⁶⁶								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
24-Hour Services (days unless otherwise noted)																
16%	6%	1%	0.1%	0.1%	0%	0.2%	0.3%	Hospital Inpatient	1	1	1	1	1	0	0	1
3%	1%	0.1%	0%	0%	0%	0%	0.1%	Hospital Administrative Day	1	1	1	1	1	1	0	1
3%	1%	0.3%	0.1%	0.1%	0.1%	0%	0.4%	Psychiatric Health Facility	1	1	1	1	1	1	0	1
1%	1%	0.1%	0%	0%	0%	2%	0%	SNF Intensive	4	5	6	9	6	0	15	13
0.4%	0.2%	0%	0%	0%	0%	1%	0%	IMD Basic (no Patch)	15	16	12	13	4	0	22	8
0.1%	0.1%	0%	0%	0%	0%	0.2%	0%	IMD with Patch	12	13	12	9	2	0	15	2
2%	1%	0.4%	0.1%	0%	0%	0%	0.1%	Adult Crisis Residential	2	2	2	2	2	1	0	2
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0.1%	0.1%	0.1%	0%	0%	0%	0.2%	0%	Residential, Other	5	11	13	11	8	2	17	8
0.3%	0.3%	0.1%	0%	0%	0%	0%	0%	Adult Residential	8	7	7	8	8	0	0	8
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	1	3	6	6	6	0	0	8
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	19	12	9	5	9	0	0	0
0.3%	0.3%	0.1%	0%	0%	0%	0.1%	0.1%	Mental Health Rehab Center	8	8	7	6	8	7	7	7
Day Services (days unless otherwise noted)																
17%	8%	2%	1%	2%	3%	1%	2%	Crisis Stabilization – Emergency Room	2	2	2	1	1	1	1	1
4%	3%	2%	1%	0.5%	0.4%	0.3%	0.3%	Crisis Stabilization – Urgent Care	2	2	1	1	1	1	1	1
0%	0.1%	0.1%	0.1%	0.2%	0.1%	0%	0%	Vocational Services	1	3	2	3	3	2	0	5
0.3%	0.2%	0.3%	0.3%	0.3%	0.2%	0.2%	1%	Socialization	5	5	6	5	5	14	2	5
0.2%	0.1%	0%	0%	0%	0%	0%	0.1%	SNF Augmentation	4	4	3	4	4	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	0	0	19	18	0	0	0	0
0%	0.1%	0.1%	0%	0%	0%	0%	0%	Day Treatment Intensive – Full Day	14	13	15	15	14	0	0	14
0%	0.1%	0.1%	0%	0%	0%	0.1%	0%	Day Rehabilitation – Half Day	5	9	9	7	9	0	6	14
0.5%	1%	1%	0.3%	0.2%	0%	0.3%	0%	Day Rehabilitation – Full Day	13	13	12	12	10	0	7	12
Outpatient Services (hours unless otherwise noted)																
36%	37%	33%	29%	25%	21%	25%	15%	Targeted Case Management	3	3	2	2	2	1	1	2
7%	8%	6%	5%	5%	3%	4%	4%	Collateral	2	1	2	2	2	1	6	1
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	1	1	1	1	0	0	1
37%	47%	47%	46%	45%	43%	35%	41%	Mental Health Services (MHS)	3	4	4	3	3	3	3	2
0.6%	0.3%	0.1%	0%	0.1%	0.2%	0.1%	0.3%	Professional Inpatient Visit – MHS	1	2	2	2	1	1	1	2
0%	0%	0.1%	0.1%	0%	0%	0.1%	0%	Therapeutic Behavioral Services	19	14	33	25	23	0	18	9
35%	46%	51%	51%	45%	43%	35%	40%	Medication Support (MS)	1	1	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0.1%	2%	Professional Inpatient Visit – MS	1	2	3	3	4	3	6	2
34%	14%	7%	6%	4%	6%	18%	3%	Crisis Intervention (CI)	4	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁶⁶ These percentages reflect the total number of adults at each functional level that received the specified service in 2010. For example, of all adults at functional level 1, 16% received Hospital Inpatient 24-Hour Services.

Table 10b: Service Utilization – Youth

Percent Receiving ¹⁶⁷								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
								24-Hour Services (days unless otherwise noted)								
8%	4%	0.2%	0%	0%	0%	0%	0.1%	Hospital Inpatient	1	1	1	1	1	0	0	1
0.5%	0.1%	0%	0%	0%	0%	0%	0%	Hospital Administrative Day	1	1	1	0	1	0	0	0
1%	1%	0.2%	0%	0%	0%	0%	0%	Psychiatric Health Facility	2	2	1	1	1	0	0	1
0.1%	0%	0%	0%	0%	0%	0%	0%	SNF Intensive	4	1	1	8	0	0	0	12
0%	0%	0%	0%	0%	0%	0%	0%	IMD Basic (no Patch)	15	10	10	2	4	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	IMD with Patch	0	0	2	1	0	0	0	3
0.1%	0.1%	0%	0%	0%	0%	0%	0%	Adult Crisis Residential	2	3	2	2	3	2	0	2
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Residential, Other	1	12	14	4	8	0	0	13
0%	0.1%	0%	0%	0%	0%	0%	0%	Adult Residential	9	14	8	0	25	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	0	1	6	5	5	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Mental Health Rehab Center	43	11	9	9	10	0	0	0
								Day Services (days unless otherwise noted)								
10%	5%	1%	0.1%	0.2%	0.3%	0%	0.4%	Crisis Stabilization – Emergency Room	2	1	1	1	1	1	0	1
2%	2%	1%	0.2%	0.1%	0.2%	0.2%	0.1%	Crisis Stabilization – Urgent Care	2	1	1	1	1	1	1	1
0%	0%	0%	0%	0%	0%	0%	0%	Vocational Services	0	0	1	1	1	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Socialization	6	7	5	6	6	0	8	3
0%	0%	0%	0%	0%	0%	0%	0%	SNF Augmentation	0	4	0	5	4	0	0	4
0.1%	0.1%	0.1%	0%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	18	15	16	16	17	0	0	13
2%	6%	3%	1%	0.3%	0.2%	1%	1%	Day Treatment Intensive – Full Day	15	18	16	15	15	15	19	15
0%	0%	0.1%	0.1%	0%	0%	0%	0.1%	Day Rehabilitation – Half Day	0	18	15	17	16	0	0	16
2%	2%	1%	1%	0.3%	0.4%	0.1%	0.1%	Day Rehabilitation – Full Day	17	18	17	15	14	6	15	16
								Outpatient Services (hours unless otherwise noted)								
51%	38%	25%	21%	20%	19%	14%	13%	Targeted Case Management	3	3	3	2	2	2	2	2
27%	28%	37%	36%	32%	27%	25%	16%	Collateral	3	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	0	0	0	0	0	0	0
54%	59%	74%	77%	74%	76%	71%	69%	Mental Health Services (MHS)	8	8	6	5	4	4	4	3
0.1%	0%	0%	0%	0%	0%	0%	0.1%	Professional Inpatient Visit – MHS	2	2	3	3	1	1	4	4
4%	5%	3%	1%	0.5%	0.1%	0%	1%	Therapeutic Behavioral Services	32	30	29	27	28	18	0	23
33%	39%	32%	24%	19%	11%	13%	22%	Medication Support (MS)	2	1	1	1	1	1	1	1
1%	1%	0.1%	0%	0%	0%	0.1%	1%	Professional Inpatient Visit – MS	4	4	4	4	3	5	4	2
35%	12%	5%	3%	2%	2%	8%	2%	Crisis Intervention (CI)	6	4	3	2	2	3	2	3
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁶⁷ These percentages reflect the total number of youth at each functional level that received the specified service in 2019. For example, of all youth at functional level 1, 8% received Hospital Inpatient 24-Hour Services.

Table 11a: Transitions – Adults¹⁶⁸

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	68	0	0	1	1	1	0	0	29
FL1	0	51	4	6	8	2	0	0	29
FL2	0	1	72	4	4	1	0	0	18
FL3	0	0	1	81	3	1	0	0	14
FL4	0	0	1	1	82	1	0	0	15
FL5	0	0	0	1	3	78	0	0	18
FL6	0	0	0	1	2	2	70	0	25
FL7	0	0	2	3	4	2	0	56	33

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	29	51	20	0	100
FL2	18	72	9	1	100
FL3	14	81	4	1	100
FL4	15	82	2	1	100
FL5	18	78	0	4	100
FL6	25	70	0	5	100
FL7	33	56	0	11	100
TOTAL	152	490	35	23	

¹⁶⁸ This table presents percentages of adults who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of individuals at that functional level that remained at the same level. For example, 51% of adults remained at FL1, and 72% remained at FL2.

Table 11b: Transitions – Youth¹⁶⁹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	69	0	0	0	2	2	0	0	27
FL1	0	56	4	10	11	2	0	0	17
FL2	0	2	75	4	6	1	0	0	12
FL3	0	0	0	85	4	1	0	0	10
FL4	0	0	0	1	85	2	0	0	12
FL5	0	0	0	1	3	78	0	0	18
FL6	0	0	0	1	2	2	58	0	37
FL7	0	0	0	1	4	3	0	53	39

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	17	56	27	0	100
FL2	12	75	11	2	100
FL3	10	85	5	0	100
FL4	12	85	2	1	100
FL5	18	78	0	4	100
FL6	37	58	0	5	100
FL7	39	53	0	8	100
TOTAL	145	490	45	20	

¹⁶⁹ This table presents percentages of youth who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of youth at that functional level that remained at the same level. For example, 56% of youth remained at FL1, and 75% remained at FL2.

2009

Table 12a: Arrivals & Snapshots – Adults

CA Arrivals ¹⁷⁰								
1	2	3	4	5	6	7	Missing	Total
1,252	1,554	3,111	7,104	3,640	133	77	5,284	22,155
6% ¹⁷¹	7%	14%	32%	16%	1%	0.3%	24%	100%
CA Snapshot ¹⁷²								
1	2	3	4	5	6	7	Missing	Total
4,987	12,395	38,475	75,456	33,605	742	292	27,904	193,856
3% ¹⁷³	6%	20%	39%	17%	0.4%	0.2%	14%	100%

Table 12b: Arrivals & Snapshots – Youth

CA Arrivals ¹⁷⁴								
1	2	3	4	5	6	7	Missing	Total
181	234	1,243	4,958	3,026	212	87	1,868	11,809
2% ¹⁷⁵	2%	11%	42%	26%	2%	1%	16%	100%
CA Snapshot ¹⁷⁶ (average number of consumers continuously serviced by the system)								
1	2	3	4	5	6	7	Missing	Total
940	2,226	17,077	53,658	26,415	747	286	10,746	112,095
1% ¹⁷⁷	2%	15%	48%	24%	1%	0.3%	10%	100%

¹⁷⁰ Average number of new adults entering the system each month.

¹⁷¹ These percentages represents the number of adults who “arrive” in the DMH system at the specified functioning level. For example, of the 22,155 adults who “arrived” to the system in 2009, 6% (or 1,252 adults) entered the system at Functional Level 1.

¹⁷² Average number of adult consumers continuously serviced by the system.

¹⁷³ These percentages represents the number of adults who were continuously served by the system at the specified functioning level. For example, of the 193,856 adults continuously serviced in 2009, 3% (or 4,987 adults) entered the system at Functional Level 1.

¹⁷⁴ Average number of new youth entering the system each month.

¹⁷⁵ These percentages represents the number of youth who “arrive” in the DMH system at the specified functioning level. For example, of the 11,809 youth who “arrived” to the system in 2009, 2% (or 181 youth) entered the system at Functional Level 1.

¹⁷⁶ Average number of youth consumers continuously serviced by the system.

¹⁷⁷ These percentages represents the number of youth who were continuously served by the system at the specified functioning level. For example, of the 112,095 youth continuously serviced in 2009, 1% (or 940 youth) entered the system at Functional Level 1.

Table 13a: Service Utilization – Adults

Percent Receiving ¹⁷⁸								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
24-Hour Services (days unless otherwise noted)																
12%	5%	1%	0.1%	0.1%	0.1%	0.2%	0.2%	Hospital Inpatient	1	1	1	1	1	1	1	1
2%	1%	0.1%	0%	0%	0%	0.1%	0.1%	Hospital Administrative Day	1	1	1	1	1	0	1	1
3%	1%	0.4%	0.2%	0.1%	0%	0.1%	0.3%	Psychiatric Health Facility	2	1	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0.1%	0%	SNF Intensive	4	5	5	10	6	8	6	16
0.3%	0.2%	0.1%	0%	0%	0%	0.2%	0.3%	IMD Basic (no Patch)	11	9	5	7	5	0	9	4
1%	0.2%	0.1%	0%	0%	0%	0%	0.4%	IMD with Patch	2	5	3	3	3	0	12	3
1%	2%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%	Adult Crisis Residential	2	2	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0.1%	0%	0%	0%	0%	0%	0.1%	0.0%	Residential, Other	6	9	11	7	8	4	15	9
0.3%	0.4%	0.1%	0%	0%	0%	0%	0%	Adult Residential	8	7	8	8	10	12	16	11
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	3	6	6	7	10	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	7	4	9	7	1	0	0	0
1%	0.3%	0.1%	0%	0%	0%	0.1%	0.3%	Mental Health Rehab Center	7	8	6	7	8	0	12	5
Day Services (days unless otherwise noted)																
17%	8%	2%	1%	1%	2%	1%	2%	Crisis Stabilization – Emergency Room	2	2	2	1	1	1	1	1
2%	2%	1%	0.5%	0.4%	1%	0.4%	0.3%	Crisis Stabilization – Urgent Care	2	2	1	1	1	1	1	1
0%	0.1%	0.1%	0.1%	0.3%	0%	0%	0%	Vocational Services	1	2	5	4	3	0	0	6
0.3%	0.3%	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%	Socialization	6	5	6	5	5	8	2	5
0.2%	0.1%	0%	0%	0%	0%	0%	0%	SNF Augmentation	4	3	3	3	3	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	0	0	4	0	1	0	0	0
0.1%	0.2%	0.1%	0%	0%	0%	0%	0%	Day Treatment Intensive – Full Day	13	12	15	15	14	0	0	14
0.1%	0.1%	0.1%	0%	0%	0%	0%	0%	Day Rehabilitation – Half Day	6	11	10	7	9	0	0	3
0.4%	1%	1%	0.3%	0.2%	0%	0%	0%	Day Rehabilitation – Full Day	12	13	13	12	10	4	0	10
Outpatient Services (hours unless otherwise noted)																
35%	37%	33%	28%	23%	17%	23%	13%	Targeted Case Management	3	3	2	2	2	1	2	2
8%	8%	7%	5%	5%	4%	5%	3%	Collateral	2	1	1	2	1	1	5	1
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	2	1	1	1	0	0	1
38%	48%	49%	47%	45%	43%	46%	49%	Mental Health Services (MHS)	4	4	4	3	3	3	3	2
1%	0.3%	0.1%	0%	0.1%	0.1%	0.2%	0.3%	Professional Inpatient Visit – MHS	2	3	3	3	2	2	3	2
0%	0%	0.1%	0%	0%	0%	0%	0%	Therapeutic Behavioral Services	23	27	30	28	28	0	0	8
38%	47%	51%	51%	45%	42%	39%	32%	Medication Support (MS)	1	1	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0.1%	0.2%	Professional Inpatient Visit – MS	2	3	4	4	4	1	3	2
28%	12%	6%	5%	4%	6%	10%	3%	Crisis Intervention (CI)	4	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁷⁸ These percentages reflect the total number of adults at each functional level that received the specified service in 2009. For example, of all adults at functional level 1, 12% received Hospital Inpatient 24-Hour Services

Table 13b: Service Utilization – Youth

Percent Receiving ¹⁷⁹								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
								24-Hour Services (days unless otherwise noted)								
8%	4%	0.2%	0%	0%	0%	0%	0.1%	Hospital Inpatient	1	1	1	1	1	3	0	1
0.5%	0.1%	0%	0%	0%	0%	0%	0%	Hospital Administrative Day	1	1	1	1	2	0	0	1
1%	1%	0.2%	0.1%	0%	0%	0%	0%	Psychiatric Health Facility	2	2	1	1	1	0	0	1
0%	0%	0%	0%	0%	0%	0%	0%	SNF Intensive	0	8	12	12	26	0	0	20
0%	0.1%	0%	0%	0%	0%	0%	0%	IMD Basic (no Patch)	9	5	5	20	4	0	0	3
0.3%	0.1%	0%	0%	0%	0%	0%	0.1%	IMD with Patch	4	3	3	3	3	2	0	3
0.2%	0.1%	0%	0%	0%	0%	0%	0%	Adult Crisis Residential	2	2	2	2	2	0	0	2
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Residential, Other	11	7	14	17	9	0	0	13
0.1%	0.1%	0%	0%	0%	0%	0%	0%	Adult Residential	10	8	14	12	25	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	16	5	6	11	9	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Mental Health Rehab Center	11	10	10	4	12	4	0	4
								Day Services (days unless otherwise noted)								
11%	5%	1%	0.1%	0.2%	0.1%	0.4%	0.4%	Crisis Stabilization – Emergency Room	2	1	1	1	1	1	1	1
2%	2%	0.4%	0.2%	0.1%	0.3%	0.2%	0.2%	Crisis Stabilization – Urgent Care	1	1	1	1	1	0	0	1
0%	0%	0%	0%	0%	0%	0%	0%	Vocational Services	0	0	2	2	2	0	0	0
0.1%	0.1%	0.1%	0%	0%	0%	0%	0%	Socialization	4	6	5	7	4	0	1	4
0%	0%	0%	0%	0%	0%	0%	0%	SNF Augmentation	0	4	3	4	4	0	0	0
0.3%	0.2%	0.3%	0.1%	0.1%	0.1%	0%	0%	Day Treatment Intensive – Half Day	13	15	16	16	18	20	0	11
2%	5%	3%	1%	0.5%	0.4%	2%	1%	Day Treatment Intensive – Full Day	16	19	16	15	15	16	17	14
0%	0%	0.1%	0.1%	0.1%	0%	0%	0.1%	Day Rehabilitation – Half Day	10	15	16	15	14	0	0	13
1%	3%	1%	1%	1%	1%	0.1%	0.2%	Day Rehabilitation – Full Day	16	19	17	15	13	7	12	13
								Outpatient Services (hours unless otherwise noted)								
44%	39%	27%	22%	21%	17%	11%	15%	Targeted Case Management	4	3	3	2	2	1	2	2
30%	28%	37%	36%	32%	25%	26%	13%	Collateral	3	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	0	0	0	0	0	0	0
58%	63%	77%	78%	74%	76%	76%	71%	Mental Health Services (MHS)	8	7	7	5	4	3	4	3
0.2%	0.1%	0%	0%	0%	0%	0.1%	0.3%	Professional Inpatient Visit – MHS	3	2	4	5	2	1	8	3
5%	4%	2%	1%	0.4%	0.3%	0.1%	0.5%	Therapeutic Behavioral Services	32	30	31	28	28	20	17	24
376%	41%	33%	25%	20%	12%	15%	19%	Medication Support (MS)	2	1	1	1	1	1	1	1
1%	1%	0.1%	0%	0%	0%	0%	0.2%	Professional Inpatient Visit – MS	4	4	5	5	3	2	0	3
30%	12%	3%	2%	2%	2%	4%	2%	Crisis Intervention (CI)	5	4	3	3	2	3	2	3
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁷⁹ These percentages reflect the total number of youth at each functional level that received the specified service in 2009. For example, of all youth at functional level 1, 8% received Hospital Inpatient 24-Hour Services

Table 14a: Transitions – Adults¹⁸⁰

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	75	0	0	0	1	1	0	0	23
FL1	0	61	4	5	6	1	0	0	23
FL2	0	1	78	4	3	1	0	0	13
FL3	0	0	1	85	3	1	0	0	10
FL4	0	0	1	1	85	1	0	0	12
FL5	0	0	0	1	3	81	0	0	15
FL6	0	0	0	0	2	2	74	0	22
FL7	0	0	1	1	4	1	0	72	21

Table 14b: Transitions – Youth¹⁸¹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	78	0	0	0	2	1	0	0	19
FL1	0	62	4	8	9	2	0	0	15
FL2	0	1	78	4	6	1	0	0	10
FL3	0	0	1	87	3	1	0	0	8
FL4	0	0	0	1	87	2	0	0	10
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	0	3	3	62	0	32
FL7	0	0	0	1	3	3	0	62	31

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	23	61	16	0	100
FL2	13	78	8	1	100
FL3	10	85	4	1	100
FL4	12	85	1	2	100
FL5	15	81	0	4	100
FL6	22	74	0	4	100
FL7	21	72	0	7	100
TOTAL	116	536	29	19	

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	15	62	23	0	100
FL2	10	78	11	1	100
FL3	8	87	4	1	100
FL4	10	87	2	1	100
FL5	14	82	0	4	100
FL6	32	62	0	6	100
FL7	31	62	0	7	100
TOTAL	120	520	40	20	

¹⁸⁰ This table presents percentages of adults who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of adults at that functional level that remained at the same level. For example, 61% of adults remained at FL1, and 78% remained at FL2.

¹⁸¹ This table presents percentages of youth who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of youth at that functional level that remained at the same level. For example, 62% remained at FL1, and 78% remained at FL2.

2008

Table 15a: Arrivals & Snapshots – Adults

CA Arrivals ¹⁸²								
1	2	3	4	5	6	7	Missing	Total
1,309	1,577	3,354	7,433	3,984	134	41	6,354	24,186
5% ¹⁸³	7%	14%	31%	16%	1%	0.2%	26%	100%
CA Snapshot ¹⁸⁴								
1	2	3	4	5	6	7	Missing	Total
4,956	12,701	39,532	74,992	33,819	836	286	34,862	201,984
2% ¹⁸⁵	6%	20%	37%	17%	0.4%	0.1%	17%	100%

Table 15b: Arrivals & Snapshots – Youth

CA Arrivals ¹⁸⁶								
1	2	3	4	5	6	7	Missing	Total
189	248	1,302	5,163	3,370	180	78	2,136	12,666
1% ¹⁸⁷	2%	10%	41%	27%	1%	1%	17%	100%
CA Snapshot ¹⁸⁸								
1	2	3	4	5	6	7	Missing	Total
964	2,295	17,178	50,016	25,759	890	233	11,534	108,869
1% ¹⁸⁹	2%	16%	46%	24%	1%	0%	11%	100%

¹⁸² Average number of new adults entering the system each month.

¹⁸³ These represent the percent of adults who “arrive” in the DMH system at the specified functioning level. For example, of the 24,186 adults who “arrived” to the system in 2008, 5% (or 1,309 adults) entered the system at Functional Level 1.

¹⁸⁴ Average number of adult consumers continuously serviced by the system.

¹⁸⁵ These represent the percent of adults who are continuously serviced by the system at the specified functioning level. For example, of the 201,984 adults continuously serviced in 2008, 2% (or 4,956 adults) were serviced at Functional Level 1.

¹⁸⁶ Average number of new youth entering the system each month.

¹⁸⁷ These represent the percent of youth who “arrive” in the DMH system at the specified functioning level. For example, of the 12,666 youth who “arrived” to the system in 2008, 1% (or 189 youth) entered the system at Functional Level 1.

¹⁸⁸ Average number of youth consumers continuously serviced by the system.

¹⁸⁹ These represent the percent of youth who are continuously serviced by the system at the specified functioning level. For example, of the 108,869 youth continuously serviced in 2008, 1% (or 964 youth) were serviced at Functional Level 1.

Table 16a: Service Utilization – Adults

Percent Receiving ¹⁹⁰								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
24-Hour Services (days unless otherwise noted)																
12%	4%	0.4%	0.1%	0.1%	0.1%	0.3%	0.2%	Hospital Inpatient	1	1	1	1	1	1	1	1
2%	1%	0.1%	0%	0%	0%	0.2%	0.1%	Hospital Administrative Day	1	1	1	1	1	1	1	2
4%	1%	0.4%	0.2%	0.1%	0%	0.1%	0.3%	Psychiatric Health Facility	1	2	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0%	0%	SNF Intensive	5	5	5	7	8	15	4	15
1%	0.3%	0.1%	0%	0%	0%	0%	1%	IMD Basic (no Patch)	7	8	6	6	5	16	0	4
1%	0.3%	0.1%	0%	0%	0%	0%	0.4%	IMD with Patch	3	4	3	2	3	0	0	3
2%	1%	0.5%	0.1%	0.1%	0%	0.1%	0%	Adult Crisis Residential	2	2	2	2	2	0	1	2
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0.1%	0.1%	0%	0%	0%	0%	0.1%	0%	Residential, Other	6	9	8	11	9	0	5	8
0.4%	0.4%	0.1%	0%	0%	0%	0.1%	0%	Adult Residential	8	8	9	10	10	19	19	13
0.1%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	6	8	10	9	8	0	0	8
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	12	10	12	10	0	0	0	0
1%	0.4%	0.1%	0%	0%	0%	0.2%	0.4%	Mental Health Rehab Center	8	8	6	6	6	0	8	4
Day Services (days unless otherwise noted)																
17%	9%	2%	1%	1%	1%	1%	1%	Crisis Stabilization – Emergency Room	2	2	2	1	1	1	1	1
3%	1%	1%	0.4%	0.2%	0.4%	0.3%	0.1%	Crisis Stabilization – Urgent Care	2	2	1	1	1	1	1	1
0%	0.1%	0.1%	0.2%	0.2%	0.2%	0%	0%	Vocational Services	3	6	6	4	4	2	1	3
0.4%	0.4%	0.5%	0.4%	0.4%	0.3%	0%	0.3%	Socialization	5	6	6	5	5	7	0	4
0.2%	0.1%	0%	0%	0%	0%	0%	0.1%	SNF Augmentation	3	4	4	4	4	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	0	17	3	14	0	0	0	2
0.1%	0.2%	0.1%	0%	0%	0%	0%	0.1%	Day Treatment Intensive – Full Day	10	12	14	15	15	0	0	15
0.1%	0.1%	0.1%	0%	0%	0%	0%	0%	Day Rehabilitation – Half Day	9	10	10	7	8	0	0	0
1%	1%	1%	0.4%	0.3%	0.2%	0.0%	0%	Day Rehabilitation – Full Day	10	14	13	12	10	11	0	11
Outpatient Services (hours unless otherwise noted)																
36%	39%	34%	29%	26%	19%	28%	15%	Targeted Case Management	3	3	2	2	2	1	2	1
9%	9%	7%	5%	5%	5%	5%	3%	Collateral	2	1	1	1	1	1	3	1
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	1	1	2	1	1	0	0	1
39%	47%	49%	46%	45%	42%	43%	49%	Mental Health Services (MHS)	4	4	4	3	3	3	3	2
1%	1%	0.3%	0.3%	0.2%	0.1%	0.3%	0.2%	Professional Inpatient Visit – MHS	2	1	1	1	1	1	1	2
0.1%	0%	0%	0%	0%	0%	0%	0%	Therapeutic Behavioral Services	26	32	41	30	33	32	0	15
40%	49%	53%	52%	46%	42%	46%	34%	Medication Support (MS)	1	1	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0.4%	0.3%	Professional Inpatient Visit – MS	2	2	3	3	4	1	2	2
30%	13%	6%	5%	5%	5%	4%	4%	Crisis Intervention (CI)	3	3	2	2	1	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁹⁰ These percentages reflect the total number of adults at each functional level that received the specified service in 2008. For example, of all adults at functional level 1, 12% received Hospital Inpatient 24-Hour Services

Table 16b: Service Utilization – Youth

Percent Receiving ¹⁹¹								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
								24-Hour Services (days unless otherwise noted)								
9%	4%	0.1%	0%	0%	0%	0%	0%	Hospital Inpatient	1	1	1	1	1	0	1	1
0.5%	0.2%	0%	0%	0%	0%	0%	0%	Hospital Administrative Day	1	1	2	1	1	0	0	2
1%	0.9%	0.2%	0%	0%	0%	0%	0%	Psychiatric Health Facility	2	2	1	1	1	0	0	1
0%	0%	0%	0%	0%	0%	0%	0%	SNF Intensive	3	9	2	1	0	0	0	0
0.1%	0%	0%	0%	0%	0%	0%	0.1%	IMD Basic (no Patch)	13	7	4	3	3	0	0	4
0.3%	0.3%	0%	0%	0%	0%	0%	0.1%	IMD with Patch	2	3	3	3	3	0	0	3
0.3%	0.1%	0%	0%	0%	0%	0%	0%	Adult Crisis Residential	2	2	2	2	2	1	0	1
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Residential, Other	19	10	16	10	18	27	30	24
0%	0%	0%	0%	0%	0%	0%	0%	Adult Residential	11	8	10	8	17	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	1	2	7	4	7	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	0	0	0	0	0	0	0	0
0.2%	0.1%	0%	0%	0%	0.1%	0%	0.1%	Mental Health Rehab Center	4	5	5	7	3	3	0	4
								Day Services (days unless otherwise noted)								
11%	4%	1%	0.2%	0.2%	0.2%	0.2%	0.4%	Crisis Stabilization – Emergency Room	2	2	1	1	1	1	1	1
3%	1%	0.3%	0.1%	0.1%	0.1%	0%	0%	Crisis Stabilization – Urgent Care	2	1	1	1	1	1	0	1
0%	0%	0%	0%	0%	0%	0%	0%	Vocational Services	1	1	4	2	3	0	0	3
0.1%	0.1%	0.1%	0%	0%	0%	0%	0.1%	Socialization	5	4	5	5	5	4	2	3
0%	0%	0%	0%	0%	0%	0%	0%	SNF Augmentation	0	4	4	4	4	0	0	0
0.3%	0.3%	0.4%	0.2%	0.1%	0.1%	0%	0.1%	Day Treatment Intensive – Half Day	12	13	16	16	14	0	0	16
3%	6%	3%	1%	0.4%	0.1%	1%	1%	Day Treatment Intensive – Full Day	15	19	18	15	14	7	10	15
0%	0%	0.1%	0.1%	0%	0%	0%	0%	Day Rehabilitation – Half Day	14	15	16	17	18	19	0	11
2%	3%	2%	1%	1%	1%	0.3%	0.3%	Day Rehabilitation – Full Day	16	19	16	15	15	17	16	15
								Outpatient Services (hours unless otherwise noted)								
43%	39%	29%	25%	24%	20%	19%	19%	Targeted Case Management	4	3	3	2	2	1	2	2
31%	27%	35%	36%	33%	29%	27%	15%	Collateral	3	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	0	0	0	0	0	0	0
59%	61%	76%	78%	74%	75%	77%	71%	Mental Health Services (MHS)	8	8	7	5	4	3	4	3
0.3%	0.3%	0.1%	0.2%	0.2%	0.3%	0.1%	0.3%	Professional Inpatient Visit – MHS	2	2	2	1	1	1	2	3
5%	3%	2%	1%	0.4%	0.2%	0.5%	0.4%	Therapeutic Behavioral Services	33	34	34	29	28	30	51	27
39%	43%	35%	27%	20%	12%	18%	20%	Medication Support (MS)	1	1	1	1	1	1	1	1
1%	0.4%	0.1%	0%	0%	0%	0%	0.2%	Professional Inpatient Visit – MS	4	5	5	4	4	0	0	3
28%	12%	4%	2%	2%	1%	4%	3%	Crisis Intervention (CI)	5	4	3	3	2	3	2	3
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	0	0	0	0

¹⁹¹ These percentages reflect the total number of youth at each functional level that received the specified service in 2008. For example, of all youth at functional level 1, 9% received Hospital Inpatient 24-Hour Services

Table 17a: Transitions – Adults¹⁹²

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	73	0	0	1	1	1	0	0	24
FL1	0	60	4	6	6	2	0	0	22
FL2	0	1	78	4	4	1	0	0	12
FL3	0	0	1	85	3	1	0	0	10
FL4	0	0	1	1	85	2	0	0	11
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	1	2	2	75	0	20
FL7	0	0	1	1	4	1	0	76	17

Table 17b: Transitions – Youth¹⁹³

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	77	0	0	0	2	2	0	0	19
FL1	0	63	3	8	8	2	0	0	16
FL2	0	1	79	4	5	1	0	0	10
FL3	0	0	1	87	3	1	0	0	8
FL4	0	0	0	1	87	2	0	0	10
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	0	3	3	67	0	27
FL7	0	0	0	1	3	2	0	66	28

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	22	60	18	0	100
FL2	12	78	9	1	100
FL3	10	85	4	1	100
FL4	11	85	2	2	100
FL5	14	82	0	4	100
FL6	20	75	0	5	100
FL7	17	76	0	7	100
TOTAL	106	541	33	20	

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	16	63	21	0	100
FL2	10	79	10	1	100
FL3	8	87	4	1	100
FL4	10	87	2	1	100
FL5	14	82	0	4	100
FL6	27	67	0	6	100
FL7	28	66	0	6	100
TOTAL	113	531	37	19	

¹⁹² This table presents percentages of adults who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of adults at that functional level that remained at the same level. For example, 60% of adults remained at FL1, and 78% remained at FL2.

¹⁹³ This table presents percentages of youth who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of youth at that functional level that remained at the same level. For example, 63% of youth remained at FL1, and 79% remained at FL2.

2007

Table 18a: Arrivals & Snapshots – Adults

CA Arrivals ¹⁹⁴								
1	2	3	4	5	6	7	Missing	Total
1,161	1,526	3,138	6,851	3,751	129	51	6,870	23,477
5% ¹⁹⁵	6%	13%	29%	16%	1%	0%	29%	100%
CA Snapshot ¹⁹⁶								
1	2	3	4	5	6	7	Missing	Total
4,747	12,374	37,947	69,966	33,337	897	375	34,852	194,495
2% ¹⁹⁷	6%	20%	36%	17%	0%	0%	18%	100%

Table 18b: Arrivals & Snapshots – Youth

CA Arrivals ¹⁹⁸								
1	2	3	4	5	6	7	Missing	Total
178	233	1,296	4,637	3,057	204	48	2,162	11,815
2% ¹⁹⁹	2%	11%	39%	26%	2%	0%	18%	100%
CA Snapshot ²⁰⁰								
1	2	3	4	5	6	7	Missing	Total
961	2,394	16,806	46,429	25,258	989	415	12,417	105,669
1% ²⁰¹	2%	16%	44%	24%	1%	0%	12%	100%

¹⁹⁴ Average number of new adults entering the system each month.

¹⁹⁵ These represent the percent of adults who “arrive” in the DMH system at the specified functioning level. For example, of the 23,477 adults who “arrived” to the system in 2007, 5% (or 1,161 adults) entered the system at Functional Level 1.

¹⁹⁶ Average number of adult consumers continuously serviced by the system.

¹⁹⁷ These represent the percent of adults who are continuously serviced by the system at the specified functioning level. For example, of the 194,495 adults serviced in 2007, 2% (or 4,747 adults) were serviced at Functional Level 1.

¹⁹⁸ Average number of new youth entering the system each month.

¹⁹⁹ These represent the percent of youth who “arrive” in the DMH system at the specified functioning level. For example, of the 11,815 youth who “arrived” to the system in 2007, 2% (or 178 youth) entered the system at Functional Level 1.

²⁰⁰ Average number of youth consumers continuously serviced by the system.

²⁰¹ These represent the percent of youth who are continuously serviced by the system at the specified functioning level. For example, of the 105,669 youth serviced in 2007, 1% (or 961 youth) were serviced at Functional Level 1.

Table 19a: Service Utilization – Adults

Percent Receiving ²⁰²								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
								24-Hour Services (days unless otherwise noted)								
12%	5%	0.7%	0.1%	0.1%	0.1%	0.4%	0.2%	Hospital Inpatient	1	1	1	1	1	1	1	1
2%	1%	0.1%	0%	0%	0%	0.1%	0.1%	Hospital Administrative Day	1	1	1	1	1	1	1	2
3%	1%	0.4%	0.2%	0.1%	0%	0.1%	0.3%	Psychiatric Health Facility	1	2	1	1	1	0	2	1
0.6%	0.5%	0.1%	0%	0%	0%	0%	0%	SNF Intensive	6	4	7	9	9	0	6	14
0.6%	0.45	0.1%	0%	0%	0%	0.2%	0.6%	IMD Basic (no Patch)	7	7	6	4	4	0	3	4
0.9%	0.2%	0.1%	0%	0%	0%	0%	0.4%	IMD with Patch	3	4	3	3	3	4	0	3
1%	1%	0.5%	0.1%	0%	0%	0%	0%	Adult Crisis Residential	2	2	2	2	2	2	1	3
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0.1%	0%	0%	0%	0%	0%	0.1%	0%	Residential, Other	5	8	12	10	6	0	9	8
0.4%	0.4%	0.2%	0.1%	0%	0%	0%	0%	Adult Residential	7	7	9	9	9	0	0	12
0.1%	0.1%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	5	6	7	9	8	0	3	7
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	13	13	15	13	0	0	0	0
1%	0.5%	0.2%	0%	0%	0%	0.2%	0.3%	Mental Health Rehab Center	6	7	6	6	5	0	4	4
								Day Services (days unless otherwise noted)								
14%	8%	2%	1%	2%	1%	0.7%	1%	Crisis Stabilization – Emergency Room	2	2	2	1	1	1	1	1
3%	1%	0.8%	0.5%	0.2%	0.4%	0.3%	0.6%	Crisis Stabilization – Urgent Care	2	2	1	1	1	1	2	2
0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0%	0%	Vocational Services	6	5	6	4	4	2	0	2
0.5%	0.5%	0.6%	0.5%	0.4%	0.2%	0%	0.3%	Socialization	5	5	5	5	5	10	0	5
0.2%	0.1%	0%	0%	0%	0%	0%	0.1%	SNF Augmentation	4	3	3	4	4	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	0	18	11	9	17	0	0	0
0.1%	0.2%	0.1%	0%	0%	0%	0%	0%	Day Treatment Intensive – Full Day	9	11	13	13	16	0	0	14
0.2%	0.3%	0.2%	0.1%	0%	0.1%	0%	0%	Day Rehabilitation – Half Day	12	13	12	9	8	4	0	14
0.9%	1.0%	0.9%	0.5%	0.4%	0.1%	0%	0%	Day Rehabilitation – Full Day	10	12	13	11	9	9	0	11
								Outpatient Services (hours unless otherwise noted)								
35%	38%	34%	29%	26%	21%	35%	14%	Targeted Case Management	3	3	2	2	1	1	2	2
10%	8%	6%	5%	5%	5%	4%	2%	Collateral	1	1	1	1	2	1	1	1
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	1	1	2	3	3	0	0	1
42%	45%	47%	45%	44%	43%	43%	50%	Mental Health Services (MHS)	4	4	4	3	3	3	3	2
0.7%	0.7%	0.4%	0.4%	0.4%	0.1%	0.2%	0.3%	Professional Inpatient Visit – MHS	2	1	1	1	1	2	1	2
0.1%	0%	0%	0%	0%	0%	0%	0%	Therapeutic Behavioral Services	31	34	40	28	24	0	0	12
43%	51%	54%	54%	47%	42%	43%	36%	Medication Support (MS)	1	1	1	1	1	1	1	1
0.7%	0.5%	0.2%	0.1%	0%	0%	0.1%	0.4%	Professional Inpatient Visit – MS	3	3	3	3	3	5	2	2
32%	12%	6%	5%	5%	5%	3%	4%	Crisis Intervention (CI)	3	3	2	2	1	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	1	2	0	1	0	0	2

²⁰² These percentages reflect the total number of adults at each functional level that received the specified service in 2007. For example, of all adults at functional level 1, 12% received Hospital Inpatient 24-Hour Services.

Table 19b: Service Utilization – Youth

Percent Receiving ²⁰³								Service	Amount Received							
1	2	3	4	5	6	7	Missing		1	2	3	4	5	6	7	Missing
24-Hour Services (days unless otherwise noted)																
10%	3%	0.2%	0%	0%	0%	0%	0%	Hospital Inpatient	1	1	1	1	1	1	0	1
0.5%	0.2%	0%	0%	0%	0%	0%	0%	Hospital Administrative Day	2	2	1	1	1	0	0	2
1%	0.7%	0.1%	0%	0%	0%	0%	0%	Psychiatric Health Facility	3	2	1	1	1	0	1	1
0%	0%	0%	0%	0%	0%	0%	0%	SNF Intensive	7	9	12	7	0	0	0	0
0.2%	0.1%	0%	0%	0%	0%	0.1%	0.1%	IMD Basic (no Patch)	5	4	4	3	4	0	2	4
0.4%	0.2%	0%	0%	0%	0%	0.1%	0.1%	IMD with Patch	2	3	3	3	3	0	4	4
0.1%	0.1%	0%	0%	0%	0%	0%	0%	Adult Crisis Residential	2	2	1	2	2	0	0	3
0%	0%	0%	0%	0%	0%	0%	0%	Jail Inpatient	0	0	0	0	0	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Residential, Other	0	17	14	18	12	0	0	13
0%	0.1%	0%	0%	0%	0%	0%	0%	Adult Residential	3	5	9	9	10	0	0	12
0%	0%	0%	0%	0%	0%	0%	0%	Semi-Supervised Living	3	5	5	8	12	0	0	0
0%	0%	0%	0%	0%	0%	0%	0%	Independent Living	0	0	0	0	0	0	0	0
0.1%	0.1%	0%	0%	0%	0%	0%	0%	Mental Health Rehab Center	5	7	6	4	4	0	0	4
Day Services (days unless otherwise noted)																
7%	3%	0.6%	0.2%	0.2%	0.2%	0.1%	0.4%	Crisis Stabilization – Emergency Room	2	2	1	1	1	2	0	1
3%	2%	0.4%	0.2%	0.1%	0.1%	0.1%	0%	Crisis Stabilization – Urgent Care	2	1	1	1	1	1	1	2
0%	0%	0%	0%	0%	0%	0%	0%	Vocational Services	1	3	4	3	3	0	0	0
0.2%	0.2%	0%	0%	0%	0%	0%	0.1%	Socialization	4	3	5	6	4	0	0	4
0%	0%	0%	0%	0%	0%	0%	0%	SNF Augmentation	0	4	4	4	4	0	0	0
0.2%	0.5%	0.4%	0.3%	0%	0%	0%	0%	Day Treatment Intensive – Half Day	13	15	16	16	16	0	0	12
3%	6%	4%	1%	0.5%	0.1%	0.5%	0.7%	Day Treatment Intensive – Full Day	17	20	16	16	16	15	15	15
0.1%	0.1%	0.1%	0.1%	0%	0%	0%	0%	Day Rehabilitation – Half Day	13	13	16	15	14	0	0	17
3%	4%	2%	1%	0.9%	0.5%	0.3%	0.3%	Day Rehabilitation – Full Day	15	18	19	15	14	12	14	15
Outpatient Services (hours unless otherwise noted)																
40%	39%	29%	26%	24%	21%	24%	21%	Targeted Case Management	4	3	3	2	2	1	2	2
30%	26%	34%	35%	33%	30%	29%	16%	Collateral	3	3	2	2	2	2	2	2
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit – Collateral	0	0	2	2	1	2	0	1
58%	61%	75%	77%	74%	76%	67%	71%	Mental Health Services (MHS)	7	7	6	5	4	3	4	3
0.3%	0.3%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	Professional Inpatient Visit – MHS	2	3	3	3	3	5	5	3
4%	3%	2%	1%	0.4%	0.2%	0.7%	0.2%	Therapeutic Behavioral Services	31	33	35	29	30	26	23	28
39%	44%	37%	28%	21%	11%	25%	21%	Medication Support (MS)	2	1	1	1	1	1	1	1
0.5%	0.5%	0%	0%	0%	0%	0%	0.3%	Professional Inpatient Visit – MS	3	4	5	4	3	2	4	3
27%	11%	4%	2%	2%	2%	2%	3%	Crisis Intervention (CI)	5	4	3	3	2	2	3	3
0%	0%	0%	0%	0%	0%	0%	0%	Professional Inpatient Visit (CI)	0	0	0	0	1	0	0	0

²⁰³ These percentages reflect the total number of youth at each functional level that received the specified service in 2007. For example, of all youth at functional level 1, 10% received Hospital Inpatient 24-Hour Services.

Table 20a: Transitions – Adults²⁰⁴

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	75	0	0	1	1	1	0	0	22
FL1	0	61	4	6	5	2	0	0	22
FL2	0	1	78	4	3	1	0	0	12
FL3	0	0	0	85	3	1	0	0	10
FL4	0	1	1	1	85	1	0	0	11
FL5	0	0	0	1	3	83	0	0	14
FL6	0	0	0	0	2	2	76	0	20
FL7	0	0	0	1	3	3	0	74	19

Table 20b: Transitions – Youth²⁰⁵

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	77	0	0	0	2	2	0	0	18
FL1	0	64	4	7	7	1	0	0	15
FL2	0	0	79	4	5	1	0	0	9
FL3	0	0	0	87	4	1	0	0	8
FL4	0	0	0	1	87	2	0	0	10
FL5	0	0	0	1	3	83	0	0	13
FL6	0	0	0	1	2	2	71	0	24
FL7	0	0	0	0	2	2	0	77	19

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	22	61	17	0	100
FL2	12	78	8	1	100
FL3	10	85	4	0	100
FL4	11	85	1	3	100
FL5	14	83	0	4	100
FL6	20	76	0	4	100
FL7	19	74	0	7	100
TOTAL	108	542	30	19	

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	15	64	19	0	100
FL2	9	79	10	0	100
FL3	8	87	5	0	100
FL4	10	87	2	1	100
FL5	13	83	0	4	100
FL6	24	71	0	5	100
FL7	19	77	0	4	100
TOTAL	98	548	36	14	

²⁰⁴ This table presents percentages of adults who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of adults at that functional level that remained at the same level. For example, 61% of adults remained at FL1, and 78% remained at FL2.

²⁰⁵ This table presents percentages of youth who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of youth at that functional level that remained at the same level. For example, 64% of youth remained at FL1, and 79% remained at FL2.

Table 21a: Transitions - Received Evidence Based Practices –All 2009²⁰⁶

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	81	0	0	1	3	2	0	0	13
FL1	0	80	3	4	6	2	0	0	5
FL2	0	1	84	3	5	1	0	0	6
FL3	0	0	1	89	3	1	0	0	6
FL4	0	0	0	1	90	2	0	0	7
FL5	0	0	0	1	3	87	0	0	9
FL6	0	0	0	1	4	3	50	0	42
FL7	0	0	0	0	1	3	0	46	50

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	5	80	15	0	100
FL2	6	84	9	1	100
FL3	6	89	4	1	100
FL4	7	90	2	1	100
FL5	9	87	0	4	100
FL6	42	50	0	8	100
FL7	50	46	0	4	100
TOTAL	125	526	30	19	

²⁰⁶ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 80% remained at FL1, and 84% remained at FL2.

Table 21b: Transitions - No Evidence Based Practices – All 2009²⁰⁷

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	75	0	0	1	1	1	0	0	22
FL1	0	60	4	6	6	2	0	0	22
FL2	0	1	78	4	4	1	0	0	12
FL3	0	0	1	86	3	1	0	0	9
FL4	0	0	0	1	86	2	0	0	11
FL5	0	0	0	1	3	81	0	0	15
FL6	0	0	0	1	2	2	69	0	26
FL7	0	0	0	1	4	2	0	69	24

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	22	60	18	0	100
FL2	12	78	9	1	100
FL3	9	86	4	1	100
FL4	11	86	2	1	100
FL5	15	81	0	4	100
FL6	26	69	0	5	100
FL7	24	69	0	7	100
TOTAL	119	529	33	19	

²⁰⁷ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 60% remained at FL1, and 78% remained at FL2.

Table 22a: Transitions - Received Evidence Based Practices – Adults 2009²⁰⁸

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	86	0	0	1	2	1	0	0	10
FL1	0	81	3	4	5	2	0	0	5
FL2	0	1	86	3	3	1	0	0	6
FL3	0	0	1	89	2	1	0	0	7
FL4	0	0	0	1	90	1	0	0	8
FL5	0	0	1	1	3	87	0	0	8
FL6	0	0	0	1	5	3	82	0	9
FL7	0	0	1	0	1	3	0	91	4

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	5	81	14	0	100
FL2	6	86	7	1	100
FL3	7	89	3	1	100
FL4	8	90	1	1	100
FL5	8	87	0	5	100
FL6	9	82	0	9	100
FL7	4	91	0	5	100
TOTAL	47	606	25	22	

Table 22b: Transitions - No Evidence Based Practices – Adults 2009

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	74	0	0	1	1	1	0	0	23
FL1	0	60	4	6	6	1	0	0	23
FL2	0	1	78	3	4	1	0	0	13
FL3	0	1	1	85	3	0	0	0	10
FL4	0	0	1	1	85	1	0	0	12
FL5	0	0	0	1	3	81	0	0	15
FL6	0	0	0	0	2	2	74	0	22
FL7	0	0	1	1	4	2	0	71	21

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	23	60	17	0	100
FL2	13	78	8	1	100
FL3	10	85	3	2	100
FL4	12	85	1	2	100
FL5	15	81	0	4	100
FL6	22	74	0	4	100
FL7	21	71	0	8	100
TOTAL	116	534	29	21	

²⁰⁸ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 81% remained at FL1, and 86% remained at FL2.

Table 23a: Transitions - Received Evidence Based Practices – Youth 2009²⁰⁹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	68	0	0	1	5	5	0	0	21
FL1	0	77	3	4	11	2	0	0	3
FL2	0	1	74	5	13	3	0	0	4
FL3	0	0	1	85	7	2	0	0	5
FL4	0	0	0	1	90	2	0	0	7
FL5	0	0	0	1	3	86	0	0	10
FL6	0	0	0	1	3	3	41	0	52
FL7	0	0	0	0	1	3	0	33	63

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	3	77	20	0	100
FL2	4	74	21	1	100
FL3	5	85	9	1	100
FL4	7	90	2	1	100
FL5	10	86	0	4	100
FL6	52	41	0	7	100
FL7	63	33	0	4	100
TOTAL	144	486	52	18	

²⁰⁹ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 77% remained at FL1, and 74% remained at FL2.

Table 23b: Transitions - No Evidence Based Practices – Youth 2009²¹⁰

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	78	0	0	0	2	1	0	0	19
FL1	0	60	4	9	9	2	0	0	16
FL2	0	1	78	4	5	2	0	0	10
FL3	0	0	1	87	3	1	0	0	8
FL4	0	0	0	1	87	2	0	0	10
FL5	0	0	0	1	3	81	0	0	15
FL6	0	0	0	0	3	3	63	0	31
FL7	0	0	0	1	3	3	0	65	28

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	16	60	24	0	100
FL2	10	78	11	1	100
FL3	8	87	4	1	100
FL4	10	87	2	1	100
FL5	15	81	0	4	100
FL6	31	63	0	6	100
FL7	28	65	0	7	100
TOTAL	118	521	41	20	

²¹⁰ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 60% remained at FL1, and 78% remained at FL2.

Table 24a: Transitions - Received Evidence Based Practices –All 2008²¹¹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	87	0	0	1	3	2	0	0	7
FL1	0	77	2	10	6	2	0	0	3
FL2	0	2	82	5	6	2	0	0	3
FL3	0	1	1	87	4	2	0	0	5
FL4	0	0	1	1	90	3	0	0	5
FL5	0	0	0	1	3	89	0	0	7
FL6	0	0	0	0	3	1	85	0	11
FL7	0	0	0	7	0	0	0	73	20

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	3	77	20	0	100
FL2	3	82	13	2	100
FL3	5	87	6	2	100
FL4	5	90	3	2	100
FL5	7	89	0	4	100
FL6	11	85	0	4	100
FL7	20	73	0	7	100
TOTAL	54	583	42	21	

²¹¹ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 77% remained at FL1, and 82% remained at FL2.

Table 24b: Transitions - No Evidence Based Practices – All 2008²¹²

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	74	0	0	1	1	1	0	0	23
FL1	0	60	4	6	7	2	0	0	21
FL2	0	1	78	4	4	1	0	0	12
FL3	0	1	1	86	3	0	0	0	9
FL4	0	0	0	1	86	2	0	0	11
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	1	2	2	71	0	24
FL7	0	0	0	1	3	2	0	72	22

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	21	60	19	0	100
FL2	12	78	9	1	100
FL3	9	86	3	2	100
FL4	11	86	2	1	100
FL5	14	82	0	4	100
FL6	24	71	0	5	100
FL7	22	72	0	6	100
TOTAL	113	535	33	19	

²¹² This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 60% remained at FL1, and 78% remained at FL2.

Table 25a: Transitions - Received Evidence Based Practices – Adults 2008²¹³

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	84	0	1	1	2	3	0	0	9
FL1	0	78	3	6	7	1	0	0	5
FL2	0	1	85	4	4	1	0	0	5
FL3	0	0	1	89	4	1	0	0	5
FL4	0	0	1	1	92	1	0	0	5
FL5	0	0	1	1	3	88	0	0	7
FL6	0	0	0	3	2	2	86	0	7
FL7	0	0	0	0	0	0	0	86	14

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	5	78	17	0	100
FL2	5	85	9	1	100
FL3	5	89	5	1	100
FL4	5	92	1	2	100
FL5	7	88	0	5	100
FL6	7	86	0	7	100
FL7	14	86	0	0	100
TOTAL	48	604	32	16	

²¹³ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 78% remained at FL1, and 85% remained at FL2.

Table 25b: Transitions - No Evidence Based Practices – Adults 2008²¹⁴

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	73	0	0	1	1	1	0	0	24
FL1	0	60	4	6	6	2	0	0	22
FL2	0	2	77	4	4	1	0	0	12
FL3	0	0	1	85	3	1	0	0	10
FL4	0	0	1	1	85	1	0	0	12
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	1	2	2	75	0	20
FL7	0	0	1	1	4	1	0	76	17

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	22	60	18	0	100
FL2	12	77	9	2	100
FL3	10	85	4	1	100
FL4	12	85	1	2	100
FL5	14	82	0	4	100
FL6	20	75	0	5	100
FL7	17	76	0	7	100
TOTAL	107	540	32	21	

²¹⁴ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 60% remained at FL1, and 77% remained at FL2.

Table 26a: Transitions - Received Evidence Based Practices –Youth 2008²¹⁵

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	71	0	1	2	7	6	0	0	13
FL1	0	76	2	5	10	1	0	0	6
FL2	0	1	70	7	13	5	0	0	4
FL3	0	1	1	84	8	3	0	0	3
FL4	0	0	1	1	91	3	0	0	4
FL5	0	0	0	1	4	89	0	0	6
FL6	0	0	1	2	6	4	51	0	36
FL7	0	0	0	0	10	6	0	45	39

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	6	76	18	0	100
FL2	4	70	25	1	100
FL3	3	84	11	2	100
FL4	4	91	3	2	100
FL5	6	89	0	5	100
FL6	36	51	0	13	100
FL7	39	45	0	16	100
TOTAL	98	96	57	39	

²¹⁵ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 76% remained at FL1, and 70% remained at FL2.

Table 26b: Transitions - No Evidence Based Practices – Youth 2008²¹⁶

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	77	0	0	0	2	2	0	0	19
FL1	0	62	4	8	8	2	0	0	16
FL2	0	1	79	4	5	1	0	0	10
FL3	0	0	1	87	4	0	0	0	8
FL4	0	0	0	1	87	2	0	0	10
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	1	2	2	67	0	28
FL7	0	0	0	1	3	2	0	66	28

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	16	62	22	0	100
FL2	10	79	10	1	100
FL3	8	87	4	1	100
FL4	10	87	2	1	100
FL5	14	82	0	4	100
FL6	28	67	0	5	100
FL7	28	66	0	6	100
TOTAL	114	530	38	18	

²¹⁶ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 62% remained at FL1, and 79% remained at FL2.

Table 27a: Transitions - Received Evidence Based Practices –All 2007²¹⁷

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	87	0	0	1	3	2	0	0	7
FL1	0	77	2	10	6	2	0	0	3
FL2	0	2	82	5	6	2	0	0	3
FL3	0	1	1	87	4	2	0	0	5
FL4	0	0	1	1	90	3	0	0	5
FL5	0	0	0	1	3	89	0	0	7
FL6	0	0	0	0	3	1	85	0	11
FL7	0	0	0	7	0	0	0	73	20

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	3	77	20	0	100
FL2	3	82	13	2	100
FL3	5	87	6	2	100
FL4	5	90	3	2	100
FL5	7	89	0	4	100
FL6	11	85	0	4	100
FL7	20	73	0	7	100
TOTAL	54	583	42	21	

²¹⁷ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 77% remained at FL1, and 82% remained at FL2.

Table 27b: Transitions - No Evidence Based Practices – All 2007²¹⁸

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	76	0	0	1	1	1	0	0	21
FL1	0	61	4	6	6	2	0	0	21
FL2	0	1	78	4	4	1	0	0	12
FL3	0	1	1	86	2	1	0	0	9
FL4	0	0	0	1	86	2	0	0	11
FL5	0	0	0	1	3	83	0	0	13
FL6	0	0	0	1	2	2	73	0	22
FL7	0	0	0	1	2	2	0	76	19

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	21	61	18	0	100
FL2	12	78	9	1	100
FL3	9	86	3	2	100
FL4	11	86	2	1	100
FL5	13	83	0	4	100
FL6	22	73	0	5	100
FL7	19	76	0	5	100
TOTAL	107	543	32	18	

²¹⁸ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 61% remained at FL1, and 78% remained at FL2.

Table 28a: Transitions - Received Evidence Based Practices –Adults 2007²¹⁹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	89	1	1	1	2	1	0	0	5
FL1	0	69	4	15	8	2	0	0	2
FL2	0	2	85	4	4	2	0	0	3
FL3	0	1	1	88	3	2	0	0	5
FL4	0	0	1	1	90	3	0	0	5
FL5	0	0	1	1	4	87	0	0	7
FL6	0	0	0	0	4	0	90	0	6
FL7	0	0	0	0	0	0	0	89	11

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	2	69	29	0	100
FL2	3	85	10	2	100
FL3	5	88	5	2	100
FL4	5	90	3	2	100
FL5	7	87	0	6	100
FL6	6	90	0	4	100
FL7	11	89	0	0	100
TOTAL	39	598	47	16	

²¹⁹ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 69% remained at FL1, and 85% remained at FL2.

Table 28b: Transitions - No Evidence Based Practices – Adults 2007²²⁰

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	75	0	0	1	1	1	0	0	22
FL1	0	61	4	6	6	1	0	0	22
FL2	0	1	78	4	4	1	0	0	12
FL3	0	0	1	85	3	1	0	0	10
FL4	0	0	1	1	85	1	0	0	12
FL5	0	0	0	1	3	82	0	0	14
FL6	0	0	0	1	1	2	76	0	20
FL7	0	0	0	1	3	3	0	74	19

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	22	61	17	0	100
FL2	12	78	9	1	100
FL3	10	85	4	1	100
FL4	12	85	1	2	100
FL5	14	82	0	4	100
FL6	20	76	0	4	100
FL7	19	74	0	7	100
TOTAL	109	541	31	19	

²²⁰ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 61% remained at FL1, and 78% remained at FL2.

Table 29a: Transitions - Received Evidence Based Practices –Youth 2007²²¹

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	82	0	0	1	5	4	0	0	8
FL1	0	89	0	3	3	1	0	0	4
FL2	0	1	71	6	13	5	0	0	4
FL3	0	1	1	86	6	2	0	0	4
FL4	0	0	1	1	89	3	0	0	6
FL5	0	0	0	1	3	89	0	0	7
FL6	0	0	0	0	3	1	82	0	14
FL7	0	0	0	17	0	0	0	50	33

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	4	89	7	0	100
FL2	4	71	24	1	100
FL3	4	86	8	2	100
FL4	6	89	3	2	100
FL5	7	89	0	4	100
FL6	14	82	0	4	100
FL7	33	50	0	17	100
TOTAL	72	556	42	30	

²²¹ This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 89% remained at FL1, and 71% remained at FL2.

Table 29b: Transitions - No Evidence Based Practices – Youth 2007²²²

FL	Missing	FL1	FL2	FL3	FL4	FL5	FL6	FL7	Dis.
Missing	81	0	0	1	3	2	0	0	13
FL1	0	80	3	4	7	2	0	0	4
FL2	0	1	84	3	5	1	0	0	6
FL3	0	0	1	89	3	1	0	0	6
FL4	0	0	0	1	90	2	0	0	7
FL5	0	0	0	1	3	87	0	0	9
FL6	0	0	0	1	4	3	50	0	42
FL7	0	0	0	0	2	3	0	45	50

FL	Disappear	Stay the Same	Move Forward	Move Backward	Total
FL1	4	80	16	0	100
FL2	6	84	9	1	100
FL3	6	89	4	1	100
FL4	7	90	2	1	100
FL5	9	87	0	4	100
FL6	42	50	0	8	100
FL7	50	45	0	5	100
TOTAL	124	525	31	20	

²²² This table presents percentages of the specified population who transitioned from one functional level to another over the 12 month period. The disappearance rate (Dis.) is also presented. The percentages presented in bold type are the percentage of the population at that functional level that remained at the same level. For example, 80% remained at FL1, and 84% remained at FL2.

Methodology

Overview of Data from DMH

The Department of Mental Health (DMH) provided us with data that enabled us to examine the utilization pattern of services using our method for evaluating behavioral health system performance. We received 3 datasets covering the period between 2006 and 2010. These dataset contained demographic information on the client's date and place of birth, gender, race and ethnicity and primary and preferred language. We also received additional information on the client reported periodically such as the highest level of education attained, employment status, living arrangements, and whether substance use, developmental disability or physical health conditions affect the mental health of the client during the reporting period. For youths we also have data on whether the client has a conservatorship or juvenile court status. From the last data file we obtained information on services received by the client over the calendar year. Services provided by DMH, including Evidence-based Practices along with assessments in GAF (Global Assessment in Functioning), dates and specific units and amounts of services were also recorded in the services files. Lastly, the service files also contained information indicating if the client has experienced trauma or a substance use issue as well as primary and secondary diagnoses. All files were linked successfully to individuals through the county client number (CCN).

System at a Glance Overview

The files were uploaded through a secured FTP server provided by HSRI. Once the files had been successfully downloaded it was uploaded into both SQL and SPSS for analyses. Our first task was to report on the system at a glance (Table 1) to establish patterns of utilization for each of the calendar years. Age categories were calculated from birthday with age being the client's age on January 1st of the calendar year. Gender, race/ethnicity as well as education attainment, employment status in the past 30 days, any criminal justice involvement, the number and percent of individuals with GAF assessment, who experienced trauma and had a substance dependence diagnosis was reported as well. Similar data was reported on adults and youths separately (Tables 1b and 1c).

Next we reported on the number of individuals and the proportions who received each service categorized by service mode (24 hour, day and outpatient services). This was reported on the overall population (Table 2a), adults (Table 2b) and youths (Table 2c). We completed our report of the mental health system at a glance by reporting the total amount of service received for each year in Table 3. A challenge we confronted with DMH data was the unit of service. DMH services are all divided into 3 units of measure: 24 hour service (Mode 5), Day long service (Mode 10) and Outpatient Services (Mode 15), defined as a client or support person contact. Not only are different services delivered in multiple units (hours or a fraction of an hour, day and episode), but services such as Therapeutic Behavioral are delivered in more than one arrangement. To standardize unit measurement so we could represent the volume of service that are comparable, we made modifications to 20 of the 36 service configurations provided by DMH. We did not initially modify any 24 hour service specified as Mode 5. We made changes to 6 of the services categorized as mode 10 (day long) but which were delivered in increments that were less than a full day. We converted these 6 services to a full day by weighting each unit by 4. Of the 14 remaining services whose units we modified in the outpatient mode of service (Mode 15), where we took

the specified units given and converted them all to hourly units. We then converted all 24 hour and day services to hours so as to facilitate comparison with outpatient services.

Evidence-based Practice Service Utilization

To examine the utilization of evidence-based services and service strategies, we calculated the number and proportion of individuals that received an EBP and strategies each year. We first reported on the overall proportion of individuals (Table 4a and 5a) followed by a breakdown of adults (Table 4b and 5b) and youths (Table 4c and 5c). We also estimated the number and proportion of individuals, adults and youths who received multiple EBPs (Tables 6a-6c) ranging from 2 through 7. Next, to give an impression of EBP penetration we calculated the number of unduplicated EBP service recipients as a proportion of all service recipients served by DMH in each year (Table 7a through 7c). We reported these findings on the overall population as well as by adults and youths. Finally, we looked at EBP recipients by County density (Table 8) by reporting on the number of EBPs delivered and percent of users who got them in each geographic locale.

Arrivals & Snapshot

To arrive at system performance (Tables 9a and 9b), we tabulate 3 variables that described the mental health system: snapshot, arrival & disappearance. We used snapshot, arrival and disappearance as a means of presenting another glimpse of behavioral health utilization using methods our team has pioneered and used in the federal Block Grant and various state and local health reform initiatives. This is based on examining the patterns of service use by examining the number of individuals who are served using 3 consecutive months as a barometer for gauging how many cease service use and perhaps returning in subsequent months in the same calendar year or in a subsequent year. We therefore, assign individuals to a snapshot if they have 3 or more consecutive months of service (as indicated by CSI claims). Those who experience any interruption but return subsequently are considered arrivals. Arrivals may also include individuals who are new to services funded through DMH. Disappearances are defined by those who receive no services for more than 3 months.

Service Utilization

Once we established the how many are in the system on average (snapshot) and how many arrive typically on a monthly basis, we then used outcome information provided by the state through the GAF (Global Assessment of Functioning) to examine on average how many individuals who are most vulnerable (very low functioning) and how many are of high functioning received different service configurations. We translated the GAF into a functional level scale developed by HSRI and used in over 25 different states and local mental health authorities. It is known as the RAFLS (Resource Associated Functional Level Scale) and it contains 6 dimensions. Table 1 below outlines the description of the 6 functional level scale according to the RAFLS. The RAFLS FL assessment was used to give a concise portrait of the appropriateness of service receipt. Tables 10a and 10b was constructed to provide such a portrait. For each service categorized by service mode, we calculated the proportion of consumers within each RAFLS level that received the service (left side of panel) and the amount received (right side of panel). The amount was defined by the unit of service standardized to hours. This analysis was also carried out for 2009, 2008 and 2007.

Table 30: Resource Associated Functional Level Scale

Level	Level Name	Level Description
1	At-risk	At-risk to self or others, or to property of value. Unable or unwilling to participate in one's own care or to cooperate in control of violent or aggressive behavior. May require continuous (24-hour) supervision, high staff/consumer ratio.
2	Unable to Function, Current, Acute Psychiatric Symptoms	Acute symptoms may result in behavior that is seriously disruptive or at-risk to self or others, but if so, is able/willing to control impulses with assistance and willing to participate in own care. Alternatively, acute symptoms seriously impair role functioning. Examples of acute symptoms: lack of reality testing, hallucinations or delusions, impaired judgment, impaired communication, or manic behavior. Nonetheless, may be able to carry out <i>some</i> activities of daily living. May require continuous supervision, or moderate staff/consumer ratio.
3	Lacks ADL/Personal Care Skills	Lacks ADL due to active symptoms that do not result in behavior that is seriously disruptive or dangerous. Unable or unwilling to make use of sufficient ADL and/or personal care skills to carry out basic role functions. May require continuous (24-hour) prompting, skill training, and encouragement.
4	Lacks Community Living Skills	Able to carry out ADL personal care skills. Role functioning impaired by lack of community living skills or motivation to perform. Community living skills include: money management, ability to engage in competitive employment, maintaining interpersonal contacts. May require regular and substantial but not necessarily continuous training, prompting, and encouragement.
5	Community Living Skills but Vulnerable to Stresses of Everyday Life	Can perform role functions, at least minimally, in familiar settings and with frequent support to deal with the ordinary stresses of everyday life; although may need the regular assistance of a roommate, homemaker-aide, etc., or can work outside of sheltered situations with on-site support or counseling. Requires support under the stresses associated with the frustrations of everyday life and novel situations. May require frequent (e.g., weekly) information, encouragement, and instrumental assistance.
6	Community Living Skills and Only Needs Support/Treatment to Cope with Extreme Stress or Seeks Treatment to Maintain or Enhance Personal Development	Can perform role functions adequately except under extreme or unusual stress. At these times, the support of natural or generic helpers such as: family, friends, or clergy is not sufficient. Mental health services are required for the duration of stress; or performs role functions adequately, but seeks mental health services because of feelings of persistent dissatisfaction with self or personal relationships. Intensity and duration of treatment can vary.
7	System Independent	Can obtain support from natural helpers or generic services. Does not require or seek mental health services.

Appendix D: Mental Health & Substance Use Services Provider Data

Table 1: Number of Providers by Consumer Service Demographic

Year	Specialty Mental Health/Drug-Medi-Cal Providers										
	Mental Health Only			Substance Use Only			Mental Health & Substance Use			Total	
	N	%	Total \$	N	%	Total \$	N	%	Total \$	N	Total \$
2009	3,097	76%	\$1,751,282,188	529	13%	\$113,704,016	428	11%	\$1,142,081,560	4,054	\$3,007,067,764

Section I: Top 10 Providers by Total Payment & Number of Individuals Served by Service Category

Table 2: SUD Day Treatment

Top 10 Providers – SUD Day Treatment 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$2,627,861	\$6,653	1	Los Angeles	395
2	San Diego	\$2,276,777	\$9,071	2	Los Angeles	294
3	Orange	\$1,874,784	\$9,190	3	San Diego	251
4	Orange	\$1,441,991	\$8,384	4	Los Angeles	227
5	Los Angeles	\$1,123,228	\$5,200	5	Los Angeles	216
6	Los Angeles	\$892,736	\$9,397	6	Orange	204
7	San Francisco	\$878,267	\$14,886	7	Los Angeles	200
8	Los Angeles	\$742,787	\$5,019	8	Los Angeles	187
9	Los Angeles	\$714,847	\$2,431	9	Los Angeles	182
10	Los Angeles	\$652,784	\$3,587	10	Orange	172

Table 3: Mother-Child Habilitative & Rehabilitative Services

Top 10 Providers – Mother-Child Habilitative & Rehabilitative Services 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	El Dorado	\$270,350	\$6,287	1	Riverside	57
2	Kern	\$234,020	\$5,708	2	Stanislaus	49
3	El Dorado	\$194,750	\$4,869	3	El Dorado	43
4	Orange	\$194,226	\$8,445	4	Kern	41
5	Tulare	\$166,215	\$5,194	5	El Dorado	40
6	Los Angeles	\$126,255	\$5,739	6	San Joaquin	34
7	Yolo	\$121,030	\$6,370	7	Tulare	32
8	Kern	\$120,640	\$6,702	8	Los Angeles	32
9	Alameda	\$108,925	\$6,808	9	Santa Clara	29
10	Stanislaus	\$104,287	\$2,128	10	San Bernardino	28

Table 4: Mental Health Case Management

Top 10 Providers – MH Case Management 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Santa Cruz	\$9,410,747	\$5,874	1	Los Angeles	2,484
2	Los Angeles	\$1,934,039	\$846	2	Los Angeles	2,286
3	Monterey	\$1,795,738	\$1,749	3	Sacramento	1,674
4	Santa Clara	\$1,666,153	\$1,572	4	Sacramento	1,604
5	Tulare	\$1,660,917	\$1,336	5	Santa Cruz	1,602
6	Ventura	\$1,657,922	\$1,109	6	San Joaquin	1,548
7	Santa Clara	\$1,635,159	\$1,332	7	Ventura	1,495
8	Los Angeles	\$1,194,515	\$2,229	8	Los Angeles	1,430
9	San Diego	\$1,173,226	\$1,616	9	Los Angeles	1,423
10	San Francisco	\$1,132,823	\$3,312	10	Los Angeles	1,409

Table 5: Mental Health Day Treatment

Top 10 Providers – Day Treatment 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$3,538,232	\$16,381	1	Los Angeles	216
2	Alameda	\$2,691,606	\$17,944	2	Santa Cruz	159
3	Alameda	\$2,000,559	\$23,536	3	San Diego	156
4	Los Angeles	\$1,677,075	\$25,031	4	Alameda	150
5	Los Angeles	\$1,262,556	\$16,834	5	San Diego	124
6	Los Angeles	\$1,078,085	\$20,732	6	Alameda	85
7	San Diego	\$1,053,504	\$6,753	7	Los Angeles	75
8	Los Angeles	\$977,065	\$18,790	8	Los Angeles	72
9	Los Angeles	\$967,738	\$14,231	9	Los Angeles	68
10	Alameda	\$910,212	\$26,006	10	Los Angeles	67

Table 6: Mental Health Day Treatment Rehabilitative

Top 10 Providers – Day Treatment Rehabilitative 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$2,257,390	\$9,525	1	San Diego	681
2	Los Angeles	\$1,818,804	\$10,574	2	Los Angeles	237
3	Santa Clara	\$1,791,425	\$12,981	3	Los Angeles	172
4	San Diego	\$1,598,948	\$13,325	4	Santa Clara	138
5	Los Angeles	\$1,052,265	\$10,961	5	San Diego	120
6	San Diego	\$1,044,332	\$1,534	6	Los Angeles	96
7	Alameda	\$817,933	\$11,205	7	Alameda	91
8	Los Angeles	\$742,850	\$10,463	8	Santa Clara	89
9	Los Angeles	\$711,686	\$11,297	9	Alameda	89
10	Santa Clara	\$660,895	\$7,426	10	Alameda	73

Table 7: Mental Health Inpatient

Top 10 Providers – Mental Health Inpatient 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$76,105,104	\$ 41,160	1	Los Angeles	3,975
2	Los Angeles	\$55,554,715	\$ 60,517	2	Los Angeles	3,441
3	Los Angeles	\$50,823,629	\$ 50,722	3	Riverside	2,417
4	Orange	\$49,569,773	\$ 26,679	4	Alameda	2,164
5	San Diego	\$45,654,914	\$ 56,295	5	San Bernardino	2,141
6	Los Angeles	\$35,407,604	\$ 29,482	6	Ventura	2,045
7	Los Angeles	\$31,903,845	\$ 42,369	7	Los Angeles	1,930
8	San Diego	\$23,831,613	\$ 29,864	8	Orange	1,858
9	Los Angeles	\$23,582,197	\$ 34,527	9	Los Angeles	1,849
10	Los Angeles	\$22,288,509	\$ 31,348	10	Contra Costa	1,750

Table 8: Mental Health Medication Support

Top 10 Providers – Medication Support 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Santa Barbara	\$2,910,945	\$3,045	1	Los Angeles	6,773
2	Contra Costa	\$2,581,900	\$1,855	2	Orange	5,418
3	Contra Costa	\$2,573,453	\$1,953	3	San Bernardino	4,587
4	Humboldt	\$2,401,177	\$2,181	4	San Diego	4,176
5	Los Angeles	\$2,215,126	\$2,064	5	Alameda	3,098
6	San Bernardino	\$2,162,617	\$1,146	6	Los Angeles	2,432
7	Tulare	\$2,142,139	\$3,649	7	San Joaquin	2,122
8	San Joaquin	\$2,077,879	\$979	8	Fresno	2,007
9	Los Angeles	\$2,071,745	\$1,321	9	San Bernardino	1,887
10	Los Angeles	\$2,021,075	\$1,555	10	Riverside	1,801

Table 9: Mental Health Crisis Intervention

Top 10 Providers – Crisis Intervention 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$2,064,432	\$1,182	1	San Bernardino	1,751
2	Los Angeles	\$1,424,090	\$1,798	2	Los Angeles	1,747
3	Los Angeles	\$1,239,576	\$1,875	3	San Joaquin	1,649
4	Los Angeles	\$1,199,312	\$1,505	4	Los Angeles	1,619
5	Humboldt	\$932,114	\$1,857	5	San Joaquin	1,425
6	San Joaquin	\$867,801	\$526	6	Los Angeles	890
7	San Bernardino	\$837,468	\$1,015	7	Stanislaus	868
8	Los Angeles	\$825,287	\$1,730	8	San Bernardino	825
9	Fresno	\$815,597	\$1,162	9	Los Angeles	797
10	Los Angeles	\$795,464	\$1,627	10	Los Angeles	792

Table 10: Mental Health Crisis Stabilization

Top 10 Providers – Crisis Stabilization 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Alameda	\$6,150,789	\$2,890	1	Riverside	2,265
2	San Francisco	\$3,618,379	\$2,845	2	Alameda	2,128
3	Contra Costa	\$2,765,536	\$1,582	3	Contra Costa	1,748
4	Riverside	\$2,348,315	\$1,037	4	Los Angeles	1,715
5	Santa Clara	\$2,319,027	\$1,741	5	Los Angeles	1,600
6	Los Angeles	\$2,081,626	\$1,802	6	Santa Clara	1,332
7	Los Angeles	\$1,929,094	\$1,125	7	San Francisco	1,272
8	Los Angeles	\$1,877,134	\$1,173	8	Los Angeles	1,155
9	Kern	\$1,297,392	\$1,349	9	Sacramento	1,091
10	Sacramento	\$1,249,750	\$1,146	10	Kern	962

Table 11: Mental Health Outpatient

Top 10 Providers – MH Outpatient 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Los Angeles	\$8,599,719	\$14,029	1	Los Angeles	16,908
2	Santa Clara	\$7,972,449	\$28,781	2	San Diego	5,888
3	Los Angeles	\$6,907,295	\$6,173	3	San Bernardino	4,631
4	Los Angeles	\$6,749,787	\$7,426	4	Los Angeles	4,039
5	Tulare	\$6,160,663	\$4,821	5	San Diego	3,333
6	Los Angeles	\$5,977,504	\$354	6	Los Angeles	2,917
7	San Diego	\$5,867,286	\$7,792	7	Los Angeles	2,409
8	Los Angeles	\$5,802,110	\$7,084	8	Orange	2,257
9	Los Angeles	\$5,492,516	\$5,715	9	San Bernardino	2,117
10	Los Angeles	\$5,394,123	\$3,077	10	Sacramento	1,758

Table 12: Methadone Maintenance

Top 10 Providers – Methadone Maintenance 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	San Joaquin	\$2,569,502	\$4,697	1	San Francisco	581
2	San Francisco	\$2,374,511	\$4,087	2	San Joaquin	547
3	Fresno	\$2,133,606	\$5,104	3	San Francisco	494
4	Fresno	\$2,106,284	\$4,691	4	Stanislaus	465
5	Stanislaus	\$2,039,710	\$4,386	5	Fresno	449
6	San Francisco	\$1,993,175	\$4,035	6	Kern	436
7	Los Angeles	\$1,843,423	\$4,715	7	Sacramento	431
8	Kern	\$1,687,964	\$3,871	8	Fresno	418
9	Sacramento	\$1,681,936	\$4,280	9	Sacramento	416
10	Sacramento	\$1,615,822	\$4,391	10	Sacramento	393

Table 13: Drug-Free Treatment

Top 10 Providers – Drug Free Treatment 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	Fresno	\$1,318,456	\$1,251	1	Fresno	1,054
2	Los Angeles	\$1,313,033	\$2,724	2	Los Angeles	515
3	Los Angeles	\$1,252,345	\$2,432	3	Tulare	498
4	Los Angeles	\$917,187	\$2,340	4	Los Angeles	482
5	Los Angeles	\$913,915	\$2,411	5	Los Angeles	444
6	Los Angeles	\$878,385	\$3,921	6	Los Angeles	392
7	Los Angeles	\$807,189	\$3,363	7	Los Angeles	379
8	Los Angeles	\$755,994	\$4,610	8	Imperial	369
9	Los Angeles	\$633,291	\$3,198	9	Sacramento	355
10	Los Angeles	\$626,020	\$5,174	10	Fresno	341

Table 14: Crisis Residential

Top 10 Providers – Crisis Residential 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	San Diego	\$367,516	\$2,450	1	San Diego	158
2	San Diego	\$365,129	\$2,685	2	San Diego	150
3	San Diego	\$301,547	\$1,909	3	San Diego	136
4	Santa Clara	\$297,990	\$5,418	4	San Diego	126
5	San Diego	\$290,882	\$2,309	5	San Diego	85
6	San Diego	\$213,431	\$2,511	6	San Diego	56
7	San Diego	\$141,197	\$2,521	7	Santa Clara	55
8	Monterey	\$99,139	\$4,957	8	Santa Barbara	29
9	NULL	\$98,340	\$5,785	9	Napa	26
10	Napa	\$95,951	\$3,690	10	Monterey	20

Table 15: Adult Residential

Top 10 Providers – Adult Residential 2009						
Rank	Provider County	Total Payment Amount	Avg. \$ per person	Rank	Provider County	# of Individuals Served
1	El Dorado	\$701,017	\$53,924	1	El Dorado	43
2	El Dorado	\$610,708	\$55,519	2	El Dorado	40
3	Yolo	\$603,510	\$75,439	3	Kern	36
4	El Dorado	\$270,350	\$6,287	4	San Francisco	34
5	San Diego	\$215,436	\$8,977	5	Los Angeles	32
6	Kern	\$208,435	\$5,790	6	Tulare	32
7	El Dorado	\$194,750	\$4,869	7	San Diego	24
8	Orange	\$194,226	\$8,445	8	Orange	23
9	Alameda	\$170,641	\$56,880	9	Los Angeles	22
10	Tulare	\$166,215	\$5,194	10	Yolo	19

Section II: Number of Individuals Served by Provider by Service Category

Figure 1: SUD Day Treatment

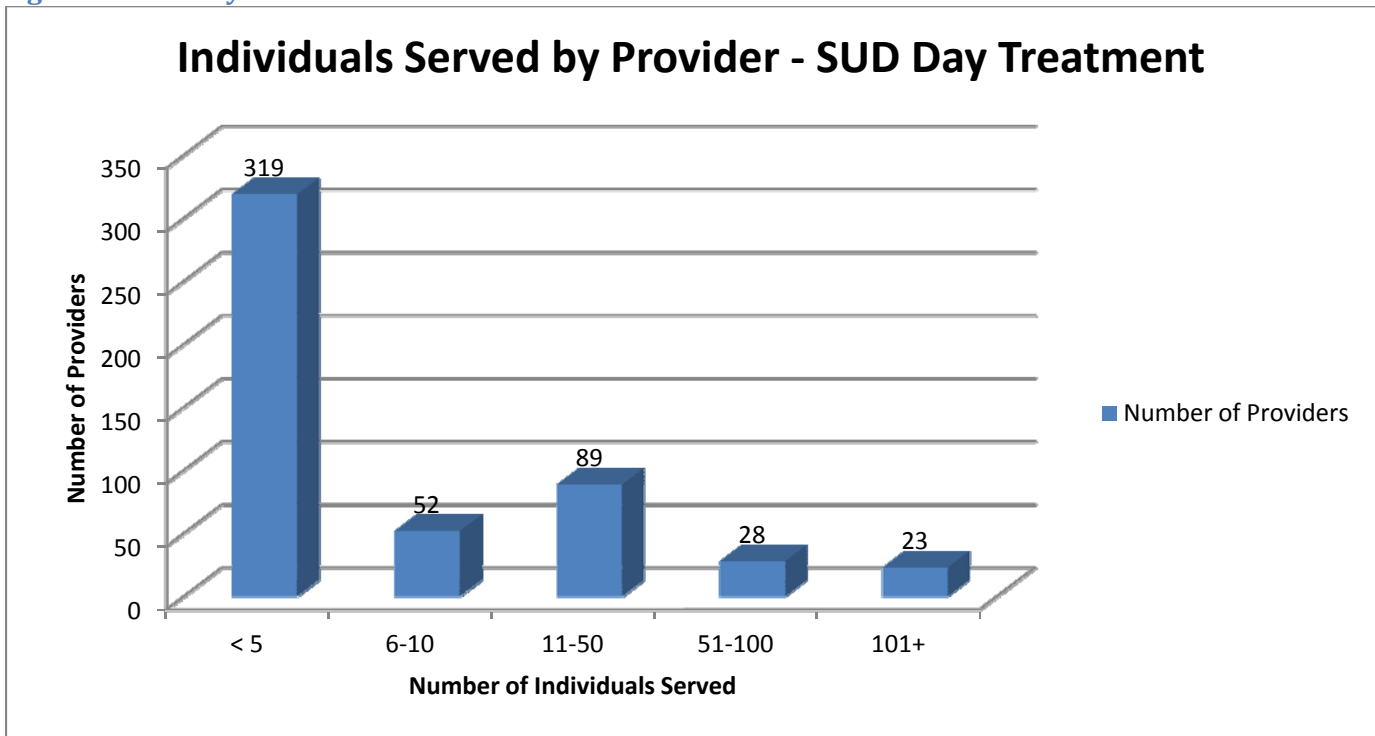


Figure 2: Mother-Child Habilitative & Rehabilitative Services

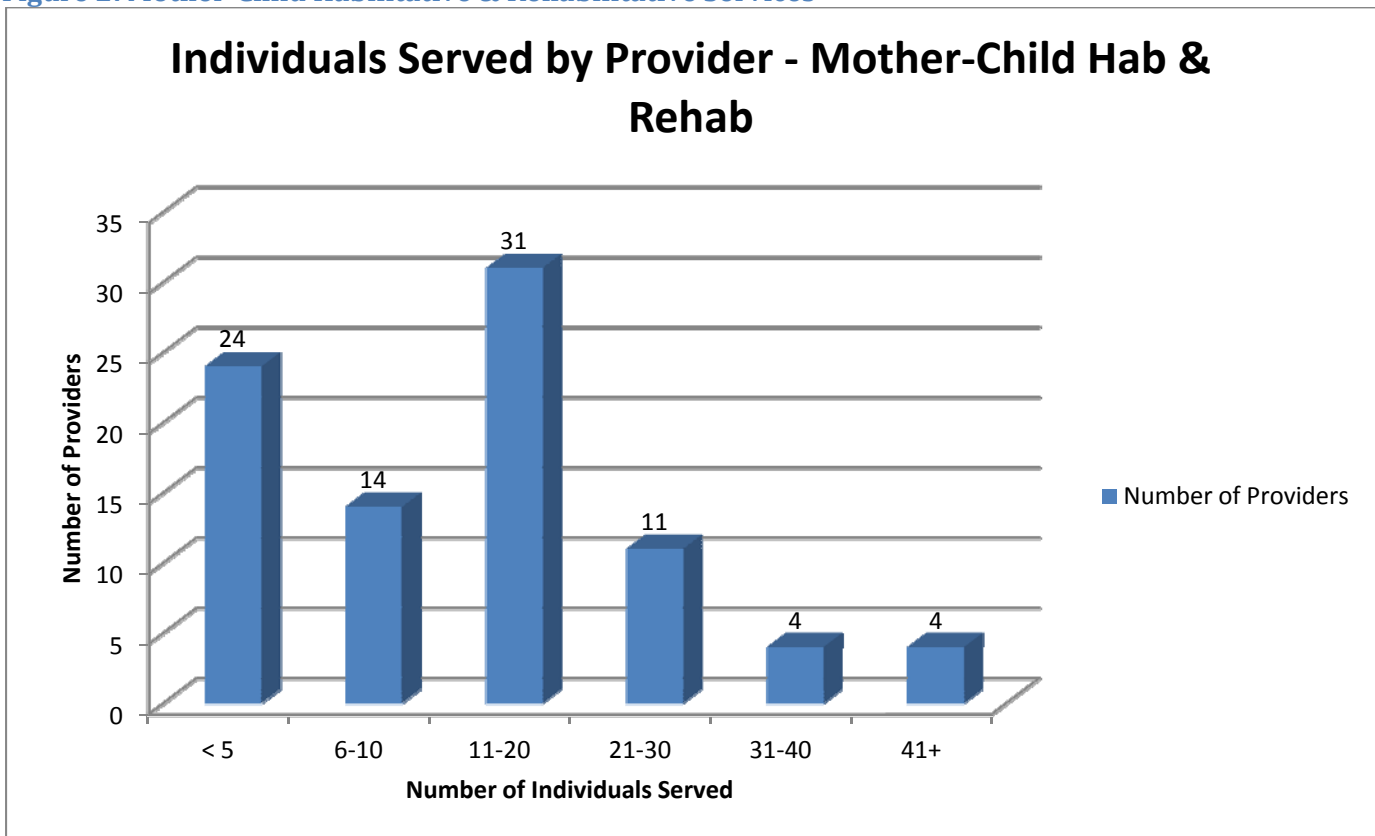


Figure 3: Mental Health Case Management

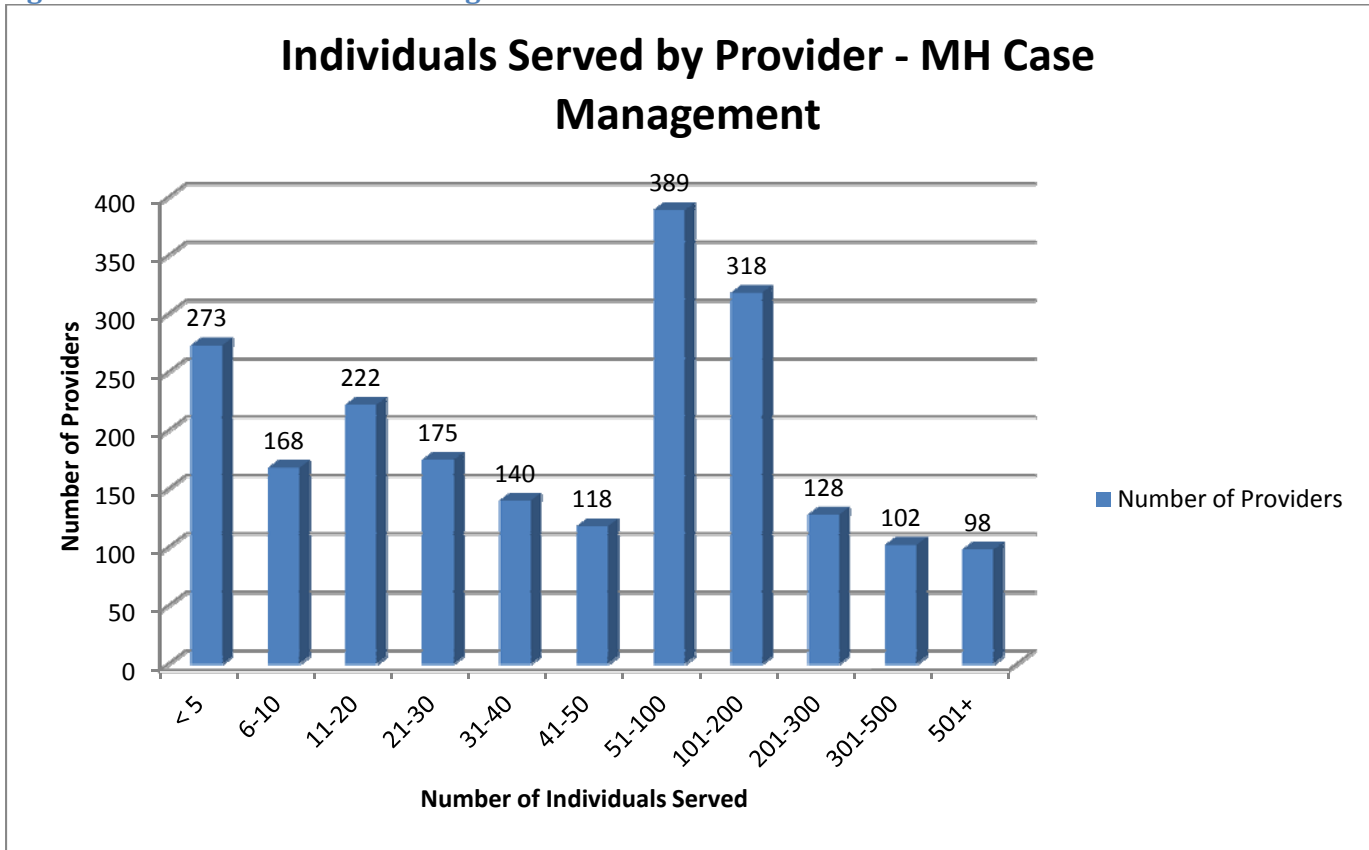


Figure 4: Mental Health Day Treatment

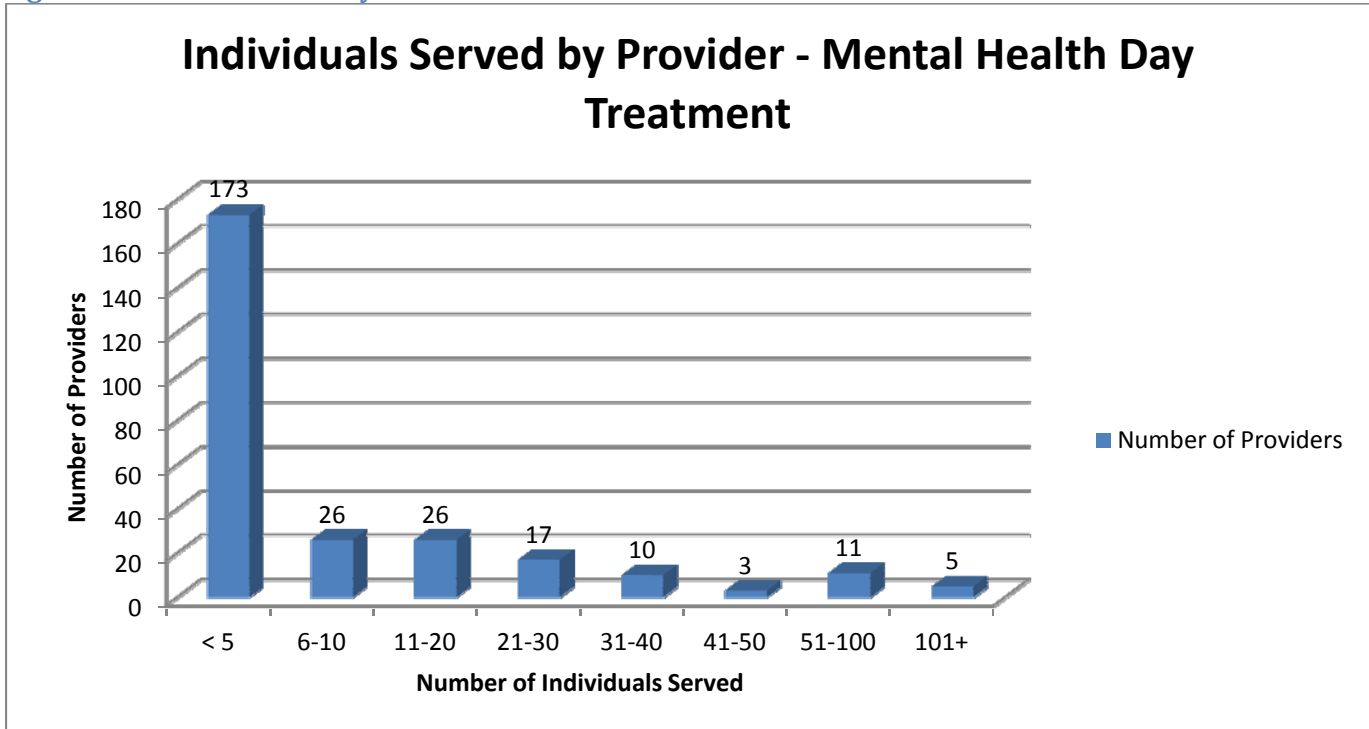


Figure 5: Mental Health Day Treatment Rehabilitative

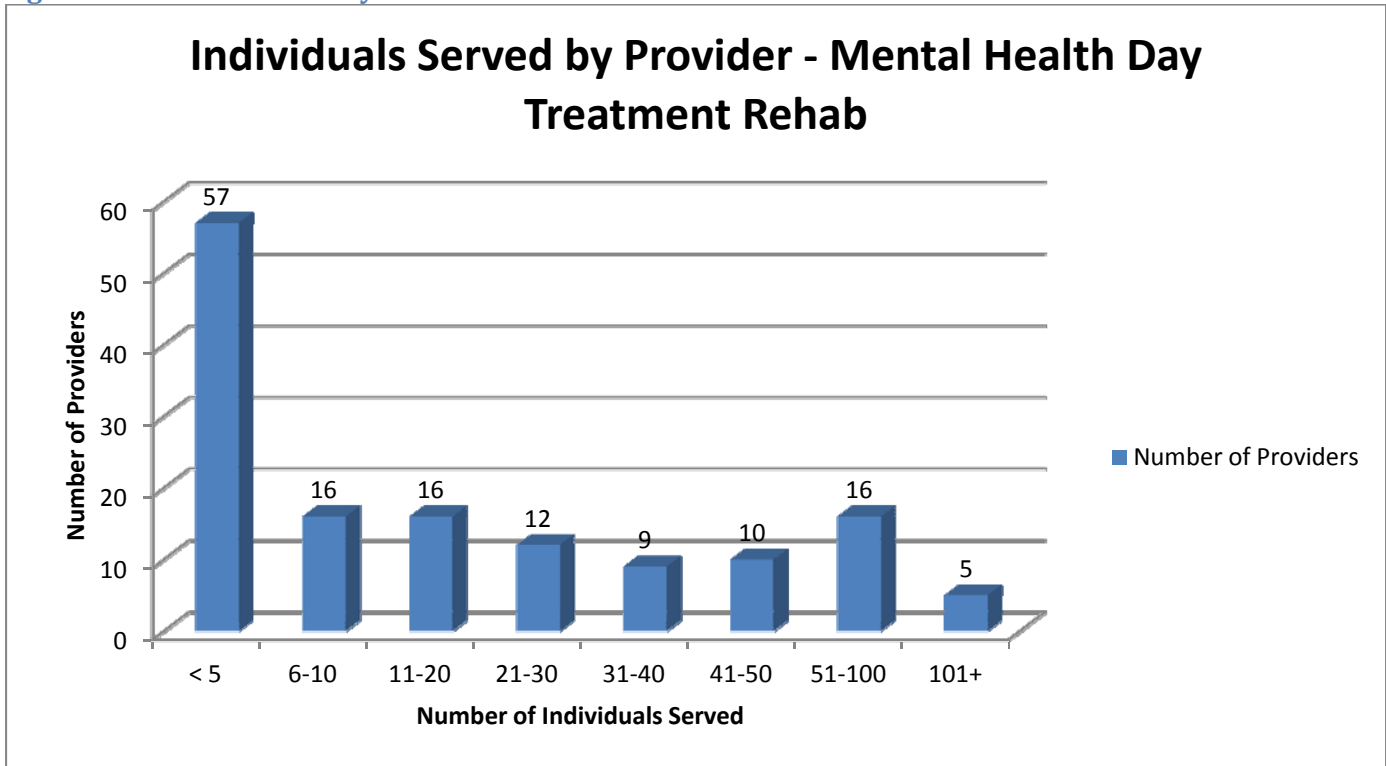


Figure 6: Mental Health Inpatient

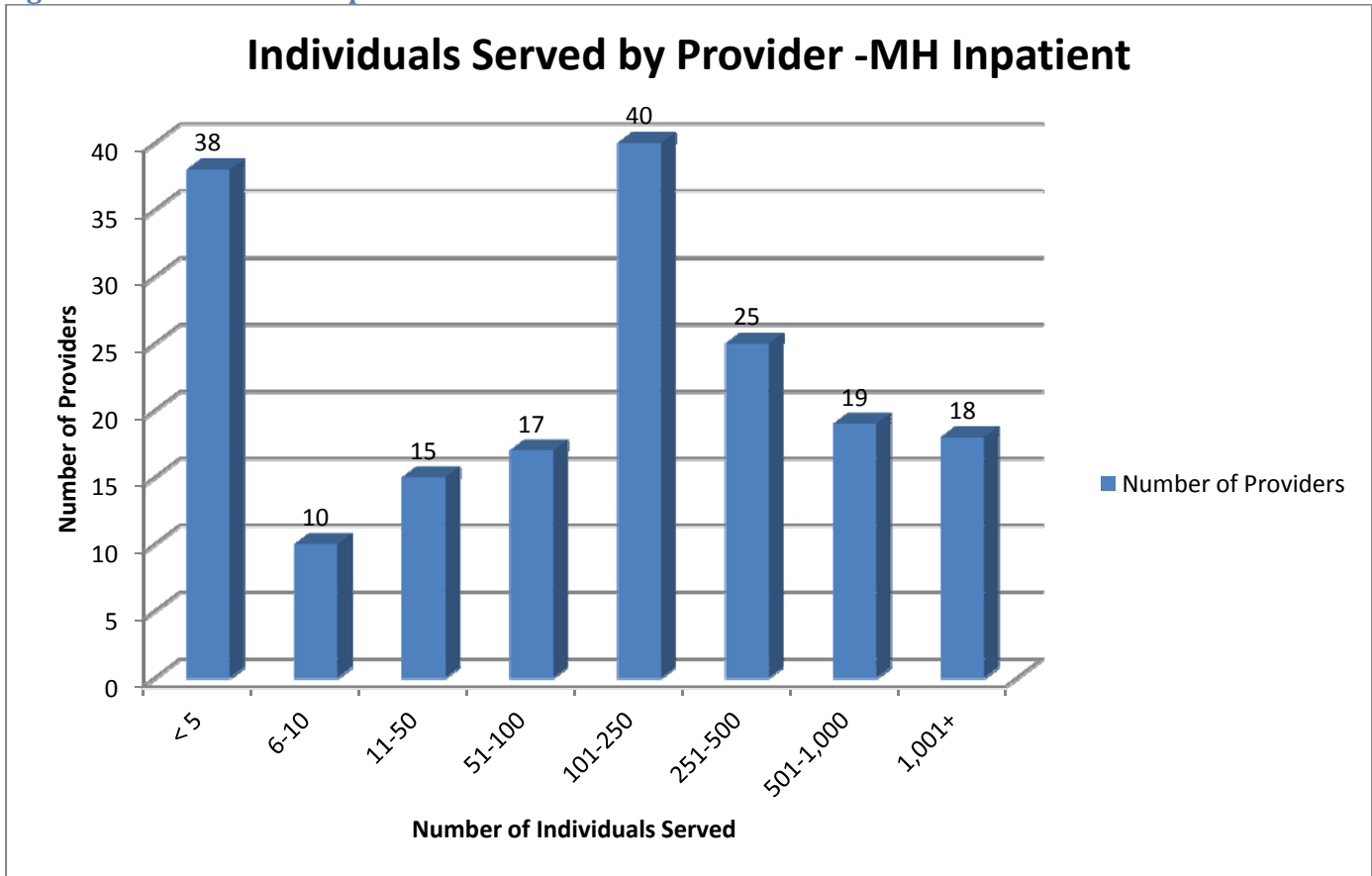


Figure 7: Mental Health Medication Support

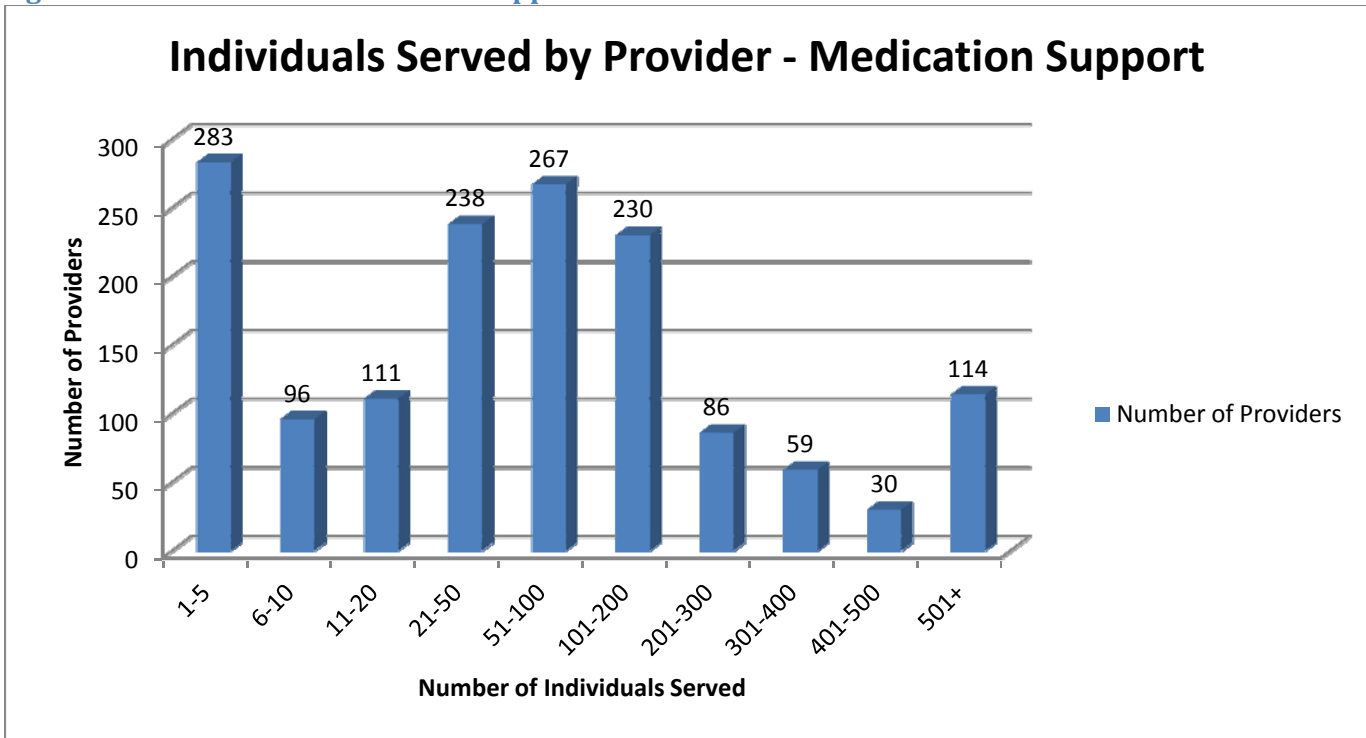


Figure 8: Mental Health Crisis Intervention

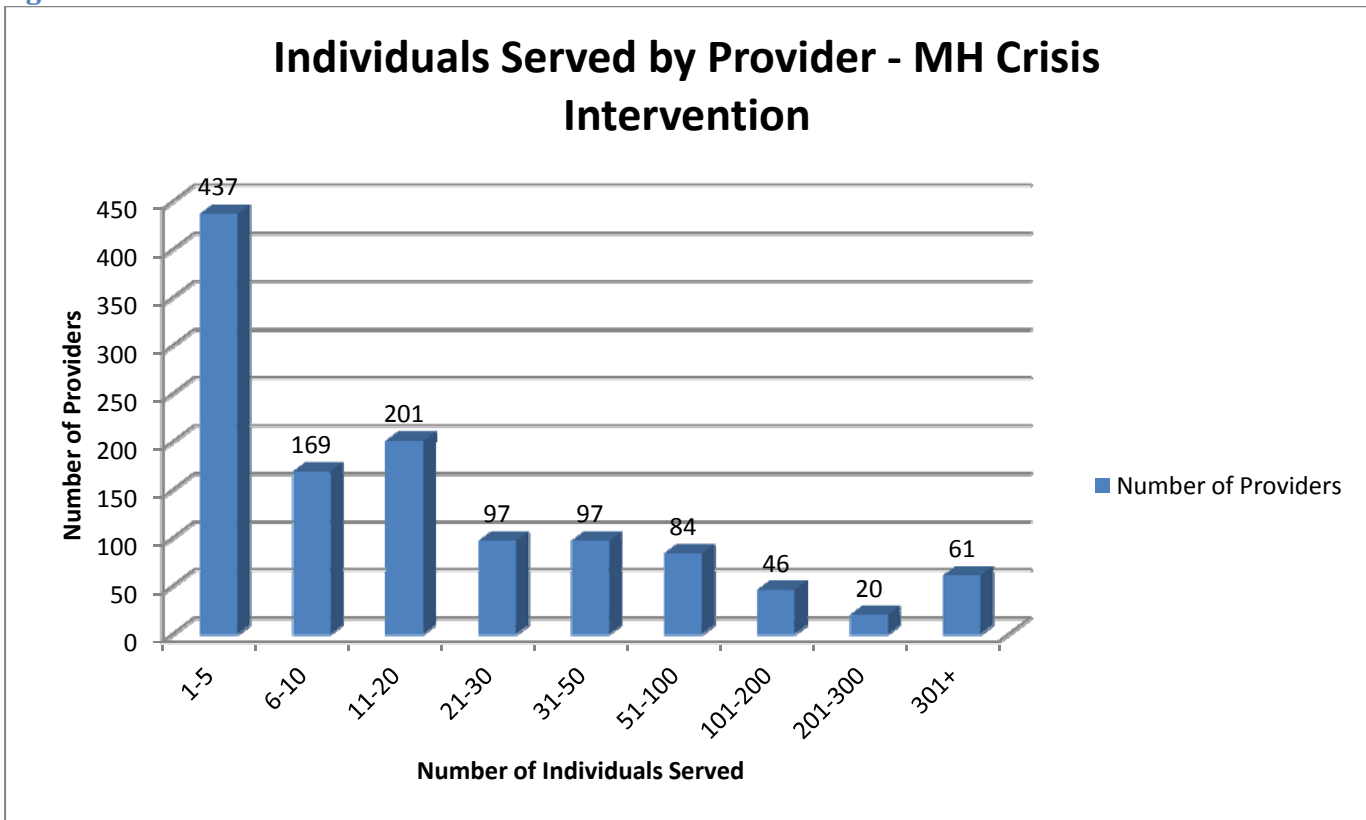


Figure 9: Mental Health Crisis Stabilization

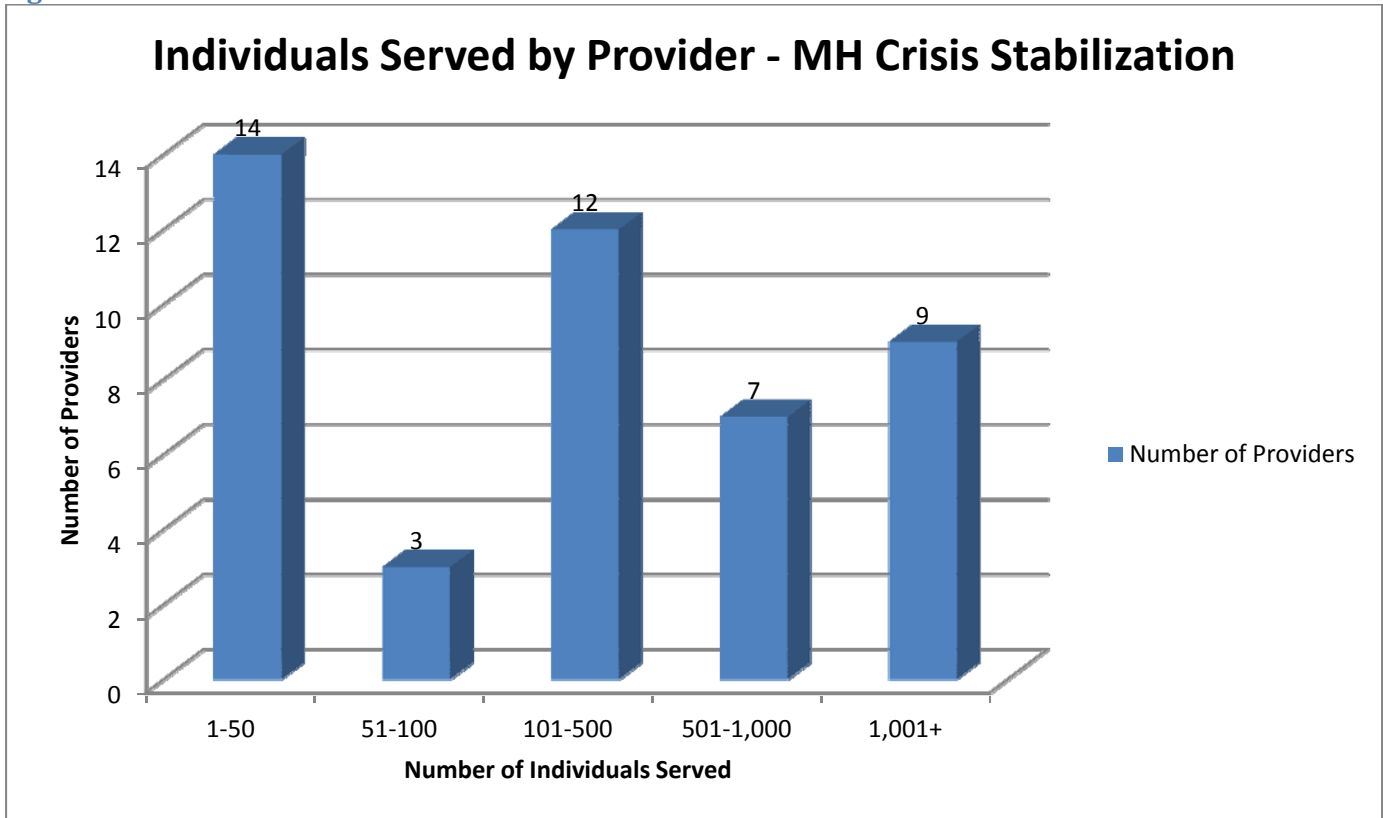


Figure 10: Mental Health Outpatient

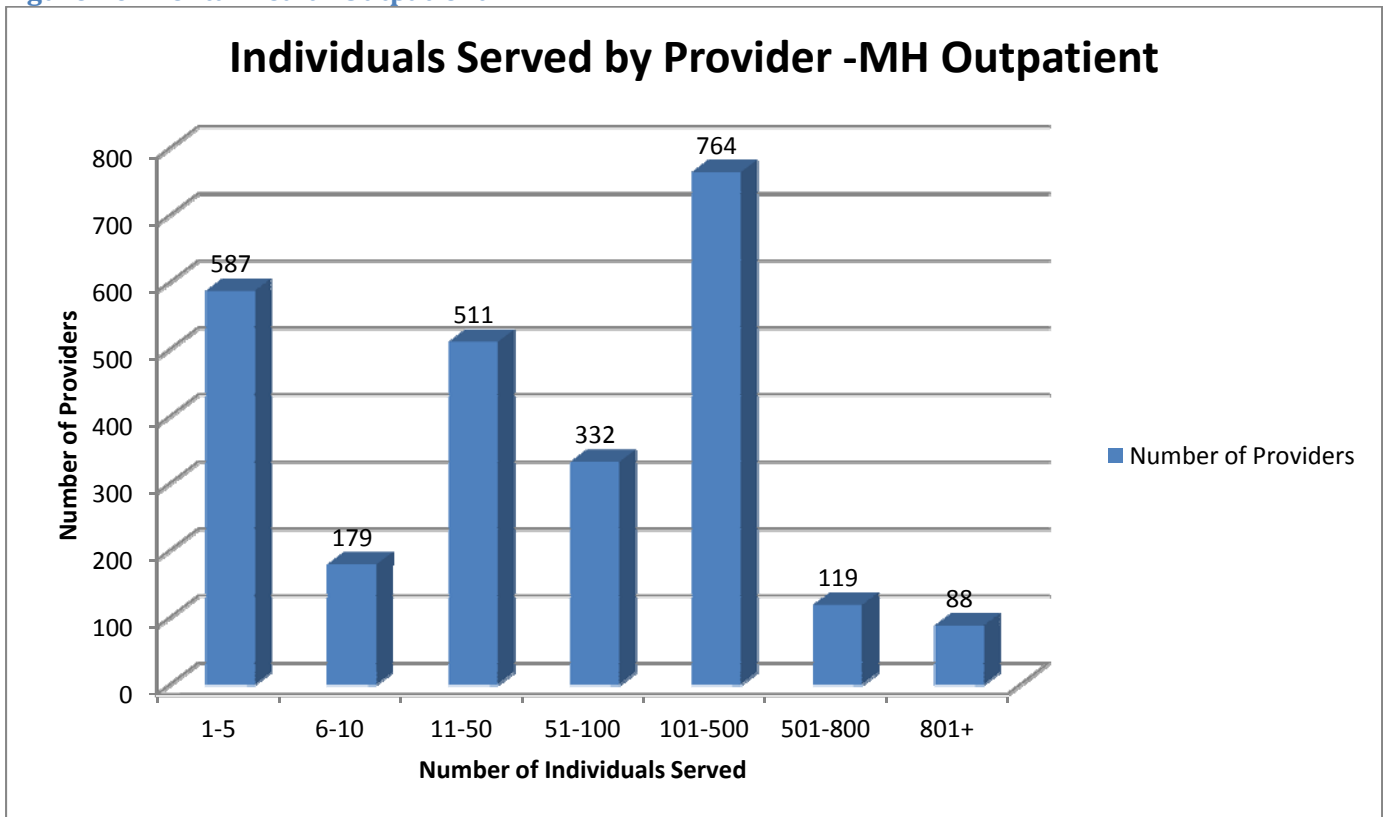


Figure 11: Methadone Maintenance

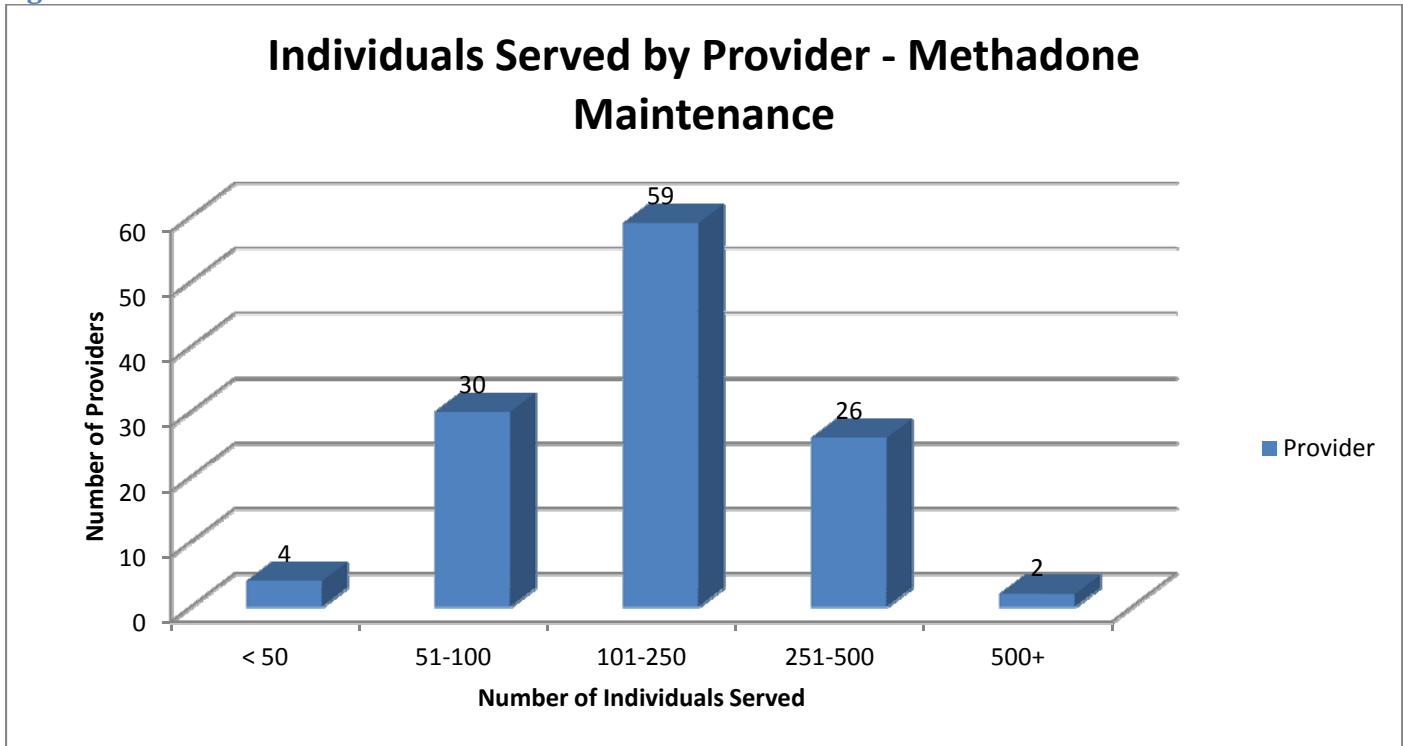


Figure 12: Drug-Free Treatment

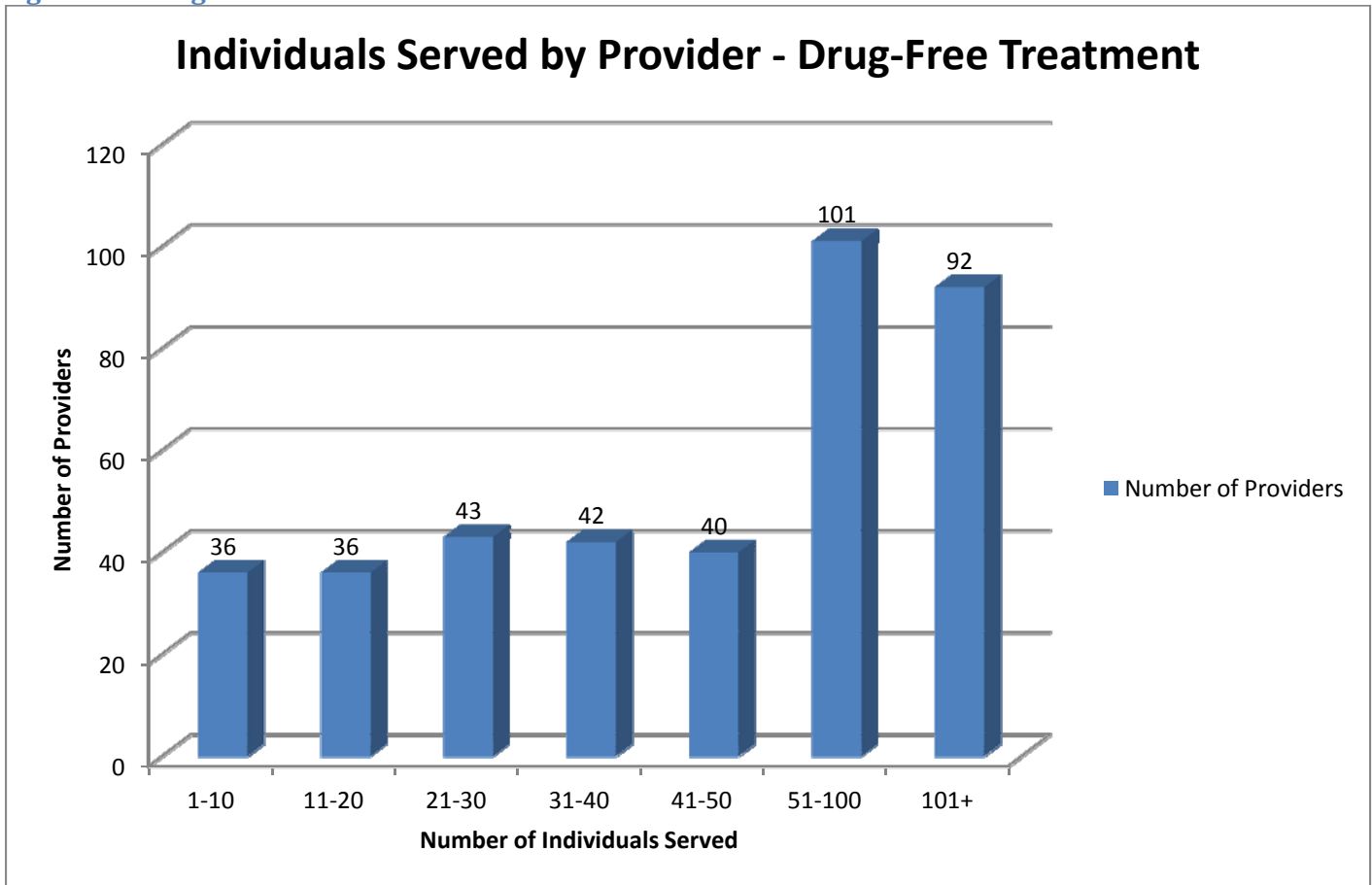


Figure 13: Crisis Residential

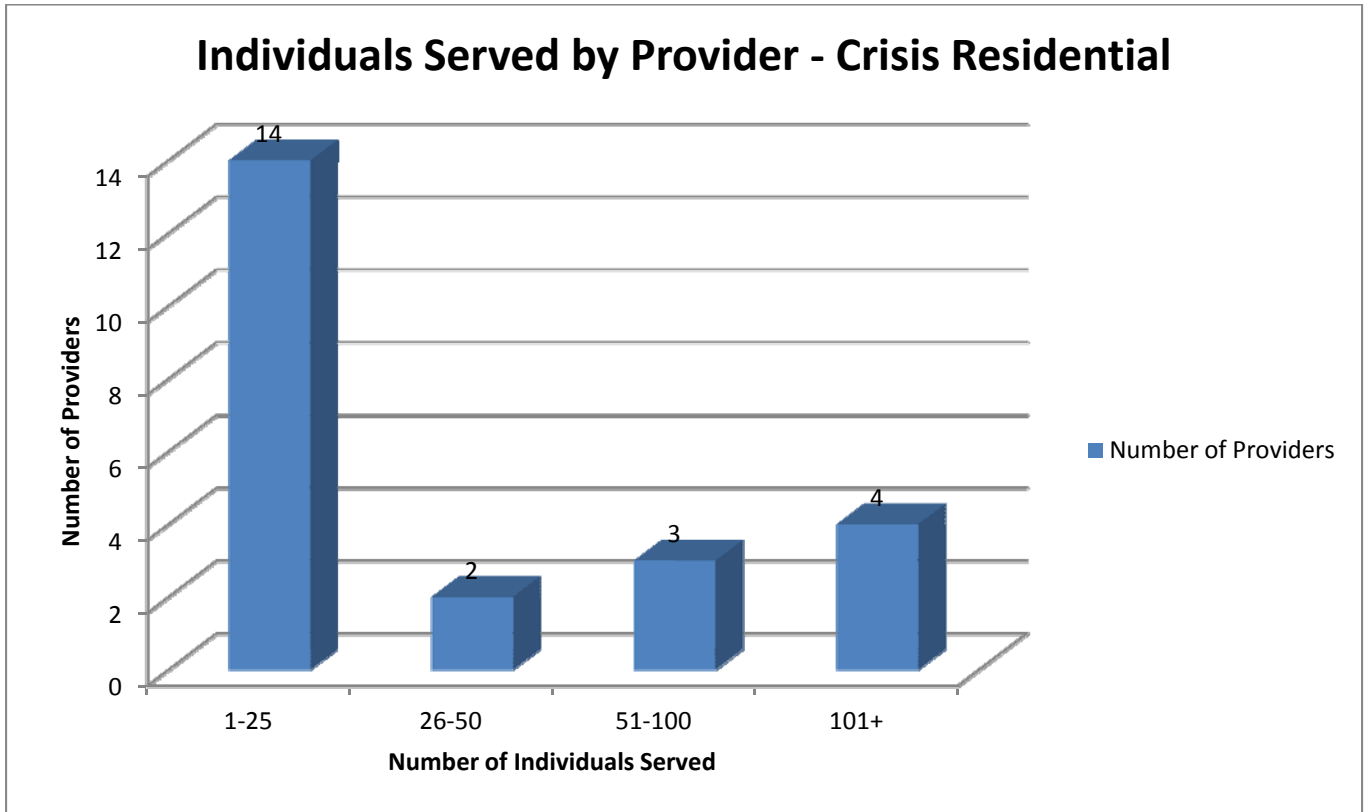
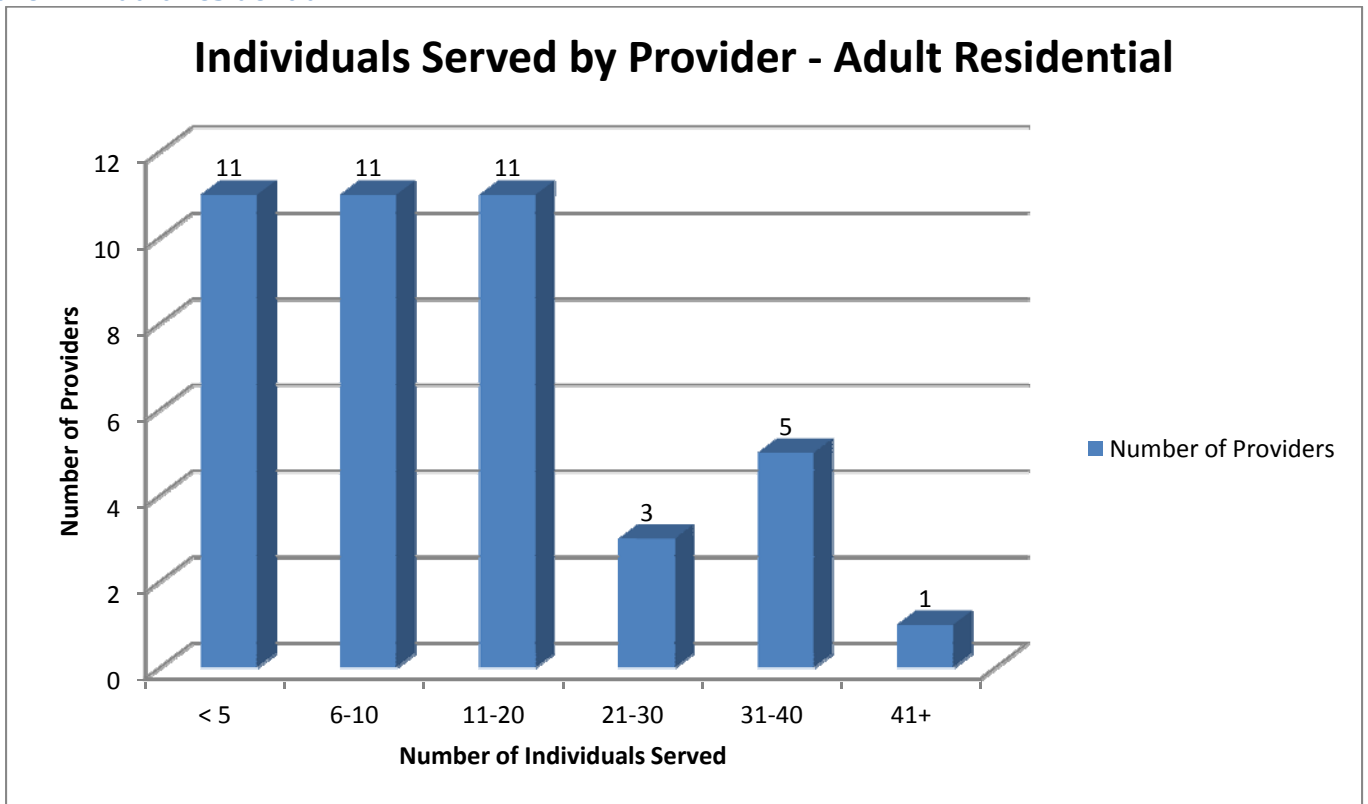


Figure 14: Adult Residential



Section III: Total Number of Units of Service by Provider by Service Category

Figure 15: Substance Use Day Treatment

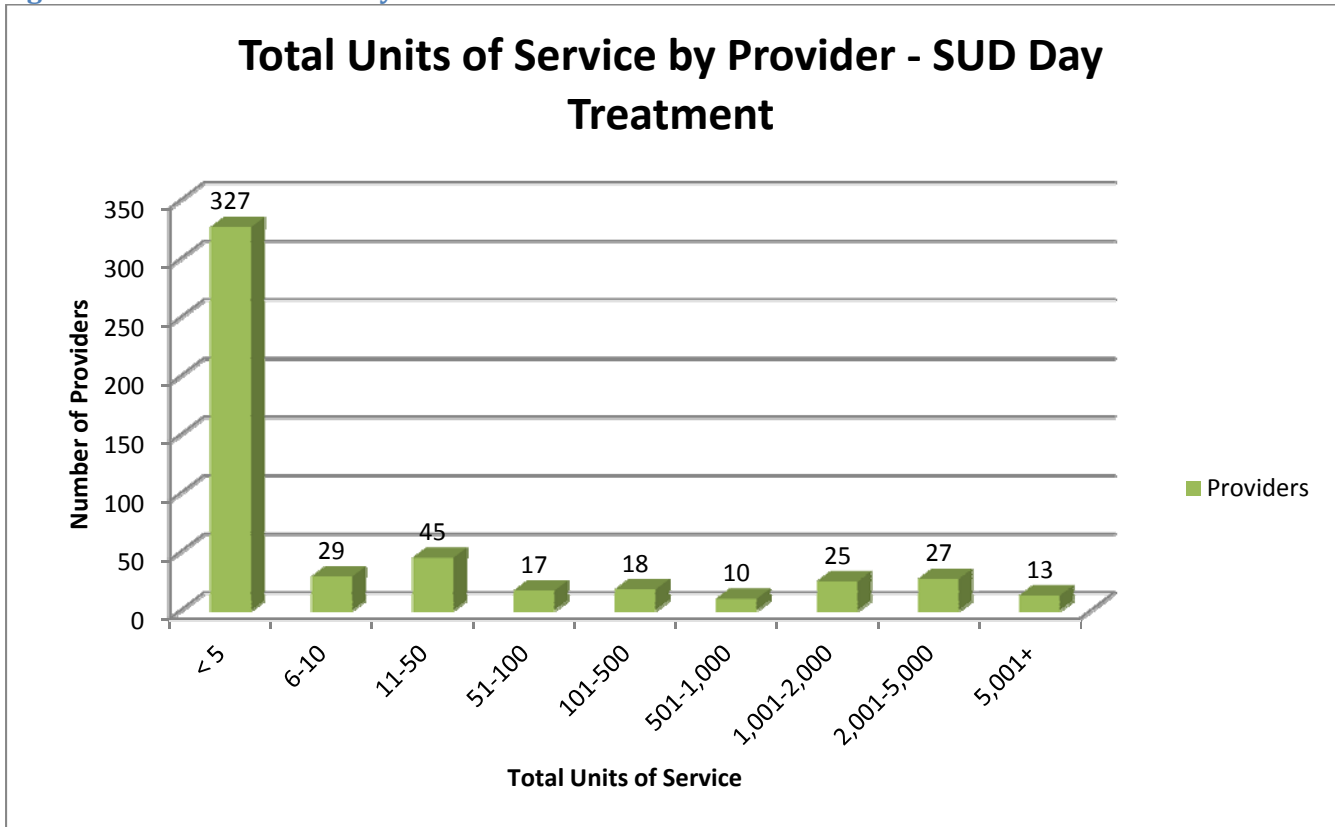


Figure 16: Mother-Child Habilitative & Rehabilitative Services

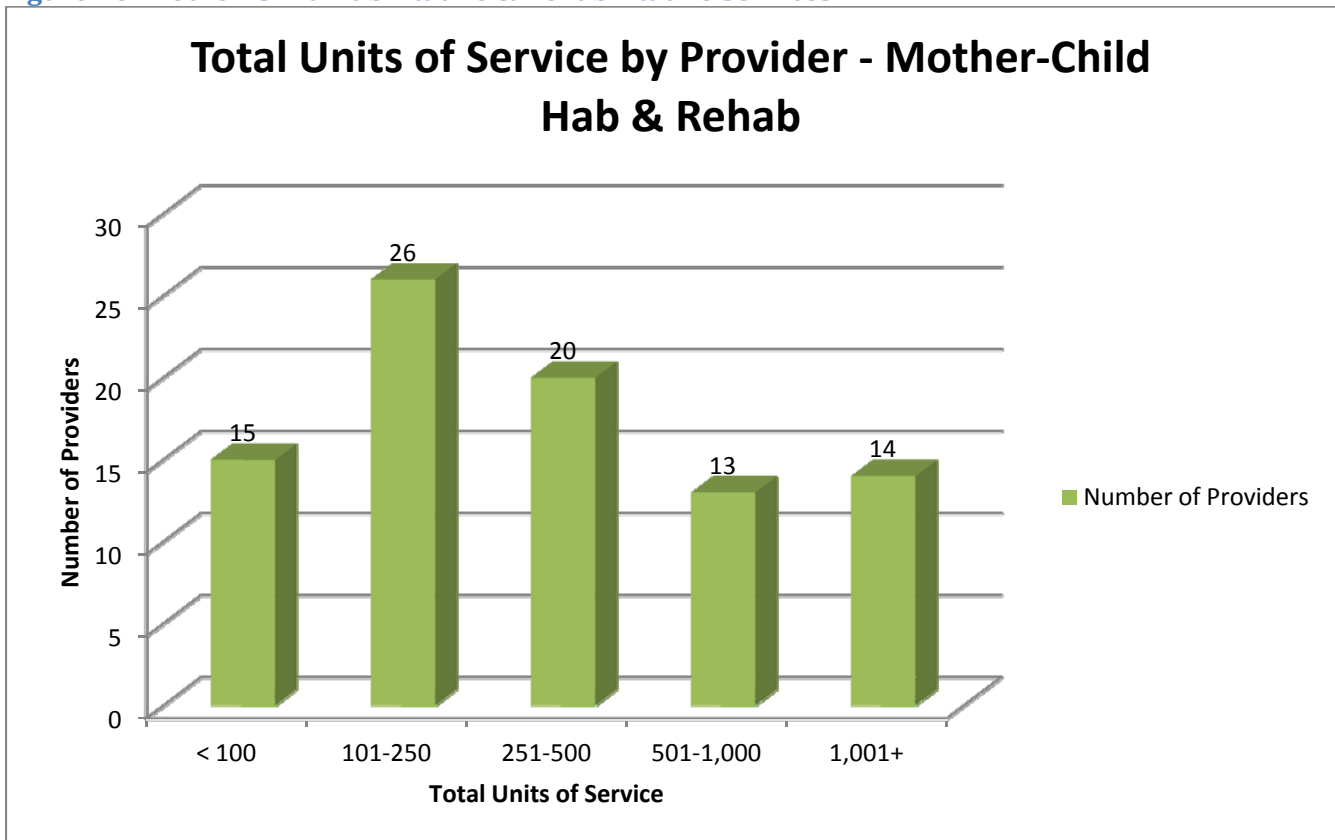


Figure 17: Mental Health Case Management

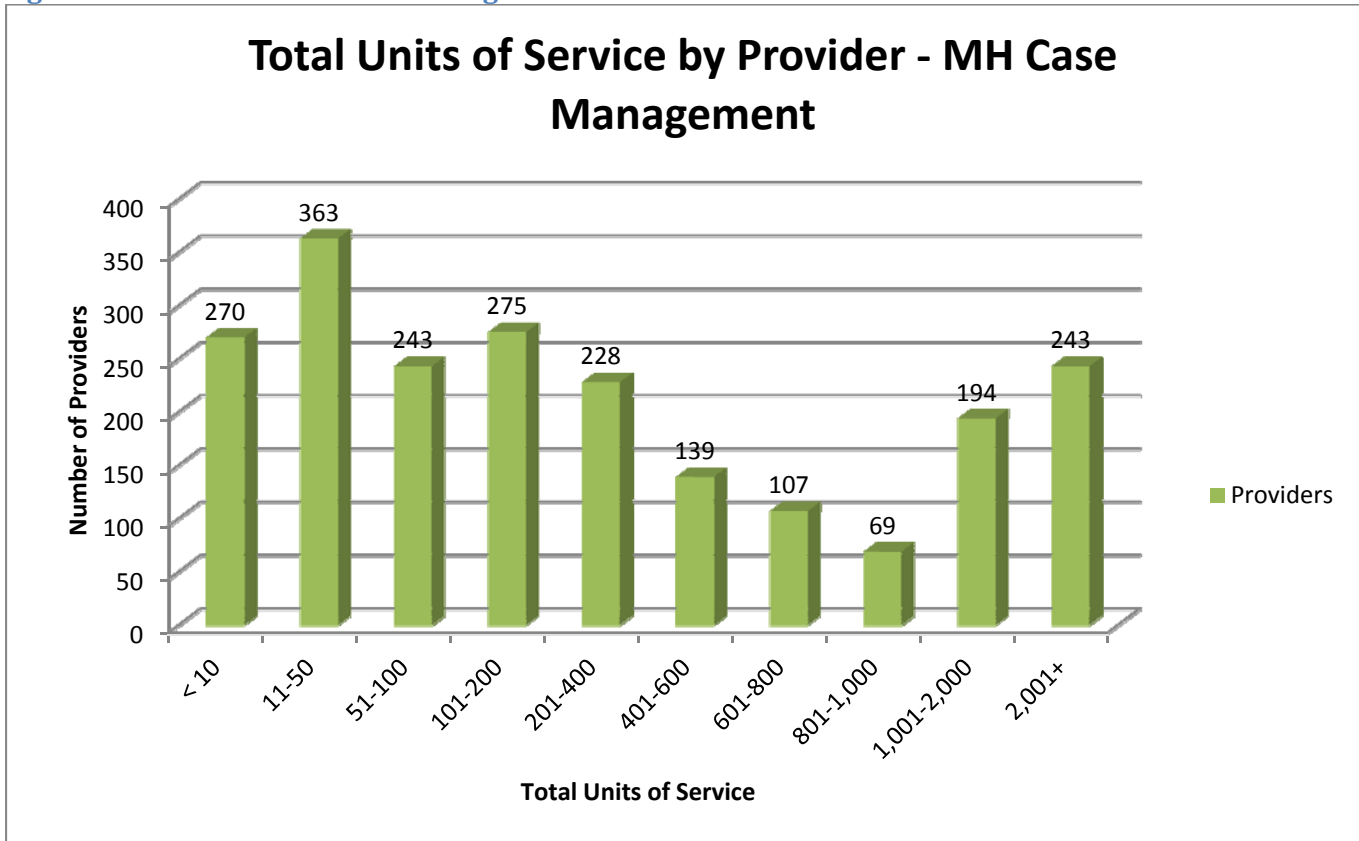


Figure 18: Mental Health Day Treatment

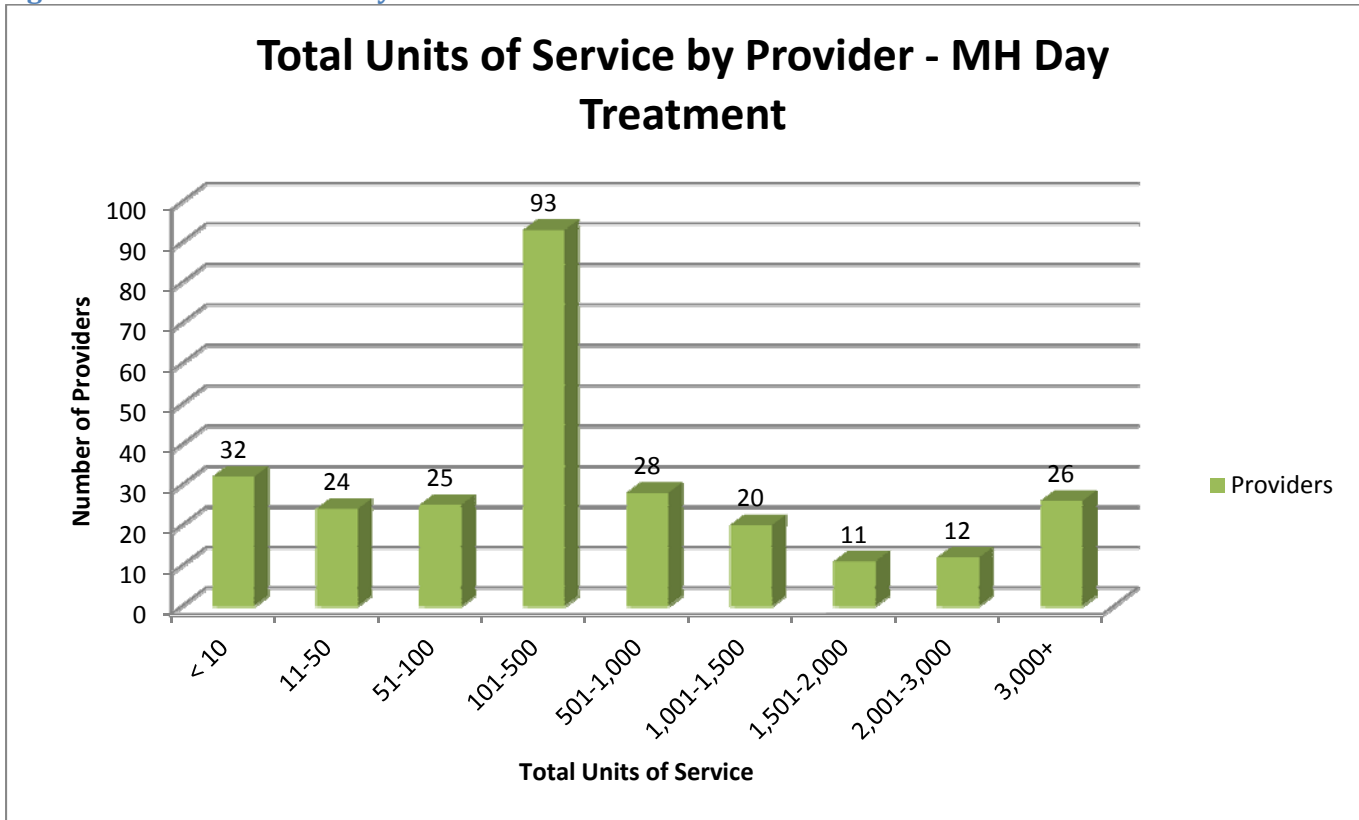


Figure 19: Mental Health Day Treatment Rehabilitation

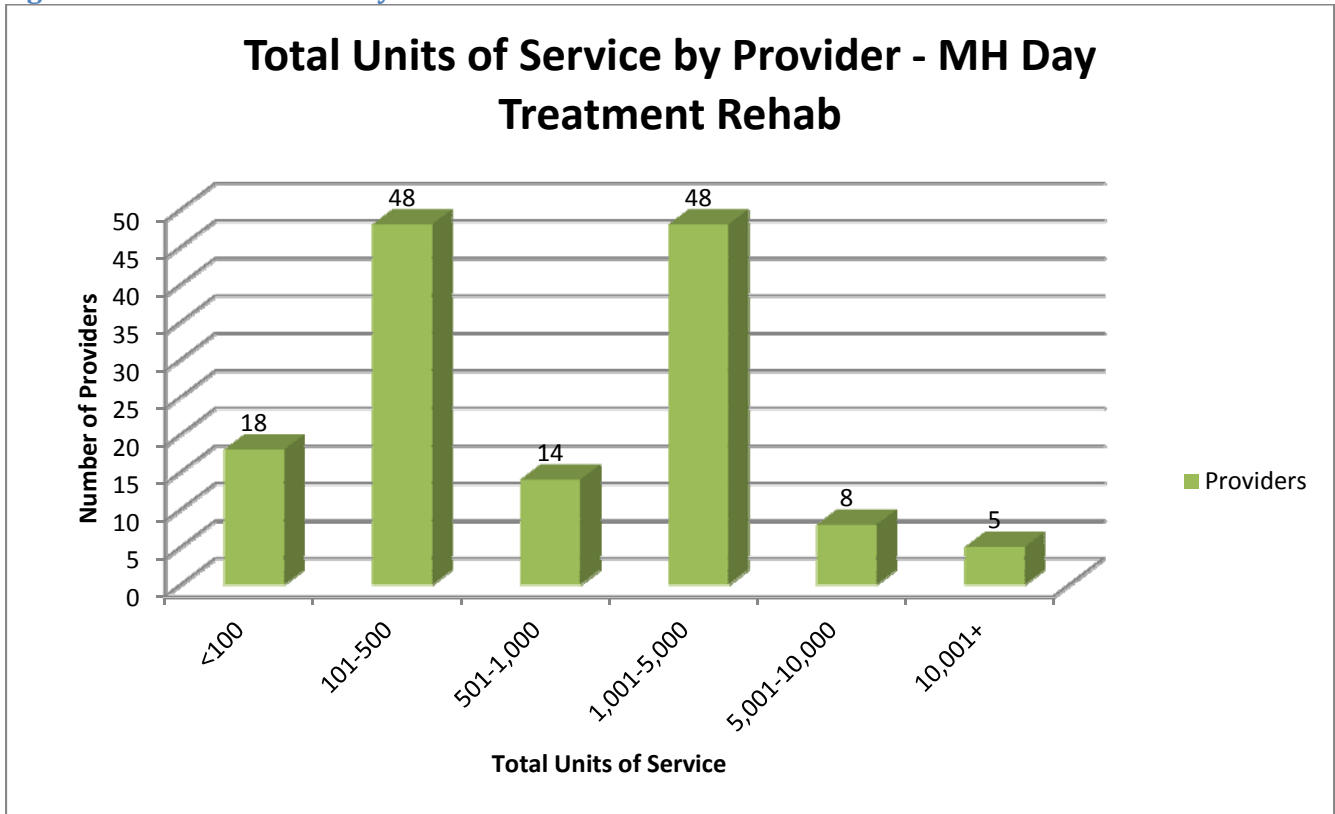


Figure 20: Mental Health Inpatient

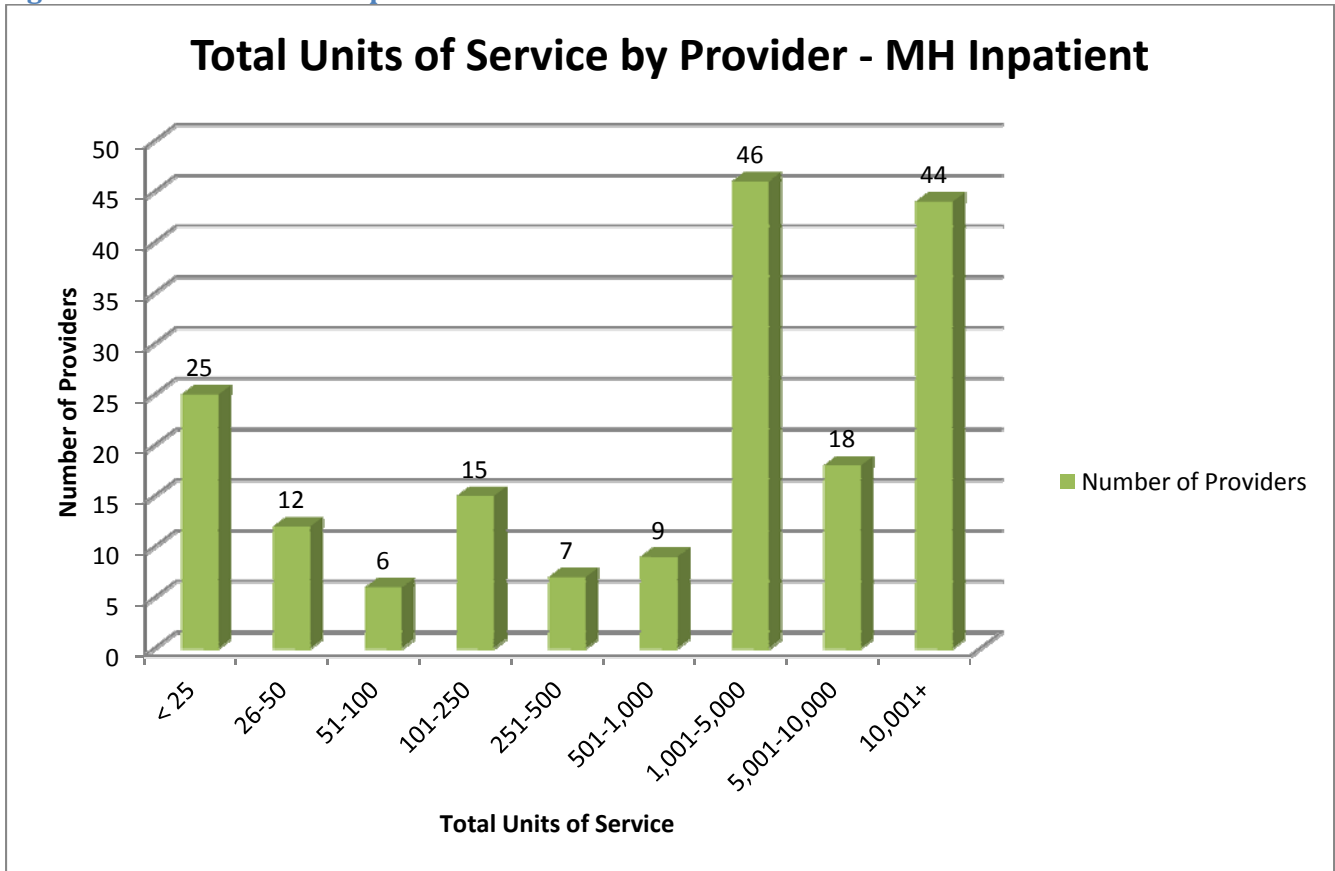


Figure 21: Medication Support

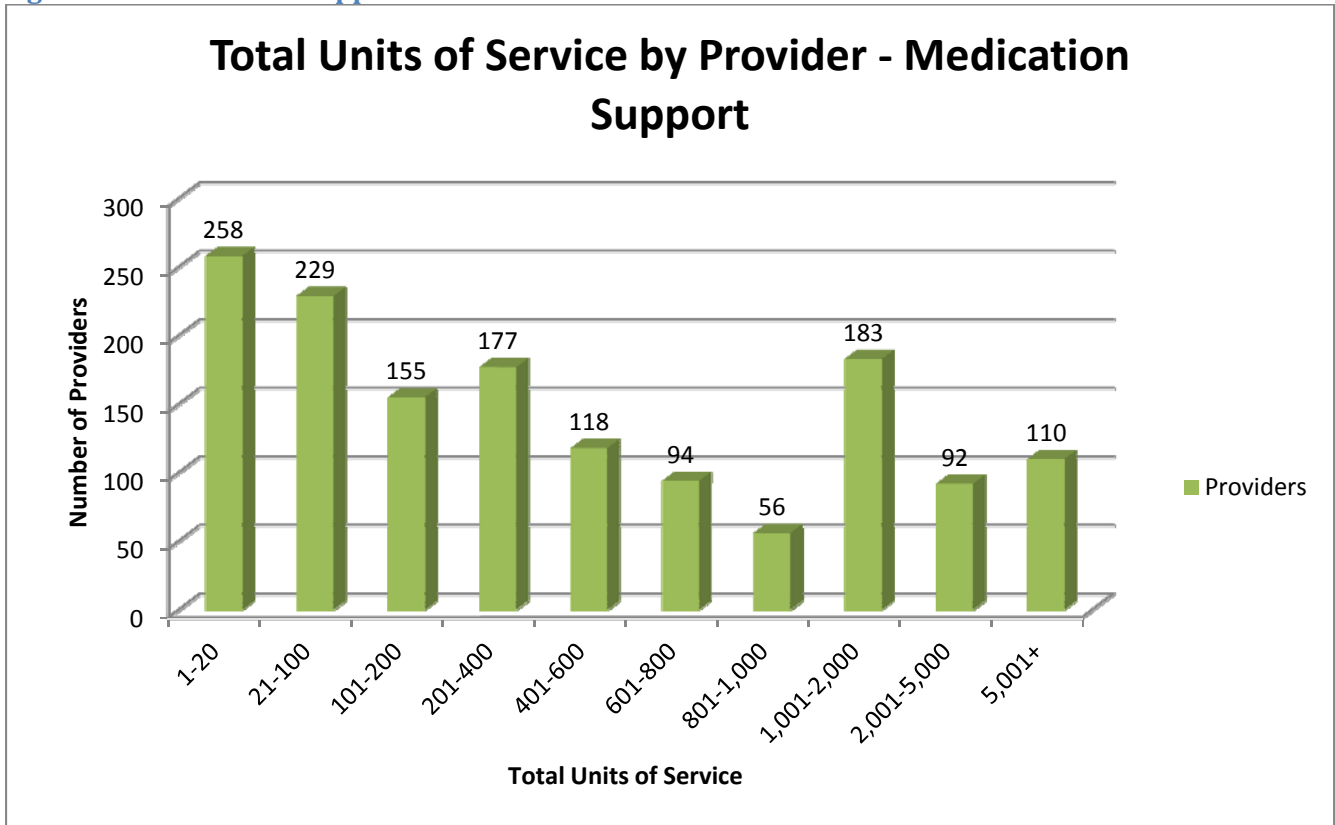


Figure 22: Mental Health Crisis Intervention

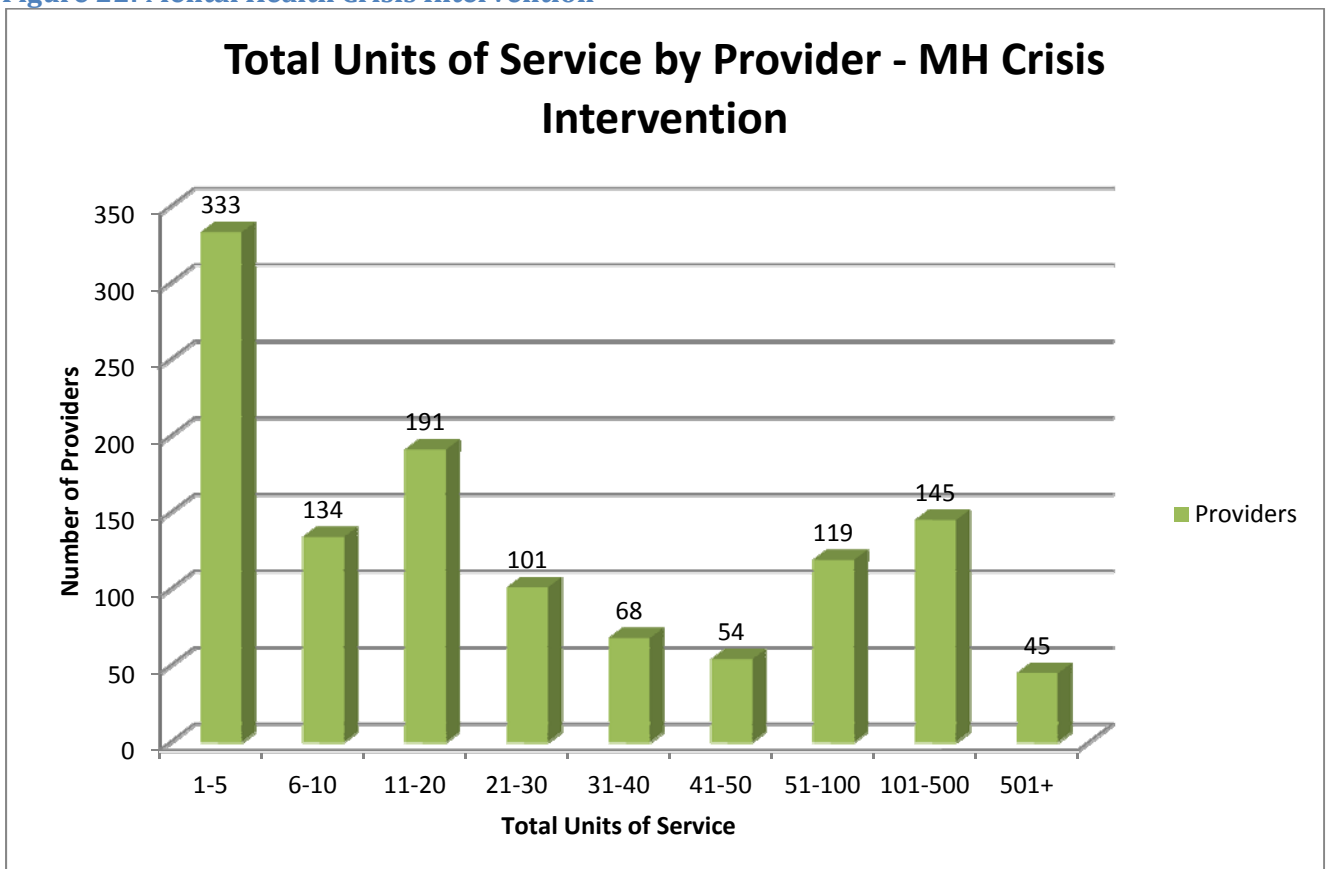


Figure 23: Mental Health Crisis Stabilization

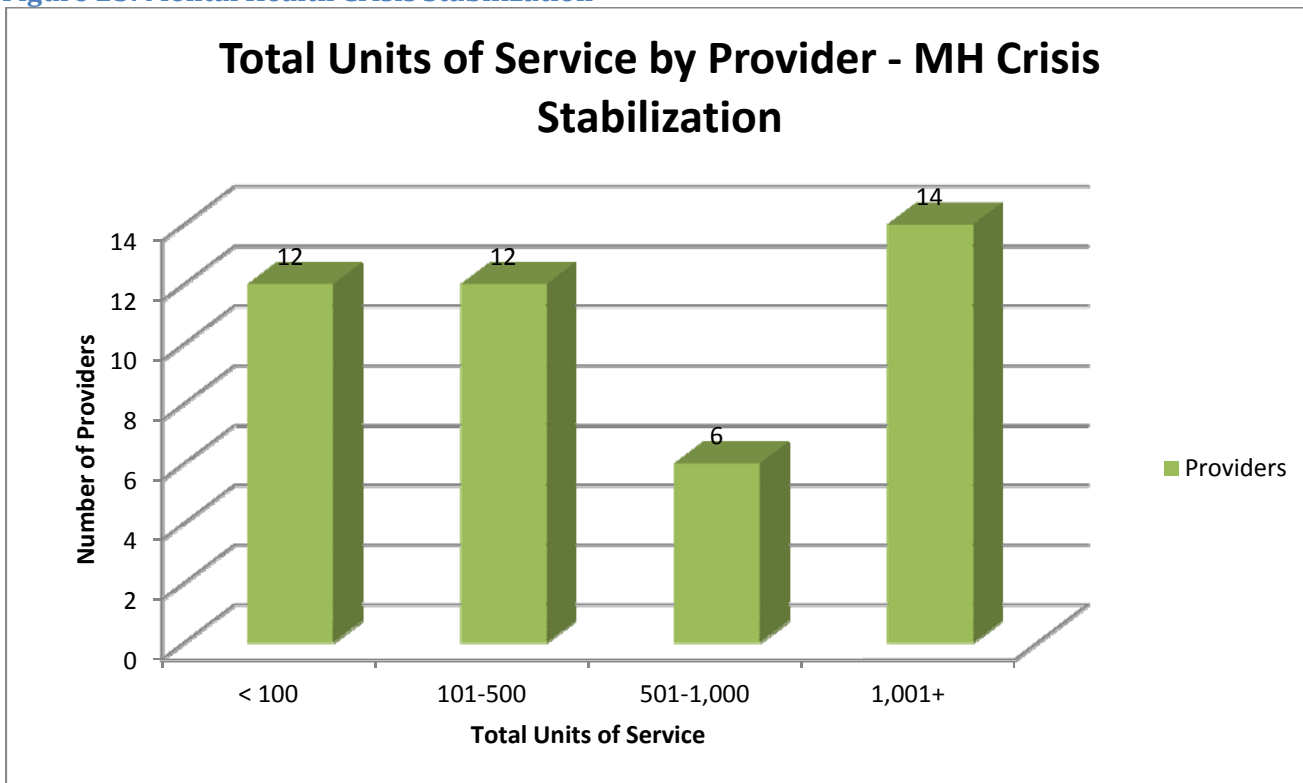


Figure 24: Mental Health Outpatient

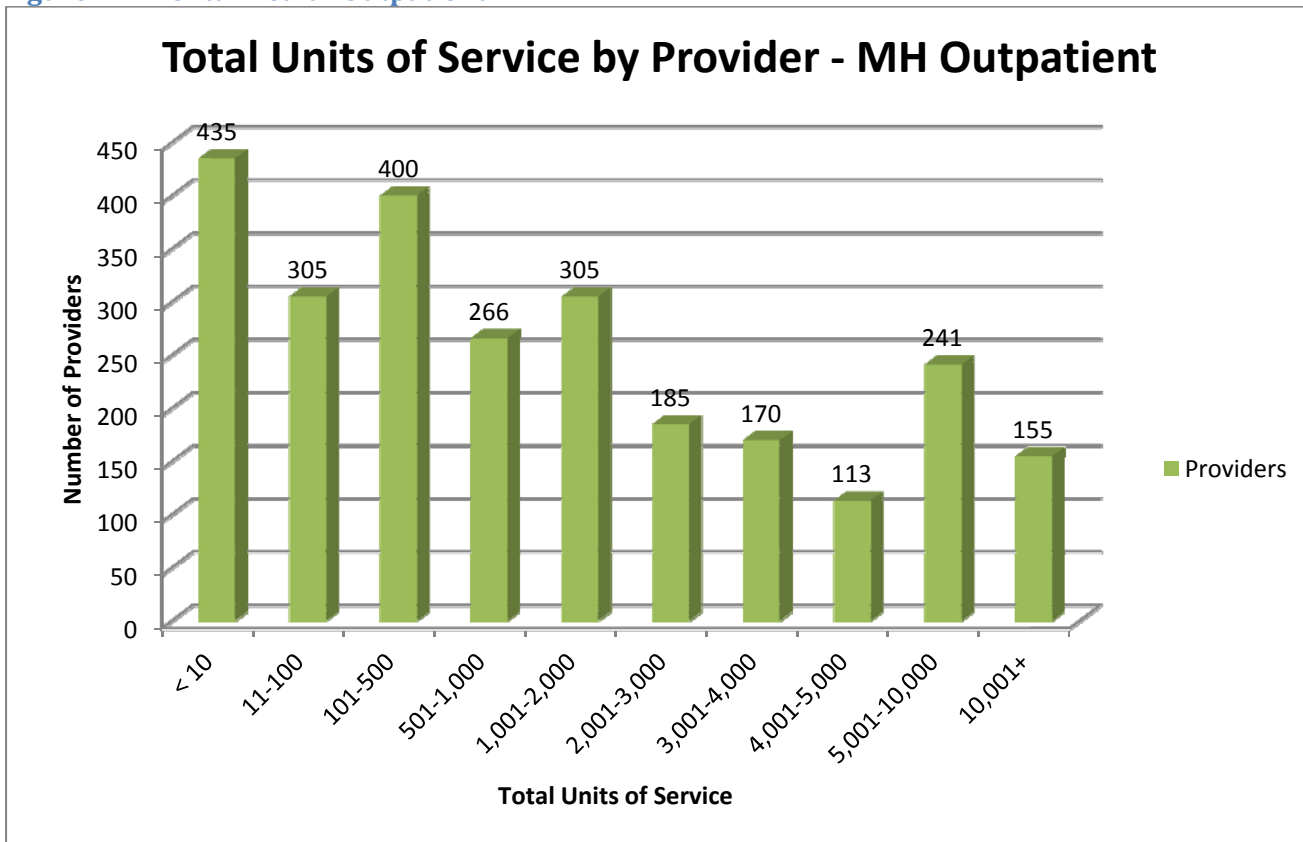


Figure 25: Methadone Maintenance

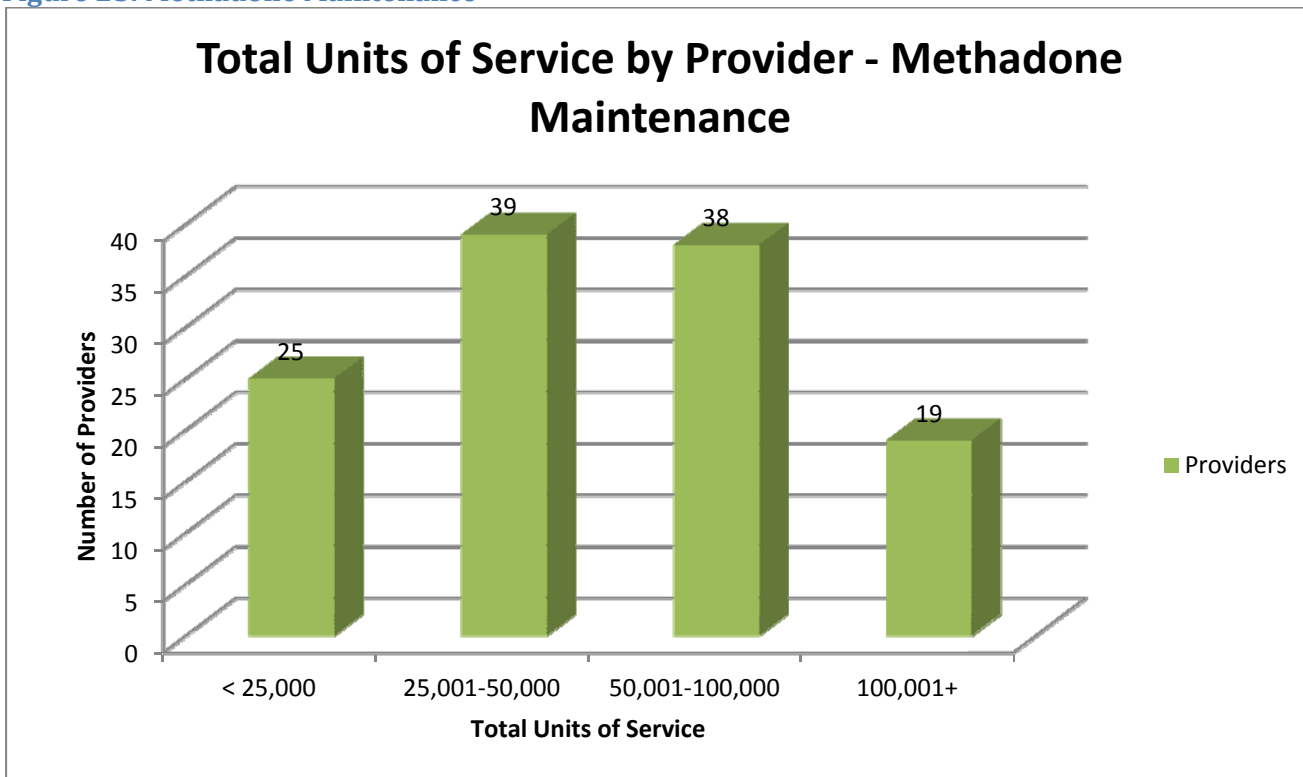


Figure 26: Drug-Free Treatment

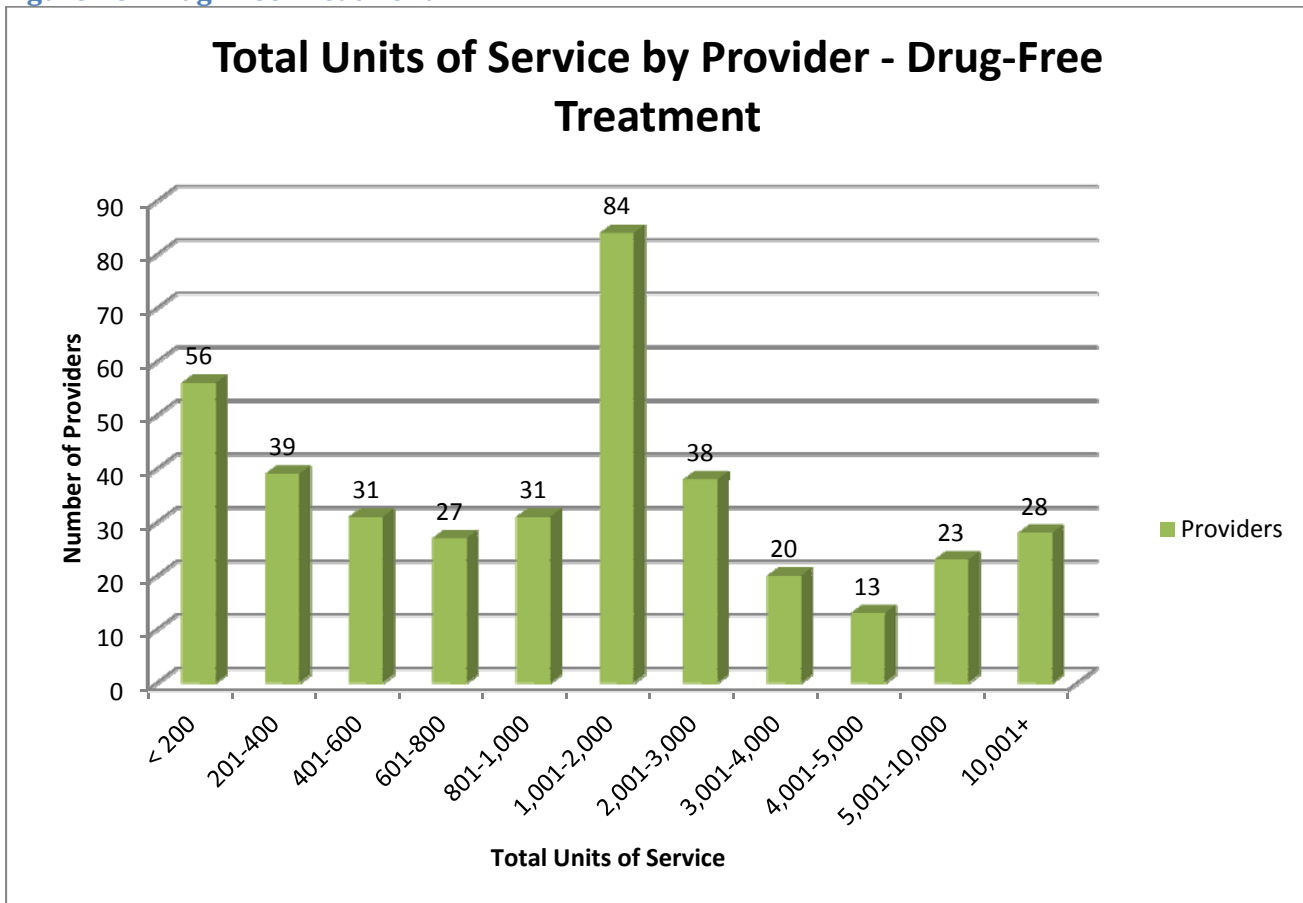


Figure 27: Crisis Residential

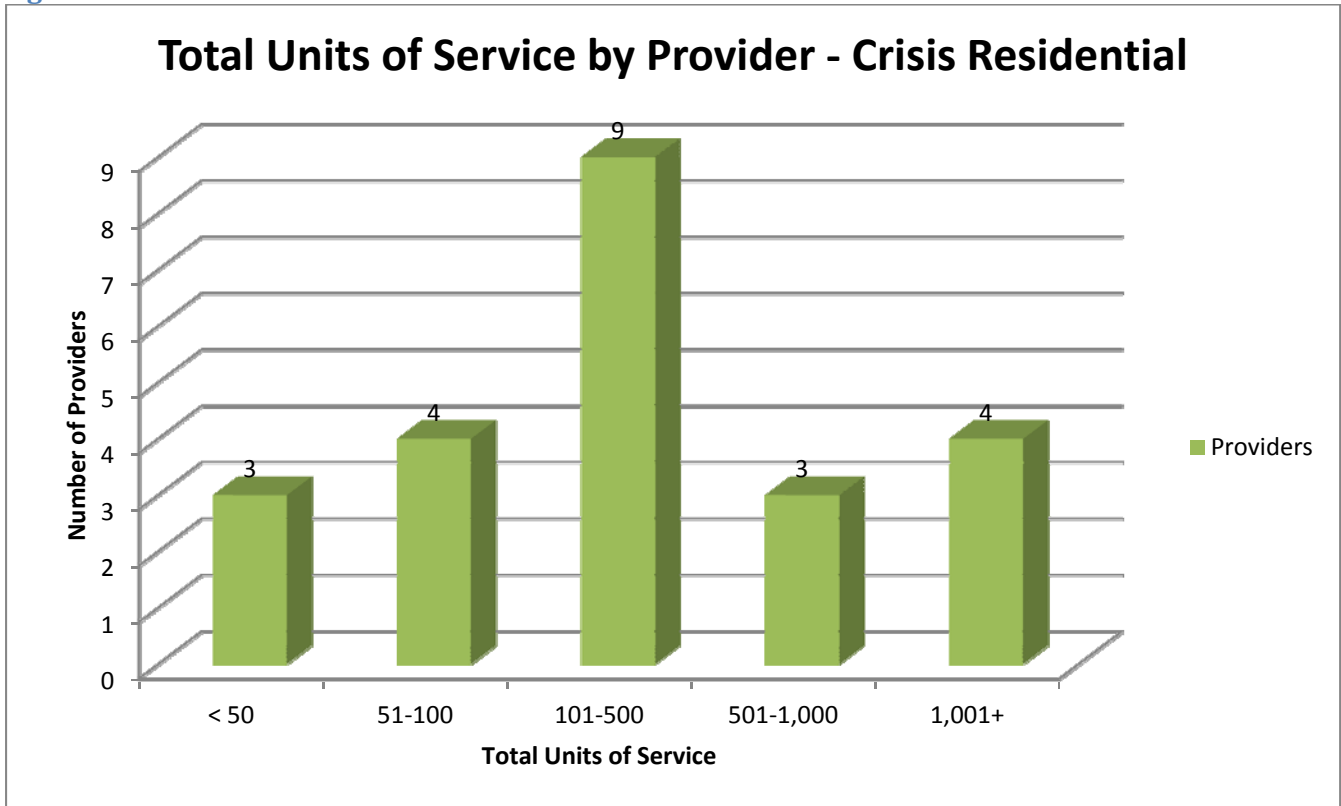
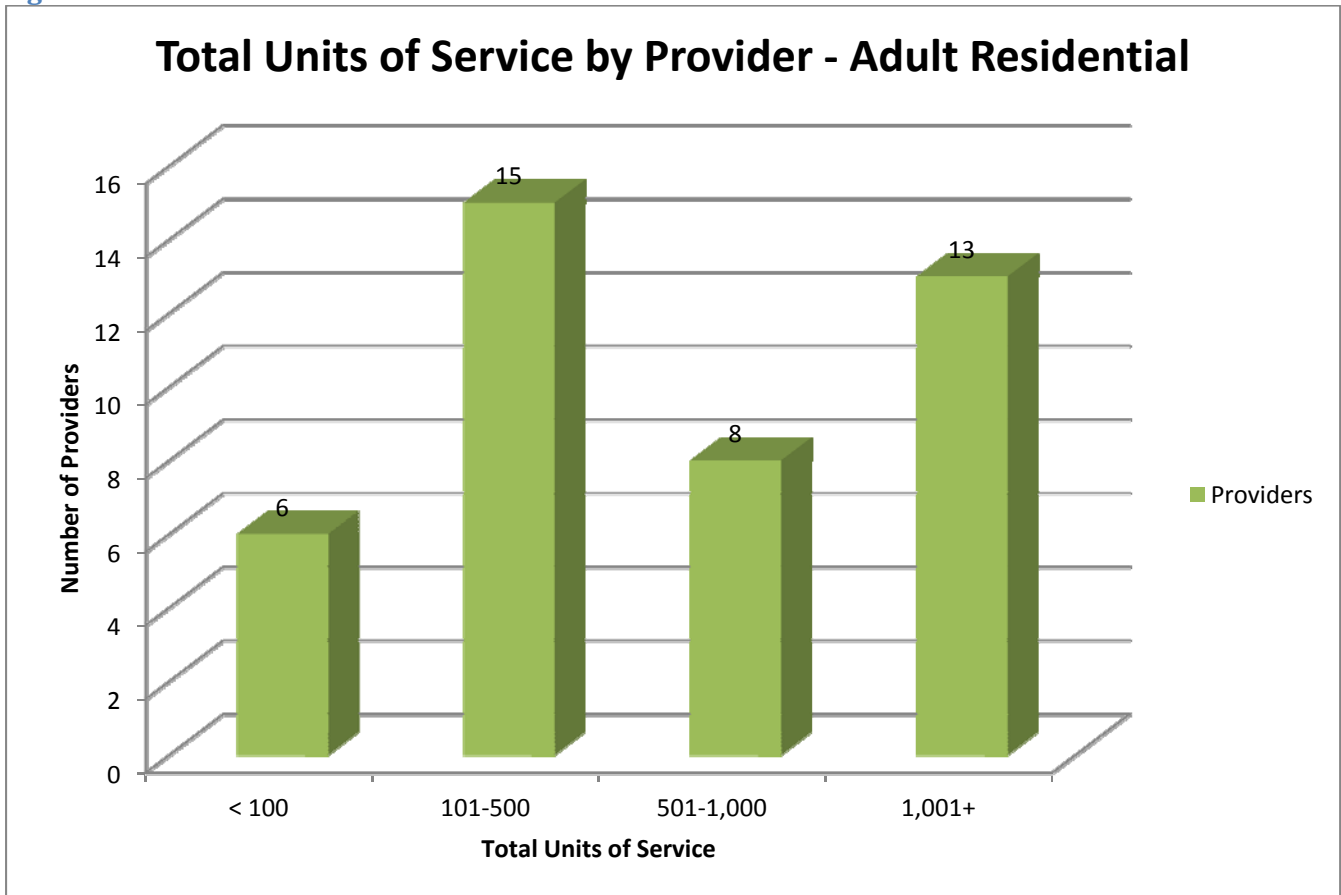


Figure 28: Adult Residential



Section IV: Service Descriptions

Table 16: Service Type Descriptions

Service Type	Procedure Codes	# of Providers	Brief Description of Service
SUD Day Treatment	0310, 0320, 03200, 03209	511	A nonresidential alcohol or other drug service that is provided to participants at least three hours per day and at least three days per week. It is designed to provide an alcohol and drug free environment with structure and supervision to further a participants' ability to improve functioning.
Mother-Child Habilitative & Rehabilitative Services	03250, 03259, 04250, 04259, 08250, 08254, 08255, 08259	88	Service consists of transportation to and from medically necessary treatment, education to reduce harmful effects of alcohol and/or other drugs on the mother and fetus or mother and infant. Includes complete coordination of ancillary services (i.e., assistance in accessing and completing dental, social and community services, educational/vocational training, and other services which are medically necessary to prevent risk to fetus or infant.
MH Case Management	0001, 00010, 00011, 00012, 00013, 00014, 00015, 00016, 00018, 00019, 5101	2,131	Services which assist clients to gain access to needed medical, social, educational, and other services.
MH Day Treatment	0801, 08011 08015	271	Programs that provide a therapeutic environment for individuals who have acute or chronic mental or emotional disturbances, who do not require full-time hospital care but who can benefit from a structured environment for some portion of the day or week. Services may include individual, group and/or family therapy; social and recreational activities; and a range of adjunctive therapies.
MH Day Treatment Rehab	0901, 09011, 09015	141	This is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.
MH Inpatient	Vendor Code 63 & 64	182	Psychiatric inpatient program offers therapeutic interventions and medication stabilization. The structured environment and full program may also include group therapy, combined with encouragement and support, provides the stable and positive atmosphere needed for psychological and emotional growth.
Medication Support	06010, 06012, 06019	1,514	Services which include the prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. Medication support may include evaluation of the need for medication, evaluation of its clinical effectiveness and side effects, obtaining informed consent and medication education.

Service Type	Procedure Codes	# of Providers	Brief Description of Service
MH Crisis Intervention	07010, 07019	1,190	This is a crisis service that last less than 24 hours 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.
MH Crisis Stabilization	04259, 0201, 02010, 02015	45	Emergency service lasting less than 24 hours for a condition that requires a more timely response than a regularly scheduled visit. It differs from Crisis stabilization in that it is delivered by providers who meet contact, site, and staffing requirements specifically for crisis stabilization
MH Outpatient	0101, 0301, 0401, 01010, 01012, 03010, 03019, 04010, 04012, 0501, 05010, 05012, 05018, 05101	2,580	Services that are designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress. These services include assessment, collateral services, psychotherapy (individual or group) and medication management.
Methadone Maintenance	02200, 02202, 02206, 02207, 02208, 02209, 02250, 02256, 02258	121	An outpatient service using methadone and/or levoalphacetylmethadol (LAAM), directed at stabilization and rehabilitation of persons who are opiate addicted and have substance use diagnoses.
Drug-Free Treatment	08200, 08204, 08205, 08209	390	An outpatient service directed at stabilizing and rehabilitating persons with substance use diagnoses.
Crisis Residential	H0018	23	Crisis Residential Treatment Services are therapeutic or rehabilitative services provided in a non-institutional residential setting that provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis that does not have medical complications requiring nursing care.
Adult Residential	4250, H0019	42	This is a rehabilitative service provided in a non-institutional residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in a residential treatment program. This service includes a range of activities and services to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week.