Department of Health Care Services

Medi-Cal Specialty Mental Health Services

May Estimate

Policy Change Supplement

For Fiscal Years
2016-17 and 2017-18

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Executive Summary

The Medi-Cal Specialty Mental Health Services (SMHS) Supplement is required by Welfare and Institutions Code, Section 14100.51, to be submitted to the Legislature each year, by January 10 and concurrently with the release of the May Revision. This supplemental information provides children's and adults' caseloads and FY 2017-18 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 70 and 71

Continued growth is forecasted for both children and adult services. Children's service costs are projected to be $1.864 billion for the current year and grow by 5.2% to $1.960 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 3.9% from 296,917 in the current year to 308,546 in the budget year.

Adult services are also expected to grow 8.9% from a current year projection of $1.905 billion to a budget year projection of $2.075 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 FFS/MC providers is projected to increase 6.9% from 416,351 in the current year to 445,210 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 are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also 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 and IHBS and other related services for EPSDT-eligible children.

MHPs began billing for ICC and IHBS services for dates of service starting January 1, 2013. This May budget estimate contains actual claims data for ICC and IHBS claims received through December 31, 2016.

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 1999, the district court issued a preliminary injunction requiring that a certified state-wide class of current and future beneficiaries of the Medicaid program below the age of 21 in California who are placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility for the treatment of mental health needs; are being considered for placement in these facilities; or have undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months. In 2001, the district court issued a permanent injunction favoring the plaintiffs and in 2004, the court approved a plan to increase the usage of TBS including increased monitoring and a special master

was appointed. Pursuant to the Court agreement, the Department continues to perform specific activities related to the Emily Q lawsuit.

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

Children

POLICY CHANGE			Nov. 2016 Est for FY 2016-17		May 2017 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	71	SMHS FOR CHILDREN	$ 35,684	$ 1,023,715	$ 34,776	$ 1,023,578	$ (908)	$ (137)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEME	$ -	$ 48,351	$ -	$ -	$ -	$ (48,351)
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ 4,685	$ 3,170	$ 4,527	$ 3,012	$ (158)	$ (158)
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ 10,312	$ -	$ 5,650	$ -	$ (4,662)
Regular	75	LATE CLAIMS FOR SMHS	$ 1	$ 18	$ -	$ 24	$ (1)	$ 6
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMEN	$ 309	$ (309)	$ 143	$ (309)	$ (166)	$ 0
Regular	77	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	CHART REVIEW	$ -	$ (581)	$ -	$ (598)	$ -	$ (17)
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 2,655	$ (30,708)	$ 2,655	$ (30,709)	$ -	$ (1)
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ 24	$ 5,830	$ 24	$ 5,845	$ -	$ 15
Other	9	SMH MAA	$ -	$ 12,992	$ -	$ 19,547	$ -	$ 6,555
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 11,740	$ -	$ 11,780	$ -	$ 40
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 6,621	$ -	$ 6,621	$ -	$ 0
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ 5,087	$ 5,087	$ -	$ -	$ (5,087)	$ (5,087)
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	$ -
Total Children			**$ 48,445**	**$ 1,096,238**	**$ 42,125**	**$ 1,044,441**	**$ (6,320)**	**$ (51,797)**

Adults

POLICY CHANGE			Nov. 2016 Est for FY 2016-17		May 2017 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS	$ 81,388	$ 1,206,038	$ 81,965	$ 1,203,436	$ 577	$ (2,602)
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEME	$ -	$ 60,548	$ -	$ -	$ -	$ (60,548)
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ -	$ -		$ -	$ -
Regular	75	LATE CLAIMS FOR SMHS	$ 1	$ -	$ -	$ -	$ (1)	$ -
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMEN	$ 276	$ (276)	$ 127	$ (276)	$ (149)	$ (0)
Regular	77	IMD ANCILLARY SERVICES	$ 6,410	$ (6,410)	$ 26,632	$ (26,632)	$ 20,222	$ (20,222)
Regular	78	CHART REVIEW	$ -	$ (1,236)	$ -	$ (1,271)	$ -	$ (35)
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (30,709)	$ -	$ (30,708)	$ -	$ 1
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 104,818	$ -	$ 105,094	$ -	$ 276
Other	9	SMH MAA	$ -	$ 8,064	$ -	$ 12,134	$ -	$ 4,070
Other	11	COUNTY UR & QA ADMIN	$ -	$ 7,101	$ -	$ 7,126	$ -	$ 25
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 6,362	$ -	$ 6,362	$ -	$ (0)
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	$ -
Total Adults			**$ 88,075**	**$ 1,354,300**	**$ 108,724**	**$ 1,275,265**	**$ 20,649**	**$ (79,035)**

Healthy Families Program

POLICY CHANGE			Nov. 2016 Est for FY 2016-17		May 2017 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS	$ -	$ -	$ -	$ -	$ -	$ -
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEME	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	LATE CLAIMS FOR SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMEN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (275)	$ -	$ (275)	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	9	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 194	$ -	$ 194		$ -
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ (81)**	$ -	**$ (81)**	**$ -**	**$ -**

Grand Total

POLICY CHANGE			Nov. 2016 Est for FY 2016-17		May 2017 Est for FY 2016-17		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS	$ 81,388	$ 1,206,038	$ 81,965	$ 1,203,436	$ 577	$ (2,602)
Base	71	SMHS FOR CHILDREN	$ 35,684	$ 1,023,715	$ 34,776	$ 1,023,578	$ (908)	$ (137)
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEME	$ -	$ 108,899	$ -	$ -	$ -	$ (108,899)
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ 4,685	$ 3,170	$ 4,527	$ 3,012	$ (158)	$ (158)
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ 10,312	$ -	$ 5,650	$ -	$ (4,662)
Regular	75	LATE CLAIMS FOR SMHS	$ 2	$ 18	$ -	$ 24	$ (2)	$ 6
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMEN	$ 585	$ (585)	$ 270	$ (585)	$ (315)	$ -
Regular	77	IMD ANCILLARY SERVICES	$ 6,410	$ (6,410)	$ 26,632	$ (26,632)	$ 20,222	$ (20,222)
Regular	78	CHART REVIEW	$ -	$ (1,817)	$ -	$ (1,869)	$ -	$ (52)
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 2,655	$ (61,692)	$ 2,655	$ (61,692)	$ -	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ 24	$ 110,648	$ 24	$ 110,939	$ -	$ 291
Other	9	SMH MAA	$ -	$ 21,056	$ -	$ 31,681	$ -	$ 10,625
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 18,841	$ -	$ 18,906	$ -	$ 65
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 13,177	$ -	$ 13,177	$ -	$ -
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ 5,087	$ 5,087	$ -	$ -	$ (5,087)	$ (5,087)
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total			**$ 136,520**	**$ 2,450,457**	**$ 150,849**	**$ 2,319,625**	**$ 14,329**	**$ (130,832)**

Children

POLICY CHANGE			May 2017 Est for FY 2016-17		May 2017 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS*	$ -	$ -	$ -	$ -	$ -	$ -
Base	71	SMHS FOR CHILDREN	$ 34,776	$ 1,023,578	$ 37,635	$ 1,090,024	$ 2,859	$ 66,446
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 114,437	$ -	$ 114,437
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ 4,527	$ 3,012	$ 12,424	$ 10,885	$ 7,897	$ 7,873
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ 5,650	$ -	$ 17,201	$ -	$ 11,551
Regular	75	LATE CLAIMS FOR SMHS	$ -	$ 24	$ 2	$ -	$ 2	$ (24)
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 143	$ (309)	$ -	$ -	$ (143)	$ 309
Regular	77	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	CHART REVIEW	$ -	$ (598)		$ (373)	$ -	$ 225
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 2,655	$ (30,709)	$ 21,146	$ (257)	$ 18,491	$ 30,452
Regular	217	TRANSITIONAL SMHS CLAIMS			$ 736	$ -	$ 736	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ 24	$ 5,845	$ 121	$ 6,568	$ 97	$ 723
Other	9	SMH MAA	$ -	$ 19,547	$ -	$ 20,060	$ -	$ 513
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 11,780	$ 259	$ 12,749	$ 259	$ 969
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 6,621	$ -	$ 782	$ -	$ (5,839)
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ 6,190	$ 8,762	$ 6,190	$ 8,762
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ 4,076	$ 8,152	$ 4,076	$ 8,152
Total Children			**$ 42,125**	**$ 1,044,441**	**$ 82,589**	**$ 1,288,990**	**$ 40,464**	**$ 244,549**

Adults

POLICY CHANGE			May 2017 Est for FY 2016-17		May 2017 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS*	$ 81,965	$ 1,203,436	$ 85,860	$ 1,315,370	$ 3,895	$ 111,934
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 139,068	$ -	$ 139,068
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	LATE CLAIMS FOR SMHS	$ -	$ -	$ 2	$ -	$ 2	$ -
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 127	$ (276)	$ -	$ -	$ (127)	$ 276
Regular	77	IMD ANCILLARY SERVICES	$ 26,632	$ (26,632)	$ 29,565	$ (29,565)	$ 2,933	$ (2,933)
Regular	78	CHART REVIEW	$ -	$ (1,271)	$ -	$ (1,112)	$ -	$ 159
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (30,708)	$ -	$ (258)	$ -	$ 30,450
Regular	217	TRANSITIONAL SMHS CLAIMS			$ 736	$ -	$ 736	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ 105,094	$ -	$ 109,135	$ -	$ 4,041
Other	9	SMH MAA	$ -	$ 12,134	$ -	$ 12,452	$ -	$ 318
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 7,126	$ 156	$ 7,712	$ 156	$ 586
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 6,362	$ -	$ 752	$ -	$ (5,610)
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ 5,188	$ 10,376	$ 5,188	$ 10,376
Total Adults			**$ 108,724**	**$ 1,275,265**	**$ 121,507**	**$ 1,563,930**	**$ 12,783**	**$ 288,665**

(1) The GF amounts for PC 70 and PC 71 are reimbursements for psychiatric inpatient hospital services billed to the Fiscal Intermediary, and ACA.

Healthy Families Program

POLICY CHANGE			May 2017 Est for FY 2016-17		May 2017 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS*	$ -	$ -	$ -	$ -	$ -	$ -
Base	71	SMHS FOR CHILDREN	$ -	$ -	$ -	$ -	$ -	$ -
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ -	$ -	$ -	$ -	$ -	$ -
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ -	$ -	$ -	$ -	$ -
Regular	75	LATE CLAIMS FOR SMHS	$ -	$ -	$ -	$ -	$ -	$ -
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ -	$ -	$ -	$ -	$ -	$ -
Regular	77	IMD ANCILLARY SERVICES	$ -	$ -	$ -	$ -	$ -	$ -
Regular	78	CHART REVIEW	$ -	$ -	$ -	$ -	$ -	$ -
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ (275)	$ -	$ 127	$ -	$ 402
Regular	217	TRANSITIONAL SMHS CLAIMS	$ -	$ -	$ -	$ -		
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	9	SMH MAA	$ -	$ -	$ -	$ -	$ -	$ -
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ -	$ -	$ -	$ -	$ -
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 194	$ -	$ (27,226)	$ -	$ (27,420)
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ -	$ -	$ -	$ -
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthy Families Program			**$ -**	**$ (81)**	**$ -**	**$ (27,099)**	**$ -**	**$ (27,018)**

Grand Total

POLICY CHANGE			May 2017 Est for FY 2016-17		May 2017 Est for FY 2017-18		DIFFERENCE	
TYPE	NO.	DESCRIPTION	GF	FFP	GF	FFP	GF	FFP
Base	70	SMHS FOR ADULTS*	$ 81,965	$ 1,203,436	$ 85,860	$ 1,315,370	$ 3,895	$ 111,934
Base	71	SMHS FOR CHILDREN	$ 34,776	$ 1,023,578	$ 37,635	$ 1,090,024	$ 2,859	$ 66,446
Regular	72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	$ -	$ -	$ -	$ 253,505	$ -	$ 253,505
Regular	73	MHP COSTS FOR CONTINUUM OF CARE REFORM	$ 4,527	$ 3,012	$ 12,424	$ 10,885	$ 7,897	$ 7,873
Regular	74	PATHWAYS TO WELL -BEING	$ -	$ 5,650	$ -	$ 17,201	$ -	$ 11,551
Regular	75	LATE CLAIMS FOR SMHS	$ -	$ 24	$ 4	$ -	$ 4	$ (24)
Regular	76	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	$ 270	$ (585)	$ -	$ -	$ (270)	$ 585
Regular	77	IMD ANCILLARY SERVICES	$ 26,632	$ (26,632)	$ 29,565	$ (29,565)	$ 2,933	$ (2,933)
Regular	78	CHART REVIEW	$ -	$ (1,869)	$ -	$ (1,485)	$ -	$ 384
Regular	79	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ 2,655	$ (61,692)	$ 21,146	$ (388)	$ 18,491	$ 61,304
Regular	217	TRANSITIONAL SMHS CLAIMS	$ -	$ -	$ 1,472	$ -	$ 1,472	$ -
Other	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$ 24	$ 110,939	$ 121	$ 115,703	$ 97	$ 4,764
Other	9	SMH MAA	$ -	$ 31,681	$ -	$ 32,512	$ -	$ 831
Other	11	SMHS COUNTY UR & QA ADMIN	$ -	$ 18,906	$ 415	$ 20,461	$ 415	$ 1,555
Other	16	INTERIM AND FINAL COST SETTLEMENTS - SMHS	$ -	$ 13,177	$ -	$ (25,692)	$ -	$ (38,869)
Other	19	PERFORMANCE OUTCOMES SYSTEM	$ -	$ -	$ 6,190	$ 8,762	$ 6,190	$ 8,762
Other	112	MANAGED CARE REGULATIONS - MENTAL HEALTH	$ -	$ -	$ 9,264	$ 18,528	$ 9,264	$ 18,528
Grand Total			**$ 150,849**	**$ 2,319,625**	**$ 204,096**	**$ 2,825,821**	**$ 53,247**	**$ 506,196**

* In FY 2017-18, the total state share for SMHS for Adults was $109.657 million. The General Fund (GF) column includes $85.86 million GF.
The remaining state share of $23.797 million was funded with Proposition 56 funds and are not included in the tables above.

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

STATE FISCAL YEARS 2001-02 THROUGH 2017-18

DATA AS OF 12/31/16 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	2001-02	$697,155		157,314		$4,432			
Actual	2002-03	$816,707	17.15%	173,201	10.10%	$4,715	6.40%		
Actual	2003-04	$836,210	2.39%	183,031	5.68%	$4,569	-3.11%		
Actual	2004-05	$842,542	0.76%	185,770	1.50%	$4,535	-0.73%		
Actual	2005-06	$917,545	8.90%	187,437	0.90%	$4,895	7.93%		3,467,311
Actual	2006-07	$949,907	3.53%	184,095	-1.78%	$5,160	5.41%	-0.91%	3,435,906
Actual	2007-08	$1,060,200	11.61%	192,925	4.80%	$5,495	6.50%	1.73%	3,495,318
Actual	2008-09	$1,182,833	11.57%	204,288	5.89%	$5,790	5.36%	3.89%	3,631,457
Actual	2009-10	$1,181,322	-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(4)	2014-15	$1,605,435	0.24%	264,241	0.76%	$6,076	-0.52%	7.88%	5,493,101
Forecast(5)	2015-16	$1,678,785	4.57%	271,824	2.87%	$6,176	1.65%		
Forecast	2016-17	$1,770,896	5.49%	283,064	4.14%	$6,256	1.30%		
Forecast	2017-18	$1,861,126	5.10%	294,224	3.94%	$6,326	1.11%		

(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 (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 2011-12 through FY 2014-15 utilizes actual data and FY 2015-16 through 2017-18 utilizes actual and forecast data

*Actual claims data as of 12/31/2016

	Psychiatric Health Facility Services - SMA(1) $612.47					Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	627	8,326	13	$567.93	$ 4,728,582	238	3,134	13	$292.18	$ 915,694
2012-13	751	10,812	14	$560.96	$ 6,065,148	257	4,910	19	$321.67	$ 1,579,389
2013-14	801	11,538	14	$758.37	$ 8,750,129	332	6,055	18	$327.17	$ 1,980,989
2014-15	884	11,237	13	$815.60	$ 9,164,947	373	7,272	19	$335.43	$ 2,439,242
2015-16	986	12,902	13	$843.35	$ 10,880,685	387	7,420	19	$349.55	$ 2,593,819
2016-17	1,062	13,674	13	$885.78	$ 12,111,827	423	8,243	19	$354.57	$ 2,922,830
2017-18	1,140	14,426	13	$923.99	$ 13,329,777	458	9,059	20	$358.60	$ 3,248,612
Change	7.32%	5.50%	0.00%	4.31%	10.06%	8.39%	9.90%	0.00%	1.14%	11.15%

	Adult Residential Services - SMA(1) $168.46					Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2011-12	98	6,937	71	$157.54	$ 1,092,880	7,007	97,832	14	$90.32	$ 8,835,733
2012-13	111	9,950	90	$161.64	$ 1,608,292	8,472	130,358	15	$109.53	$ 14,278,738
2013-14	105	10,627	101	$171.20	$ 1,819,337	9,885	156,655	16	$102.04	$ 15,984,959
2014-15	82	7,096	87	$173.50	$ 1,231,153	11,619	185,113	16	$93.21	$ 17,253,824
2015-16	95	8,487	89	$170.46	$ 1,446,710	12,565	206,109	16	$97.89	$ 20,176,009
2016-17	100	8,151	82	$174.70	$ 1,424,048	13,771	229,718	17	$98.31	$ 22,584,574
2017-18	102	7,806	77	$179.35	$ 1,400,056	14,970	253,040	17	$98.67	$ 24,968,386
Change	1.89%	-4.23%	-6.00%	2.66%	-1.68%	8.71%	10.15%	0.00%	0.37%	10.56%

	Day Treatment Intensive Half Day Services(2)(3) - SMA(1) $144.13					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	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	217	22,212	102	$106.57	$ 2,367,074	2,283	212,211	93	$186.40	$ 39,555,611
2012-13	15	236	16	$175.87	$ 41,506	1,902	170,897	90	$204.96	$ 35,027,540
2013-14	73	676	9	$309.88	$ 209,477	1,551	137,557	89	$223.57	$ 30,753,335
2014-15	45	881	20	$544.61	$ 479,800	664	60,149	91	$207.98	$ 12,509,640
2015-16	45	747	17	$554.27	$ 414,052	498	59,147	119	$210.93	$ 12,475,621
2016-17						344	58,146	169	$213.89	$ 12,436,965
2017-18						256	57,075	223	$217.02	$ 12,386,463
Change	0.00%	0.00%	0.00%	0.00%	0.00%	-25.66%	-1.84%	32.05%	1.46%	-0.41%

(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 2011-12 through FY 2014-15 utilizes actual data and FY 2015-16 through 2017-18 utilizes actual and forecast data
*Actual claims data as of 12/31/2016

	Day Rehabilitative Half Day Services - SMA(1) (2) $84.08				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day(2)	Approved Amount
2011-12	102	9,358	92	$96.67	$ 904,599
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	57	5,090	89	$66.52	$ 338,629
2016-17	52	3,157	61	$52.69	$ 166,341
2017-18	48	1,224	26	$16.34	$ 19,998
Change	-7.80%	-61.24%	-57.96%	-68.98%	-87.98%

Day Rehabilitative Full Day Services - SMA(1) $131.24				
Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
1,759	120,895	69	$118.94	$ 14,379,161
1,932	144,001	75	$131.98	$ 19,005,324
1,704	128,329	75	$137.66	$ 17,666,406
1,266	112,012	88	$135.56	$ 15,183,905
1,104	101,649	92	$137.61	$ 13,988,306
1,030	98,637	96	$142.59	$ 14,064,154
957	95,516	100	$147.90	$ 14,126,439
-7.09%	-3.16%	4.23%	3.73%	0.44%

	Targeted Case Management Services - SMA(1) $2.02				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	94,308	41,184,344	437	$1.84	$ 75,902,425
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	99,851	37,693,063	377	$2.15	$ 80,915,669
2016-17	101,805	37,886,786	372	$2.16	$ 82,002,292
2017-18	103,738	37,854,170	365	$2.19	$ 83,008,981
Change	1.90%	-0.09%	-1.95%	1.31%	1.23%

Therapy & Other Service Activities - SMA(1) $2.61				
Number of Clients	Number of Minutes(3)	Minutes Per Client	Cost Per Minute	Approved Amount
212,993	396,904,298	1,863	$2.35	$ 931,045,334
230,373	413,430,004	1,795	$2.60	$ 1,074,539,882
246,094	424,916,533	1,727	$2.64	$ 1,121,371,036
247,239	416,693,217	1,685	$2.68	$ 1,115,414,074
251,836	429,824,521	1,707	$2.68	$ 1,151,797,518
262,063	440,911,295	1,682	$2.74	$ 1,209,639,044
272,218	451,484,543	1,659	$2.80	$ 1,266,247,557
3.88%	2.40%	-1.42%	2.23%	4.68%

	Therapeutic Behavioral Services - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	7,332	40,550,139	5,531	$2.15	$ 87,114,732
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	8,182	40,152,920	4,907	$2.40	$ 96,507,467
2016-17	8,534	40,563,212	4,753	$2.46	$ 99,935,485
2017-18	8,884	40,926,964	4,607	$2.52	$ 103,263,354
Change	4.10%	0.90%	-3.08%	2.41%	3.33%

Medication Support Services - SMA(1) $4.82				
Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
72,830	23,051,189	317	$4.26	$ 98,155,791
77,077	23,608,076	306	$4.90	$ 115,682,567
80,588	24,751,233	307	$5.00	$ 123,665,837
78,958	24,674,536	313	$5.14	$ 126,815,633
79,721	24,860,708	312	$5.27	$ 130,907,494
81,549	25,292,676	310	$5.46	$ 138,032,623
83,355	25,695,393	308	$5.64	$ 145,016,405
2.21%	1.59%	-0.61%	3.41%	5.06%

(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) - The large change in Day Rehabilitative Half Day Services is due to the rapid decline in number of days and cost per day.

Children's Services Approved Claims Data

Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service FY 2011-12 through FY 2014-15 utilizes actual data and FY 2015-16 through 2017-18 utilizes actual and forecast data

*Actual claims data as of 12/31/2016

	Crisis Intervention Services - SMA[1] $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	16,921	5,186,443	307	$3.72	$ 19,293,545
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	20,419	6,100,726	299	$4.69	$ 28,633,758
2016-17	21,115	6,326,611	300	$4.84	$ 30,608,380
2017-18	21,807	6,545,046	300	$4.97	$ 32,551,158
Change	3.28%	3.45%	0%	2.80%	6.35%

	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
2011-12	2,009	15,833	8	$833.75	$ 13,200,712
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	2,258	18,814	8	$1,001.86	$ 18,848,967
2016-17	2,314	19,397	8	$1,033.17	$ 20,040,451
2017-18	2,368	19,959	8	$1,062.73	$ 21,211,207
Change	2.35%	2.90%	0%	2.86%	5.84%

	Psychiatric Inpatient Hospital Services - FFS/MC[2]				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	9,592	84,350	9	$724.78	$ 61,135,414
2012-13	10,262	87,942	9	$723.11	$ 63,592,034
2013-14	12,028	99,409	8	$741.22	$ 73,684,359
2014-15	13,017	103,446	8	$786.50	$ 81,360,335
2015-16	13,318	107,669	8	$817.54	$ 88,024,005
2016-17	13,853	110,213	8	$845.15	$ 93,146,836
2017-18	14,322	115,043	8	$858.16	$ 98,725,431
Change	3.39%	4.38%	0%	1.54%	5.99%

	Intensive Care Coordination				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12					
2012-13	179	38,453	215	$2.75	$ 105,727
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	13,187	20,762,030	1,574	$2.01	$ 41,809,106
2016-17	17,021	27,946,725	1,642	$2.01	$ 56,217,624
2017-18	20,845	35,091,623	1,683	$2.01	$ 70,553,622
Change	22.47%	25.57%	2.53%	0%	25.50%

	Intensive Home Based Services				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12					
2012-13	110	90,869	826	$3.86	$ 351,084
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	10,069	22,331,006	2,218	$2.66	$ 59,398,568
2016-17	12,782	29,674,363	2,322	$2.66	$ 78,858,645
2017-18	15,478	36,975,787	2,389	$2.66	$ 98,217,980
Change	21.10%	24.61%	2.90%	0%	24.55%

(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' TABLE OF APPROVED CLAIM COSTS AND UNDUPLICATED CLIENT COUNTS

2016-17 and 2017-18 GOVERNOR'S BUDGET FORECASTS BY SERVICE FISCAL YEAR (ACCRUAL)

STATE FISCAL YEARS 2007-08 THROUGH 2016-17

DATA AS OF 12/31/16 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				1.41%	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	0.57%	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
Forecast	2015-16	$1,513,122	5.99%	361,054	6.53%	$4,191	-0.51%	45.75%	6,635,365
Forecast	2016-17	$1,657,479	9.54%	387,984	7.46%	$4,272	1.94%		
Forecast	2017-18	$1,809,099	9.15%	414,911	6.94%	$4,360	2.06%		

(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 2011-12 through FY 2014-15 utilizes actual data
FY 2015-16 through FY 2017-18 utilizes actual and forecast data
*Actual claims data as of 12/31/2016

	Psychiatric Health Facility Services - SMA(1) $612.47				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	2,732	29,859	11	$582.60	$ 17,395,902
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	6,158	67,389	11	$753.16	$ 50,754,380
2016-17	6,909	75,114	11	$766.87	$ 57,602,789
2017-18	7,660	83,131	11	$778.02	$ 64,677,801
Change	10.88%	10.7%	0%	1.45%	12.28%

	Adult Crisis Residential Services - SMA(1) $345.38				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	3,925	72,710	19	$305.22	$ 22,192,720
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	7,457	128,474	17	$359.44	$ 46,178,164
2016-17	8,213	140,167	17	$365.62	$ 51,247,521
2017-18	8,970	152,411	17	$370.82	$ 56,517,345
Change	9.22%	8.7%	0%	1.42%	10.28%

	Adult Residential Services - SMA(1) $168.46				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	1,163	96,787	83	$157.41	$ 15,235,219
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	1,611	143,466	89	$193.30	$ 27,732,275
2016-17	1,706	152,096	89	$198.17	$ 30,141,123
2017-18	1,797	161,325	90	$202.50	$ 32,667,639
Change	5.34%	6.1%	0.69%	2.18%	8.38%

	Crisis Stabilization Services - SMA(1) $94.54				
FY	Number of Clients	Number of Hours	Hours Per Client	Cost Per Hour	Approved Amount
2011-12	22,725	471,354	21	$92.40	$ 43,553,962
2012-13	24,099	556,256	23	$105.09	$ 58,456,656
2013-14	34,235	794,878	23	$108.03	$ 85,870,355
2014-15	47,568	1,117,043	23	$114.20	$ 127,562,659
2015-16	50,481	1,214,309	24	$114.47	$ 139,002,276
2016-17	56,446	1,369,130	24	$115.89	$ 158,668,098
2017-18	62,416	1,529,327	25	$117.02	$ 178,957,004
Change	10.58%	11.7%	1.02%	0.97%	12.79%

(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 2011-12 through FY 2014-15 utilizes actual data
FY 2015-16 through FY2017-18 utilizes actual and forecast data
*Actual claims data as of 12/31/2016

	Day Rehabilitative Half Day Services - SMA(1) $84.08				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	279	11,967	43	$91.36	$ 1,093,346
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	277	14,581	53	$122.54	$ 1,786,625
2016-17	294	15,871	54	$125.61	$ 1,993,523
2017-18	307	17,223	56	$128.22	$ 2,208,261
Change	4.54%	8.5%	3.81%	2.08%	10.77%

	Day Rehabilitative Full Day Services - SMA(1)(2) $131.24				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	970	63,041	65	$129.41	$ 8,158,241
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	305	17,187	56	$218.47	$ 3,754,900
2016-17	146	5,036	34	$528.45	$ 2,661,066
2017-18					
Change	0.00%	0.0%	0.00%	0.00%	0.00%

	Targeted Case Management Services - SMA(1) $2.02				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	97,319	48,831,068	502	$1.74	$ 85,014,545
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	134,515	54,450,882	405	$2.41	$ 131,013,991
2016-17	142,128	56,093,344	395	$2.49	$ 139,530,168
2017-18	149,730	57,954,774	387	$2.56	$ 148,592,687
Change	5.35%	3.3%	-1.93%	3.07%	6.50%

	Therapy & Other Service Activities - SMA(1) $2.61				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	166,185	155,968,375	939	$2.09	$ 326,126,837
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	251,189	201,128,882	801	$2.78	$ 559,821,248
2016-17	269,460	208,252,301	773	$2.92	$ 608,816,964
2017-18	287,725	216,188,285	751	$3.05	$ 660,198,656
Change	6.78%	3.8%	-2.78%	4.46%	8.44%

	Medication Support Services - SMA(1) $4.82				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	164,197	49,658,394	302	$3.89	$ 193,397,586
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	231,311	61,901,037	268	$5.63	$ 348,611,576
2016-17	245,525	63,689,937	259	$5.96	$ 379,902,930
2017-18	259,726	65,727,406	253	$6.28	$ 412,682,255
Change	5.78%	3.2%	-2.44%	5.26%	8.63%

	Crisis Intervention Services - SMA(1) $3.88				
FY	Number of Clients	Number of Minutes	Minutes Per Client	Cost Per Minute	Approved Amount
2011-12	30,785	7,222,635	235	$3.77	$ 27,235,014
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	47,992	11,315,942	236	$4.77	$ 53,960,939
2016-17	51,321	12,117,868	236	$4.88	$ 59,185,893
2017-18	54,646	12,967,186	237	$4.99	$ 64,642,597
Change	6.48%	7.0%	0.50%	2.07%	9.22%

(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) - DHCS does not have sufficient data for FY 15-16 and 16-17 to produce a forecast for this service type.

Adults' Services Approved Claims Data
Number of Clients, Units of Service, Costs Per Unit, and Approved Amounts By Service
FY 2011-12 through FY 2014-15 utilizes actual data
FY 2015-16 through FY 2017-18 utilizes actual and forecast data
*Actual claims data as of 12/31/2016

	Psychiatric Inpatient Hospital Services - SD/MC - SMA[1] $1,213.75					Psychiatric Inpatient Hospital Services - FFS/MC[2]				
FY	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount	Number of Clients	Number of Days	Days Per Client	Cost Per Day	Approved Amount
2011-12	6,222	68,774	11	$802.67	$ 55,202,585	15,189	217,266	14	$641.00	$ 139,268,228
2012-13	6,263	66,355	11	$1,106.74	$ 73,437,965	14,945	217,347	15	$657.64	$ 142,935,188
2013-14	7,908	78,687	10	$1,281.45	$ 100,833,142	18,430	226,298	12	$686.09	$ 155,260,512
2014-15	10,196	94,872	9	$1,436.62	$ 136,294,610	23,964	275,429	11	$732.22	$ 201,675,038
2015-16	10,157	94,424	9	$1,388.89	$ 131,144,946	26,073	305,277	12	$746.10	$ 227,768,199
2016-17	10,960	98,332	9	$1,480.78	$ 145,608,839	28,367	327,253	12	$757.88	$ 248,019,536
2017-18	11,761	102,622	9	$1,565.37	$ 160,641,509	30,299	346,138	11	$769.15	$ 266,231,875
Change	7.31%	4.4%	-2.75%	5.71%	10.32%	6.81%	5.8%	-0.97%	1.49%	7.34%

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

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 2012-13 Percentage of Claims Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted
1 to 30 days	7%	6%	6%
31 to 60 days	24%	21%	20%
61 to 90 days	35%	36%	35%
91 to 120 days	16%	16%	21%
121 to 150 days	6%	8%	7%
151 to 180 days	4%	5%	4%
180 to 365 days	9%	7%	7%
Over 366 days	0%	1%	0%

Historical Averages of Claim Lag for Adult Services Claim

Number of Days it takes for the Claim to be Submitted	FY 2012-13 Percentage of Claims Submitted	FY 2013-14 Percentage of Claims Submitted	FY 2014-15 Percentage of Claims Submitted
1 to 30 days	9%	9%	5%
31 to 60 days	23%	22%	20%
61 to 90 days	24%	25%	26%
91 to 120 days	16%	18%	22%
121 to 150 days	8%	9%	10%
151 to 180 days	5%	5%	6%
180 to 365 days	13%	11%	11%
Over 366 days	1%	1%	1%

The Affordable Care Act and Specialty Mental Health Services

The Affordable Care Act has made specialty mental health services available to newly enrolled individuals who meet medical necessity criteria. The data for the Affordable Care Act (ACA) Expansion Clients is as of December 31, 2016. The data represents actual approved claims received as of December 31, 2016 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 first 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 $503 million shown below represents approved claims from ACA clients that were received by December 31, 2016.

FY 2014-15 Approved Claim Amounts for ACA and Non-ACA Clients		
ACA Clients	Non-ACA Clients	Total
$503,142,750	$1,278,311,784	$1,781,454,534

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 2014-15 Adult Statwide Client Counts and New Adult ACA Clients		
ACA Clients	Non-ACA Clients	Total
126,650	266,693	393,343

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 3.7% 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 14-15 service type costs from Non-ACA adult clients and the added cost to those respective service types from ACA clients from claims received as of December 31, 2016. Due to unknown claim lag factors for the ACA approved claims, the data presented below does not constitute a forecast of the total FY 14-15 approved claim amounts by service type with ACA clients

Estimated FY2014-15 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	$20,996	$109,040	$34,852	$26,640	$85,259	$7,921	$651	$88,699
Claims from ACA Clients	$4,889	$29,854	$17,768	$17,600	$49,271	$2,190	$0	$39,745

Estimated FY2014-15 Costs with Approved Claims from ACA and Non-ACA Clients (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
$12,410	$1,671	$2,578	$256,347	$454,531	$35,651	$2,446	$138,621
$2,296	$4	$6	$92,022	$152,534	$16,168	$38	$78,757

Demographics by Age: Non-ACA vs. ACA enrollees

The chart below shows that 74.2% of the non-ACA clients who received SMHS in FY 2014-15 were between the ages of 21 and 59 while for ACA clients, the percentage was 90.9%. More ACA clients are in the 21 to 59 age group.

FY 2014-15 Adult Statewide Client Counts and New Adult ACA Clients		
Age	Non-ACA Clients	ACA Clients
18-20	9.9%	3.7%
21-59	74.2%	90.9%
60-64	8.8%	5.2%
65 and up	7.1%	0.2%

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 2014-15, 54.9% were men, while 45.1% were women. For non-ACA clients, a higher percentage of females received services compared to males.

FY 2014-15 Non-ACA and ACA Clients		
	Non-ACA Clients	ACA Clients
Male	44.0%	54.9%
Female	56.0%	45.1%

Demographics by Race: Non-ACA vs. ACA enrollees

The chart below shows that of the ACA clients who received SMHS in FY 2014-15, 39.7% were White, 24.9% were Hispanic, and 14.9% were Black. The difference between ACA and non-ACA clients is minimal for individuals who are Hispanic and Black.

FY 2014-15		
Race	Non-ACA Clients	ACA Clients
White	33.5%	39.7%
Hispanic	23.3%	24.9%
Black	16.6%	14.9%
Other	17.7%	12.5%
Asian or Pacific Islander	8.1%	7.2%
Alaskan Native or American Indian	0.7%	0.8%

Summary Findings ACA and its impact to SMHS

The ACA is having a significant impact to SMHS. Utilizing claims data as of December 31, 2016 an additional $503 million in SMHS was provided to approximately 127,000 Medi-Cal ACA clients in FY 2014-15.

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Children Services Section

Children
Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 915,694	238
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 + Forecast	FY 2015-16	$ 2,593,819	387
Forecast	FY 2016-17	$ 2,922,830	423
Forecast	FY 2017-18	$ 3,248,612	458
Actual data as of December 31,2016			

Budget Forecast Narrative:
A slight growth in dollars and clients are forecasted for FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	0.5%	0.3%	0.0%	99.2%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 1b						
Children						
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	31.5%	22.0%	18.9%	6.9%	1.3%	19.4%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 1c		
Children		
Clients Receiving Adult Crisis Residential Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
ACR	41.9%	58.1%
Total Children	44.9%	55.1%

Table 1d
Other Services Received by Children Receiving Adult Crisis Residential Services
Adult Crisis Residential Fiscal Year 2014-15

	Frequency	Percent of Clients
ADULT CRISIS RESIDENTIAL	373	100.00%
MEDICATION SUPPORT	340	91.15%
THERAPY AND OTHER SERVICE ACTIVITIES	306	82.04%
TARGETED CASE MANAGEMENT	283	75.87%
CRISIS STABILIZATION	203	54.42%
CRISIS INTERVENTION	190	50.94%
FFS-HOSPITAL INPATIENT	163	43.70%
HOSPITAL INPATIENT	92	24.66%
PHF	41	10.99%
ADULT RESIDENTIAL	25	6.70%
THERAPEUTIC BEHAVIORAL SERVICES	16	4.29%
ICC	13	3.49%
DAY REHABILITATIVE FULL DAY	11	2.95%
IHBS	5	1.34%
DAY TX INTENSIVE FULL DAY	3	0.80%
DAY REHABILITATIVE HALF DAY	2	0.54%

Service Metrics:

Table 1e
Children
Adult Crisis Residential Services Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	373
Mean	$ 6,540
Standard Deviation	$ 8,098
Median	$ 3,976
Mode	$ 723
Interquartile Range	$ 6,442

Quartile	Amount
100%	$ 73,201
99%	$ 37,637
95%	$ 22,412
90%	$ 16,365
75%	$ 7,942
50%	$ 3,976
25%	$ 1,500

Table 1f
Adult Crisis Residential Services
Fiscal Year 2014-15

Statistic	Days
Number of Clients	373
Mean	19
Standard Deviation	23
Median	13
Mode	1
Interquartile Range	19

Quartile	Days
100%	212
99%	109
95%	64
90%	44
75%	24
50%	13
25%	5

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	257	332	373	387
Number of Days	4,910	6,055	7,272	7,420
Days Per Client	19	18	19	19
Approved Amount	$1,579,389	$1,980,989	$2,439,242	$2,593,819

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 a slight decline in costs and a slight increase in clients.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 1,092,880	98
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 + Forecast	FY 2015-16	$ 1,446,710	95
Forecast	FY 2016-17	$ 1,424,048	100
Forecast	FY 2017-18	$ 1,400,056	102
Actual data as of December 31, 2016			

Budget Forecast Narrative:
The forecast indicates a declining trend in costs and increase in clients through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
	Data as of 12/31/2016			
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%	0.0%	0.0%	100.0%
Total Children	25.0%	45.6%	17.5%	11.9%

			Table 2b			
			Children			
Clients Receiving Adult Residential Services by Race / Ethnicity						
		Fiscal Year 2014-2015				
		Data as of 12/31/2016				
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
AR	12.4%	16.9%	20.2%	12.4%	1.1%	37.1%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

	Table 2c	
	Children	
Clients Receiving Adult Residential Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
AR	31.5%	68.5%
Total Children	44.9%	55.1%

Table 2d
Other Services Received by Children Receiving Adult Residential Service
Fiscal Year 2014-15

	Frequency	Percent of
ADULT RESIDENTIAL	82	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	76	92.68%
MEDICATION SUPPORT	73	89.02%
TARGETED CASE MANAGEMENT	71	86.59%
CRISIS STABILIZATION	33	40.24%
ADULT CRISIS RESIDENTIAL	25	30.49%
CRISIS INTERVENTION	21	25.61%
DAY REHABILITATIVE FULL DAY	18	21.95%
FFS-HOSPITAL INPATIENT	17	20.73%
HOSPITAL INPATIENT	17	20.73%
ICC	3	3.66%
PHF	2	2.44%
THERAPEUTIC BEHAVIORAL SERVICES	2	2.44%
DAY TX INTENSIVE FULL DAY	1	1.22%
IHBS	1	1.22%

Service Metrics:

Table 2e
Children
Adult Residential Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	82
Mean	$ 15,014
Standard Deviation	$ 10,224
Median	$ 14,280
Mode	$ 3,360
Interquartile Range	$ 12,351

Quartile	Amount
100%	$ 52,336
99%	$ 52,336
95%	$ 31,908
90%	$ 30,660
75%	$ 19,595
50%	$ 14,280
25%	$ 7,244

Table 2f
Children
Adult Residential Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	82
Mean	87
Standard Deviation	58
Median	81
Mode	78
Interquartile Range	85

Quartile	Days
100%	245
99%	245
95%	186
90%	160
75%	121
50%	81
25%	36

Table 2g
Children
Historical Trends
Adult Residential by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	111	105	82	95
Number of Days	9,950	10,627	7,096	8,487
Days Per Client	90	101	87	89
Approved Amount	$1,608,292	$1,819,337	$1,231,153	$1,446,710

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2011-12	$ 19,293,545	16,921
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 + Forecast	FY 2015-16	$ 28,633,758	20,419
Forecast	FY 2016-17	$ 30,608,380	21,115
Forecast	FY 2017-18	$ 32,551,158	21,807
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and clients for Crisis Intervention services are projected to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	6.3%	50.8%	24.4%	18.5%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 3b						
Children						
Clients Receiving Crisis Intervention Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
CI	31.0%	43.8%	11.1%	3.5%	0.8%	9.8%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 3c		
Children		
Clients Receiving Crisis Intervention Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	**Female**	**Male**
CI	55.0%	45.0%
Total Children	44.9%	55.1%

Table 3d
Other Services Received by Children Receiving Crisis Intervention Service
Service Fiscal Year 2014-15

	Frequency	Percent of
CRISIS INTERVENTION	20,138	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	16,492	81.89%
TARGETED CASE MANAGEMENT	12,281	60.98%
MEDICATION SUPPORT	11,212	55.68%
FFS-HOSPITAL INPATIENT	6,368	31.62%
CRISIS STABILIZATION	3,698	18.36%
THERAPEUTIC BEHAVIORAL SERVICES	2,031	10.09%
ICC	1,559	7.74%
IHBS	1,286	6.39%
HOSPITAL INPATIENT	1,072	5.32%
PHF	474	2.35%
DAY TX INTENSIVE FULL DAY	210	1.04%
ADULT CRISIS RESIDENTIAL	190	0.94%
DAY REHABILITATIVE FULL DAY	155	0.77%
ADULT RESIDENTIAL	21	0.10%
DAY REHABILITATIVE HALF DAY	14	0.07%
DAY TX INTENSIVE HALF DAY	4	0.02%

Service Metrics:

Table 3e
Children
Crisis Intervention Service Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	20,138
Mean	$ 1,373
Standard Deviation	$ 1,674
Median	$ 859
Mode	$ 2,309
Interquartile Range	$ 1,441

Quartile	Amount
100%	$ 32,743
99%	$ 8,096
95%	$ 4,154
90%	$ 2,666
75%	$ 1,879
50%	$ 859
25%	$ 438

Table 3f
Children
Crisis Intervention Service Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	20,138
Mean	300
Standard Deviation	354
Median	190
Mode	480
Interquartile Range	305

Quartile	Minutes
100%	6,976
99%	1,812
95%	910
90%	565
75%	410
50%	190
25%	105

Table 3g
Children
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	17,613	19,329	20,138	20,419
Number of Minutes	5,192,665	5,922,388	6,040,704	6,100,726
Minutes Per Client	295	306	300	299
Approved Amount	$23,307,517	$26,454,130	$27,643,272	$28,633,758

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2011-12	$ 8,835,733	7,007
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 + Forecast	FY 2015-16	$ 20,176,009	12,565
Forecast	FY 2016-17	$ 22,584,574	13,771
Forecast	FY 2017-18	$ 24,968,386	14,970
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Moderate growth in costs and clients is forecasted through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	2.1%	44.1%	23.1%	30.7%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 4b						
Children						
Clients Receiving Crisis Stabilization Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
CS	26.2%	41.4%	15.3%	5.0%	0.7%	11.5%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 4c		
Children		
Clients Receiving Crisis Stabilization Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
CS	52.8%	47.2%
Total Children	44.9%	55.1%

Table 4d
Other Services Received by Children Receiving Crisis Stabilization Service
Fiscal Year 2014-15

	Frequency	Percent of
CRISIS STABILIZATION	11,619	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	8,178	70.38%
MEDICATION SUPPORT	5,979	51.46%
TARGETED CASE MANAGEMENT	5,526	47.56%
FFS-HOSPITAL INPATIENT	3,717	31.99%
CRISIS INTERVENTION	3,698	31.83%
HOSPITAL INPATIENT	1,309	11.27%
THERAPEUTIC BEHAVIORAL SERVICES	1,085	9.34%
ICC	755	6.50%
PHF	589	5.07%
IHBS	581	5.00%
ADULT CRISIS RESIDENTIAL	203	1.75%
DAY REHABILITATIVE FULL DAY	173	1.49%
DAY TX INTENSIVE FULL DAY	101	0.87%
ADULT RESIDENTIAL	33	0.28%
DAY REHABILITATIVE HALF DAY	20	0.17%
DAY TX INTENSIVE HALF DAY	4	0.03%

Service Metrics:

Table 4e
Children
Crisis Stabilization Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	11,619
Mean	$ 1,485
Standard Deviation	$ 2,106
Median	$ 949
Mode	$ 1,891
Interquartile Range	$ 1,500

Quartile	Amount
100%	$ 61,098
99%	$ 9,214
95%	$ 4,617
90%	$ 3,025
75%	$ 1,891
50%	$ 949
25%	$ 391

Table 4f
Children
Crisis Stabilization Hours
Fiscal Year 2014-15

Statistic	Hours
Number of Clients	11,619
Mean	16
Standard Deviation	18
Median	12
Mode	20
Interquartile Range	16

Quartile	Hours
100%	303
99%	95
95%	44
90%	33
75%	20
50%	12
25%	4

Table 4g
Children
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	8,472	9,885	11,619	12,565
Number of Hours	130,358	156,655	185,113	206,109
Hours Per Client	15	16	16	16
Approved Amount	$14,278,738	$15,984,959	$17,253,824	$20,176,009

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 a decline in both dollars and clients.

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 904,599	102
Actual	FY 2012-13	$ 509,853	70
Actual	FY 2013-14	$ 521,226	64
Actual	FY 2014-15	$ 536,453	176
Actual + Forecast	FY 2015-16	$ 338,629	57
Forecast	FY 2016-17	$ 166,341	52
Forecast	FY 2017-18	$ 19,998	48
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Day Rehabilitation Half Day service costs and clients are forecast to decline through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
	Data as of 12/31/2016			
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	18.6%	53.1%	23.7%	4.6%
Total Children	25.0%	45.6%	17.5%	11.9%

			Table 5b			
			Children			
Clients Receiving Day Rehabilitation-Half Day Services by Race/Ethnicity						
		Fiscal Year 2014-2015				
		Data as of 12/31/2016				
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	24.2%	39.7%	24.2%	2.6%	0.0%	9.3%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 5c		
Children		
Clients Receiving Day Rehabilitation-Half Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DR H/D	41.8%	58.2%
Total Children	44.9%	55.1%

Table 5d
Other Services Received by Children Receiving Day Rehabilitation Half Day Services
Fiscal Year 2014-15

	Frequency	Percent of
DAY REHABILITATIVE HALF DAY	176	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	141	80.11%
MEDICATION SUPPORT	130	73.86%
ICC	59	33.52%
DAY REHABILITATIVE FULL DAY	42	23.86%
TARGETED CASE MANAGEMENT	40	22.73%
CRISIS STABILIZATION	20	11.36%
THERAPEUTIC BEHAVIORAL SERVICES	19	10.80%
CRISIS INTERVENTION	14	7.95%
HOSPITAL INPATIENT	13	7.39%
FFS-HOSPITAL INPATIENT	11	6.25%
IHBS	8	4.55%
ADULT CRISIS RESIDENTIAL	2	1.14%

Service Metrics:

Table 5e
Children
Day Rehabilitation Half Day Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	176
Mean	$ 3,048
Standard Deviation	$ 4,542
Median	$ 792
Mode	$ 88
Interquartile Range	$ 3,011

Quartile	Amount
100%	$ 26,214
99%	$ 15,398
95%	$ 14,125
90%	$ 10,930
75%	$ 3,275
50%	$ 792
25%	$ 264

Table 5f
Children
Day Rehabilitation Half Days
Fiscal Year 2014-15

Statistic	Half Days
Number of Clients	176
Mean	40
Standard Deviation	58
Median	11
Mode	1
Interquartile Range	47

Quartile	Half Days
100%	218
99%	211
95%	174
90%	145
75%	50
50%	11
25%	3

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016
Number of Clients	70	64	176	57
Number of Half Days	6,059	6,206	7,022	5,090
Days Per Client	87	97	40	89
Approved Amount	$509,853	$521,226	$536,453	$338,629

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 a slight decrease in clients and an increase in costs through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 14,379,161	1,759
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 + Forecast	FY 2015-16	$ 13,988,306	1,104
Forecast	FY 2016-17	$ 14,064,154	1,030
Forecast	FY 2017-18	$ 14,126,439	957
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Day Rehabilitation Full Day costs are forecast to slightly increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	2.7%	38.5%	45.6%	13.2%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 6b						
Children						
Clients Receiving Day Rehabilitation-Full Day Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	35.7%	30.3%	20.5%	2.3%	0.9%	10.3%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 6c		
Children		
Clients Receiving Day Rehabilitation-Full Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DR F/D	39.1%	60.9%
Total Children	44.9%	55.1%

Table 6d
Other Services Received by Children Receiving Day Rehabilitation Full Day Services
Fiscal Year 2014-15

	Frequency	Percent of
DAY REHABILITATIVE FULL DAY	1,266	100.00%
MEDICATION SUPPORT	1,066	84.20%
THERAPY AND OTHER SERVICE ACTIVITIES	801	63.27%
TARGETED CASE MANAGEMENT	418	33.02%
THERAPEUTIC BEHAVIORAL SERVICES	204	16.11%
FFS-HOSPITAL INPATIENT	182	14.38%
CRISIS STABILIZATION	173	13.67%
CRISIS INTERVENTION	155	12.24%
ICC	142	11.22%
HOSPITAL INPATIENT	80	6.32%
IHBS	70	5.53%
DAY REHABILITATIVE HALF DAY	42	3.32%
DAY TX INTENSIVE FULL DAY	34	2.69%
ADULT RESIDENTIAL	18	1.42%
ADULT CRISIS RESIDENTIAL	11	0.87%
PHF	9	0.71%

Service Metrics:

Table 6e
Children
Day Rehabilitation Full Day Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	1,266
Mean	$ 11,994
Standard Deviation	$ 9,609
Median	$ 9,118
Mode	$ 7,004
Interquartile Range	$ 15,657

Quartile	Amount
100%	$ 38,767
99%	$ 33,923
95%	$ 30,489
90%	$ 26,990
75%	$ 19,502
50%	$ 9,118
25%	$ 3,846

Table 6f
Children
Day Rehabilitation Full Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	1,266
Mean	88
Standard Deviation	71
Median	68
Mode	-
Interquartile Range	118

Quartile	Days
100%	311
99%	251
95%	221
90%	198
75%	146
50%	68
25%	28

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	1,932	1,704	1,266	1,104
Number of Days	144,001	128,329	112,012	101,649
Days Per Client	75	75	88	92
Approved Amount	$19,005,324	$17,666,406	$15,183,905	$13,988,306

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 utilization of Day Treatment Intensive half Day Services has slightly increased since FY 2012-13. DHCS does not have sufficient data to produce a forecast for this service type.

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 2,367,074	217
Actual(1)	FY 2012-13	$ 41,506	15
Actual	FY 2013-14	$ 209,477	73
Actual	FY 2014-15	$ 479,800	45
Actual + Forecast	FY 2015-16	$ 414,052	45
Forecast(2)	FY 2016-17		
Forecast(2)	FY 2017-18		

(1)The forecast dollars are unreasonably low due to a reporting error by San Diego county that year
Actual data as of December 31, 2016
(2) DHCS does not have sufficient data to produce a forecast for this service type.

Budget Forecast Narrative:
There has been a sharp decline in cost with Day Treatment Intensive Half Day services over the past few years. DHCS does not have sufficient data to produce a forecast for this service type.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	62.5%	31.3%	6.3%	0.0%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 7b Children Clients Receiving Day Treatment Intensive-Half Day Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI H/D	16.7%	52.1%	10.4%	4.2%	2.1%	10.4%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 7c		
Children		
Clients Receiving Day Treatment Intensive-Half Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DTI H/D	33.3%	66.7%
Total Children	44.9%	55.1%

Table 7d
Other Services Received by Children Receiving Day Treatment Intensive Half Day Services
Fiscal Year 2014-15

	Frequency	Percent of
DAY TX INTENSIVE HALF DAY	45	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	42	93.33%
TARGETED CASE MANAGEMENT	39	86.67%
MEDICATION SUPPORT	25	55.56%
THERAPEUTIC BEHAVIORAL SERVICES	11	24.44%
CRISIS INTERVENTION	4	8.89%
CRISIS STABILIZATION	4	8.89%
ICC	3	6.67%
IHBS	3	6.67%
FFS-HOSPITAL INPATIENT	2	4.44%

Service Metrics:

Table 7e
Children
Day Treatment Intensive Half Day Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	45
Mean	$ 10,662
Standard Deviation	$ 11,211
Median	$ 7,967
Mode	$ 2,020
Interquartile Range	$ 8,865

Quartile	Amount
100%	$ 53,542
99%	$ 53,542
95%	$ 31,607
90%	$ 21,432
75%	$ 12,231
50%	$ 7,967
25%	$ 3,366

Table 7f
Children
Day Treatment Intensive Half Day
Fiscal Year 2014-15

Statistic	Half-Days
Number of Clients	45
Mean	20
Standard Deviation	51
Median	-
Mode	-
Interquartile Range	12

Quartile	Half-Days
100%	227
99%	227
95%	134
90%	53
75%	12
50%	-
25%	-

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	15	73	45	45
Number of Half Days	236	676	881	747
Days Per Client	16	9	20	17
Approved Amount	$41,506	$209,477	$479,800	$414,052

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 39,555,611	2,283
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 + Forecast	FY 2015-16	$ 12,475,621	498
Forecast	FY 2016-17	$ 12,436,965	344
Forecast	FY 2017-18	$ 12,386,463	256
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and clients are expected to decline through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	34.2%	28.7%	29.5%	7.6%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 8b Children Clients Receiving Day Treatment Intensive-Full Day Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DTI F/D	41.2%	30.3%	15.8%	1.2%	0.2%	11.2%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 8c		
Children		
Clients Receiving Day Treatment Intensive-Full Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DTI F/D	44.7%	55.3%
Total Children	44.9%	55.1%

Table 8d
Other Services Received by Children Receiving Day Treatment Intensive Full Day Services
Fiscal Year 2014-15

	Frequency	Percent of
DAY TX INTENSIVE FULL DAY	664	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	535	80.57%
MEDICATION SUPPORT	475	71.54%
TARGETED CASE MANAGEMENT	353	53.16%
CRISIS INTERVENTION	210	31.63%
THERAPEUTIC BEHAVIORAL SERVICES	187	28.16%
FFS-HOSPITAL INPATIENT	158	23.80%
CRISIS STABILIZATION	101	15.21%
ICC	71	10.69%
PHF	59	8.89%
IHBS	52	7.83%
HOSPITAL INPATIENT	37	5.57%
DAY REHABILITATIVE FULL DAY	34	5.12%
ADULT CRISIS RESIDENTIAL	3	0.45%
ADULT RESIDENTIAL	1	0.15%

Service Metrics:

Table 8e
Children
Day Treatment Intensive Full Day Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	664
Mean	$ 18,840
Standard Deviation	$ 15,328
Median	$ 16,532
Mode	$ 1,822
Interquartile Range	$ 22,081

Quartile	Amount
100%	$ 107,358
99%	$ 68,242
95%	$ 46,605
90%	$ 37,450
75%	$ 28,217
50%	$ 16,532
25%	$ 6,137

Table 8f
Children
Day Treatment Intensive Full Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	664
Mean	91
Standard Deviation	69
Median	78
Mode	26
Interquartile Range	113

Quartile	Days
100%	337
99%	262
95%	217
90%	189
75%	142
50%	78
25%	29

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	1,902	1,551	664	498
Number of Days	170,897	137,557	60,149	59,147
Days Per Client	90	89	91	119
Approved Amount	$35,027,540	$30,753,335	$12,509,640	$12,475,621

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

Children

Medication Support

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

Summary:
The number of clients is forecasted to increase slightly with an overall increase in costs through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 98,155,791	72,830
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 + Forecast	FY 2015-16	$ 130,907,494	79,721
Forecast	FY 2016-17	$ 138,032,623	81,549
Forecast	FY 2017-18	$ 145,016,405	83,355
Actual data as of December 31, 2016			

Budget Forecast Narrative:
The Medication Support costs and clients are expected to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	16.3%	47.3%	20.1%	16.3%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 9b						
Children						
Clients Receiving Medication Support Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	28.0%	42.8%	12.0%	3.2%	0.6%	13.4%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 9c		
Children		
Clients Receiving Medication Support Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
MS	40.1%	59.9%
Total Children	44.9%	55.1%

Table 9d
Other Services Received by Children Receiving Medication Support Services
Fiscal Year 2014-15

	Frequency	Percent of
MEDICATION SUPPORT	78,958	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	70,372	89.13%
TARGETED CASE MANAGEMENT	40,605	51.43%
CRISIS INTERVENTION	11,212	14.20%
FFS-HOSPITAL INPATIENT	8,560	10.84%
CRISIS STABILIZATION	5,979	7.57%
THERAPEUTIC BEHAVIORAL SERVICES	5,778	7.32%
ICC	4,845	6.14%
IHBS	3,861	4.89%
HOSPITAL INPATIENT	1,487	1.88%
DAY REHABILITATIVE FULL DAY	1,066	1.35%
PHF	533	0.68%
DAY TX INTENSIVE FULL DAY	475	0.60%
ADULT CRISIS RESIDENTIAL	340	0.43%
DAY REHABILITATIVE HALF DAY	130	0.16%
ADULT RESIDENTIAL	73	0.09%
DAY TX INTENSIVE HALF DAY	25	0.03%

Service Metrics:

Table 9e
Children
Medication Support Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	78,958
Mean	$ 1,606
Standard Deviation	$ 2,022
Median	$ 1,073
Mode	$ 603
Interquartile Range	$ 1,516

Quartile	Amount
100%	$ 56,201
99%	$ 8,944
95%	$ 4,546
90%	$ 3,363
75%	$ 2,043
50%	$ 1,073
25%	$ 528

Table 9f
Children
Medication Support Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	78,958
Mean	313
Standard Deviation	392
Median	215
Mode	90
Interquartile Range	270

Quartile	Minutes
100%	13,145
99%	1,689
95%	858
90%	634
75%	386
50%	215
25%	116

Table 9g
Children
Historical Trends
Medication Support by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	77,077	80,588	78,958	79,721
Number of Minutes	23,608,076	24,751,233	24,674,536	24,860,708
Minutes Per Client	306	307	313	312
Approved Amount	$115,682,567	$123,665,837	$126,815,633	$130,907,494

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 4,728,582	627
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 + Forecast	FY 2015-16	$ 10,880,685	986
Forecast	FY 2016-17	$ 12,111,827	1,062
Forecast	FY 2017-18	$ 13,329,777	1,140
Actual data as of December 31, 2016			

Budget Forecast Narrative:
The total annual costs and the number of clients served are expected to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	0.3%	28.2%	20.3%	51.1%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 10b Children Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
PHF	32.2%	30.5%	15.9%	5.6%	1.2%	14.5%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 10c Children Clients Receiving Psychiatric Health Facility Services by Gender Fiscal Year 2014-2015 Data as of 12/31/2016		
Groups	**Female**	**Male**
PHF	54.0%	46.0%
Total Children	44.9%	55.1%

Table 10d
Other Services Received by Children Receiving Psychiatric Health Facility Services
Fiscal Year 2014-15

	Frequency	Percent of
PHF	884	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	617	69.80%
CRISIS STABILIZATION	589	66.63%
MEDICATION SUPPORT	533	60.29%
TARGETED CASE MANAGEMENT	511	57.81%
CRISIS INTERVENTION	474	53.62%
FFS-HOSPITAL INPATIENT	243	27.49%
THERAPEUTIC BEHAVIORAL SERVICES	96	10.86%
DAY TX INTENSIVE FULL DAY	59	6.67%
ADULT CRISIS RESIDENTIAL	41	4.64%
HOSPITAL INPATIENT	33	3.73%
ICC	33	3.73%
IHBS	17	1.92%
DAY REHABILITATIVE FULL DAY	9	1.02%
ADULT RESIDENTIAL	2	0.23%

Service Metrics:

Table 10e
Children
Psychiatric Health Facility Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	884
Mean	$ 10,368
Standard Deviation	$ 16,912
Median	$ 4,672
Mode	$ 5,728
Interquartile Range	$ 7,688

Quartile	Amount
100%	$ 204,503
99%	$ 78,390
95%	$ 40,425
90%	$ 26,166
75%	$ 10,024
50%	$ 4,672
25%	$ 2,336

Table 10f
Children
Psychiatric Health Facility Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	884
Mean	13
Standard Deviation	24
Median	5
Mode	1
Interquartile Range	9

Quartile	Days
100%	318
99%	114
95%	55
90%	29
75%	11
50%	5
25%	2

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	751	801	884	986
Number of Days	10,812	11,538	11,237	12,902
Days Per Client	14	14	13	13
Approved Amount	$6,065,148	$8,750,129	$9,164,947	$10,880,685

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

Children

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

Psychiatric hospital inpatient services are provided by SD/MC hospitals and FFS/MC hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC 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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 13,200,712	2,009
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 + Forecast	FY 2015-16	$ 18,848,967	2,258
Forecast	FY 2016-17	$ 20,040,451	2,314
Forecast	FY 2017-18	$ 21,211,207	2,368
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services are forecast to increase slightly through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	3.9%	43.8%	23.0%	29.2%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 11b Children Clients Receiving Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-SDMC	25.6%	43.7%	14.9%	3.7%	0.6%	11.5%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 11c		
Children		
Clients Receiving Hospital Inpatient Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
HIS-SDMC	48.6%	51.4%
Total Children	44.9%	55.1%

Table 11d
Other Services Received by Children Receiving Hospital Inpatient Services
Fiscal Year 2014-15

	Frequency	Percent of
HOSPITAL INPATIENT	2,254	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,807	80.17%
MEDICATION SUPPORT	1,487	65.97%
CRISIS STABILIZATION	1,309	58.07%
TARGETED CASE MANAGEMENT	1,244	55.19%
CRISIS INTERVENTION	1,072	47.56%
FFS-HOSPITAL INPATIENT	625	27.73%
THERAPEUTIC BEHAVIORAL SERVICES	265	11.76%
ICC	224	9.94%
IHBS	183	8.12%
ADULT CRISIS RESIDENTIAL	92	4.08%
DAY REHABILITATIVE FULL DAY	80	3.55%
DAY TX INTENSIVE FULL DAY	37	1.64%
PHF	33	1.46%
ADULT RESIDENTIAL	17	0.75%
DAY REHABILITATIVE HALF DAY	13	0.58%

Service Metrics:

Table 11e
Children
Psychiatric Hospital Inpatient Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	2,254
Mean	$ 8,593
Standard Deviation	$ 14,456
Median	$ 4,657
Mode	$ 1,552
Interquartile Range	$ 6,829

Quartile	Amount
100%	$ 275,460
99%	$ 72,825
95%	$ 27,776
90%	$ 17,829
75%	$ 9,314
50%	$ 4,657
25%	$ 2,486

Table 11f
Children
Psychiatric Hospital Inpatient Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	2,254
Mean	8
Standard Deviation	13
Median	4
Mode	1
Interquartile Range	7

Quartile	Days
100%	245
99%	66
95%	29
90%	19
75%	9
50%	4
25%	2

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	2,086	2,124	2,254	2,258
Number of Days	17,350	18,581	18,752	18,814
Days Per Client	8	9	8	8
Approved Amount	$16,496,618	$18,318,655	$19,368,206	$18,848,967

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 75,902,425	94,308
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 + Forecast	FY 2015-16	$ 80,915,669	99,851
Forecast	FY 2016-17	$ 82,002,292	101,805
Forecast	FY 2017-18	$ 83,008,981	103,738
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and clients for Targeted Case Management are forecasted to slightly increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	27.4%	45.1%	16.8%	10.8%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 12b Children Clients Receiving Targeted Case Management Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	25.7%	47.2%	11.9%	3.9%	0.6%	10.7%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 12c Children Clients Receiving Targeted Case Management Services by Gender Fiscal Year 2014-2015 Data as of 12/31/2016		
Groups	Female	Male
TCM	44.1%	55.9%
Total Children	44.9%	55.1%

Table 12d
Other Services Received by Children Receiving Targeted Case Management Services
Fiscal Year 2014-15

	Frequency	Percent of
TARGETED CASE MANAGEMENT	98,663	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	94,756	96.04%
MEDICATION SUPPORT	40,605	41.16%
CRISIS INTERVENTION	12,281	12.45%
FFS-HOSPITAL INPATIENT	6,797	6.89%
ICC	5,860	5.94%
THERAPEUTIC BEHAVIORAL SERVICES	5,741	5.82%
CRISIS STABILIZATION	5,526	5.60%
IHBS	4,476	4.54%
HOSPITAL INPATIENT	1,244	1.26%
PHF	511	0.52%
DAY REHABILITATIVE FULL DAY	418	0.42%
DAY TX INTENSIVE FULL DAY	353	0.36%
ADULT CRISIS RESIDENTIAL	283	0.29%
ADULT RESIDENTIAL	71	0.07%
DAY REHABILITATIVE HALF DAY	40	0.04%
DAY TX INTENSIVE HALF DAY	39	0.04%

Service Metrics:

Table 12e
Children
Targeted Case Management Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	98,663
Mean	$ 806
Standard Deviation	$ 1,822
Median	$ 273
Mode	$ 63
Interquartile Range	$ 618

Quartile	Amount
100%	$ 50,925
99%	$ 8,514
95%	$ 3,253
90%	$ 1,859
75%	$ 731
50%	$ 273
25%	$ 113

Table 12f
Children
Targeted Case Management Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	98,663
Mean	362
Standard Deviation	798
Median	125
Mode	30
Interquartile Range	285

Quartile	Minutes
100%	24,250
99%	3,741
95%	1,452
90%	840
75%	336
50%	125
25%	51

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	95,988	100,937	98,663	99,851
Number of Minutes	37,740,701	37,000,607	35,743,878	37,693,063
Minutes Per Client	393	367	362	377
Approved Amount	$88,096,357	$85,780,804	$79,559,032	$80,915,669

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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, consistent with the settlement objectives of the Emily Q. lawsuit.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 87,114,732	7,332
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 + Forecast	FY 2015-16	$ 96,507,467	8,182
Forecast	FY 2016-17	$ 99,935,485	8,534
Forecast	FY2017-18	$ 103,263,354	8,884
Actual data as of December 31, 2016			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	26.3%	54.0%	16.1%	3.7%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 13b Children Clients Receiving Therapeutic Behavioral Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
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	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 13c		
Children		
Clients Receiving Therapeutic Behavioral Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
TBS	38.3%	61.7%
Total Children	44.9%	55.1%

Table 13d
Other Services Received by Children Receiving Therapeutic Behavioral Services
Fiscal Year 2014-15

	Frequency	Percent of
THERAPEUTIC BEHAVIORAL SERVICES	8,154	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,964	97.67%
MEDICATION SUPPORT	5,778	70.86%
TARGETED CASE MANAGEMENT	5,741	70.41%
CRISIS INTERVENTION	2,031	24.91%
ICC	1,585	19.44%
FFS-HOSPITAL INPATIENT	1,367	16.76%
IHBS	1,199	14.70%
CRISIS STABILIZATION	1,085	13.31%
HOSPITAL INPATIENT	265	3.25%
DAY REHABILITATIVE FULL DAY	204	2.50%
DAY TX INTENSIVE FULL DAY	187	2.29%
PHF	96	1.18%
DAY REHABILITATIVE HALF DAY	19	0.23%
ADULT CRISIS RESIDENTIAL	16	0.20%
DAY TX INTENSIVE HALF DAY	11	0.13%
ADULT RESIDENTIAL	2	0.02%

Service Metrics:

Table 13e
Children
Therapeutic Behavioral Services Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	8,154
Mean	$ 11,811
Standard Deviation	$ 12,956
Median	$ 8,046
Mode	$ 0
Interquartile Range	$ 13,754

Quartile	Amount
100%	$ 174,365
99%	$ 59,026
95%	$ 35,930
90%	$ 26,911
75%	$ 16,534
50%	$ 8,046
25%	$ 2,780

Table 13f
Children
Therapeutic Behavioral Services Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	8,154
Mean	4,858
Standard Deviation	5,378
Median	3,290
Mode	120
Interquartile Range	5,599

Quartile	Minutes
100%	111,600
99%	24,831
95%	14,737
90%	11,293
75%	6,730
50%	3,290
25%	1,131

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	7,990	8,085	8,154	8,182
Number of Minutes	41,753,483	41,381,246	39,611,971	40,152,920
Minutes Per Client	5,226	5,118	4,858	4,907
Approved Amount	$103,323,169	$101,921,783	$96,303,568	$96,507,467

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2011-12	$ 931,045,334	212,993
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 + Forecast	FY 2015-16	$ 1,151,797,518	251,836
Forecast	FY 2016-17	$ 1,209,639,044	262,063
Forecast	FY 2017-18	$ 1,266,247,557	272,218
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs for Therapy and Other Service Activities are forecast to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
	Data as of 12/31/2016			
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	30.6%	44.6%	15.5%	9.3%
Total Children	25.0%	45.6%	17.5%	11.9%

			Table 14b			
			Children			
Clients Receiving Therapy and Other Services by Race/Ethnicity						
		Fiscal Year 2014-2015				
		Data as of 12/31/2016				
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MHS	24.6%	50.7%	11.4%	3.2%	0.5%	9.6%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

	Table 14c	
	Children	
Clients Receiving Therapy and Other Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
MHS	45.0%	55.0%
Total Children	44.9%	55.1%

Table 14d
Other Services Received by Children Receiving Therapy and Other Service Activities
Fiscal Year 2014-15

	Frequency	Percent of
THERAPY AND OTHER SERVICE ACTIVITIES	247,239	100.00%
TARGETED CASE MANAGEMENT	94,756	38.33%
MEDICATION SUPPORT	70,372	28.46%
CRISIS INTERVENTION	16,492	6.67%
FFS-HOSPITAL INPATIENT	10,896	4.41%
ICC	10,011	4.05%
CRISIS STABILIZATION	8,178	3.31%
THERAPEUTIC BEHAVIORAL SERVICES	7,964	3.22%
IHBS	7,748	3.13%
HOSPITAL INPATIENT	1,807	0.73%
DAY REHABILITATIVE FULL DAY	801	0.32%
PHF	617	0.25%
DAY TX INTENSIVE FULL DAY	535	0.22%
ADULT CRISIS RESIDENTIAL	306	0.12%
DAY REHABILITATIVE HALF DAY	141	0.06%
ADULT RESIDENTIAL	76	0.03%
DAY TX INTENSIVE HALF DAY	42	0.02%

Service Metrics:

Table 14e
Children
Therapy and Other Service Activities Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	247,239
Mean	$ 4,511
Standard Deviation	$ 6,662
Median	$ 2,455
Mode	$ 120
Interquartile Range	$ 4,784

Quartile	Amount
100%	$ 240,048
99%	$ 30,554
95%	$ 15,190
90%	$ 10,588
75%	$ 5,646
50%	$ 2,455
25%	$ 862

Table 14f
Children
Therapy and Other Service Activities Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	247,239
Mean	1,685
Standard Deviation	2,416
Median	945
Mode	60
Interquartile Range	1,789

Quartile	Minutes
100%	101,891
99%	11,129
95%	5,624
90%	3,927
75%	2,129
50%	945
25%	340

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	230,373	246,094	247,239	251,836
Number of Minutes	413,430,004	424,916,533	416,693,217	429,824,521
Minutes Per Client	1,795	1,727	1,685	1,707
Approved Amount	$1,074,539,882	$1,121,371,036	$1,115,414,074	$1,151,797,518

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

Children

Psychiatric Hospital Inpatient Services – FFS/MC Hospitals

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

Psychiatric hospital inpatient services are provided by Short-Doyle / Medi-Cal (SD/MC) hospitals and Fee-for-Service / Medi-Cal (FFS/MC) hospitals. Mental Health Plans (MHPs) claim reimbursement for the cost of psychiatric hospital inpatient services provided by Short-Doyle Medi-Cal hospitals through the Short-Doyle Medi-Cal (SD/MC) claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric hospital inpatient services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC 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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 61,135,414	9,592
Actual	FY 2012-13	$ 63,592,034	10,262
Actual	FY 2013-14	$ 73,684,359	12,028
Forecast	FY 2014-15	$ 81,360,335	13,017
Forecast	FY 2015-16	$ 88,024,005	13,318
Forecast	FY 2016-17	$ 93,146,836	13,853
Forecast	FY 2017-18	$ 98,725,431	14,322
Actual data as of December 31,2016			

Budget Forecast Narrative:
Costs for Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecast to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	2.2%	46.5%	26.9%	24.3%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 15b Children Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	23.4%	45.7%	11.4%	5.4%	0.6%	13.5%
Total Children	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 15c		
Children		
Clients Receiving Fee For Service Hospital Inpatient Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
HIS-FFS	59.1%	40.9%
Total Children	44.9%	55.1%

Table 15d
Other Services Received by Children Receiving FFS Psychiatric Hospital Inpatient Services
Fiscal Year 2014-15

	Frequency	Percent of Clients
FFS-HOSPITAL INPATIENT	13,051	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,896	83.49%
MEDICATION SUPPORT	8,560	65.59%
TARGETED CASE MANAGEMENT	6,797	52.08%
CRISIS INTERVENTION	6,368	48.79%
CRISIS STABILIZATION	3,717	28.48%
THERAPEUTIC BEHAVIORAL SERVICES	1,367	10.47%
ICC	836	6.41%
IHBS	681	5.22%
HOSPITAL INPATIENT	625	4.79%
PHF	243	1.86%
DAY REHABILITATIVE FULL DAY	182	1.39%
ADULT CRISIS RESIDENTIAL	163	1.25%
DAY TX INTENSIVE FULL DAY	158	1.21%
ADULT RESIDENTIAL	17	0.13%
DAY REHABILITATIVE HALF DAY	11	0.08%
DAY TX INTENSIVE HALF DAY	2	0.02%

Service Metrics:

Table 15e
Children
FFS Psychiatric Hospital Inpatient Services Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	13,017
Mean	$ 6,259
Standard Deviation	$ 8,528
Median	$ 3,762
Mode	$ 3,000
Interquartile Range	$ 4,549

Quartile	Amount
100%	$ 215,806
99%	$ 40,281
95%	$ 19,323
90%	$ 12,730
75%	$ 6,849
50%	$ 3,762
25%	$ 2,300

Table 15f
Children
FFS Psychiatric Hospital Inpatient Services Days
Fiscal Year 2014-15

Statistic	Days
Number of Clients	13,017
Mean	8
Standard Deviation	10
Median	5
Mode	3
Interquartile Range	6

Quartile	Days
100%	262
99%	48
95%	23
90%	16
75%	9
50%	5
25%	3

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	10,262	12,028	13,017	13,318
Number of Days	87,942	99,409	103,446	107,669
Days Per Client	9	8	8	8
Approved Amount	$63,592,034	$73,684,359	$81,360,335	$88,024,005

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 the ICC services is projecting and increasing in costs and clients served.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2012-13	$ 105,727	179
Actual	FY 2013-14	$ 19,437,354	6,713
Actual	FY 2014-15	$ 33,804,873	10,197
Actual + Forecast	FY 2015-16	$ 41,809,106	13,187
Forecast	FY 2016-17	$ 56,217,624	17,021
Forecast	FY 2017-18	$ 70,553,622	20,845
Actual data as of December 31,2016			

Budget Forecast Narrative:
Costs for and clients served with ICC services are projected to increase in FY 2016-17 and FY2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:

The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016				
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	26.5%	49.8%	17.7%	5.9%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 16b Children Clients Receiving Intensive Care Coordination Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
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	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 16c		
Children		
Clients Receiving Intensive Care Coordination Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
ICC	47.4%	52.6%
Total Children	44.9%	55.1%

Table 16d
Other Services Received by Children Receiving Intensive Care Coordination Services
Fiscal Year 2014-15

	Frequency	Percent of
ICC	10,197	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	10,011	98.18%
IHBS	7,151	70.13%
TARGETED CASE MANAGEMENT	5,860	57.47%
MEDICATION SUPPORT	4,845	47.51%
THERAPEUTIC BEHAVIORAL SERVICES	1,585	15.54%
CRISIS INTERVENTION	1,559	15.29%
FFS-HOSPITAL INPATIENT	836	8.20%
CRISIS STABILIZATION	755	7.40%
HOSPITAL INPATIENT	224	2.20%
DAY REHABILITATIVE FULL DAY	142	1.39%
DAY TX INTENSIVE FULL DAY	71	0.70%
DAY REHABILITATIVE HALF DAY	59	0.58%
PHF	33	0.32%
ADULT CRISIS RESIDENTIAL	13	0.13%
ADULT RESIDENTIAL	3	0.03%
DAY TX INTENSIVE HALF DAY	3	0.03%

Service Metrics:

Table 16e
Children
Intensive Care Coordination Services Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	10,197
Mean	$ 3,315
Standard Deviation	$ 4,090
Median	$ 1,799
Mode	$ -
Interquartile Range	$ 3,957

Quartile	Amount
100%	$ 38,253
99%	$ 18,881
95%	$ 11,896
90%	$ 8,643
75%	$ 4,493
50%	$ 1,799
25%	$ 536

Table 16f
Children
Intensive Care Coordination Services Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	10,197
Mean	1,646
Standard Deviation	1,986
Median	902
Mode	-
Interquartile Range	1,979

Quartile	Minutes
100%	15,910
99%	9,058
95%	5,899
90%	4,312
75%	2,244
50%	902
25%	265

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	179	6,713	10,197	13,187
Number of Minutes	38,453	9,625,101	16,781,028	20,762,030
Minutes Per Client	215	1,434	1,646	1,574
Approved Amount	$105,727	$19,437,354	$33,804,873	$41,809,106

* FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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	$ 351,084	110
Actual	FY 2013-14	$ 26,912,422	5,317
Actual	FY 2014-15	$ 47,726,896	7,846
Actual + Forecast	FY 2015-16	$ 59,398,568	10,069
Forecast	FY 2016-17	$ 78,858,645	12,782
Forecast	FY 2017-18	$ 98,217,980	15,478
Actual data as of December 31,2016			

Budget Forecast Narrative:
Costs for and clients served with IHBS are projected to increase in FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015				
Data as of 12/31/2016				
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	25.9%	50.3%	17.8%	5.9%
Total Children	25.0%	45.6%	17.5%	11.9%

Table 17b						
Children						
Clients Receiving Intensive Home Based Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
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	26.4%	47.2%	11.9%	3.4%	0.6%	10.6%

Table 17c		
Children		
Clients Receiving Intensive Home Based Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
IHBS	45.9%	54.1%
Total Children	44.9%	55.1%

Table 17d
Other Services Received by Children Receiving Intensive Home Based Services
Fiscal Year 2014-15

	Frequency	Percent of
IHBS	7,846	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,748	98.75%
ICC	7,151	91.14%
TARGETED CASE MANAGEMENT	4,476	57.05%
MEDICATION SUPPORT	3,861	49.21%
CRISIS INTERVENTION	1,286	16.39%
THERAPEUTIC BEHAVIORAL SERVICES	1,199	15.28%
FFS-HOSPITAL INPATIENT	681	8.68%
CRISIS STABILIZATION	581	7.41%
HOSPITAL INPATIENT	183	2.33%
DAY REHABILITATIVE FULL DAY	70	0.89%
DAY TX INTENSIVE FULL DAY	52	0.66%
PHF	17	0.22%
DAY REHABILITATIVE HALF DAY	8	0.10%
ADULT CRISIS RESIDENTIAL	5	0.06%
DAY TX INTENSIVE HALF DAY	3	0.04%
ADULT RESIDENTIAL	1	0.01%

Service Metrics:

Table 17e
Children
Intensive Home Based Services Approved Amount
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	7,846
Mean	$ 6,083
Standard Deviation	$ 9,351
Median	$ 3,210
Mode	$ -
Interquartile Range	$ 6,508

Quartile	Amount
100%	$ 187,948
99%	$ 43,071
95%	$ 20,533
90%	$ 14,054
75%	$ 7,579
50%	$ 3,201
25%	$ 1,072

Table 17f
Children
Intensive Home Based Services Minutes
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	7,846
Mean	2,360
Standard Deviation	3,043
Median	1,370
Mode	-
Interquartile Range	2,681

Quartile	Minutes
100%	53,314
99%	14,058
95%	7,784
90%	5,630
75%	3,143
50%	1,370
25%	462

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	110	5,317	7,846	10,069
Number of Minutes	90,869	10,391,848	18,519,262	22,331,006
Minutes Per Client	826	1,954	2,360	2,218
Approved Amount	$351,084	$26,912,422	$47,726,896	$59,398,568

* FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

Adult Services Section

Adults

Adult Crisis Residential Services

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

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

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 22,192,720	3,925
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 + Forecast	FY 2015-16	$ 46,178,164	7,457
Forecast	FY 2016-17	$ 51,247,521	8,213
Forecast	FY 2017-18	$ 56,517,345	8,970
Actual data as of June 30, 2016			

Budget Forecast Narrative:
Dollars and clients are expected to continue to grow for FY 2016-17 and FY 2017-18 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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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%	4.2%	1.3%
Total Adults	86.6%	8.3%	5.1%

Table 1b						
ADULTS						
Clients Receiving Adult Crisis Residential Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
ACR	46.8%	14.1%	14.8%	5.7%	1.1%	17.6%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 1c		
ADULTS		
Clients Receiving Adult Crisis Residential Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
ACR	42.3%	57.7%
Total Adults	51.8%	48.2%

Table 1d
Other Services Received by Adults Receiving Adult Crisis Residential Service
Fiscal Year 2014-15

	Number of Clients	Percent Clients
ADULT CRISIS RESIDENTIAL	7,306	100.00%
MEDICATION SUPPORT	6,691	91.58%
THERAPY AND OTHER SERVICE ACTIVITIES	5,588	76.49%
TARGETED CASE MANAGEMENT	4,869	66.64%
CRISIS STABILIZATION	3,941	53.94%
CRISIS INTERVENTION	3,120	42.70%
FFS-HOSPITAL INPATIENT	1,968	26.94%
HOSPITAL INPATIENT	1,354	18.53%
PHF	830	11.36%
ADULT RESIDENTIAL	652	8.92%
DAY REHABILITATIVE FULL DAY	367	5.02%
DAY REHABILITATIVE HALF DAY	86	1.18%

Service Metrics:

Table 1e
Adults
Adult Crisis Residential-Adult
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	7,306
Mean	$ 5,597
Standard Deviation	$ 5,499
Median	$ 4,272
Mode	$ 3,614
Interquartile Range	$ 5,209

Quartile	Amount
100%	$ 58,309
99%	$ 27,452
95%	$ 15,999
90%	$ 11,682
75%	$ 7,309
50%	$ 4,272
25%	$ 2,100

Table 1f
Adults
Adult Crisis Residential-Adult
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	7,306
Mean	16
Standard Deviation	16
Median	13
Mode	14
Interquartile Range	14

Quartile	Days
100%	242
99%	77
95%	46
90%	34
75%	21
50%	13
25%	7

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	4,083	5,704	7,306	7,457
Number of Days	78,270	94,271	120,470	128,474
Days Per Client	19	17	16	17
Approved Amount	$25,659,512	$31,561,687	$40,892,508	$46,178,164

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 a slight increase in clients and total cost through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 15,235,219	1,163
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 + Forecast	FY 2015-16	$ 27,732,275	1,611
Forecast	FY 2016-17	$ 30,141,123	1,706
Forecast	FY 2017-18	$ 32,667,639	1,797
Actual data as of December 31, 2016			

Budget Forecast Narrative:
The forecast indicates an increase in costs and clients served through FY 2016-17 and in FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	93.1%	4.1%	2.8%
Total Adults	86.6%	8.3%	5.1%

Table 2b						
ADULTS						
Clients Receiving Adult Residential Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
AR	41.7%	11.3%	14.0%	5.9%	1.0%	26.0%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 2c		
ADULTS		
Clients Receiving Adult Residential Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	**Female**	**Male**
AR	35.2%	64.8%
Total Adults	51.8%	48.2%

Table 2d
Other Services Received by Adults Receiving Adult Residential Service
Fiscal Year 2014-15

	Number of Clients	Percent Clients
ADULT RESIDENTIAL	1,541	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	1,362	88.38%
TARGETED CASE MANAGEMENT	1,315	85.33%
MEDICATION SUPPORT	1,260	81.77%
CRISIS STABILIZATION	724	46.98%
ADULT CRISIS RESIDENTIAL	652	42.31%
DAY REHABILITATIVE FULL DAY	622	40.36%
CRISIS INTERVENTION	596	38.68%
HOSPITAL INPATIENT	240	15.57%
FFS-HOSPITAL INPATIENT	170	11.03%
PHF	94	6.10%
DAY REHABILITATIVE HALF DAY	18	1.17%

Service Metrics:

Table 2e
Adults
Adult Residential
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	1,541
Mean	$ 15,330
Standard Deviation	$ 14,251
Median	$ 11,865
Mode	$ 872
Interquartile Range	$ 16,631

Quartile	Amount
100%	$ 87,174
99%	$ 63,002
95%	$ 46,075
90%	$ 36,092
75%	$ 20,830
50%	$ 11,865
25%	$ 4,199

Table 2f
Adults
Adult Residential
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	1,541
Mean	83
Standard Deviation	80
Median	62
Mode	-
Interquartile Range	91

Quartile	Days
100%	365
99%	342
95%	256
90%	201
75%	112
50%	62
25%	21

Table 2g
Adults
Historical Trends
Adult Residential by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	1,177	1,330	1,541	1,611
Number of Days	102,230	116,144	127,702	143,466
Days Per Client	87	87	83	89
Approved Amount	$16,363,817	$20,279,367	$23,623,998	$27,732,275

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 27,235,014	30,785
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 + Forecast	FY 2015-16	$ 53,960,939	47,992
Forecast	FY 2016-17	$ 59,185,893	51,321
Forecast	FY 2017-18	$ 64,642,597	54,646
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and Clients are forecasted to increase in FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	90.9%	5.4%	3.7%
Total Adults	86.6%	8.3%	5.1%

Table 3b						
ADULTS						
Clients Receiving Crisis Intervention Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
CI	43.9%	21.5%	14.0%	4.7%	1.1%	14.9%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 3c		
ADULTS		
Clients Receiving Crisis Intervention Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	**Female**	**Male**
CI	48.3%	51.7%
Total Adults	51.8%	48.2%

Table 3d
Other Services Received by Adults Receiving Crisis Intervention Service
Fiscal Year 2014-15

	Number of Clients	Percent Clients
CRISIS INTERVENTION	46,625	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	30,970	66.42%
MEDICATION SUPPORT	29,080	62.37%
TARGETED CASE MANAGEMENT	24,283	52.08%
CRISIS STABILIZATION	12,708	27.26%
FFS-HOSPITAL INPATIENT	8,377	17.97%
HOSPITAL INPATIENT	4,947	10.61%
PHF	3,599	7.72%
ADULT CRISIS RESIDENTIAL	3,120	6.69%
ADULT RESIDENTIAL	596	1.28%
DAY REHABILITATIVE FULL DAY	232	0.50%
DAY REHABILITATIVE HALF DAY	92	0.20%

Service Metrics:

Table 3e
Adults
Crisis Intervention
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	46,625
Mean	$ 1,044
Standard Deviation	$ 1,246
Median	$ 674
Mode	$ 2,309
Interquartile Range	$ 913

Quartile	Amount
100%	$ 27,898
99%	$ 6,105
95%	$ 3,146
90%	$ 2,309
75%	$ 1,249
50%	$ 674
25%	$ 336

Table 3f
Adults
Crisis Intervention
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	46,625
Mean	227
Standard Deviation	271
Median	145
Mode	90
Interquartile Range	190

Quartile	Minutes
100%	7,005
99%	1,312
95%	679
90%	480
75%	270
50%	145
25%	80

Table 3g
Adults
Historical Trends
Crisis Intervention Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	29,033	35,939	46,625	47,992
Number of Minutes	6,840,557	8,188,687	10,569,517	11,315,942
Minutes Per Client	236	228	227	236
Approved Amount	$29,780,602	$35,657,233	$48,683,642	$53,960,939

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 and costs over the next few fiscal years.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 43,553,962	22,725
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 + Forecast	FY 2015-16	$ 139,002,276	50,481
Forecast	FY 2016-17	$ 158,668,098	56,446
Forecast	FY 2017-18	$ 178,957,004	62,416
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Growth in costs and clients are forecasted in FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	93.8%	4.2%	2.1%
Total Adults	86.6%	8.3%	5.1%

Table 4b						
ADULTS						
Clients Receiving Crisis Stabilization Services by Race / Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
CS	33.1%	21.8%	21.1%	6.2%	0.9%	16.9%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 4c		
ADULTS		
Clients Receiving Crisis Stabilization Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	**Female**	**Male**
CS	43.5%	56.5%
Total Adults	51.8%	48.2%

Table 4d
Other Services Received by Adults Receiving Crisis Stabilization Service
Fiscal Year 2014-15

	Number of Clients	Percent Clients
CRISIS STABILIZATION	47,568	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	25,267	53.12%
MEDICATION SUPPORT	23,151	48.67%
TARGETED CASE MANAGEMENT	16,682	35.07%
CRISIS INTERVENTION	12,708	26.72%
FFS-HOSPITAL INPATIENT	8,209	17.26%
HOSPITAL INPATIENT	6,453	13.57%
ADULT CRISIS RESIDENTIAL	3,941	8.28%
PHF	3,266	6.87%
ADULT RESIDENTIAL	724	1.52%
DAY REHABILITATIVE FULL DAY	380	0.80%
DAY REHABILITATIVE HALF DAY	219	0.46%

Service Metrics:

Table 4e
Adults
Crisis Stabilization
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	47,568
Mean	$ 2,682
Standard Deviation	$ 5,255
Median	$ 1,562
Mode	$ 1,891
Interquartile Range	$ 1,934

Quartile	Amount
100%	$ 173,305
99%	$ 23,056
95%	$ 9,045
90%	$ 5,460
75%	$ 2,526
50%	$ 1,562
25%	$ 592

Table 4f
Adults
Crisis Stabilization-Adult
Fiscal Year 2014-15

Statistic	Hours
Number of Clients	47,568
Mean	23
Standard Deviation	36
Median	18
Mode	20
Interquartile Range	16

Quartile	Hours
100%	1,433
99%	160
95%	72
90%	46
75%	22
50%	18
25%	6

Table 4g
Adults
Historical Trends
Crisis Stabilization by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	24,099	34,235	47,568	50,481
Number of Hours	556,256	794,878	1,117,043	1,214,309
Hours Per Client	23	23	23	24
Approved Amount	$58,456,656	$85,870,355	$127,562,659	$139,002,276

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18 is forecasted to increase in dollars and clients from FY 2015-16 levels.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 1,093,346	279
Actual	FY 2012-13	$ 819,605	216
Actual	FY 2013-14	$ 1,588,644	463
Actual	FY 2014-15	$ 2,295,333	511
Actual + Forecast	FY 2015-16	$ 1,786,625	277
Forecast	FY 2016-17	$ 1,993,523	294
Forecast	FY 2017-18	$ 2,208,261	307
Actual data as of December 31, 2016			

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

Client Profile Data:
Client profile data is derived from statistical programs and may not exactly match financial reporting due to some overlap with grouping of data categories for analysis purposes. The SFY 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	93.6%	4.7%	1.7%
Total Adults	86.6%	8.3%	5.1%

Table 5b						
ADULTS						
Clients Receiving Day Rehabilitative-Half Day Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR H/D	39.2%	11.6%	23.3%	9.4%	0.4%	16.1%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 5c		
ADULTS		
Clients Receiving Day Rehabilitative-Half Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DR H/D	52.7%	47.3%
Total Adults	51.8%	48.2%

Table 5d
Other Services Received by Adults Receiving Day Rehabilitation Half Day Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
DAY REHABILITATIVE HALF DAY	511	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	349	68.30%
MEDICATION SUPPORT	348	68.10%
TARGETED CASE MANAGEMENT	307	60.08%
CRISIS STABILIZATION	219	42.86%
CRISIS INTERVENTION	92	18.00%
ADULT CRISIS RESIDENTIAL	86	16.83%
HOSPITAL INPATIENT	76	14.87%
FFS-HOSPITAL INPATIENT	36	7.05%
ADULT RESIDENTIAL	18	3.52%
PHF	9	1.76%
DAY REHABILITATIVE FULL DAY	8	1.57%

Service Metrics:

Table 5e
Adults
Day Rehabilitation Half Day
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	511
Mean	$ 4,492
Standard Deviation	$ 5,097
Median	$ 2,351
Mode	$ 52
Interquartile Range	$ 6,051

Quartile	Amount
100%	$ 26,985
99%	$ 22,231
95%	$ 15,292
90%	$ 11,951
75%	$ 6,939
50%	$ 2,351
25%	$ 888

Table 5f
Adults
Day Rehabilitation Half Day-Adult
Fiscal Year 2014-15

Statistic	Half-Days
Number of Clients	511
Mean	46
Standard Deviation	43
Median	34
Mode	1
Interquartile Range	59

Quartile	Half-Days
100%	210
99%	179
95%	129
90%	109
75%	70
50%	34
25%	11

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	216	463	511	277
Number of Half Days	9,130	17,032	23,377	14,581
Days Per Client	42	37	46	53
Approved Amount	$819,605	$1,588,644	$2,295,333	$1,786,625

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 a decrease in clients and cost through FY 2016-17 and in FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 8,158,241	970
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 + Forecast	FY 2015-16	$ 3,754,900	305
Forecast	FY 2016-17	$ 2,661,066	146
Forecast	FY 2017-18	$ 1,577,655	90
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Day Rehabilitation Full Day costs and clients served are forecast to decline through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2016 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	90.3%	6.1%	3.6%
Total Adults	86.6%	8.3%	5.1%

Table 6b						
ADULTS						
Clients Receiving Day Rehabilitative-Full Day Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
DR F/D	36.9%	9.7%	21.1%	6.9%	1.3%	24.1%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 6c		
ADULTS		
Clients Receiving Day Rehabilitative-Full Day Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
DR F/D	32.5%	67.5%
Total Adults	51.8%	48.2%

Table 6d
Other Services Received by Adults Receiving Day Rehabilitation Full Day Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
DAY REHABILITATIVE FULL DAY	745	100.00%
MEDICATION SUPPORT	645	86.58%
ADULT RESIDENTIAL	622	83.49%
THERAPY AND OTHER SERVICE ACTIVITIES	621	83.36%
TARGETED CASE MANAGEMENT	552	74.09%
CRISIS STABILIZATION	380	51.01%
ADULT CRISIS RESIDENTIAL	367	49.26%
CRISIS INTERVENTION	232	31.14%
HOSPITAL INPATIENT	163	21.88%
FFS-HOSPITAL INPATIENT	71	9.53%
DAY REHABILITATIVE HALF DAY	8	1.07%
PHF	3	0.40%

Service Metrics:

Table 6e
Adults
Day Rehabilitation Full Day
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	745
Mean	$ 8,600
Standard Deviation	$ 10,054
Median	$ 6,364
Mode	$ 516
Interquartile Range	$ 8,428

Quartile	Amount
100%	$ 72,825
99%	$ 53,640
95%	$ 28,190
90%	$ 17,520
75%	$ 10,664
50%	$ 6,364
25%	$ 2,236

Table 6f
Adults
Day Rehabilitation Full Day
Fiscal Year 2014-15

Statistic	Days
Number of Clients	745
Mean	47
Standard Deviation	43
Median	38
Mode	3
Interquartile Range	49

Quartile	Days
100%	243
99%	194
95%	138
90%	106
75%	62
50%	38
25%	13

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	835	865	745	305
Number of Days	48,066	43,741	34,661	17,187
Days Per Client	58	51	47	56
Approved Amount	$6,607,902	$6,726,581	$6,407,366	$3,754,900

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 193,397,586	164,197
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 + Forecast	FY 2015-16	$ 348,611,576	231,311
Forecast	FY 2016-17	$ 379,902,930	245,525
Forecast	FY 2017-18	$ 412,682,255	259,726
Actual data as of December 31, 2016			

Budget Forecast Narrative:
The Medication Support costs and clients are expected to continue to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	85.0%	9.6%	5.4%
Total Adults	86.6%	8.3%	5.1%

Table 8b						
ADULTS						
Clients Receiving Medication Support Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
MS	36.1%	21.5%	16.2%	8.7%	0.8%	16.8%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 8c		
ADULTS		
Clients Receiving Medication Support Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
MS	53.3%	46.7%
Total Adults	51.8%	48.2%

Table 8d
Other Services Received by Adults Receiving Medication Support Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
MEDICATION SUPPORT	226,110	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	165,018	72.98%
TARGETED CASE MANAGEMENT	107,491	47.54%
CRISIS INTERVENTION	29,080	12.86%
CRISIS STABILIZATION	23,151	10.24%
FFS-HOSPITAL INPATIENT	14,767	6.53%
HOSPITAL INPATIENT	6,975	3.08%
ADULT CRISIS RESIDENTIAL	6,691	2.96%
PHF	3,407	1.51%
ADULT RESIDENTIAL	1,260	0.56%
DAY REHABILITATIVE FULL DAY	645	0.29%
DAY REHABILITATIVE HALF DAY	348	0.15%

Service Metrics:

Table 8e
Adults
Medication Support
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	226,110
Mean	$ 1,469
Standard Deviation	$ 2,119
Median	$ 905
Mode	$ 715
Interquartile Range	$ 1,250

Quartile	Amount
100%	$ 75,893
99%	$ 9,762
95%	$ 4,608
90%	$ 3,094
75%	$ 1,693
50%	$ 905
25%	$ 443

Table 8f
Adults
Medication Support
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	226,110
Mean	273
Standard Deviation	375
Median	172
Mode	60
Interquartile Range	223

Quartile	Minutes
100%	16,309
99%	1,782
95%	839
90%	565
75%	313
50%	172
25%	90

Table 8g
Adults
Historical Trends
Medication Support by Fiscal Year

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	164,035	202,374	226,110	231,311
Number of Minutes	46,292,059	53,101,974	61,667,540	61,901,037
Minutes Per Client	282	262	273	268
Approved Amount	$227,581,241	$270,708,033	$332,121,212	$348,611,576

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 17,395,902	2,732
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 + Forecast	FY 2015-16	$ 50,754,380	6,158
Forecast	FY 2016-17	$ 57,602,789	6,909
Forecast	FY 2017-18	$ 64,677,801	7,660
Actual data as of December 31,2016			

Budget Forecast Narrative:
The total annual costs and clients served are expected to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	95.1%	4.0%	0.9%
Total Adults	86.6%	8.3%	5.1%

Table 9b						
ADULTS						
Clients Receiving Psychiatric Health Facility Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
PHF	49.6%	17.3%	11.0%	5.6%	1.2%	15.3%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 9c		
ADULTS		
Clients Receiving Psychiatric Health Facility Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
PHF	47.1%	52.9%
Total Adults	51.8%	48.2%

Table 9d
Other Services Received by Adults Receiving Psychiatric Health Facility Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
PHF	5,907	100.00%
TARGETED CASE MANAGEMENT	3,657	61.91%
CRISIS INTERVENTION	3,599	60.93%
THERAPY AND OTHER SERVICE ACTIVITIES	3,509	59.40%
MEDICATION SUPPORT	3,407	57.68%
CRISIS STABILIZATION	3,266	55.29%
ADULT CRISIS RESIDENTIAL	830	14.05%
FFS-HOSPITAL INPATIENT	794	13.44%
HOSPITAL INPATIENT	293	4.96%
ADULT RESIDENTIAL	94	1.59%
DAY REHABILITATIVE HALF DAY	9	0.15%
DAY REHABILITATIVE FULL DAY	3	0.05%

Service Metrics:

Table 9e
Adults
PHF
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	5,907
Mean	$ 8,205
Standard Deviation	$ 12,447
Median	$ 4,452
Mode	$ 778
Interquartile Range	$ 7,065

Quartile	Amount
100%	$ 232,200
99%	$ 57,165
95%	$ 28,601
90%	$ 18,860
75%	$ 9,270
50%	$ 4,452
25%	$ 2,205

Table 9f
Adults
PHF
Fiscal Year 2014-15

Statistic	Days
Number of Clients	5,907
Mean	11
Standard Deviation	18
Median	6
Mode	2
Interquartile Range	10

Quartile	Days
100%	304
99%	85
95%	38
90%	25
75%	13
50%	6
25%	3

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	2,900	4,160	5,907	6,158
Number of Days	37,871	49,107	64,823	67,389
Days Per Client	13	12	11	11
Approved Amount	$24,661,613	$36,409,161	$48,468,023	$50,754,380

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

Adults

Psychiatric Hospital Inpatient Services – SD/MC Hospitals

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

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

Summary:
The forecast for Psychiatric Hospital Inpatient Services shows an increase in clients and cost through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 55,202,585	6,222
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 + Forecast	FY 2015-16	$ 131,144,946	10,157
Forecast	FY 2016-17	$ 145,608,839	10,960
Forecast	FY 2017-18	$ 160,641,509	11,761
Actual data as of December 31,2016			

Budget Forecast Narrative:
Costs and clients served with Psychiatric Hospital Inpatient Services for FY 2016-17 and FY 2017-18 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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016			
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%	4.7%	2.5%
Total Adults	86.6%	8.3%	5.1%

Table 10b ADULTS Clients Receiving Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
HIS-SDMC	33.3%	22.8%	19.2%	6.9%	0.6%	17.3%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

	Table 10c	
	ADULTS	
Clients Receiving Hospital Inpatient Services by Gender		
	Fiscal Year 2014-2015	
	Data as of 12/31/2016	
Groups	Female	Male
HIS-SDMC	43.0%	57.0%
Total Adults	51.8%	48.2%

Table 10d
Other Services Received by Adults Receiving Psychiatric Hospital Inpatient Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
HOSPITAL INPATIENT	10,196	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	7,119	69.82%
MEDICATION SUPPORT	6,975	68.41%
CRISIS STABILIZATION	6,453	63.29%
CRISIS INTERVENTION	4,947	48.52%
TARGETED CASE MANAGEMENT	4,349	42.65%
FFS-HOSPITAL INPATIENT	1,624	15.93%
ADULT CRISIS RESIDENTIAL	1,354	13.28%
PHF	293	2.87%
ADULT RESIDENTIAL	240	2.35%
DAY REHABILITATIVE FULL DAY	163	1.60%
DAY REHABILITATIVE HALF DAY	76	0.75%

Service Metrics:

Table 10e
Adults
Hospital Inpatient
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	10,196
Mean	$ 13,367
Standard Deviation	$ 21,284
Median	$ 6,549
Mode	$ 2,840
Interquartile Range	$ 11,166

Quartile	Amount
100%	$ 319,262
99%	$ 100,076
95%	$ 47,421
90%	$ 30,322
75%	$ 14,300
50%	$ 6,549
25%	$ 3,135

Table 10f
Adults
Hospital Inpatient-Adult
Fiscal Year 2014-15

Statistic	Days
Number of Clients	10,196
Mean	9
Standard Deviation	18
Median	4
Mode	2
Interquartile Range	7

Quartile	Days
100%	339
99%	86
95%	34
90%	21
75%	9
50%	4
25%	2

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	6,263	7,908	10,196	10,157
Number of Days	66,355	78,687	94,872	94,424
Days Per Client	11	10	9	9
Approved Amount	$73,437,965	$100,833,142	$136,294,610	$131,144,946

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 cost and clients through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 85,014,545	97,319
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 + Forecast	FY 2015-16	$ 131,013,991	134,515
Forecast	FY 2016-17	$ 139,530,168	142,128
Forecast	FY 2017-18	$ 148,592,687	149,730
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and clients for Targeted Case Management are forecast to be higher through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	84.4%	8.9%	6.7%
Total Adults	86.6%	8.3%	5.1%

Table 11b						
ADULTS						
Clients Receiving Targeted Case Management Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
TCM	36.2%	21.1%	16.7%	8.1%	0.9%	17.0%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 11c		
ADULTS		
Clients Receiving Targeted Case Management Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	Female	Male
TCM	52.0%	48.0%
Total Adults	51.8%	48.2%

Table 11d
Other Services Received by Adults Receiving Targeted Case Management Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
TARGETED CASE MANAGEMENT	133,687	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	116,378	87.05%
MEDICATION SUPPORT	107,491	80.40%
CRISIS INTERVENTION	24,283	18.16%
CRISIS STABILIZATION	16,682	12.48%
FFS-HOSPITAL INPATIENT	8,997	6.73%
ADULT CRISIS RESIDENTIAL	4,869	3.64%
HOSPITAL INPATIENT	4,349	3.25%
PHF	3,657	2.74%
ADULT RESIDENTIAL	1,315	0.98%
DAY REHABILITATIVE FULL DAY	552	0.41%
DAY REHABILITATIVE HALF DAY	307	0.23%

Service Metrics:

Table 11e
Adults
Targeted Case Management
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	133,687
Mean	$ 971
Standard Deviation	$ 2,021
Median	$ 297
Mode	$ 70
Interquartile Range	$ 791

Quartile	Amount
100%	$ 55,130
99%	$ 9,859
95%	$ 4,203
90%	$ 2,464
75%	$ 903
50%	$ 297
25%	$ 112

Table 11f
Adults
Targeted Case Management
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	133,687
Mean	401
Standard Deviation	802
Median	125
Mode	30
Interquartile Range	335

Quartile	Minutes
100%	23,661
99%	3,906
95%	1,739
90%	1,025
75%	383
50%	125
25%	48

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	96,353	117,878	133,687	134,515
Number of Minutes	42,662,543	47,228,583	53,597,274	54,450,882
Minutes Per Client	443	401	401	405
Approved Amount	$103,239,092	$113,739,606	$129,804,324	$131,013,991

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 dollars and clients shows growth in FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 326,126,837	166,185
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 + Forecast	FY 2015-16	$ 559,821,248	251,189
Forecast	FY 2016-17	$ 608,816,964	269,460
Forecast	FY 2017-18	$ 660,198,656	287,725
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs for and clients served with Therapy and Other Service Activities are forecasted to increase through FY 2016-17 and 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015			
Data as of 12/31/2016			
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	85.9%	8.8%	5.4%
Total Adults	86.6%	8.3%	5.1%

Table 12b						
ADULTS						
Clients Receiving Therapy and Other Services by Race/Ethnicity						
Fiscal Year 2014-2015						
Data as of 12/31/2016						
Groups	**White**	**Hispanic**	**Black**	**Asian / Pacific Islander**	**Native American**	**Other**
Therapy and Other Services	36.2%	22.4%	15.6%	8.6%	0.8%	16.4%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

Table 12c		
ADULTS		
Clients Receiving Therapy and Other Services by Gender		
Fiscal Year 2014-2015		
Data as of 12/31/2016		
Groups	**Female**	**Male**
Therapy and Other Services	54.2%	45.8%
Total Adults	51.8%	48.2%

Table 12d
Other Services Received by Adults Receiving Therapy and other Service Activities
Fiscal Year 2014-15

	Number of Clients	Percent Clients
THERAPY AND OTHER SERVICE ACTIVITIES	245,156	100.00%
MEDICATION SUPPORT	165,018	67.31%
TARGETED CASE MANAGEMENT	116,378	47.47%
CRISIS INTERVENTION	30,970	12.63%
CRISIS STABILIZATION	25,267	10.31%
FFS-HOSPITAL INPATIENT	18,186	7.42%
HOSPITAL INPATIENT	7,119	2.90%
ADULT CRISIS RESIDENTIAL	5,588	2.28%
PHF	3,509	1.43%
ADULT RESIDENTIAL	1,362	0.56%
DAY REHABILITATIVE FULL DAY	621	0.25%
DAY REHABILITATIVE HALF DAY	349	0.14%

Service Metrics:

Table 12e
Adults
Mental Health Service
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	245,156
Mean	$ 2,168
Standard Deviation	$ 3,891
Median	$ 782
Mode	$ 53
Interquartile Range	$ 1,918

Quartile	Amount
100%	$ 136,288
99%	$ 18,942
95%	$ 9,028
90%	$ 5,674
75%	$ 2,240
50%	$ 782
25%	$ 322

Table 12f
Adults
Mental Health Service
Fiscal Year 2014-15

Statistic	Minutes
Number of Clients	245,156
Mean	781
Standard Deviation	1,408
Median	295
Mode	60
Interquartile Range	695

Quartile	Minutes
100%	49,740
99%	6,687
95%	3,180
90%	2,005
75%	815
50%	295
25%	120

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	171,559	214,056	245,156	251,189
Number of Minutes	144,117,120	164,922,816	192,869,064	201,128,882
Minutes Per Client	840	770	787	801
Approved Amount	$380,778,888	$441,249,500	$531,478,881	$559,821,248

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.

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 authorization of psychiatric hospital inpatient services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Summary:
The forecast for Psychiatric Hospital Inpatient Services provided by FFS/MC hospitals shows growth in costs and clients through FY 2016-17 and FY 2017-18.

Data Composition	Fiscal Year	Dollars	Clients
Actual	FY 2011-12	$ 139,268,228	15,189
Actual	FY 2012-13	$ 142,935,188	14,945
Actual	FY 2013-14	$ 155,260,512	18,430
Actual	FY 2014-15	$ 201,675,038	23,964
Actual + Forecast	FY 2015-16	$ 227,768,199	26,073
Forecast	FY 2016-17	$ 248,019,536	28,367
Forecast	FY 2017-18	$ 266,231,875	30,299
Actual data as of December 31, 2016			

Budget Forecast Narrative:
Costs and clients for FFS Psychiatric Hospital Inpatient Services by FFS/MC hospitals are forecasted to increase through FY 2016-17 and FY 2017-18.

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 2014-15 client tables and the historical trends tables are based upon claims received as of December 31, 2016.

Note:
The following tables utilize data for FY 2014-2015. 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 2015-2016 at the time of this May 2017 Budget Estimate. For this reason, data for FY 2014-2015 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 2014-2015 Data as of 12/31/2016			
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	93.4%	4.7%	1.9%
Total Adults	86.6%	8.3%	5.1%

Table 13b ADULTS Clients Receiving Fee For Service Hospital Inpatient Services by Race/Ethnicity Fiscal Year 2014-2015 Data as of 12/31/2016						
Groups	White	Hispanic	Black	Asian / Pacific Islander	Native American	Other
HIS-FFS	35.3%	23.3%	15.2%	6.0%	0.7%	19.7%
Total Adults	36.6%	21.7%	16.2%	8.0%	0.8%	16.7%

	Table 13c	
	ADULTS	
Clients Receiving Fee For Service Hospital Inpatient Services by Gender		
	Fiscal Year 2014-2015	
	Data as of 12/31/2016	
Groups	Female	Male
HIS-FFS	43.6%	56.4%
Total Adults	51.8%	48.2%

Table 13d
Other Services Received by Adults Receiving Fee for Service Psychiatric Hospital Inpatient Services
Fiscal Year 2014-15

	Number of Clients	Percent Clients
FFS-HOSPITAL INPATIENT	23,934	100.00%
THERAPY AND OTHER SERVICE ACTIVITIES	18,186	75.98%
MEDICATION SUPPORT	14,767	61.70%
TARGETED CASE MANAGEMENT	8,997	37.59%
CRISIS INTERVENTION	8,377	35.00%
CRISIS STABILIZATION	8,209	34.30%
ADULT CRISIS RESIDENTIAL	1,968	8.22%
HOSPITAL INPATIENT	1,624	6.79%
PHF	794	3.32%
ADULT RESIDENTIAL	170	0.71%
DAY REHABILITATIVE FULL DAY	71	0.30%
DAY REHABILITATIVE HALF DAY	36	0.15%

Service Metrics:

Table 13e
Adults
FFS-Hospital Inpatient
Fiscal Year 2014-15

Statistic	Amount
Number of Clients	23,934
Mean	$ 8,418
Standard Deviation	$ 14,822
Median	$ 3,661
Mode	$ 1,569
Interquartile Range	$ 6,520

Quartile	Amount
100%	$ 258,592
99%	$ 74,434
95%	$ 31,001
90%	$ 18,954
75%	$ 8,400
50%	$ 3,661
25%	$ 1,848

Table 13f
Adults
FFS-Hospital Inpatient-Adult
Fiscal Year 2014-15

Statistic	Days
Number of Clients	23,934
Mean	11
Standard Deviation	20
Median	5
Mode	3
Interquartile Range	8

Quartile	Days
100%	348
99%	105
95%	41
90%	25
75%	11
50%	5
25%	3

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

Data Type	2012-2013	2013-2014	2014-2015	2015-2016*
Number of Clients	14,945	18,430	23,964	26,073
Number of Days	217,347	226,298	275,429	305,277
Days Per Client	15	12	11	12
Approved Amount	$142,935,188	$155,260,512	$201,675,038	$227,768,199

*FY 2015-16 numbers are forecasted using actual claims and weighted claim estimates. Data includes actual claims through December 31, 2016.