Department of Health Care Services

Medi-Cal Specialty Mental Health Services

November Estimate

Policy Change Supplement

For Fiscal Years

2017-18 and 2018-19

Table of Contents

Executive Summary 1
Medi-Cal Specialty Mental Health Service Descriptions 2
Litigation and the Specialty Mental Health Services Program 7
Children and Adults Cash Service Costs: May 2017 vs. November 2017 Estimates
Cash Comparison: FY 2017-18 Children 8
Cash Comparison: FY 2017-18 Adults 9
Cash Comparison: FY 2017-18 HFP 10
Cash Comparison: FY 2017-18 Grand Totals 11
Children and Adults Cash Service Costs: November 2017 Estimate for FY 2017-18 & FY 2018-19
Cash Comparison: FY 2017-18 and FY 2018-19 Est. Children 12
Cash Comparison: FY 2017-18 and FY 2018-19 Est. Adults 13
Cash Comparison: FY 2017-18 and FY 2018-19 Est. HFP 14
Cash Comparison: FY 2017-18 and FY 2018-19 Grand Totals 15
Children's Services Approved Claims Data
Children's Table of Approved Claims Costs and Unduplicated Clients Counts 16
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service 17
Adults' Services Approved Claims Data
Adults' Table of Approved Claim Costs and Unduplicated Client Counts 26
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service 27
About Claim Lag 33
The Affordable Care Act and Specialty Mental Health Services 34
Table of Contents for Detailed Service Type Forecast and Utilizations 39
Children Services Section: Service Type Forecast and Utilizations 41
Adult Services Section: Service Type Forecast and Utilizations 111

Executive Summary

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

Specialty Mental Health Services, PC 63 and 64

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be $1.978 billion for the current year and grow by 5.0% to $2.078 billion for budget year. The unduplicated number of children receiving specialty mental health services from Short-Doyle Medi-Cal (SD/MC) and the unduplicated number of children receiving Fee-For-Service Medi-Cal (FFS/MC) is projected to grow 3.2% from 296,187 in the current year to 305,758 in the budget year.

Adult services are also expected to grow 9.0% from a current year projection of $2.070 billion to a budget year projection of $2.256 billion in budget year. The unduplicated number of adults receiving specialty mental health services through SD/MC providers and the unduplicated number of adults receiving Specialty Mental Health Services through FFS/MC providers is projected to increase 6.5% from 409,790 in the current year to 436,499 in the budget year. These numbers include claims from the Affordable Care Act (ACA) optional expansion.

Service Descriptions

Overview

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

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

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

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

*Includes Children Age 18 through 20

Service Descriptions

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

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

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

Crisis Stabilization
Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a timelier response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy.

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

Day Treatment Intensive (Half-Day & Full-Day)
Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides

services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Intensive Care Coordination (ICC)

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

Intensive Home Based Services (IHBS)

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

Medication Support

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

Psychiatric Health Facility (PHF) Services

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

Psychiatric Inpatient Hospital Services

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

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

Targeted Case Management (TCM)

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

Therapeutic Behavioral Services (TBS)

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

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

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

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

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

Litigation and the Specialty Mental Health Services Program

Katie A. v. Bonta

The Katie A. v. Bonta lawsuit Settlement Agreement, which was in effect from December 2011 through December 2014, outlined a series of actions that were intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specified that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). County MHPs are obligated to provide ICC, IHBS, and TFC through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal benefits and who meet medical necessity criteria for these services. MHPs provide ICC and IHBS and claim federal reimbursement through the SDMC claiming system.

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

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

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This November budget estimate contains actual claims data for ICC and IHBS claims received through June 30, 2017.

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

Emily Q. v. Bonta

In 1998, a federal class action lawsuit, Emily Q. v. Bonta was filed with the Federal District Court on behalf of children with intensive mental health needs and who were eligible for Medi-Cal mental health benefits, but were denied specific Therapeutic Behavioral Services (TBS). In 2001, the district court issued a permanent injunction favoring the plaintiffs and in 2004, the court approved a plan to increase the usage of TBS including increased monitoring and a special master was appointed.

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

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

Children			(In thousands)					
POLICY CHANGE			**May 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2017-18**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	64	SMHS FOR CHILDREN	$ 37,635	$ 1,090,024	$ 37,916	$ 1,186,816	$ 281	$ 6,792
Regular	65	SMH SVCS SUPP REIMBURSEMENT	$ -	$ 114,437	$ -	$ 118,158	$ -	$ 3,721
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ 17,201	$ -	$ 12,982	$ -	$ 4,219)
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ 12,423	$ 10,885	$ 6,922	$ 5,383	$ (5,501)	$ 5,502)
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 736	$ -	$ 755	$ -	$ 19	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 2	$ -	$ 2	$ -	$ -	$ -
Regular	70	SISKIYOU CNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (373)	$ -	$ (578)	$ -	$ (205)
Regular	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 21,146	$ (257)	$ 377	$ (2,940)	$ 20,769)	$ 2,683)
Regular	199	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MH ADMIN	$ 121	$ 6,567	$ -	$ 6,369	$ (121)	$ (198)
Other	8	SMH MAA	$ -	$ 20,060	$ -	$ 17,951	$ -	$ 2,109)
Other	10	MANAGED CARE RGLTIONS - MH	$ 4,076	$ 8,152	$ 3,520	$ 7,042	$ (556)	$ 1,110)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 259	$ 12,749	$ 217	$ 14,596	$ (42)	$ 1,847
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ 6,190	$ 8,762	$ 6,227	$ 7,556	$ 37	$ 1,206)
Other	55	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 782	$ -	$ 402	$ -	$ (380)
Total Children			**$ 82,588**	**$ 1,288,989**	**$ 55,936**	**$ 1,373,737**	**$ 26,652)**	**$ 4,748**

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

Adults			(In thousands)					
POLICY CHANGE			**May 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2017-18**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ 109,657	$ 1,315,370	$ 97,535	$ 1,413,242	$ 12,122)	$ 97,872
Base	64	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	65	SMH SVCS SUPP REIMBURSEMENT	$ -	$ 139,068	$ -	$ 147,963	$ -	$ 8,895
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 736	$ -	$ 755	$ -	$ 19	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 2	$ -	$ 2	$ -	$ -	$ -
Regular	70	SISKIYOU CNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (1,112)	$ -	$ (1,228)	$ -	$ (116)
Regular	72	INTRM AND FNL COST STTLMNTS - SMHS	$ -	$ (258)	$ -	$ (1,424)	$ -	$ (1,166)
Regular	199	IMD ANCILLARY SERVICES	$ 29,565	$ (29,565)	$ 23,022	$ (23,022)	$ (6,543)	$ 6,543
Other	4	COUNTY SPECIALTY MH ADMIN	$ -	$ 109,136	$ -	$ 96,860	$ -	$ (12,276)
Other	8	SMH MAA	$ -	$ 12,452	$ -	$ 11,143	$ -	$ (1,309)
Other	10	MNGD CARE REGULATIONS - MH	$ 5,188	$ 10,376	$ 4,480	$ 8,963	$ (708)	$ (1,413)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 156	$ 7,712	$ 131	$ 8,829	$ (25)	$ 1,117
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	55	INTRM AND FNL COST STTLMNTS - SMHS	$ -	$ 752	$ -	$ 1,430	$ -	$ 678
Total Adults			**$ 145,304**	**$ 1,563,931**	**$ 125,925**	**$ 1,662,756**	**$ 19,379)**	**$ 98,825**

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

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

Healthy Families Program			(In thousands)					
POLICY CHANGE			**May 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2017-18**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	64	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	65	SPECIALTY MH SVCS SUPP RMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	70	SISKIYOU COUNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	INTRIM AND FINAL COST STTLMNTS - SMHS	$ -	$ 127	$ -	$ 15	$ -	$ (112)
Regular	199	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MH ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	8	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	10	MANAGED CARE REGULATIONS - MH	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	55	INTERIM AND FNL COST STTLMNTS - SMHS	$ -	$ (27,226)	$ -	($37,655)	$ -	$ 10,429)
Total Healthy Families Program			**$ -**	**$ (27,099)**	$ -	**$ (37,640)**	**$ -**	**$ 10,541)**

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

Grand Total			(In thousands)					
POLICY CHANGE			**May 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2017-18**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ 109,657	$ 1,315,370	$ 97,535	$ 1,413,242	$ 12,122)	$ 97,872
Base	64	SMHS FOR CHILDREN	$ 37,635	$ 1,090,024	$ 37,916	$ 1,186,816	$ 281	$ 96,792
Regular	65	SPECIALTY MH SVCS SUPP REIMBURSEMENT	$ -	$ 253,505	$ -	$ 266,121	$ -	$ 12,616
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ 17,201	$ -	$ 12,982	$ -	$ (4,219)
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ 12,423	$ 10,885	$ 6,922	$ 5,383	$ (5,501)	$ (5,502)
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 1,472	$ -	$ 1,510	$ -	$ 38	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 4	$ -	$ 4	$ -	$ -	$ -
Regular	70	SISKIYOU CNTY MH PLAN OVERPYMNT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (1,485)	$ -	$ (1,806)	$ -	$ (321)
Regular	72	INTRM AND FNL CST STTLMNTS - SMHS	$ 21,146	$ (388)	$ 377	$ (4,349)	$ (20,769)	$ (3,961)
Regular	199	IMD ANCILLARY SERVICES	$ 29,565	$ (29,565)	$ 23,022	$ (23,022)	$ (6,543)	$ 6,543
Other	4	COUNTY SPECIALTY MH ADMIN	$ 121	$ 115,703	$ -	$ 103,229	$ (121)	$ (12,474)
Other	8	SMH MAA	$ -	$ 32,512	$ -	$ 29,094	$ -	$ (3,418)
Other	10	MANAGED CARE REGULATIONS - MH	$ 9,264	$ 18,528	$ 8,000	$ 16,005	$ (1,264)	$ (2,523)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 415	$ 20,461	$ 348	$ 23,425	$ (67)	$ 2,964
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ 6,190	$ 8,762	$ 6,227	$ 7,556	$ 37	$ (1,206)
Other	55	INTRM AND FNL CST STTLMNTS - SMHS	$ -	$ (25,692)	$ -	$ (35,823)	$ -	$ (10,131)
Grand Total			**$ 227,892**	**$ 2,825,821**	**$ 181,861**	**$ 2,998,853**	**$ (46,031)**	**$ 173,032**

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

Children					(In thousands)			
POLICY CHANGE			**Nov. 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2018-19**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	64	SMHS FOR CHILDREN	$ 37,916	$ 1,186,816	$ 40,326	$ 1,156,002	$ 2,410	$ (30,814)
Regular	65	SMH SVCS SUPP REIMBURSEMENT	$ -	$ 118,158	$ -	$ -	$ -	$ (118,158)
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ 12,982	$ -	$ 13,419	$ -	$ 437
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ 6,922	$ 5,383	$ 8,577	$ 7,039	$ 1,655	$ 1,656
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 755	$ -	$ -	$ -	$ (755)	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 2	$ -	$ -	$ -	$ (2)	$ -
Regular	70	SISKIYOU CNTY MHP OVRPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (578)	$ -	$ (218)	$ -	$ 360
Regular	72	INTRM AND FNL CST STTLMNTS - SMHS	$ 377	$ (2,940)	$ -	$ -	$ (377)	$ 2,940
Regular	199	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MH ADMIN	$ -	$ 6,369	$ -	$ 6,594	$ -	$ 225
Other	8	SMH MAA	$ -	$ 17,951	$ -	$ 19,925	$ -	$ 1,974
Other	10	MANAGED CARE REGULATIONS - MH	$ 3,520	$ 7,042	$ 3,337	$ 6,676	$ (183)	$ (366)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 217	$ 14,596	$ 591	$ 15,711	$ 374	$ 1,115
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ 6,227	$ 7,556	$ 6,953	$ 9,184	$ 726	$ 1,628
Other	55	INTRM AND FNL CST STTLMNTS - SMHS	$ -	$ 402	$ -	$ -	$ -	$ (402)
Other	109	MANAGED CARE RGLTNS - MH PARITY	$ -	$ -	$ 3,040	$ 18,244	$ 3,040	$ 18,244
Total Children			**$ 55,936**	**$ 1,373,737**	**$ 62,824**	**$ 1,252,576**	**$ 6,888**	**$ (121,161)**

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

Adults							(In thousands)	
POLICY CHANGE			**Nov. 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2018-19**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ 97,535	$ 1,413,242	$ 119,462	$ 1,440,111	$ 21,927	$ 26,869
Base	64	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	65	SPECIALTY MH SVCS SUPP RMBRSMNT	$ -	$ 147,963	$ -	$ -	$ -	$ (147,963)
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	67	MHP CSTS FOR CNTNM OF CARE RFRM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 755	$ -	$ -	$ -	$ (755)	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 2	$ -	$ -	$ -	$ (2)	$ -
Regular	70	SISKIYOU COUNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (1,228)	$ -	$ (649)	$ -	$ 579
Regular	72	INTERIM AND FNL CST STTLMNTS - SMHS	$ -	$ (1,424)	$ -	$ -	$ -	$ 1,424
Regular	199	IMD ANCILLARY SERVICES	$ 23,022	$ (23,022)	$ 12,675	$ (12,675)	$ (10,347)	$ 10,347
Other	4	COUNTY SPECIALTY MH ADMIN	$ -	$ 96,860	$ -	$ 99,656	$ -	$ 2,796
Other	8	SMH MAA	$ -	$ 11,143	$ -	$ 12,368	$ -	$ 1,225
Other	10	MANAGED CARE REGULATIONS - MH	$ 4,480	$ 8,963	$ 4,247	$ 8,497	$ (233)	$ (466)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 131	$ 8,829	$ 357	$ 9,503	$ 226	$ 674
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	55	INTRM AND FNL COST STTLMNTS - SMHS	$ -	$ 1,430	$ -	$ -	$ -	$ (1,430)
Other	109	MANAGED CARE RGLTNS - MH PARITY	$ -	$ -	$ -	$ -	$ -	$ -
Total Adults			**$ 125,925**	**$ 1,662,756**	**$ 136,741**	**$ 1,556,811**	**$ 10,816**	**$ (105,945)**

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

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

Healthy Families Program					(In thousands)			
POLICY CHANGE			**Nov. 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2018-19**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	64	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	65	SMH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	67	MHP CSTS FOR CNTNM OF CARE REFORM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	68	TRANSITIONAL SMHS CLAIMS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	70	SISKIYOU COUNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	INTERIM AND FNL CST STTLMNTS - SMHS	$ -	$ 15	$ -	$ -	$ -	$ (15)
Regular	199	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Other	4	COUNTY SPECIALTY MH ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	8	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	10	MANAGED CARE RGLTNS - MH	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	55	INTERIM AND FNL CST STTLMNTS - SMHS	$ -	$ (37,655)	$ -	$ -	$ -	$ 37,655
Other	109	MANAGED CARE RGLTNS - MH PARITY	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ (37,640)**	**$ -**	**$ -**	**$ -**	**$ 37,640**

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

Grand Total			(In thousands)					
POLICY CHANGE			**Nov. 2017 Est for FY 2017-18**		**Nov. 2017 Est for FY 2018-19**		**DIFFERENCE**	
TYPE	**NO.**	**DESCRIPTION**	**GF**	**FFP**	**GF**	**FFP**	**GF**	**FFP**
Base	63	SMHS FOR ADULTS	$ 97,535	$ 1,413,242	$ 119,462	$ 1,440,111	$ 21,927	$ 26,869
Base	64	SMHS FOR CHILDREN	$ 37,916	$ 1,186,816	$ 40,326	$ 1,156,002	$ 2,410	$ (30,814)
Regular	65	SPECIALTY MH SVCS SUPP RMBRSMENT	$ -	$ 266,121	$ -	$ -	$ -	$ (266,121)
Regular	66	PATHWAYS TO WELL -BEING	$ -	$ 12,982	$ -	$ 13,419	$ -	$ 437
Regular	67	MHP COSTS FOR CNTNM OF CARE RFRM	$ 6,922	$ 5,383	$ 8,577	$ 7,039	$ 1,655	$ 1,656
Regular	68	TRANSITIONAL SMHS CLAIMS	$ 1,510	$ -	$ -	$ -	$ (1,510)	$ -
Regular	69	LATE CLAIMS FOR SMHS	$ 4	$ -	$ -	$ -	$ (4)	$ -
Regular	70	SISKIYOU COUNTY MHP OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	71	CHART REVIEW	$ -	$ (1,806)	$ -	$ (867)	$ -	$ 939
Regular	72	INTERIM AND FNL CST STTLMNTS - SMHS	$ 377	$ (4,349)	$ -	$ -	$ (377)	$ 4,349
Regular	199	IMD ANCILLARY SERVICES	$ 23,022	$ (23,022)	$ 12,675	$ (12,675)	$ (10,347)	$ 10,347
Other	4	COUNTY SPECIALTY MHH ADMIN	$ -	$ 103,229	$ -	$ 106,250	$ -	$ 3,021
Other	8	SMH MAA	$ -	$ 29,094	$ -	$ 32,293	$ -	$ 3,199
Other	10	MANAGED CARE REGULATIONS - MH	$ 8,000	$ 16,005	$ 7,584	$ 15,173	$ (416)	$ (832)
Other	11	SMHS COUNTY UR & QA ADMIN	$ 348	$ 23,425	$ 948	$ 25,214	$ 600	$ 1,789
Other	12	PERFORMANCE OUTCOMES SYSTEM	$ 6,227	$ 7,556	$ 6,953	$ 9,184	$ 726	$ 1,628
Other	55	INTERIM AND FNL CST STTLMNTS - SMHS	$ -	$ (35,823)	$ -	$ -	$ -	$ 35,823
Other	109	MANAGED CARE RGLTNS - MH PARITY	$ -	$ -	$ 3,040	$ 18,244	$ 3,040	$ 18,244
Grand Total			**$ 181,861**	**$ 2,998,853**	**$ 199,565**	**$ 2,809,387**	**$ 17,704**	**$ (189,466)**

DATA AS OF 6/30/17 SD/MC Only Claims

	Fiscal Year	Approved Claims[1&3] (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Children Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Children Enrollment Growth	All Medi-Cal Children[2]
Actual	2007-08	$1,060,200	11.61%	192,925	4.80%	$5,495	6.50%	1.73%	3,495,318
Actual	2008-09	$1,182,833	11.57%	204,288	5.89%	$5,790	5.36%	3.89%	3,631,457
Actual	2009-10	$1,181,322	-0.13%	208,555	2.09%	$5,664	-2.17%	6.05%	3,851,248
Actual	2010-11	$1,228,249	3.97%	214,487	2.84%	$5,726	1.10%	3.36%	3,980,825
Actual	2011-12	$1,297,492	5.64%	227,959	6.28%	$5,692	-0.61%	1.11%	4,025,194
Actual	2012-13	$1,500,019	15.61%	245,215	7.57%	$6,117	7.47%	6.61%	4,291,248
Actual	2013-14	$1,601,548	6.77%	262,235	6.94%	$6,107	-0.16%	18.66%	5,091,976
Actual	2014-15	$1,605,435	0.24%	264,241	0.76%	$6,076	-0.52%	7.88%	5,493,101
Actual (4)	2015-16	$1,605,822	0.02%	263,390	-0.32%	$6,097	0.35%		
Forecast (5)	2016-17	$1,786,478	11.25%	273,517	3.84%	$6,532	7.13%		
Forecast	2017-18	$1,880,407	5.26%	282,406	3.25%	$6,659	1.94%		
Forecast	2018-19	$1,974,336	5.00%	291,297	3.15%	$6,778	1.79%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of June 30, 2017.
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year. (Years prior to 2005-06 not readily available).
(3) Beginning with the May 2013 Estimate, all children's services (except FFS/MC inpatient services) are included in this table of approved claims for FY 2008-09 and on.
(4) The large increase in Medi-Cal enrollments are due to the Healthy Family Program transition and new enrollment through Covered California.
(5) The increase in approved claims costs is due to the elimination of the statewide maximum allowance rates on July 1, 2012, per AB 1297 (Statutes of 2011). Additionally, there is an increase in costs and client counts due to the transition of the Healthy Families Program to Medi-Cal beginning January 1, 2013, per AB 1494 (Statutes of 2012).

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Psychiatric Health Facility Services - SMA(1) $612.47				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	751	10,812	14	$560.96	$ 6,065,148
2013-14	801	11,538	14	$758.37	$ 8,750,129
2014-15	884	11,237	13	$815.60	$ 9,164,947
2015-16	1,175	13,806	12	$819.64	$ 11,315,487
2016-17	1,210	15,257	13	$819.64	$ 12,505,349
2017-18	1,325	16,059	12	$819.64	$ 13,162,849
2018-19	1,433	16,862	12	$819.64	$ 13,820,349
Change	8.15%	5.00%	-2.92%	0.00%	5.00%

	Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	257	4,910	19	$321.67	$ 1,579,389
2013-14	332	6,055	18	$327.17	$ 1,980,989
2014-15	373	7,272	19	$335.43	$ 2,439,242
2015-16	368	7,156	19	$346.78	$ 2,481,575
2016-17	428	7,727	18	$346.78	$ 2,679,718
2017-18	465	8,134	17	$346.78	$ 2,820,610
2018-19	501	8,540	17	$346.78	$ 2,961,503
Change	7.74%	5.00%	-2.55%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Adult Residential Services - SMA(1) $168.46				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	111	9,950	90	$161.64	$ 1,608,292
2013-14	105	10,627	101	$171.20	$ 1,819,337
2014-15	82	7,096	87	$173.50	$ 1,231,153
2015-16	83	8,199	99	$169.51	$ 1,389,807
2016-17	90	8,431	94	$169.51	$ 1,429,183
2017-18	91	8,875	98	$169.51	$ 1,504,326
2018-19	92	9,318	101	$169.51	$ 1,579,468
Change	1.10%	5.00%	3.85%	0.00%	5.00%

	Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2012-13	8,472	130,358	15	$109.53	$ 14,278,738
2013-14	9,885	156,655	16	$102.04	$ 15,984,959
2014-15	11,619	185,113	16	$93.21	$ 17,253,824
2015-16	12,272	214,522	17	$97.04	$ 20,817,859
2016-17	12,757	220,909	17	$97.04	$ 21,437,740
2017-18	13,879	232,524	17	$97.04	$ 22,564,883
2018-19	15,005	244,139	16	$97.04	$ 23,692,026
Change	8.11%	5.00%	-2.88%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Day Treatment Intensive Half Day Services(2)(3) - SMA(1) $144.13				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	15	236	16	$175.87	$ 41,506
2013-14	73	1,166	16	$179.65	$ 209,477
2014-15	41	3,305	81	$145.17	$ 479,800
2015-16	24	1,775	74	$142.54	$ 253,001
2016-17	26	1,880	72	$147.85	$ 277,972
2017-18	38	1,979	52	$147.59	$ 292,061
2018-19	25	2,078	83	$147.35	$ 306,150
Change	-34.15%	5.00%	59.45%	-0.16%	4.82%

	Day Treatment Intensive Full Day Services - SMA(1) $202.43				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,902	174,048	92	$201.25	$ 35,027,540
2013-14	1,551	138,158	89	$222.60	$ 30,753,335
2014-15	664	60,149	91	$207.98	$ 12,509,640
2015-16	551	52,136	95	$212.66	$ 11,087,274
2016-17	568	54,604	96	$212.66	$ 11,612,109
2017-18	590	57,475	97	$212.66	$ 12,222,645
2018-19	608	60,346	99	$212.66	$ 12,833,181
Change	3.00%	5.00%	1.94%	0.00%	5.00%

(1) The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.
(2) There were significantly fewer approved claims in FY's 2012-13, 13-14, and 14-15 for Day Treatment Intensive Half Day services.
(3) DHCS does not have sufficient data for FY 15-16 and 16-17 to produce a forecast for this service type.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Day Rehabilitative Half Day Services - SMA(1) $84.08				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day(2)	Approved Amount
2012-13	70	6,059	87	$84.15	$ 509,853
2013-14	64	6,206	97	$83.99	$ 521,226
2014-15	176	7,022	40	$76.40	$ 536,453
2015-16	140	4,873	35	$84.25	$ 410,549
2016-17	144	5,513	38	$84.25	$ 464,484
2017-18	150	5,803	39	$84.25	$ 488,906
2018-19	154	6,093	39	$84.25	$ 513,327
Change	3.00%	5.00%	1.94%	0.00%	5.00%

	Day Rehabilitative Full Day Services - SMA(1) $131.24				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,932	144,006	75	$131.98	$ 19,005,324
2013-14	1,704	131,756	77	$134.08	$ 17,666,406
2014-15	1,266	116,108	92	$130.77	$ 15,183,905
2015-16	1,059	97,171	92	$133.89	$ 13,009,972
2016-17	1,099	100,074	91	$133.89	$ 13,398,588
2017-18	1,143	105,335	92	$133.89	$ 14,103,052
2018-19	1,177	110,597	94	$133.89	$ 14,807,516
Change	3.00%	5.00%	1.94%	0.00%	5.00%

(1) The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.
(2) Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Targeted Case Management Services - SMA(1) $2.02				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	95,988	37,740,701	393	$2.33	$ 88,096,357
2013-14	100,937	37,000,607	367	$2.32	$ 85,780,804
2014-15	98,663	35,743,878	362	$2.23	$ 79,559,032
2015-16	91,506	30,737,634	336	$2.44	$ 74,890,475
2016-17	99,641	31,162,374	313	$2.44	$ 75,925,330
2017-18	100,590	32,800,814	326	$2.44	$ 79,917,295
2018-19	101,538	34,439,254	339	$2.44	$ 83,909,260
Change	0.94%	5.00%	4.01%	0.00%	5.00%

	Therapy & Other Service Activities - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes(3)	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	230,373	413,430,004	1,795	$2.60	$ 1,074,539,882
2013-14	246,094	424,916,533	1,727	$2.64	$ 1,121,371,036
2014-15	247,239	416,693,217	1,685	$2.68	$ 1,115,414,074
2015-16	246,298	394,595,960	1,602	$2.83	$ 1,116,645,103
2016-17	260,152	449,548,149	1,728	$2.83	$ 1,272,151,239
2017-18	269,360	473,184,272	1,757	$2.83	$ 1,339,037,783
2018-19	278,565	496,820,394	1,783	$2.83	$ 1,405,924,327
Change	3.42%	5.00%	1.53%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Therapeutic Behavioral Services - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	7,990	41,753,483	5,226	$2.47	$ 103,323,169
2013-14	8,085	41,381,246	5,118	$2.46	$ 101,921,783
2014-15	8,154	39,611,971	4,858	$2.43	$ 96,303,568
2015-16	7,975	35,395,695	4,438	$2.54	$ 90,036,301
2016-17	8,280	36,536,774	4,413	$2.54	$ 92,938,875
2017-18	8,479	38,457,787	4,536	$2.54	$ 97,825,369
2018-19	8,676	40,378,800	4,654	$2.54	$ 102,711,864
Change	2.32%	5.00%	2.61%	0.00%	5.00%

	Medication Support Services - SMA(1) $4.82				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	77,077	23,608,076	306	$4.90	$ 115,682,567
2013-14	80,588	24,751,233	307	$5.00	$ 123,665,837
2014-15	78,958	24,674,536	313	$5.14	$ 126,815,633
2015-16	76,590	23,142,235	302	$5.43	$ 125,609,216
2016-17	80,740	23,434,816	290	$5.43	$ 127,197,259
2017-18	82,218	24,666,960	300	$5.43	$ 133,884,974
2018-19	83,697	25,899,105	309	$5.43	$ 140,572,689
Change	1.80%	5.00%	3.14%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Crisis Intervention Services - SMA(1) $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	17,613	5,192,665	295	$4.49	$ 23,307,517
2013-14	19,329	5,922,388	306	$4.47	$ 26,454,130
2014-15	20,138	6,040,704	300	$4.58	$ 27,643,272
2015-16	20,243	5,852,595	289	$4.78	$ 27,974,715
2016-17	22,779	6,166,866	271	$4.78	$ 29,476,893
2017-18	23,919	6,491,105	271	$4.78	$ 31,026,715
2018-19	25,060	6,815,343	272	$4.78	$ 32,576,536
Change	4.77%	5.00%	0.21%	0.00%	5.00%

	Psychiatric Inpatient Hospital Services - SD/MC - SMA(1) $1,213.75				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	2,086	17,350	8	$950.81	$ 16,496,618
2013-14	2,124	18,581	9	$985.88	$ 18,318,655
2014-15	2,254	18,752	8	$1,032.86	$ 19,368,206
2015-16	1,975	15,064	8	$1,037.70	$ 15,631,978
2016-17	2,264	15,838	7	$1,037.70	$ 16,435,601
2017-18	2,318	16,671	7	$1,037.70	$ 17,299,744
2018-19	2,368	17,504	7	$1,037.70	$ 18,163,887
Change	2.16%	5.00%	2.78%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Psychiatric Inpatient Hospital Services - FFS/MC(2)				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	10,268	87,967	9	$723.17	$ 63,615,240
2013-14	12,032	99,423	8	$741.59	$ 73,731,135
2014-15	13,019	103,460	8	$788.95	$ 81,624,832
2015-16	12,584	103,594	8	$836.67	$ 86,674,239
2016-17	13,105	107,755	8	$849.78	$ 91,567,799
2017-18	13,781	112,364	8	$867.92	$ 97,522,593
2018-19	14,461	116,979	8	$884.44	$ 103,461,473
Change	4.93%	4.11%	-0.79%	1.90%	6.09%

	Intensive Care Coordination				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13					
2013-14	6,713	9,625,101	1,434	$2.02	$ 19,437,354
2014-15	10,197	16,781,028	1,646	$2.01	$ 33,804,873
2015-16	11,736	18,400,628	1,568	$2.07	$ 38,071,310
2016-17	16,737	21,897,477	1,308	$2.07	$ 45,306,368
2017-18	20,505	23,048,791	1,124	$2.07	$ 47,688,464
2018-19	24,273	24,200,106	997	$2.07	$ 50,070,560
Change	18.38%	5.00%	-11.30%	0.00%	5.00%

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

Children's Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2012-13 through FY 2015-16 utilizes actual data and FY 2016-17 through 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Intensive Home Based Services				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13					
2013-14	5,317	10,391,848	1,954	$2.59	$ 26,912,422
2014-15	7,846	18,519,262	2,360	$2.58	$ 47,726,896
2015-16	8,880	19,729,719	2,222	$2.84	$ 56,126,669
2016-17	11,983	22,234,291	1,855	$2.84	$ 63,251,622
2017-18	14,461	23,403,315	1,618	$2.84	$ 66,577,235
2018-19	16,939	24,572,338	1,451	$2.84	$ 69,902,847
Change	17.14%	5.00%	-10.36%	0.00%	5.00%

ADULTS' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS
2017-18 and 2018-19 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)
STATE FISCAL YEARS 2007-08 THROUGH 2018-19
DATA AS OF 6/30/17 SD/MC Only Claims

	Fiscal Year	Approved Claims(1&3) (In 1,000s)	Percentage Change in Claim Costs	Unduplicated Adults Receiving SMHS	Percent Growth in Clients	Cost Per Client	Percent Growth in Cost Per Client	Trend in Medi-Cal Adults' Enrollment Growth	All Medi-Cal Adults(2)
Actual	2007-08								3,078,495
Actual	2008-09	$817,629		238,623					3,121,776
Actual	2009-10	$763,267	-6.65%	229,075	-4.00%	$3,332		3.70%	3,237,370
Actual	2010-11	$763,012	-0.03%	227,690	-0.60%	$3,351	.057%	4.87%	3,394,954
Actual	2011-12	$794,680	4.15%	231,749	1.78%	$3,429	2.33%	3.79%	3,523,766
Actual	2012-13	$947,399	19.22%	232,973	0.53%	$4,067	18.59%	1.78%	3,586,641
Actual	2013-14	$1,144,721	20.83%	295,132	26.68%	$3,879	-4.62%	1.01%	3,622,709
Actual	2014-15	$1,427,633	24,71%	338,914	14.83%	$4,212	8.60%	25.67%	4,552,529
Actual	2015-16	$1,486,530	4.13%	343,925	1.48%	$4,322	2.61%	45.75%	6,635,365
Forecast	2016-17	$1,633,449	9.88%	365,002	6.13%	$4,475	3.54%		
Forecast	2017-18	$1,798,010	10.07%	379,824	4.06%	$4,734	5.78%		
Forecast	2018-19	$1,962,570	9.15%	404,157	6.41%	$4,856	2.58%		

(1) Actual Approved Claims SD/MC Data for Specialty Mental Health as of December 31, 2016.
(2) Medi-Cal enrollment data based on average of 12 months of actual monthly enrollment data for each year.
(3) FFS/MC inpatient service costs are not included in this table of approved claims.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY 2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Psychiatric Health Facility Services - SMA(1) $612.47				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	2,900	37,871	13	$651.20	$ 24,661,613
2013-14	4,160	49,107	12	$741.43	$ 36,409,161
2014-15	5,907	64,823	11	$747.70	$ 48,468,023
2015-16	5,847	64,029	11	$743.52	$ 47,606,807
2016-17	6,092	68,619	11	$743.52	$ 51,019,635
2017-18	6,752	75,533	11	$743.52	$ 56,160,322
2018-19	7,412	82,446	11	$743.52	$ 61,300,329
Change	9.77%	9.2%	-0.57%	0.00%	9.15%

	Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	4,083	78,270	19	$327.83	$ 25,659,512
2013-14	5,704	94,271	17	$334.80	$ 31,561,687
2014-15	7,306	120,470	16	$339.44	$ 40,892,508
2015-16	7,354	129,093	18	$358.37	$ 46,263,040
2016-17	8,646	153,833	18	$358.37	$ 55,128,947
2017-18	9,570	169,333	18	$358.37	$ 60,683,684
2018-19	10,494	184,831	18	$358.37	$ 66,237,686
Change	9.66%	9.2%	-0.46%	0.00%	9.15%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Adult Residential Services - SMA(1) $168.46				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	1,177	102,230	87	$160.07	$ 16,363,817
2013-14	1,330	116,144	87	$174.61	$ 20,279,367
2014-15	1,541	127,702	83	$184.99	$ 23,623,998
2015-16	1,565	131,375	84	$187.03	$ 24,571,495
2016-17	1,678	158,425	94	$187.03	$ 29,630,705
2017-18	1,775	174,387	98	$187.03	$ 32,616,265
2018-19	1,876	190,348	101	$187.03	$ 35,601,430
Change	5.69%	9.2%	3.28%	0.00%	9.15%

	Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2012-13	24,099	56,256	23	$105.09	$ 58,456,656
2013-14	34,235	94,878	23	$108.03	$ 85,870,355
2014-15	47,568	1,117,043	23	$114.20	$ 127,562,659
2015-16	50,639	1,242,015	25	$112.24	$ 139,398,020
2016-17	55,469	1,282,565	23	$112.24	$ 143,949,170
2017-18	61,956	1,411,795	23	$112.24	$ 158,453,342
2018-19	68,440	1,541,008	23	$112.24	$ 172,955,598
Change	10.47%	9.2%	-1.19%	0.00%	9.15%

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Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Day Rehabilitative Half Day Services - SMA(1) $84.08				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	216	9,130	42	$89.77	$ 819,605
2013-14	463	17,032	37	$93.27	$ 1,588,644
2014-15	511	23,377	46	$98.19	$ 2,295,333
2015-16	399	17,215	43	$101.66	$ 1,750,001
2016-17	460	17,675	38	$101.66	$ 1,796,794
2017-18	496	19,456	39	$101.66	$ 1,977,837
2018-19	531	21,237	40	$101.66	$ 2,158,856
Change	7.06%	9.2%	1.96%	0.00%	9.15%

	Day Rehabilitative Full Day Services - SMA(1) $131.24				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	835	48,066	58	$137.48	$ 6,607,902
2013-14	865	43,741	51	$153.78	$ 6,726,581
2014-15	745	34,661	47	$184.86	$ 6,407,366
2015-16	947	13,195	14	$214.79	$ 2,834,180
2016-17	1,113	14,021	13	$214.79	$ 3,011,499
2017-18	1,134	15,433	14	$214.79	$ 3,314,934
2018-19	1,168	16,846	14	$214.79	$ 3,618,330
Change	3.00%	9.2%	5.97%	0.00%	9.15%

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Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Targeted Case Management Services - SMA(1) $2.02				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	96,353	42,662,543	443	$2.42	$ 103,239,092
2013-14	117,878	47,228,583	401	$2.41	$ 113,739,606
2014-15	133,687	53,597,274	401	$2.42	$ 129,804,324
2015-16	132,741	51,828,153	390	$2.57	$ 133,353,010
2016-17	133,716	55,408,001	414	$2.57	$ 142,563,901
2017-18	140,782	60,990,855	433	$2.57	$ 156,928,494
2018-19	147,846	66,572,971	450	$2.57	$ 171,291,190
Change	5.02%	9.2%	3.94%	0.00%	9.15%

	Therapy & Other Service Activities - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	171,559	144,117,120	840	$2.64	$ 380,778,888
2013-14	214,056	164,922,816	770	$2.68	$ 441,249,500
2014-15	245,156	192,869,064	787	$2.76	$ 531,478,881
2015-16	250,363	194,851,031	778	$2.87	$ 558,845,628
2016-17	255,518	221,262,321	866	$2.87	$ 634,594,951
2017-18	273,066	243,556,488	892	$2.87	$ 698,536,094
2018-19	290,619	265,847,708	915	$2.87	$ 762,468,787
Change	6.43%	9.2%	2.56%	0.00%	9.15%

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Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Medication Support Services - SMA(1) $4.82				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	164,035	46,292,059	282	$4.92	$ 227,581,241
2013-14	202,374	53,101,974	262	$5.10	$ 270,708,033
2014-15	226,110	61,667,540	273	$5.39	$ 332,121,212
2015-16	229,320	62,628,658	273	$5.72	$ 357,991,346
2016-17	237,605	66,460,982	280	$5.72	$ 379,897,271
2017-18	251,926	73,157,523	290	$5.72	$ 418,175,334
2018-19	266,253	79,853,179	300	$5.72	$ 456,448,339
Change	5.69%	9.2%	3.28%	0.00%	9.15%

	Crisis Intervention Services - SMA(1) $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2012-13	29,033	6,840,557	236	$4.35	$ 29,780,602
2013-14	35,939	8,188,687	228	$4.35	$ 35,657,233
2014-15	46,625	10,569,517	227	$4.61	$ 48,683,642
2015-16	47,640	11,277,479	237	$4.82	$ 54,379,860
2016-17	54,316	14,275,381	263	$4.82	$ 68,835,701
2017-18	58,920	15,713,753	267	$4.82	$ 75,771,517
2018-19	63,518	17,151,936	270	$4.82	$ 82,706,415
Change	7.80%	9.2%	1.25%	0.00%	9.15%

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

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs per Unit, and Approved Amounts by Service
FY 2012-13 through FY 2015-16 utilizes actual data
FY 2016-17 through FY2018-19 utilizes actual and forecast data
***Actual claims data as of 6/30/2017**

	Psychiatric Inpatient Hospital Services - SD/MC - SMA(1) $1,213.75				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	6,263	66,355	11	$1,106.74	$ 73,437,965
2013-14	7,908	78,687	10	$1,281.45	$ 100,833,142
2014-15	10,196	94,872	9	$1,436.62	$ 136,294,610
2015-16	9,329	96,187	10	$1,242.03	$ 119,466,743
2016-17	9,996	99,031	10	$1,304.84	$ 129,218,839
2017-18	10,732	109,009	10	$1,473.65	$ 160,641,509
2018-19	11,472	118,986	10	$1,473.34	$ 175,306,818
Change	6.90%	9.2%	2.11%	-0.02%	9.13%

	Psychiatric Inpatient Hospital Services - FFS/MC(2)				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2012-13	14,945	217,347	15	$657.64	$ 142,935,188
2013-14	18,433	226,387	12	$686.09	$ 155,321,773
2014-15	23,971	275,944	12	$731.94	$ 201,973,987
2015-16	25,841	302,714	12	$760.99	$ 230,362,680
2016-17	27,592	321,334	12	$777.65	$ 249,886,693
2017-18	29,966	342,118	11	$793.76	$ 271,561,262
2018-19	32,342	362,901	11	$808.03	$ 293,235,831
Change	7.93%	6.1%	-1.72%	1.80%	7.98%

(1) -The State Maximum Allowance (SMA) for FY 11/12 is noted here as a historical reference and was removed as maximum rate for computing federal reimbursement for dates of service beginning July 1, 2012 per AB 1297.
(2) -Currently analyzing the reason that Day Rehabilitative Half Day Services cost per day exceeds the SMA in FY's 09-10, 10-11, 11-12.

Claim Lag

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

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

Historical Averages of Claim Lag for Children Services Claims

Number of Days it takes for the Claim to be Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted	FY 2015-16 Percentage of Claims Submitted
1 to 30 days	6%	6%	4%
31 to 60 days	21%	20%	19%
61 to 90 days	36%	35%	38%
91 to 120 days	16%	21%	18%
121 to 150 days	8%	7%	6%
151 to 180 days	5%	4%	3%
180 to 365 days	7%	7%	10%
Over 366 days	1%	0%	1%

Historical Averages of Claim Lag for Adult Services Claim

Number of Days it takes for the Claim to be Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted	FY 2015-16 Percentage of Claims Submitted
1 to 30 days	9%	5%	4%
31 to 60 days	22%	20%	19%
61 to 90 days	25%	26%	33%
91 to 120 days	18%	22%	21%
121 to 150 days	9%	10%	7%
151 to 180 days	5%	6%	3%
180 to 365 days	11%	11%	12%
Over 366 days	1%	1%	1%

The Affordable Care Act and Specialty Mental Health Services

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of June 30, 2017. The data represents actual approved claims received as of June 30, 2017 and is not adjusted for claim lag nor has any forecasting methodology been applied to the data. The presented data simply serves as an indication of the growth and utilization of SMHS by ACA Expansion Clients.

Impact of the ACA on SMHS

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

The ACA approved claim amounts shown below are the second complete year worth of data. This is because claims associated with the ACA were first approved beginning in January 2014. The non-ACA data in the following tables are also not forecasted amounts and therefore are not comparable to other data in this document. The $573 million shown below represents actual approved claims from ACA clients that were received by June 30, 2017.

FY 2015-16 Approved Claim Amounts for ACA and Non-ACA Clients		
ACA Client	Non-ACA Client	Total
$573,738,113	$1,204,190,975	$1,777,929,088

Growth in the Client Base

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

FY 2015-16 Adult Statwide Client Counts and New Adult ACA Clients		
ACA Client	Non-ACA Client	Total
166,633	292,094	458,727

Note: Under the ACA, adults are defined as individuals who are 18 and older. For the SMHS program adults are defined as individuals 21 and older. Only 5.2% of the ACA clients are between the ages of 18 and 20 and therefore are being grouped with the SMHS adult client base as they do not significantly impact the comparative analysis.

Impact of the ACA at the Service Type Level

The chart below shows the FY 15-16 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of June 30, 2017. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 15-16 approved claim amounts by service type with ACA clients.

Estimated FY2015-16 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)								
(In Thousands)	Adult Residential Treatment Services	Case Management /Brokerage	Crisis Intervention	Crisis Residential Treatment Services	Crisis Stabilization	Day Rehabilitation	Day Treatment Intensive	Hospital Inpatient
Claims from Non-ACA Clients	$20,804	$108,064	$36,307	$27,317	$85,829	$4,432	$779	$68,845
Claims from ACA Clients	$5,137	$34,395	$22,341	$21,423	$61,227	$1,501	$0	$39,687

Estimated FY2015-16 Costs with Approved Claims from ACA and Non-ACA Clients (In Thousands)								
(In Thousands)	Hospital Inpatient Admin	ICC	IHBS	Medication Support Services	Mental Health Services	Psychiatric Health Facility	Therapeutic Behavioral Services	Psychiatric Inpatient Hospital Services FFS/MC
Claims from Non-ACA Clients	$13,251	$1,962	$2,853	$244,086	$417,308	$31,116	$1,658	$139,579
Claims from ACA Clients	$3,849	$26	$25	$107,896	$164,007	$15,999	$74	$96,152

Demographics by Age: Non-ACA vs. ACA enrollees

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

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

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

Demographics by Gender: Non-ACA vs. ACA enrollees

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

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

Demographics by Race: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS in FY 2015-16, 37.5% were White, 25.5% were Hispanic, and 14.0% were Black. The difference between ACA and non-ACA clients is minimal for individuals who are Hispanic and Black.

FY 2015-16		
Race	Non-ACA Clients	ACA Clients
White	32.1%	37.5%
Hispanic	23.3%	25.5%
Black	15.9%	14.0%
Other	20.2%	14.3%
Asian or Pacific Islander	7.9%	7.9%
Alaskan Native or American Indian	0.8%	0.8%

Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of June 30, 2017 an additional $573 million in SMHS was provided to approximately 167,000 Medi-Cal ACA clients in FY 2015-16.

Service Type Forecasts

Table of Contents

Children Sevices Section

Adult Crisis Residential Services……41
Adult Residential Services……...46
Crisis Intervention……..50
Crisis Stabilization……54
Day Rehabilitation Half Day……58
Day Rehabilitation Full Day……62
Day Treatment Intensive Half Day……66
Day Treatment Intensive Full Day……..70
Medication Support……...74
Psychiatric Health Facility Services……...78
Psychiatric Hospital Inpatient Services – SD/MC Hospitals……...82
Targeted Case Management……...86
Therapeutic Behavioral Service……..90
Therapy and Other Service Activities……94
Psychiatric Hospital Inpatient Services – FFS/MC Hospital……. 99
Intensive Care Coordination……103
Intensive Home Based Services……..107

Adult Services Section

Adult Crisis Residential Services……112
Adult Residential services……116
Crisis Intervention……...120
Crisis Stabilization…….....124
Day Rehabilitation Half Day……..128
Day Rehabilitation Full Day…….....132
Medication Support……136
Psychiatric Health Facility Services…….....140
Psychiatric Hospital Inpatient Services – SD/MC Hospital……..144
Targeted Case Management ……...148
Therapy and Other Service Activities……152
Psychiatric Hospital Inpatient Services – FFS/MC Hospital……157

Children Services Section

Children
Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 1,579,389	257
Actual	FY 2013-14	$ 1,980,989	332
Actual	FY 2014-15	$ 2,439,242	373
Actual	FY 2015-16	$ 2,481,575	368
Actual + Forecast	FY 2016-17	$ 2,679,718	428
Forecast	FY 2017-18	$ 2,820,610	465
Forecast	FY 2018-19	$ 2,961,503	501
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Growth in dollars and clients are forecasted for FY 2017-18 and FY 2018-19.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a
Children
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/17

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ACR	0.0%	0.3%	0.0%	99.7%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 1b
Children
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	31.2%	20.6%	15.9%	9.0%	0.8%	22.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 1c
Children
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
ACR	47.1%	52.9%
Total Children	45.2%	54.8%

Table 1d

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	368
Mean	$ 6,743
Standard Deviation	$ 7,104
Median	$ 4,699
Mode	$ 1,084
Interquartile Range	$ 6,294

Quartile	Amount
100%	$ 44,342
99%	$ 35,143
95%	$ 21,618
90%	$ 14,355
75%	$ 8,466
50%	$ 4,699
25%	$ 2,172

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

Statistic	Days
Number of Clients	368
Mean	19
Standard Deviation	21
Median	14
Mode	14
Interquartile Range	18.5

Quartile	Days
100%	135
99%	112
95%	67
90%	39
75%	25
50%	14
25%	7

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	332	373	368	428
Number of Days	6,055	7,272	7,156	7,727
Days Per Client	18	19	19	18
Approved Amount	$1,980,989	$2,439,242	$2,481,575	$2,679,718

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children
Adult Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 1,608,292	111
Actual	FY 2013-14	$ 1,819,337	105
Actual	FY 2014-15	$ 1,231,153	82
Actual	FY 2015-16	$ 1,389,807	83
Actual + Forecast	FY 2016-17	$ 1,429,183	90
Forecast	FY 2017-18	$ 1,504,326	91
Forecast	FY 2018-19	$ 1,579,468	92
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 2a
Children
Clients Receiving Adult Residential Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
AR	0.0%	1.0%	0.0%	99.0%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 2b
Children
Clients Receiving Adult Residential Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	23.5%	14.3%	18.4%	11.2%	1.0%	31.6%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 2c
Children
Clients Receiving Adult Residential Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
AR	35.7%	64.3%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
ADULT RESIDENTIAL	83	100.00%
TARGETED CASE MANAGEMENT	78	93.98%
MEDICATION SUPPORT	75	90.36%
THERAPY AND OTHER SERVICE ACTIVITIES	74	89.16%
CRISIS STABILIZATION	31	37.35%
ADULT CRISIS RESIDENTIAL	29	34.94%
CRISIS INTERVENTION	29	34.94%
FFS-HOSPITAL INPATIENT	18	21.69%
HOSPITAL INPATIENT	18	21.69%
PHF	12	14.46%
THERAPEUTIC BEHAVIORAL SERVICES	3	3.61%
DAY TX INTENSIVE FULL DAY	2	2.41%
DAY REHABILITATIVE FULL DAY	2	2.41%
ICC	0	0.00%
IHBS	0	0.00%

Service Metrics:

Table 2e
Children
Adult Residential Approved Amount

Statistic	Amount
Number of Clients	83
Mean	$ 16,745
Standard Deviation	$ 13,498
Median	$ 12,687
Mode	$ 3,616
Interquartile Range	$ 19,779

Quartile	Amount
100%	$ 53,600
99%	$ 53,600
95%	$ 41,280
90%	$ 36,430
75%	$ 26,517
50%	$ 12,687
25%	$ 6,738

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

Statistic	Days
Number of Clients	83
Mean	99
Standard Deviation	78
Median	80
Mode	2
Interquartile Range	113

Quartile	Days
100%	335
99%	335
95%	249
90%	204
75%	153
50%	80
25%	40

Table 2g
Children
Historical Trends
Adult Residential by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	105	82	83	90
Number of Days	10,627	7,096	8,199	8,431
Days Per Client	101	87	99	94
Approved Amount	$1,819,337	$1,231,153	$1,389,807	$1,429,183

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Crisis Intervention

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 23,307,517	17,613
Actual	FY 2013-14	$ 26,454,130	19,329
Actual	FY 2014-15	$ 27,643,272	20,138
Actual	FY 2015-16	$ 27,974,715	20,243
Actual + Forecast	FY 2016-17	$ 29,476,893	22,779
Forecast	FY 2017-18	$ 31,026,715	23,919
Forecast	FY 2018-19	$ 32,576,536	25,060
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a
Children
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CI	6.5%	50.3%	24.3%	18.9%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 3b
Children
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	31.0%	44.3%	10.4%	3.9%	0.9%	9.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 3c
Children
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
CI	55.8%	44.2%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
CRISIS INTERVENTION	20,243	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	16,201	80.03%
TARGETED CASE MANAGEMENT	10,984	54.26%
MEDICATION SUPPORT	10,887	53.78%
FFS-HOSPITAL INPATIENT	5,927	29.28%
CRISIS STABILIZATION	3,810	18.82%
THERAPEUTIC BEHAVIORAL SERVICES	1,937	9.57%
ICC	1,763	8.71%
IHBS	1,441	7.12%
HOSPITAL INPATIENT	1,065	5.26%
PHF	624	3.08%
ADULT CRISIS RESIDENTIAL	182	0.90%
DAY TX INTENSIVE FULL DAY	159	0.79%
DAY REHABILITATIVE FULL DAY	127	0.63%
ADULT RESIDENTIAL	29	0.14%
DAY TX INTENSIVE HALF DAY	4	0.02%
DAY REHABILITATIVE HALF DAY	3	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	20,243
Mean	$ 1,382
Standard Deviation	$ 165
Median	$ 868
Mode	$ 2,366
Interquartile Range	$ 1,482

Quartile	Amount
100%	$ 28,255
99%	$ 7,931
95%	$ 4,279
90%	$ 2,714
75%	$ 1,905
50%	$ 868
25%	$ 423

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

Statistic	Minutes
Number of Clients	20,243
Mean	289
Standard Deviation	337
Median	181
Mode	480
Interquartile Range	281

Quartile	Minutes
100%	5,697
99%	1,674
95%	883
90%	550
75%	386
50%	181
25%	105

Table 3g
Children
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	19,329	20,138	20,243	22,779
Number of Minutes	5,922,388	6,040,704	5,852,595	6,166,866
Minutes Per Client	306	300	289	271
Approved Amount	$26,454,130	$27,643,272	$27,974,715	$29,476,893

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Crisis Stabilization

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 14,278,738	8,472
Actual	FY 2013-14	$ 15,984,959	9,885
Actual	FY 2014-15	$ 17,253,824	11,619
Actual	FY 2015-16	$ 20,817,859	12,272
Actual + Forecast	FY 2016-17	$ 21,437,740	12,757
Forecast	FY 2017-18	$ 22,564,883	13,879
Forecast	FY 2018-19	$ 23,692,026	15,005
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Growth in costs and clients is forecasted through FY 2017-18 and FY 2018-19.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a
Children
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
CS	2.4%	43.0%	23.4%	31.2%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 4b
Children
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	25.8%	42.0%	14.8%	5.6%	0.6%	11.2%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 4c
Children
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
CS	52.9%	47.1%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
CRISIS STABILIZATION	12,272	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,434	68.73%
MEDICATION SUPPORT	6,210	50.60%
TARGETED CASE MANAGEMENT	5,361	43.68%
CRISIS INTERVENTION	3,810	31.05%
FFS-HOSPITAL INPATIENT	3,532	28.78%
HOSPITAL INPATIENT	1,109	9.04%
THERAPEUTIC BEHAVIORAL SERVICES	1,102	8.98%
ICC	905	7.37%
PHF	693	5.65%
IHBS	636	5.18%
ADULT CRISIS RESIDENTIAL	196	1.60%
DAY REHABILITATIVE FULL DAY	139	1.13%
DAY TX INTENSIVE FULL DAY	88	0.72%
ADULT RESIDENTIAL	31	0.25%
DAY REHABILITATIVE HALF DAY	8	0.07%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	12,272	100%	$ 60,292
Mean	$ 1,696	99%	$ 10,447
Standard Deviation	$ 2,247	95%	$ 5,115
Median	$ 1,246	90%	$ 3,498
Mode	$ 1,891	75%	$ 1,997
Interquartile Range	$ 1,493	50%	$ 1,246
		25%	$ 504

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

Statistic	Hours	Quartile	Hours
Number of Clients	12,272	100%	554
Mean	17	99%	100
Standard Deviation	21	95%	51
Median	14	90%	37
Mode	20	75%	20
Interquartile Range	15	50%	14
		25%	5

Table 4g
Children
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	9,885	11,619	12,272	12,757
Number of Hours	156,655	185,113	214,522	220,909
Hours Per Client	16	16	17	17
Approved Amount	$15,984,959	$17,253,824	$20,817,859	$21,437,740

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Day Rehabilitation Half Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 509,853	70
Actual	FY 2013-14	$ 521,226	64
Actual	FY 2014-15	$ 536,453	176
Actual	FY 2015-16	$ 410,549	140
Actual + Forecast	FY 2016-17	$ 464,484	144
Forecast	FY 2017-18	$ 488,906	150
Forecast	FY 2018-19	$ 513,327	154
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 5a
Children
Clients Receiving Day Rehabilitation-Half Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR H/D	57.7%	28.2%	0.0%	14.1%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 5b
Children
Clients Receiving Day Rehabilitation-Half Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	15.4%	61.5%	6.4%	1.3%	0.0%	15.4%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 5c
Children
Clients Receiving Day Rehabilitation-Half Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DR H/D	30.8%	69.2%
Total Children	45.2%	54.8%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	70
Mean	$ 5,865
Standard Deviation	$ 5,450
Median	$ 3,069
Mode	$ 747
Interquartile Range	$ 10,188

Quartile	Amount
100%	$ 17,573
99%	$ 17,573
95%	$ 15,555
90%	$ 14,420
75%	$ 11,120
50%	$ 3,069
25%	$ 932

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

Statistic	Half Days
Number of Clients	70
Mean	70
Standard Deviation	65
Median	34
Mode	5
Interquartile Range	114

Quartile	Half Days
100%	209
99%	209
95%	185
90%	172
75%	129
50%	34
25%	15

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	64	176	140	144
Number of Half Days	6,206	7,022	4,873	5,513
Days Per Client	97	40	35	38
Approved Amount	$521,226	$536,453	$410,549	$464,484

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Day Rehabilitation Full Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 19,005,324	1,932
Actual	FY 2013-14	$ 17,666,406	1,704
Actual	FY 2014-15	$ 15,183,905	1,266
Actual	FY 2015-16	$ 13,009,972	1,059
Actual + Forecast	FY 2016-17	$ 13,398,588	1,099
Forecast	FY 2017-18	$ 14,103,052	1,143
Forecast	FY 2018-19	$ 14,807,516	1,177
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a
Children
Clients Receiving Day Rehabilitation-Full Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DR F/D	2.4%	40.9%	44.3%	12.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 6b
Children
Clients Receiving Day Rehabilitation-Full Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	35.4%	30.3%	21.3%	2.2%	0.5%	10.1%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 6c
Children
Clients Receiving Day Rehabilitation-Full Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DR F/D	41.6%	58.4%
Total Children	45.2%	54.8%

Table 6d

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

	Frequency	Percent of Clients
DAY REHABILITATIVE FULL DAY	1,059	100.00%
MEDICATION SUPPORT	874	82.53%
THERAPY AND OTHER SERVICE ACTIVITIES	654	61.76%
TARGETED CASE MANAGEMENT	283	26.72%
THERAPEUTIC BEHAVIORAL SERVICES	153	14.45%
ICC	149	14.07%
CRISIS STABILIZATION	139	13.13%
CRISIS INTERVENTION	127	11.99%
FFS-HOSPITAL INPATIENT	122	11.52%
IHBS	54	5.10%
HOSPITAL INPATIENT	39	3.68%
DAY TX INTENSIVE FULL DAY	11	1.04%
DAY REHABILITATIVE HALF DAY	8	0.76%
PHF	5	0.47%
ADULT CRISIS RESIDENTIAL	3	0.28%
ADULT RESIDENTIAL	2	0.19%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	1,059	100%	$ 35,296
Mean	$ 12,285	99%	$ 34,190
Standard Deviation	$ 9,674	95%	$ 30,489
Median	$ 10,300	90%	$ 27,836
Mode	$ 1,236	75%	$ 19,132
Interquartile Range	$ 15,343	50%	$ 10,300
		25%	$ 3,788

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

Statistic	Days	Quartile	Days
Number of Clients	1,059	100%	267
Mean	92	99%	250
Standard Deviation	71	95%	225
Median	77	90%	202
Mode	9	75%	146
Interquartile Range	117	50%	77
		25%	29

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,704	1,266	1,059	1,099
Number of Days	131,756	116,108	97,171	100,074
Days Per Client	77	92	92	91
Approved Amount	$17,666,406	$15,183,905	$13,009,972	$13,398,588

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Day Treatment Intensive Half Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual[1]	FY 2012-13	$ 41,506	15
Actual	FY 2013-14	$ 209,477	73
Actual	FY 2014-15	$ 479,800	41
Actual	FY 2015-16	$ 253,001	24
Actual + Forecast	FY 2016-17	$ 277,972	26
Forecast	FY 2017-18	$ 292,061	38
Forecast	FY 2018-19	$ 306,150	25
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 7a
Children
Clients Receiving Day Treatment Intensive-Half Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI H/D	61.5%	23.1%	15.4%	0.0%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 7b
Children
Clients Receiving Day Treatment Intensive-Half Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI H/D	19.2%	52.1%	10.4%	4.2%	2.1%	10.4%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 7c
Children
Clients Receiving Day Treatment Intensive-Half Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DTI H/D	38.5%	61.5%
Total Children	45.2%	54.8%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	24
Mean	$ 10,542
Standard Deviation	$ 6,781
Median	$ 9,335
Mode	$ 0
Interquartile Range	$ 10,437

Quartile	Amount
100%	$ 25,541
99%	$ 25,541
95%	$ 23,337
90%	$ 20,614
75%	$ 14,910
50%	$ 9,335
25%	$ 4,473

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

Statistic	Half-Days
Number of Clients	24
Mean	74
Standard Deviation	53
Median	55
Mode	-
Interquartile Range	76

Quartile	Half-Days
100%	197
99%	197
95%	180
90%	159
75%	107
50%	55
25%	32

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	73	41	24	26
Number of Half Days	1,166	3,305	1,775	1,880
Days Per Client	16	81	74	72
Approved Amount	$209,477	$479,800	$253,001	$277,972

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Day Treatment Intensive Full Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 35,027,540	1,902
Actual	FY 2013-14	$ 30,753,335	1,551
Actual	FY 2014-15	$ 12,509,640	664
Actual	FY 2015-16	$ 11,087,274	551
Actual + Forecast	FY 2016-17	$ 11,612,109	568
Forecast	FY 2017-18	$ 12,222,645	590
Forecast	FY 2018-19	$ 12,833,181	608
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Costs and clients are expected to increase through FY 2017-18 and FY 2018-19.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a
Children
Clients Receiving Day Treatment Intensive-Full Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
DTI F/D	40.6%	26.2%	24.7%	8.5%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 8b
Children
Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI F/D	39.3%	30.7%	17.1%	1.0%	0.4%	11.5%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 8c
Children
Clients Receiving Day Treatment Intensive-Full Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DTI F/D	44.5%	55.5%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
DAY TX INTENSIVE FULL DAY	551	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	439	79.67%
MEDICATION SUPPORT	349	63.34%
TARGETED CASE MANAGEMENT	269	48.82%
CRISIS INTERVENTION	159	28.86%
THERAPEUTIC BEHAVIORAL SERVICES	145	26.32%
FFS - HOSPITAL INPATIENT	95	17.24%
CRISIS STABILIZATION	88	15.97%
ICC	61	11.07%
PHF	57	10.34%
IHBS	40	7.26%
HOSPITAL INPATIENT	26	4.72%
DAY REHABILITATIVE FULL DAY	11	2.00%
ADULT RESIDENTIAL	2	0.36%
DAY REHABILITATIVE HALF DAY	2	0.36%
ADULT CRISIS RESIDENTIAL	1	0.18%

Service Metrics:

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

Statistic	Amount
Number of Clients	551
Mean	$ 20,122
Standard Deviation	$ 16,547
Median	$ 16,321
Mode	$ 6,073
Interquartile Range	$ 23,005

Quartile	Amount
100%	$ 115,309
99%	$ 71,327
95%	$ 47,369
90%	$ 42,336
75%	$ 30,292
50%	$ 16,321
25%	$ 7,287

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

Statistic	Days
Number of Clients	551
Mean	95
Standard Deviation	70
Median	77
Mode	8
Interquartile Range	107

Quartile	Days
100%	323
99%	273
95%	222
90%	196
75%	143
50%	77
25%	36

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,551	664	551	568
Number of Days	138,158	60,149	52,136	54,604
Days Per Client	89	91	95	96
Approved Amount	$30,753,335	$12,509,640	$11,087,274	$11,612,109

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Medication Support

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 115,682,567	77,077
Actual	FY 2013-14	$ 123,665,837	80,588
Actual	FY 2014-15	$ 126,815,633	78,958
Actual	FY 2015-16	$ 125,609,216	76,590
Actual + Forecast	FY 2016-17	$ 127,197,259	80,740
Forecast	FY 2017-18	$ 133,884,974	82,218
Forecast	FY 2018-19	$ 140,572,689	83,697
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 9a
Children
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MS	15.4%	47.7%	20.1%	16.8%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 9b
Children
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	27.4%	43.8%	11.4%	3.6%	0.5%	13.3%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 9c
Children
Clients Receiving Medication Support Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
MS	41.0%	59.0%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
MEDICATION SUPPORT	76,590	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	68,268	89.13%
TARGETED CASE MANAGEMENT	37,434	48.88%
CRISIS INTERVENTION	10,887	14.21%
FFS-HOSPITAL INPATIENT	8,211	10.72%
CRISIS STABILIZATION	6,210	8.11%
THERAPEUTIC BEHAVIORAL SERVICES	5,521	7.21%
ICC	5,431	7.09%
IHBS	4,410	5.76%
HOSPITAL INPATIENT	1,317	1.72%
DAY REHABILITATIVE FULL DAY	874	1.14%
PHF	750	0.98%
DAY TX INTENSIVE FULL DAY	349	0.46%
ADULT CRISIS RESIDENTIAL	330	0.43%
ADULT RESIDENTIAL	75	0.10%
DAY REHABILITATIVE HALF DAY	41	0.05%
DAY TX INTENSIVE HALF DAY	13	0.02%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	76,590	100%	$ 58,997
Mean	$ 1,640	99%	$ 9,035
Standard Deviation	$ 2,023	95%	$ 4,576
Median	$ 1,118	90%	$ 3,419
Mode	$ 726	75%	$ 2,098
Interquartile Range	$ 1,548	50%	$ 1,118
		25%	$ 551

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

Statistic	Minutes	Quartile	Minutes
Number of Clients	76,590	100%	13,328
Mean	302	99%	1,576
Standard Deviation	370	95%	834
Median	211	90%	621
Mode	90	75%	380
Interquartile Range	270	50%	211
		25%	110

Table 9g
Children
Historical Trends
Medication Support by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	80,588	78,958	76,590	80,740
Number of Minutes	24,751,233	24,674,536	23,142,235	23,434,816
Minutes Per Client	307	313	302	290
Approved Amount	$123,665,837	$126,815,633	$125,609,216	$127,197,259

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Psychiatric Health Facility Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 6,065,148	751
Actual	FY 2013-14	$ 8,750,129	801
Actual	FY 2014-15	$ 9,164,947	884
Actual	FY 2015-16	$ 11,315,487	1,175
Actual + Forecast	FY 2016-17	$ 12,505,349	1,210
Forecast	FY 2017-18	$ 13,162,849	1,325
Forecast	FY 2018-19	$ 13,820,349	1,433
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 10a
Children
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
PHF	0.2%	36.5%	24.9%	38.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 10b
Children
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	31.4%	35.1%	14.2%	5.9%	1.6%	11.8%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 10c
Children
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
PHF	57.7%	42.3%
Total Children	45.2%	54.8%

Table 10d

Other Services Received by Children Receiving Psychiatric Health Facility Services
Fiscal Year 2015-16

	Frequency	Percent of Clients
PHF	1,175	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	862	73.36%
MEDICATION SUPPORT	750	63.83%
CRISIS STABILIZATION	693	58.98%
TARGETED CASE MANAGEMENT	641	54.55%
CRISIS INTERVENTION	624	53.11%
FFS-HOSPITAL INPATIENT	294	25.02%
THERAPEUTIC BEHAVIORAL SERVICES	148	12.60%
ICC	59	5.02%
DAY TX INTENSIVE FULL DAY	57	4.85%
ADULT CRISIS RESIDENTIAL	49	4.17%
IHBS	38	3.23%
HOSPITAL INPATIENT	36	3.06%
ADULT RESIDENTIAL	12	1.02%
DAY REHABILITATIVE FULL DAY	5	0.43%

Service Metrics:

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

Statistic	Amount
Number of Clients	1,175
Mean	$ 9,630
Standard Deviation	$ 17,061
Median	$ 4,220
Mode	$ 1,804
Interquartile Range	$ 7,480

Quartile	Amount
100%	$ 202,751
99%	$ 99,612
95%	$ 35,910
90%	$ 21,399
75%	$ 9,284
50%	$ 4,220
25%	$ 1,804

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

Statistic	Days
Number of Clients	1,175
Mean	12
Standard Deviation	25
Median	5
Mode	2
Interquartile Range	8

Quartile	Days
100%	282
99%	155
95%	42
90%	24
75%	11
50%	5
25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	801	884	1,175	1,210
Number of Days	11,538	11,237	13,806	15,257
Days Per Client	14	13	12	13
Approved Amount	$8,750,129	$9,164,947	$11,315,487	$12,505,349

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 16,496,618	2,086
Actual	FY 2013-14	$ 18,318,655	2,124
Actual	FY 2014-15	$ 19,368,206	2,254
Actual	FY 2015-16	$ 15,631,978	1,975
Actual + Forecast	FY 2016-17	$ 16,435,601	2,264
Forecast	FY 2017-18	$ 17,299,744	2,318
Forecast	FY 2018-19	$ 18,163,887	2,368
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 11a
Children
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-SDMC	5.6%	44.1%	21.0%	29.3%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 11b
Children
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	25.3%	45.8%	14.9%	3.5%	0.4%	10.0%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 11c
Children
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
HIS-SDMC	46.3%	53.7%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
HOSPITAL INPATIENT	1,975	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,619	81.97%
MEDICATION SUPPORT	1,317	66.68%
CRISIS STABILIZATION	1,109	56.15%
CRISIS INTERVENTION	1,065	53.92%
TARGETED CASE MANAGEMENT	1,050	53.16%
FFS-HOSPITAL INPATIENT	547	27.70%
THERAPEUTIC BEHAVIORAL SERVICES	226	11.44%
ICC	218	11.04%
IHBS	184	9.32%
ADULT CRISIS RESIDENTIAL	76	3.85%
DAY REHABILITATIVE HALF DAY	39	1.97%
PHF	36	1.82%
DAY TX INTENSIVE FULL DAY	26	1.32%
ADULT RESIDENTIAL	18	0.91%
DAY REHABILITATIVE FULL DAY	1	0.05%

Service Metrics:

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

Statistic	Amount
Number of Clients	1,975
Mean	$ 7,915
Standard Deviation	$ 12,991
Median	$ 457,272
Mode	$ 3,441
Interquartile Range	$ 5,380

Quartile	Amount
100%	$ 332,026
99%	$ 55,860
95%	$ 25,436
90%	$ 17,203
75%	$ 8,172
50%	$ 4,573
25%	$ 2,792

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

Statistic	Days
Number of Clients	1,975
Mean	8
Standard Deviation	12
Median	4
Mode	2
Interquartile Range	7

Quartile	Days
100%	226
99%	59
95%	25
90%	16
75%	9
50%	4
25%	2

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	2,124	2,254	1,975	2,264
Number of Days	18,581	18,752	15,064	15,838
Days Per Client	9	8	8	7
Approved Amount	$18,318,655	$19,368,206	$15,631,978	$16,435,601

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Targeted Case Management

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 88,096,357	95,988
Actual	FY 2013-14	$ 85,780,804	100,937
Actual	FY 2014-15	$ 79,559,032	98,663
Actual	FY 2015-16	$ 74,890,475	91,506
Actual + Forecast	FY 2016-17	$ 75,925,330	99,641
Forecast	FY 2017-18	$ 79,917,295	100,590
Forecast	FY 2018-19	$ 83,909,260	101,538
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties

still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a
Children
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TCM	26.6%	45.4%	17.1%	10.9%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 12b
Children
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	25.4%	47.2%	12.0%	4.2%	0.6%	10.6 %
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4 %

Table 12c
Children
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
TCM	44.3%	55.7%
Total Children	45.2%	54.8%

Table 12d

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

	Frequency	Percent of Clients
TARGETED CASE MANAGEMENT	91,506	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	88,162	96.35%
MEDICATION SUPPORT	37,434	40.91%
CRISIS INTERVENTION	10,984	12.00%
ICC	6,332	6.92%
FFS-HOSPITAL INPATIENT	5,935	6.49%
THERAPEUTIC BEHAVIORAL SERVICES	5,548	6.06%
CRISIS STABILIZATION	5,361	5.86%
IHBS	4,722	5.16%
HOSPITAL INPATIENT	1,050	1.15%
PHF	641	0.70%
DAY REHABILITATIVE FULL DAY	283	0.31%
ADULT CRISIS RESIDENTIAL	277	0.30%
DAY TX INTENSIVE FULL DAY	269	0.29%
ADULT RESIDENTIAL	78	0.09%
DAY TX INTENSIVE HALF DAY	24	0.03%
DAY REHABILITATIVE HALF DAY	16	0.02%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	91,506	100%	$ 68,138
Mean	$ 818	99%	$ 8,923
Standard Deviation	$ 1,947	95%	$ 3,282
Median	$ 260	90%	$ 1,880
Mode	$ 73	75%	$ 731
Interquartile Range	$ 627	50%	$ 260
		25%	$ 104

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

Statistic	Minutes	Quartile	Minutes
Number of Clients	91,506	100%	28,273
Mean	336	99%	3,530
Standard Deviation	754	95%	1,364
Median	113	90%	789
Mode	0	75%	314
Interquartile Range	270	50%	113
		25%	44

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	100,937	98,663	91,506	99,641
Number of Minutes	37,000,607	35,743,878	30,737,634	31,162,374
Minutes Per Client	367	362	336	313
Approved Amount	$85,780,804	$79,559,032	$74,890,475	$75,925,330

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Therapeutic Behavioral Service

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 103,323,169	7,990
Actual	FY 2013-14	$ 101,921,783	8,085
Actual	FY 2014-15	$ 96,303,568	8,154
Actual	FY 2015-16	$ 90,036,301	7,975
Actual + Forecast	FY 2016-17	$ 92,938,875	8,280
Forecast	FY2017-18	$ 97,825,369	8,479
Forecast	FY 2018-19	$ 102,711,864	8,676
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a
Children
Clients Receiving Therapeutic Behavioral Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
TBS	27.6%	53.8%	15.5%	3.1%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 13b
Children
Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TBS	34.0%	37.7%	14.1%	1.9%	0.6%	11.7%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 13c
Children
Clients Receiving Therapeutic Behavioral Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
TBS	38.4%	61.6%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
THERAPEUTIC BEHAVIORAL SERVICES	7,975	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,817	98.02%
TARGETED CASE MANAGEMENT	5,548	69.57%
MEDICATION SUPPORT	5,521	69.23%
CRISIS INTERVENTION	1,937	24.29%
ICC	1,651	20.70%
IHBS	1,194	14.97%
FFS-HOSPITAL INPATIENT	1,171	14.68%
CRISIS STABILIZATION	1,102	13.82%
HOSPITAL INPATIENT	226	2.83%
DAY REHABILITATIVE FULL DAY	153	1.92%
PHF	148	1.86%
DAY TX INTENSIVE FULL DAY	145	1.82%
ADULT CRISIS RESIDENTIAL	9	0.11%
DAY REHABILITATIVE HALF DAY	7	0.09%
DAY TX INTENSIVE HALF DAY	5	0.06%
ADULT RESIDENTIAL	3	0.04%

Service Metrics:

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

Statistic	Amount
Number of Clients	7,975
Mean	$ 11,290
Standard Deviation	$ 12,737
Median	$ 7,552
Mode	$ 0
Interquartile Range	$ 13,339

Quartile	Amount
100%	$ 175,470
99%	$ 59,415
95%	$ 33,425
90%	$ 25,960
75%	$ 15,880
50%	$ 7,552
25%	$ 2,542

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

Statistic	Minutes
Number of Clients	7,975
Mean	4,438
Standard Deviation	5,081
Median	2,934
Mode	0
Interquartile Range	5,335

Quartile	Minutes
100%	98,069
99%	22,343
95%	13,888
90%	11,477
75%	6,251
50%	2,934
25%	915

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	8,085	8,154	7,975	8,280
Number of Minutes	41,381,246	39,611,971	35,395,695	36,536,774
Minutes Per Client	5,118	4,858	4,438	4,413
Approved Amount	$101,921,783	$96,303,568	$90,036,301	$92,938,875

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Therapy and Other Service Activities

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

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

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

Summary:
The forecast for Therapy and Other Service Activities dollars and clients shows continual growth in the number of clients served and costs.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 1,074,539,882	230,373
Actual	FY 2013-14	$ 1,121,371,036	246,094
Actual	FY 2014-15	$ 1,115,414,074	247,239
Actual	FY 2015-16	$ 1,116,645,103	246,298
Actual + Forecast	FY 2016-17	$ 1,272,151,239	260,152
Forecast	FY 2017-18	$ 1,339,037,783	269,360
Forecast	FY 2018-19	$ 1,405,924,327	278,565
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 14a
Children
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
MHS	30.1%	45.0%	15.5%	9.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 14b
Children
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MHS	24.0%	51.4%	10.9%	3.6%	0.5%	9.6%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 14c
Children
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
MHS	45.2%	54.8%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
THERAPY AND OTHER SERVICE ACTIVITIES	246,298	100.00%
TARGETED CASE MANAGEMENT	88,162	35.79%
MEDICATION SUPPORT	68,268	27.72%
CRISIS INTERVENTION	16,201	6.58%
ICC	11,535	4.68%
FFS-HOSPITAL INPATIENT	10,419	4.23%
IHBS	8,774	3.56%
CRISIS STABILIZATION	8,434	3.42%
THERAPEUTIC BEHAVIORAL SERVICES	7,817	3.17%
HOSPITAL INPATIENT	1,619	0.66%
PHF	862	0.35%
DAY REHABILITATIVE FULL DAY	654	0.27%
DAY TX INTENSIVE FULL DAY	439	0.18%
ADULT CRISIS RESIDENTIAL	305	0.12%
ADULT RESIDENTIAL	74	0.03%
DAY REHABILITATIVE HALF DAY	53	0.02%
DAY TX INTENSIVE HALF DAY	24	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	246,298
Mean	$ 4,534
Standard Deviation	$ 6,752
Median	$ 2,469
Mode	$ 66
Interquartile Range	$ 4,788

Quartile	Amount
100%	$ 391,503
99%	$ 30,902
95%	$ 15,282
90%	$ 10,619
75%	$ 5,665
50%	$ 2,469
25%	$ 877

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

Statistic	Minutes
Number of Clients	246,298
Mean	1,602
Standard Deviation	2,300
Median	895
Mode	0
Interquartile Range	1,709

Quartile	Minutes
100%	123,421
99%	10,698
95%	5,395
90%	3,772
75%	2,024
50%	895
25%	315

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	246,094	247,239	246,298	260,152
Number of Minutes	424,916,533	416,693,217	394,595,960	449,548,149
Minutes Per Client	1,727	1,685	1,602	1,728
Approved Amount	$1,121,371,036	$1,115,414,074	$1,116,645,103	$1,272,151,239

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 63,615,240	10,268
Actual	FY 2013-14	$ 73,731,135	12,032
Actual	FY 2014-15	$ 81,624,832	13,019
Actual	FY 2015-16	$ 86,674,239	12,584
Actual + Forecast	FY 2016-17	$ 91,567,799	13,105
Forecast	FY 2017-18	$ 97,522,593	13,781
Forecast	FY 2018-19	$ 103,461,473	14,461
Actual data as of June 30, 2017			

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

Client Profile Data:

Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 15a
Children
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
HIS-FFS	1.9%	45.5%	26.8%	25.8%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 15b
Children
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	23.2%	46.0%	11.2%	6.2%	0.7%	12.8%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 15c
Children
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
HIS-FFS	57.8%	42.2%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
FFS-HOSPITAL INPATIENT	12,617	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,419	82.58%
MEDICATION SUPPORT	8,211	65.08%
TARGETED CASE MANAGEMENT	5,935	47.04%
CRISIS INTERVENTION	5,927	46.98%
CRISIS STABILIZATION	3,532	27.99%
THERAPEUTIC BEHAVIORAL SERVICES	1,171	9.28%
ICC	819	6.49%
IHBS	634	5.02%
HOSPITAL INPATIENT	547	4.34%
PHF	294	2.33%
ADULT CRISIS RESIDENTIAL	143	1.13%
DAY REHABILITATIVE FULL DAY	122	0.97%
DAY TX INTENSIVE FULL DAY	95	0.75%
ADULT RESIDENTIAL	18	0.14%
DAY TX INTENSIVE HALF DAY	2	0.02%
DAY REHABILITATIVE HALF DAY	1	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	12,617
Mean	$ 6,894
Standard Deviation	$ 9,418
Median	$ 4,320
Mode	$ 3,600
Interquartile Range	$ 4,938

Quartile	Amount
100%	$ 199,430
99%	$ 46,712
95%	$ 21,600
90%	$ 14,349
75%	$ 7,350
50%	$ 4,320
25%	$ 2,412

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

Statistic	Days
Number of Clients	12,617
Mean	8
Standard Deviation	10
Median	5
Mode	3
Interquartile Range	6

Quartile	Days
100%	204
99%	52
95%	25
90%	17
75%	9
50%	5
25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	12,032	13,019	12,584	13,105
Number of Days	99,423	103,460	103,594	107,755
Days Per Client	8	8	8	8
Approved Amount	$73,731,135	$81,624,832	$86,674,239	$91,567,799

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Intensive Care Coordination

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

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

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

Data Composition	Fiscal Year	Dollars		Clients
Actual	FY 2012-13	$	0	0
Actual	FY 2013-14	$	19,437,354	6,713
Actual	FY 2014-15	$	33,804,873	10,197
Actual	FY 2015-16	$	38,071,310	11,736
Actual + Forecast	FY 2016-17	$	45,306,368	16,737
Forecast	FY 2017-18	$	47,688,464	20,505
Forecast	FY 2018-19	$	50,070,560	24,273
Actual data as of June 30, 2017				

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 16a
Children
Clients Receiving intensive Care Coordination Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
ICC	27.5%	49.6%	16.5%	6.4%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 16b
Children
Clients Receiving Intensive Care Coordination Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ICC	40.8%	34.6%	15.2%	1.6%	0.6%	7.1%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 16c
Children
Clients Receiving Intensive Care Coordination Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
ICC	47.6%	52.4%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
ICC	11,736	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	11,535	98.29%
IHBS	8,053	68.62%
TARGETED CASE MANAGEMENT	6,332	53.95%
MEDICATION SUPPORT	5,431	46.28%
CRISIS INTERVENTION	1,763	15.02%
THERAPEUTIC BEHAVIORAL SERVICES	1,651	14.07%
CRISIS STABILIZATION	905	7.71%
FFS-HOSPITAL INPATIENT	819	6.98%
HOSPITAL INPATIENT	218	1.86%
DAY REHABILITATIVE FULL DAY	149	1.27%
DAY TX INTENSIVE FULL DAY	61	0.52%
PHF	59	0.50%
ADULT CRISIS RESIDENTIAL	10	0.09%
DAY REHABILITATIVE HALF DAY	6	0.05%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	11,736
Mean	$ 3,244
Standard Deviation	$ 4,367
Median	$ 1,578
Mode	$ 150
Interquartile Range	$ 3,875

Quartile	Amount
100%	$ 58,550
99%	$ 20,056
95%	$ 11,840
90%	$ 8,600
75%	$ 4,325
50%	$ 1,578
25%	$ 450

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

Statistic	Minutes
Number of Clients	11,736
Mean	1,568
Median	762
Mode	0
Interquartile Range	1,910

Quartile	Minutes
100%	23,274
99%	9,740
90%	4,233
75%	2,113
50%	762
25%	203

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	6,713	10,197	11,736	16,737
Number of Minutes	9,625,101	16,781,028	18,400,628	21,897,477
Minutes Per Client	1,434	1,646	1,568	1,308
Approved Amount	$19,437,354	$33,804,873	$38,071,310	45,306,368

* FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Children

Intensive Home Based Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 0	0
Actual	FY 2013-14	$ 26,912,422	5,317
Actual	FY 2014-15	$ 47,726,896	7,846
Actual	FY 2015-16	$ 56,126,669	8,880
Actual + Forecast	FY 2016-17	$ 63,251,622	11,983
Forecast	FY 2017-18	$ 66,577,235	14,461
Forecast	FY 2018-19	$ 69,902,847	16,939
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 17a
Children
Clients Receiving Intensive Home Based Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 0 and 8 Years of Age	Clients Between 9 and 15 Years of Age	Clients Between 16 and 17 Years of Age	Clients Between 18 and 20 Years of Age
IHBS	27.1%	50.9%	16.2%	5.8%
Total Children	24.5%	45.9%	17.5%	12.1%

Table 17b
Children
Clients Receiving Intensive Home Based Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
IHBS	40.3%	34.9%	15.2%	1.3%	0.3%	8.0%
Total Children	25.9%	47.8%	11.6%	3.7%	0.6%	10.4%

Table 17c
Children
Clients Receiving Intensive Home Based Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
IHBS	46.4%	53.6%
Total Children	45.2%	54.8%

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

	Frequency	Percent of Clients
IHBS	8,880	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,774	98.81%
ICC	8,053	90.69%
TARGETED CASE MANAGEMENT	4,722	53.18%
MEDICATION SUPPORT	4,410	49.66%
CRISIS INTERVENTION	1,441	16.23%
THERAPEUTIC BEHAVIORAL SERVICES	1,194	13.45%
CRISIS STABILIZATION	636	7.16%
FFS-HOSPITAL INPATIENT	634	7.14%
HOSPITAL INPATIENT	184	2.07%
DAY REHABILITATIVE FULL DAY	54	0.61%
DAY TX INTENSIVE FULL DAY	40	0.45%
PHF	38	0.43%
ADULT CRISIS RESIDENTIAL	6	0.07%
DAY REHABILITATIVE HALF DAY	6	0.07%
DAY TX INTENSIVE HALF DAY	1	0.01%

Service Metrics:

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

Statistic	Amount
Number of Clients	8,880
Mean	$ 6,321
Standard Deviation	$ 10,429
Median	$ 3,281
Mode	$ 0
Interquartile Range	$ 6,596

Quartile	Amount
100%	$ 187,363
99%	$ 52,028
95%	$ 20,590
90%	$ 14,497
75%	$ 7,649
50%	$ 3,281
25%	$ 1,053

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

Statistic	Minutes
Number of Clients	8,880
Mean	2,222
Standard Deviation	3,011
Median	1,297
Mode	0
Interquartile Range	2,595

Quartile	Minutes
100%	51,510
99%	13,624
95%	7,267
90%	5,310
75%	2,988
50%	1,297
25%	393

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	5,317	7,846	8,880	11,983
Number of Minutes	10,391,848	18,519,262	19,729,719	22,234,291
Minutes Per Client	1,954	2,360	2,222	1,855
Approved Amount	$26,912,422	$47,726,896	$56,126,669	$63,251,622

* FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adult Services Section

Adults

Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 25,659,512	4,083
Actual	FY 2013-14	$ 31,561,687	5,704
Actual	FY 2014-15	$ 40,892,508	7,306
Actual	FY 2015-16	$ 46,263,040	7,354
Actual + Forecast	FY 2016-17	$ 55,128,947	8,646
Forecast	FY 2017-18	$ 60,683,684	9,570
Forecast	FY 2018-19	$ 66,237,686	10,494
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Dollars and clients are expected to continue to grow for FY 2017-18 and FY 2018-19 for Adult Crisis Residential Services.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 1a
ADULTS
Clients Receiving Adult Crisis Residential Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
ACR	94.4%	4.1%	1.4%
Total Adults	86.3%	8.4%	5.4%

Table 1b
ADULTS
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	44.4%	13.0%	15.5%	6.1%	0.8%	20.2%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 1c
ADULTS
Clients Receiving Adult Crisis Residential Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
ACR	41.0%	59.0%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	7,354	100.00%
MEDICATION SUPPORT	6,731	91.53%
THERAPY AND OTHER SERVICE ACTIVITIES	5,664	77.02%
TARGETED CASE MANAGEMENT	4,924	66.96%
CRISIS STABILIZATION	4,160	56.57%
CRISIS INTERVENTION	3,067	41.71%
FFS-HOSPITAL INPATIENT	2,039	27.73%
HOSPITAL INPATIENT	1,328	18.06%
PHF	726	9.87%
ADULT RESIDENTIAL	634	8.62%
DAY REHABILITATIVE FULL DAY	70	0.95%
DAY REHABILITATIVE HALF DAY	68	0.92%

Service Metrics:

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

Statistic	Amount
Number of Clients	7,354
Mean	$ 6,291
Standard Deviation	$ 6,253
Median	$ 4,699
Mode	$ 4,337
Interquartile Range	$ 6,082

Quartile	Amount
100%	$ 64.424
99%	$ 30,162
95%	$ 18,382
90%	$ 13,253
75%	$ 8,361
50%	$ 4,699
25%	$ 2,280

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

Statistic	Amount
Number of Clients	7,354
Mean	18
Standard Deviation	17
Median	14
Mode	14
Interquartile Range	16

Quartile	Days
100%	174
99%	80
95%	50
90%	36
75%	23
50%	14
25%	7

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	5,704	7,306	7,354	8,646
Number of Days	94,271	120,470	129,093	153,833
Days Per Client	17	16	18	18
Approved Amount	$31,561,687	$40,892,508	$46,263,040	$55,128,947

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Adult Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 16,363,817	1,177
Actual	FY 2013-14	$ 20,279,367	1,330
Actual	FY 2014-15	$ 23,623,998	1,541
Actual	FY 2015-16	$ 24,571,495	1,565
Actual + Forecast	FY 2016-17	$ 29,630,705	1,678
Forecast	FY 2017-18	$ 32,616,265	1,775
Forecast	FY 2018-19	$ 35,601,430	1,876
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 2a ADULTS Clients Receiving Adult Residential Services by Age Group Fiscal Year 2015-2016 Data as of 6/30/2017			
Groups	**Clients Between 21 and 59 Years of Age**	**Clients Between 60 and 64 Years of Age**	**Clients 65 Years of Age and Older**
AR	93.3%	4.3%	2.4%
Total Adults	86.3%	8.4%	5.4%

Table 2b ADULTS Clients Receiving Adult Residential Services by Race / Ethnicity Fiscal Year 2015-2016 Data as of 6/30/2017						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
AR	40.3%	11.7%	13.8%	6.1%	1.1%	27.0%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 2c ADULTS Clients Receiving Adult Residential Services by Gender Fiscal Year 2015-2016 Data as of 6/30/2017		
Groups	**Female**	**Male**
AR	35.2%	64.8%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,565	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,379	88.12%
MEDICATION SUPPORT	1,310	83.71%
TARGETED CASE MANAGEMENT	1,287	82.24%
CRISIS STABILIZATION	747	47.73%
ADULT CRISIS RESIDENTIAL	634	40.51%
CRISIS INTERVENTION	535	34.19%
HOSPITAL INPATIENT	222	14.19%
FFS-HOSPITAL INPATIENT	190	12.14%
DAY REHABILITATIVE FULL DAY	151	9.65%
PHF	95	6.07%
DAY REHABILITATIVE HALF DAY	19	1.21%

Service Metrics:

Table 2e
Adults
Adult Residential
Fiscal Year 2015-16

Statistic	Amount
Number of Clients	1,565
Mean	$ 15,701
Standard Deviation	$ 16,604
Median	$ 11,960
Mode	$ 20,700
Interquartile Range	$ 18,860

Quartile	Amount
100%	$ 118,621
99%	$ 66,294
95%	$ 48,362
90%	$ 38,300
75%	$ 22,770
50%	$ 11,960
25%	$ 3,910

Table 2f
Adults
Adult Residential
Fiscal Year 2015-16

Statistic	Days
Number of Clients	1,565
Mean	84
Standard Deviation	87
Median	63
Mode	1
Interquartile Range	101

Quartile	Days
100%	366
99%	358
95%	266
90%	214
75%	121
50%	63
25%	20

Table 2g
Adults
Historical Trends
Adult Residential by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	1,330	1,541	1,565	1,678
Number of Days	116,144	127,702	131,375	158,425
Days Per Client	87	83	84	94
Approved Amount	$20,279,367	$23,623,998	$24,571,495	$29,630,705

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Crisis Intervention

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 29,780,602	29,033
Actual	FY 2013-14	$ 35,657,233	35,939
Actual	FY 2014-15	$ 48,683,642	46,625
Actual	FY 2015-16	$ 54,379,860	47,640
Actual + Forecast	FY 2016-17	$ 68,835,701	54,316
Forecast	FY 2017-18	$ 75,771,517	58,920
Forecast	FY 2018-19	$ 82,706,415	63,518
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Costs and Clients are forecasted to increase in FY 2017-18 and FY 2018-19.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 3a
ADULTS
Clients Receiving Crisis Intervention Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CI	90.8%	5.4%	3.9%
Total Adults	86.3%	8.4%	5.4%

Table 3b
ADULTS
Clients Receiving Crisis Intervention Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CI	42.0%	23.0%	13.6%	4.9%	1.0%	15.6%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 3c
ADULTS
Clients Receiving Crisis Intervention Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
CI	47.9%	52.1%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
CRISIS INTERVENTION	47,640	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	31,147	65.38%
MEDICATION SUPPORT	29,216	61.33%
TARGETED CASE MANAGEMENT	23,779	49.91%
CRISIS STABILIZATION	13,874	29.12%
FFS-HOSPITAL INPATIENT	8,980	18.85%
HOSPITAL INPATIENT	4,467	9.38%
PHF	3,813	8.00%
ADULT CRISIS RESIDENTIAL	3,067	6.44%
ADULT RESIDENTIAL	535	1.12%
DAY REHABILITATIVE FULL DAY	79	0.17%
DAY REHABILITATIVE HALF DAY	72	0.15%

Service Metrics:

Table 3e
Adults
Crisis Intervention
Fiscal Year 2015-16

Statistic	Amount
Number of Clients	47,640
Mean	$ 1,141
Standard Deviation	$ 1,409
Median	$ 733
Mode	$ 2,366
Interquartile Range	$ 1,007

Quartile	Amount
100%	$ 51,531
99%	$ 6,839
95%	$ 3,475
90%	$ 2,366
75%	$ 1,365
50%	$ 733
25%	$ 359

Table 3f
Adults
Crisis Intervention
Fiscal Year 2015-16

Statistic	Minutes
Number of Clients	47,640
Mean	237
Standard Deviation	289
Median	150
Mode	120
Interquartile Range	195

Quartile	Minutes
100%	12,122
99%	1,414
95%	720
90%	480
75%	280
50%	150
25%	85

Table 3g
Adults
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	35,939	46,625	47,640	54,316
Number of Minutes	8,188,687	10,569,517	11,277,479	14,275,381
Minutes Per Client	228	227	237	263
Approved Amount	$35,657,233	$48,683,642	$54,379,860	$68,835,701

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Crisis Stabilization

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 58,456,656	24,099
Actual	FY 2013-14	$ 85,870,355	34,235
Actual	FY 2014-15	$ 127,562,659	47,568
Actual	FY 2015-16	$ 139,398,020	50,639
Actual + Forecast	FY 2016-17	$ 143,949,170	55,469
Forecast	FY 2017-18	$ 158,453,342	61,956
Forecast	FY 2018-19	$ 172,955,598	68,440
Actual data as of June 30, 2017			

Budget Forecast Narrative:
Growth in costs and clients are forecasted in FY 2017-18 and FY 2018-19.

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 4a
ADULTS
Clients Receiving Crisis Stabilization Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
CS	93.7%	4.3%	2.0%
Total Adults	86.3%	8.4%	5.4%

Table 4b
ADULTS
Clients Receiving Crisis Stabilization Services by Race / Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	32.6%	22.0%	19.8%	6.9%	0.8%	17.9%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 4c
ADULTS
Clients Receiving Crisis Stabilization Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
CS	42.7%	57.3%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
CRISIS STABILIZATION	50,639	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	26,676	52.68%
MEDICATION SUPPORT	23,635	46.67%
TARGETED CASE MANAGEMENT	16,939	33.45%
CRISIS INTERVENTION	13,874	27.40%
FFS-HOSPITAL INPATIENT	8,967	17.71%
HOSPITAL INPATIENT	6,028	11.90%
ADULT CRISIS RESIDENTIAL	4,160	8.22%
PHF	3,109	6.14%
ADULT RESIDENTIAL	747	1.48%
DAY REHABILITATIVE HALF DAY	182	0.36%
DAY REHABILITATIVE FULL DAY	77	0.15%

Service Metrics:

Table 4e
Adults
Crisis Stabilization
Fiscal Year 2015-16

Statistic	Amount	Quartile	Amount
Number of Clients	50,639	100%	$ 230,155
Mean	$ 2,753	99%	$ 23,630
Standard Deviation	$ 5,346	95%	$ 8,896
Median	$ 1,700	90%	$ 5,560
Mode	$ 1,891	75%	$ 2,536
Interquartile Range	$ 1,867	50%	$ 1,700
		25%	$ 670

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

Statistic	Hours	Quartile	Hours
Number of Clients	50,639	100%	1,605
Mean	25	99%	169
Standard Deviation	38	95%	76
Median	19	90%	50
Mode	20	75%	23
Interquartile Range	16	50%	19
		25%	7

Table 4g
Adults
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	34,235	47,568	50,639	55,469
Number of Hours	794,878	1,117,043	1,242,015	1,282,565
Hours Per Client	23	23	25	23
Approved Amount	$85,870,355	$127,562,659	$139,398,020	$143,949,170

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Day Rehabilitation Half Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 819,605	216
Actual	FY 2013-14	$ 1,588,644	463
Actual	FY 2014-15	$ 2,295,333	511
Actual	FY 2015-16	$ 1,750,001	399
Actual + Forecast	FY 2016-17	$ 1,796,794	460
Forecast	FY 2017-18	$ 1,977,837	496
Forecast	FY 2018-19	$ 2,158,856	531
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 5a
ADULTS
Clients Receiving Day Rehabilitative-Half Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR H/D	91.4%	7.2%	1.4%
Total Adults	86.3%	8.4%	5.4%

Table 5b
ADULTS
Clients Receiving Day Rehabilitative-Half Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	39.0%	10.3%	24.2%	7.2%	0.2%	19.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 5c
ADULTS
Clients Receiving Day Rehabilitative-Half Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DR H/D	51.0%	49.0%
Total Adults	51.2%	48.8%

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

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

Service Metrics:

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

Statistic	Amount
Number of Clients	399
Mean	$ 4,386
Standard Deviation	$ 5,267
Median	$ 2,123
Mode	$ 2,123
Interquartile Range	$ 5,377

Quartile	Amount
100%	$ 29,928
99%	$ 22,068
95%	$ 15,871
90%	$ 11,941
75%	$ 6,133
50%	$ 2,123
25%	$ 756

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

Statistic	Half-Days
Number of Clients	399
Mean	43
Standard Deviation	41
Median	33
Mode	2
Interquartile Range	49

Quartile	Half-Days
100%	198
99%	173
95%	125
90%	112
75%	60
50%	33
25%	11

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	463	511	399	460
Number of Half Days	17,032	23,377	17,215	17,675
Days Per Client	37	46	43	38
Approved Amount	$1,588,644	$2,295,333	$1,750,001	$1,796,794

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Day Rehabilitation Full Day

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 6,607,902	835
Actual	FY 2013-14	$ 6,726,581	865
Actual	FY 2014-15	$ 6,407,366	745
Actual	FY 2015-16	$ 2,834,180	947
Actual + Forecast	FY 2016-17	$ 3,011,499	1,113
Forecast	FY 2017-18	$ 3,314,934	1,134
Forecast	FY 2018-19	$ 3,618,330	1,168
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 6a
ADULTS
Clients Receiving Day Rehabilitative-Full Day Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
DR F/D	80.3%	12.4%	7.3%
Total Adults	86.3%	8.4%	5.4%

Table 6b
ADULTS
Clients Receiving Day Rehabilitative-Full Day Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	39.4%	15.3%	16.1%	5.1%	1.1%	23.0%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 6c
ADULTS
Clients Receiving Day Rehabilitative-Full Day Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
DR F/D	29.9%	70.1%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
DAY REHABILITATIVE FULL DAY	250	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	219	87.60%
TARGETED CASE MANAGEMENT	197	78.80%
MEDICATION SUPPORT	194	77.60%
ADULT RESIDENTIAL	151	60.40%
CRISIS INTERVENTION	79	31.60%
CRISIS STABILIZATION	77	30.80%
ADULT CRISIS RESIDENTIAL	70	28.00%
HOSPITAL INPATIENT	40	16.00%
FFS-HOSPITAL INPATIENT	26	10.40%
DAY REHABILITATIVE HALF DAY	13	5.20%
PHF	1	0.40%

Service Metrics:

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

Statistic	Amount
Number of Clients	250
Mean	$ 11,337
Standard Deviation	$ 13,874
Median	$ 7,700
Mode	$ 4,023
Interquartile Range	$ 10,510

Quartile	Amount
100%	$ 73,213
99%	$ 67,984
95%	$ 43,445
90%	$ 25,946
75%	$ 13,677
50%	$ 7,700
25%	$ 3,167

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

Statistic	Days
Number of Clients	250
Mean	53
Standard Deviation	44
Median	44
Mode	10
Interquartile Range	66

Quartile	Days
100%	182
99%	169
95%	142
90%	113
75%	83
50%	44
25%	17

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	865	745	947	1,113
Number of Days	43,741	34,661	13,195	14,021
Days Per Client	51	47	14	13
Approved Amount	$6,726,581	$6,407,366	$2,834,180	$3,011,499

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Medication Support

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 227,581,241	164,035
Actual	FY 2013-14	$ 270 708,033	202,374
Actual	FY 2014-15	$ 332,121,212	226,110
Actual	FY 2015-16	$ 357,991,346	229,320
Actual + Forecast	FY 2016-17	$ 379,897,271	237,605
Forecast	FY 2017-18	$ 418,175,334	251,926
Forecast	FY 2018-19	$ 456,448,339	266,253
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 8a
ADULTS
Clients Receiving Medication Support Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
MS	84.4%	9.8%	5.7%
Total Adults	86.3%	8.4%	5.4%

Table 8b
ADULTS
Clients Receiving Medication Support Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	35.4%	21.8%	15.3%	9.0%	0.7%	17.6%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 8c
ADULTS
Clients Receiving Medication Support Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
MS	52.7%	47.3%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
MEDICATION SUPPORT	229,320	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	170,095	74.17%
TARGETED CASE MANAGEMENT	106,614	46.49%
CRISIS INTERVENTION	29,216	12.74%
CRISIS STABILIZATION	23,635	10.31%
FFS-HOSPITAL INPATIENT	15,613	6.81%
ADULT CRISIS RESIDENTIAL	6,731	2.94%
HOSPITAL INPATIENT	6,236	2.72%
PHF	3,403	1.48%
ADULT RESIDENTIAL	1,310	0.57%
DAY REHABILITATIVE HALF DAY	247	0.11%
DAY REHABILITATIVE FULL DAY	194	0.08%

Service Metrics:

Table 8e
Adults
Medication Support
Fiscal Year 2015-16

Statistic	Amount
Number of Clients	229,320
Mean	$ 1,561
Standard Deviation	$ 2,307
Median	$ 968
Mode	$ 551
Interquartile Range	$ 1,354

Quartile	Amount
100%	$ 108,102
99%	$ 10,282
95%	$ 4,924
90%	$ 3,315
75%	$ 1,809
50%	$ 968
25%	$ 455

Table 8f
Adults
Medication Support
Fiscal Year 2015-16

Statistic	Minutes
Number of Clients	229,320
Mean	273
Standard Deviation	384
Median	175
Mode	60
Interquartile Range	225

Quartile	Minutes
100%	19,308
99%	1,792
95%	840
90%	571
75%	315
50%	175
25%	90

Table 8g
Adults
Historical Trends
Medication Support by Fiscal Year

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	202,374	226,110	229,320	237,605
Number of Minutes	53,101,974	61,667,540	62,628,658	66,460,982
Minutes Per Client	262	273	273	280
Approved Amount	$270,708,033	$332,121,212	$357,991,346	$379,897,271

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Psychiatric Health Facility Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 24,661,613	2,900
Actual	FY 2013-14	$ 36,409,161	4,160
Actual	FY 2014-15	$ 48,468,023	5,907
Actual	FY 2015-16	$ 47,606,807	5,847
Actual + Forecast	FY 2016-17	$ 51,019,635	6,092
Forecast	FY 2017-18	$ 56,160,322	6,752
Forecast	FY 2018-19	$ 61,300,329	7,412
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 9a
ADULTS
Clients Receiving Psychiatric Health Facility Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
PHF	94.9%	4.1%	1.0%
Total Adults	86.3%	8.4%	5.4%

Table 9b
ADULTS
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	48.5%	18.2%	10.3%	5.6%	1.0%	16.4%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 9c
ADULTS
Clients Receiving Psychiatric Health Facility Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
PHF	46.2%	53.8%
Total Adults	51.2%	48.8%

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

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

Service Metrics:

Table 9e
Adults
PHF
Fiscal Year 2015-16

Statistic	Amount
Number of Clients	5,847
Mean	$ 8,142
Standard Deviation	$ 11,663
Median	$ 4,522
Mode	$ 756
Interquartile Range	$ 7,139

Quartile	Amount
100%	$ 189,200
99%	$ 61,800
95%	$ 28,440
90%	$ 18,540
75%	$ 9,344
50%	$ 4,522
25%	$ 2,205

Table 9f
Adults
PHF
Fiscal Year 2015-16

Statistic	Days
Number of Clients	5,847
Mean	11
Standard Deviation	17
Median	6
Mode	2
Interquartile Range	10

Quartile	Days
100%	295
99%	88
95%	39
90%	25
75%	13
50%	6
25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017-*
Number of Clients	4,160	5,907	5,847	6,092
Number of Days	49,107	64,823	64,029	68,619
Days Per Client	12	11	11	11
Approved Amount	$36,409,161	$48,468,023	$47,606,807	$51,019,635

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 73,437,965	6,263
Actual	FY 2013-14	$ 100,833,142	7,908
Actual	FY 2014-15	$ 136,294,610	10,196
Actual	FY 2015-16	$ 119,466,743	9,329
Actual + Forecast	FY 2016-17	$ 129,218,839	9,996
Forecast	FY 2017-18	$ 160,641,509	10,732
Forecast	FY 2018-19	$ 175,306,818	11,472
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 10a
ADULTS
Clients Receiving Hospital Inpatient Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS-SDMC	92.8%	5.0%	2.2%
Total Adults	86.3%	8.4%	5.4%

Table 10b
ADULTS
Clients Receiving Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	33.3%	23.1%	18.0%	6.9%	0.6%	18.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 10c
ADULTS
Clients Receiving Hospital Inpatient Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
HIS-SDMC	42.2%	57.8%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	9,329	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,480	69.46%
MEDICATION SUPPORT	6,236	66.85%
CRISIS STABILIZATION	6,028	64.62%
CRISIS INTERVENTION	4,467	47.88%
TARGETED CASE MANAGEMENT	3,807	40.81%
FFS-HOSPITAL INPATIENT	1,586	17.00%
ADULT CRISIS RESIDENTIAL	1,328	14.24%
PHF	295	3.16%
ADULT RESIDENTIAL	222	2.38%
DAY REHABILITATIVE HALF DAY	52	0.56%
DAY REHABILITATIVE FULL DAY	40	0.43%

Service Metrics:

Table 10e
Adults
Hospital Inpatient
Fiscal Year 2015-16

Statistic	Amount
Number of Clients	9,329
Mean	$ 12,806
Standard Deviation	$ 19,762
Median	$ 6,553
Mode	$ 2,924
Interquartile Range	$ 10,893

Quartile	Amount
100%	$ 367,832
99%	$ 97,475
95%	$ 43,932
90%	$ 28,605
75%	$ 14,142
50%	$ 6,553
25%	$ 3,249

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

Statistic	Days
Number of Clients	9,329
Mean	10
Standard Deviation	19
Median	4
Mode	2
Interquartile Range	8

Quartile	Days
100%	295
99%	93
95%	40
90%	23
75%	10
50%	4
25%	2

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	7,908	10,196	9,329	9,996
Number of Days	78,687	94,872	96,187	99,031
Days Per Client	10	9	10	10
Approved Amount	$100,833,142	$136,294,610	$119,466,743	$129,218,839

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Targeted Case Management

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$103,239,092	96,353
Actual	FY 2013-14	$ 113,739,606	117,878
Actual	FY 2014-15	$ 129,804,324	133,687
Actual	FY 2015-16	$ 133,353,010	132,741
Actual + Forecast	FY 2016-17	$ 142,563,901	133,716
Forecast	FY 2017-18	$ 156,928,494	140,782
Forecast	FY 2018-19	$ 171,291,190	147,846
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was

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

Table 11a
ADULTS
Clients Receiving Targeted Case Management Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
TCM	83.8%	9.1%	7.1%
Total Adults	86.3%	8.4%	5.4%

Table 11b
ADULTS
Clients Receiving Targeted Case Management Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	35.4%	20.9%	16.4%	8.4%	0.9%	18.0%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 11c
ADULTS
Clients Receiving Targeted Case Management Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
TCM	51.6%	48.4%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	132,741	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	117,962	88.87%
MEDICATION SUPPORT	106,614	80.32%
CRISIS INTERVENTION	23,779	17.91%
CRISIS STABILIZATION	16,939	12.76%
FFS-HOSPITAL INPATIENT	8,861	6.68%
ADULT CRISIS RESIDENTIAL	4,924	3.71%
HOSPITAL INPATIENT	3,807	2.87%
PHF	3,627	2.73%
ADULT RESIDENTIAL	1,287	0.97%
DAY REHABILITATIVE HALF DAY	233	0.18%
DAY REHABILITATIVE FULL DAY	197	0.15%

Service Metrics:

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

Statistic	Amount
Number of Clients	132,741
Mean	$ 1,005
Standard Deviation	$ 2,161
Median	$ 290
Mode	$ 73
Interquartile Range	$ 800

Quartile	Amount
100%	$ 88,277
99%	$ 10,301
95%	$ 4,413
90%	$ 2,585
75%	$ 911
50%	$ 290
25%	$ 111

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

Statistic	Minutes
Number of Clients	132,741
Mean	390
Standard Deviation	807
Median	119
Mode	30
Interquartile Range	320

Quartile	Minutes
100%	39,234
99%	3,849
95%	1,729
90%	1,019
75%	365
50%	119
25%	45

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	117,878	133,687	132,741	133,716
Number of Minutes	47,228,583	53,597,274	51,828,153	55,408,001
Minutes Per Client	401	401	390	414
Approved Amount	$113,739,606	$129,804,324	$133,353,010	$142,563,901

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Therapy and Other Service Activities

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

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

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

Summary:
The forecast for Therapy and Other Service Activities indicates an increase in costs and clients through FY 2017-18 and FY 2018-19.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 380,778,888	171,559
Actual	FY 2013-14	$ 441,249,500	214,056
Actual	FY 2014-15	$ 531,478,881	245,156
Actual	FY 2015-16	$ 558,845,628	250,363
Actual + Forecast	FY 2016-17	$ 634,594,951	255,518
Forecast	FY 2017-18	$ 698,536,094	273,066
Forecast	FY 2018-19	$ 762,468,787	290,619
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 12a
ADULTS
Clients Receiving Therapy and Other Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
Therapy and Other Services	85.6%	8.7%	5.7%
Total Adults	86.3%	8.4%	5.4%

Table 12b
ADULTS
Clients Receiving Therapy and Other Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
Therapy and Other Services	35.2%	23.2%	15.4%	8.3%	0.8%	17.1%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 12c
ADULTS
Clients Receiving Therapy and Other Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
Therapy and Other Services	53.6%	46.4%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	250,363	100.00%
MEDICATION SUPPORT	170,095	67.94%
TARGETED CASE MANAGEMENT	117,962	47.12%
CRISIS INTERVENTION	31,147	12.44%
CRISIS STABILIZATION	26,676	10.65%
FFS-HOSPITAL INPATIENT	19,044	7.61%
HOSPITAL INPATIENT	6,480	2.59%
ADULT CRISIS RESIDENTIAL	5,664	2.26%
PHF	3,641	1.45%
ADULT RESIDENTIAL	1,379	0.55%
DAY REHABILITATIVE HALF DAY	259	0.10%
DAY REHABILITATIVE FULL DAY	219	0.09%
DAY INTENSIVE HALF DAY	1	0.00%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	250,363	100%	$ 111,001
Mean	$ 2,232	99%	$ 19,238
Standard Deviation	$ 4,046	95%	$ 9,224
Median	$ 882	90%	$ 5,824
Mode	$ 130	75%	$ 2,314
Interquartile Range	$ 1,971	50%	$ 822
		25%	$ 343

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

Statistic	Minutes	Quartile	Minutes
Number of Clients	250,363	100%	99,027
Mean	778	99%	6,729
Standard Deviation	1,587	95%	3,117
Median	292	90%	1,973
Mode	60	75%	795
Interquartile Range	674	50%	292
		25%	121

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	214,056	245,156	250,363	255,518
Number of Minutes	164,922,816	192,869,064	194,851,031	221,262,321
Minutes Per Client	770	787	778	866
Approved Amount	$441,249,500	$531,478,881	$558,845,628	$634,594,951

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.

Adults

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

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

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 142,935,188	14,945
Actual	FY 2013-14	$ 155,321,773	18,433
Actual	FY 2014-15	$ 201,973,987	23,971
Actual	FY 2015-16	$ 230,362,680	25,841
Actual + Forecast	FY 2016-17	$ 249,886,693	27,592
Forecast	FY 2017-18	$ 271,561,262	29,966
Forecast	FY 2018-19	$ 293,235,831	32,342
Actual data as of June 30, 2017			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2015-16 client tables and the historical trends tables are based upon claims received as of June 30, 2017.

Note:
The following tables utilize data for FY 2015-2016. The time period for filing a claim has changed from six months to one year effective July 1, 2012. Consequently, counties still have time to submit timely claims with service dates in fiscal year 2016-17 at the time of this November 2017 Budget Estimate. For this reason, data for FY 2015-16 was used in these tables as all approved claims have been submitted and received representing a full fiscal year.

Table 13a
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Age Group
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Clients Between 21 and 59 Years of Age	Clients Between 60 and 64 Years of Age	Clients 65 Years of Age and Older
HIS- FFS	93.5%	4.5%	2.0%
Total Adults	86.3%	8.4%	5.4%

Table 13b
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	34.1%	24.2%	14.7%	6.5%	0.7%	19.9%
Total Adults	35.7%	22.2%	15.7%	8.1%	0.8%	17.5%

Table 13c
ADULTS
Clients Receiving Fee For Service Hospital Inpatient Services by Gender
Fiscal Year 2015-2016
Data as of 6/30/2017

Groups	Female	Male
HIS-FFS	43.3%	56.7%
Total Adults	51.2%	48.8%

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

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	9,329	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	6,480	69.46%
MEDICATION SUPPORT	6,236	66.85%
CRISIS STABILIZATION	6,028	64.62%
CRISIS INTERVENTION	4,467	47.88%
TARGETED CASE MANAGEMENT	3,807	40.81%
FFS-HOSPITAL INPATIENT	1,586	17.00%
ADULT CRISIS RESIDENTIAL	1,328	14.24%
PHF	295	3.16%
ADULT RESIDENTIAL	222	2.38%
DAY REHABILITATIVE HALF DAY	52	0.56%
DAY REHABILITATIVE FULL DAY	40	0.43%

Service Metrics:

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

Statistic	Amount	Quartile	Amount
Number of Clients	25,811	100%	$ 351,748
Mean	$ 8,913	99%	$ 76,530
Standard Deviation	$ 15,643	95%	$ 32,868
Median	$ 4,200	90%	$ 19,800
Mode	$ 1,800	75%	$ 9,000
Interquartile Range	$ 6,900	50%	$ 4,200
		25%	$ 2,100

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

Statistic	Days	Quartile	Days
Number of Clients	25,811	100%	424
Mean	12	99%	110
Standard Deviation	22	95%	41
Median	6	90%	25
Mode	3	75%	12
Interquartile Range	9	50%	6
		25%	3

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

Data Type	2013-2014	2014-2015	2015-2016	2016-2017*
Number of Clients	18,433	23,971	25,841	27,592
Number of Days	226,387	275,944	302,714	321,334
Days Per Client	12	12	12	12
Approved Amount	$155,321,773	$201,973,987	$230,362,680	$249,886,693

*FY 2016-17 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through June 30, 2017.