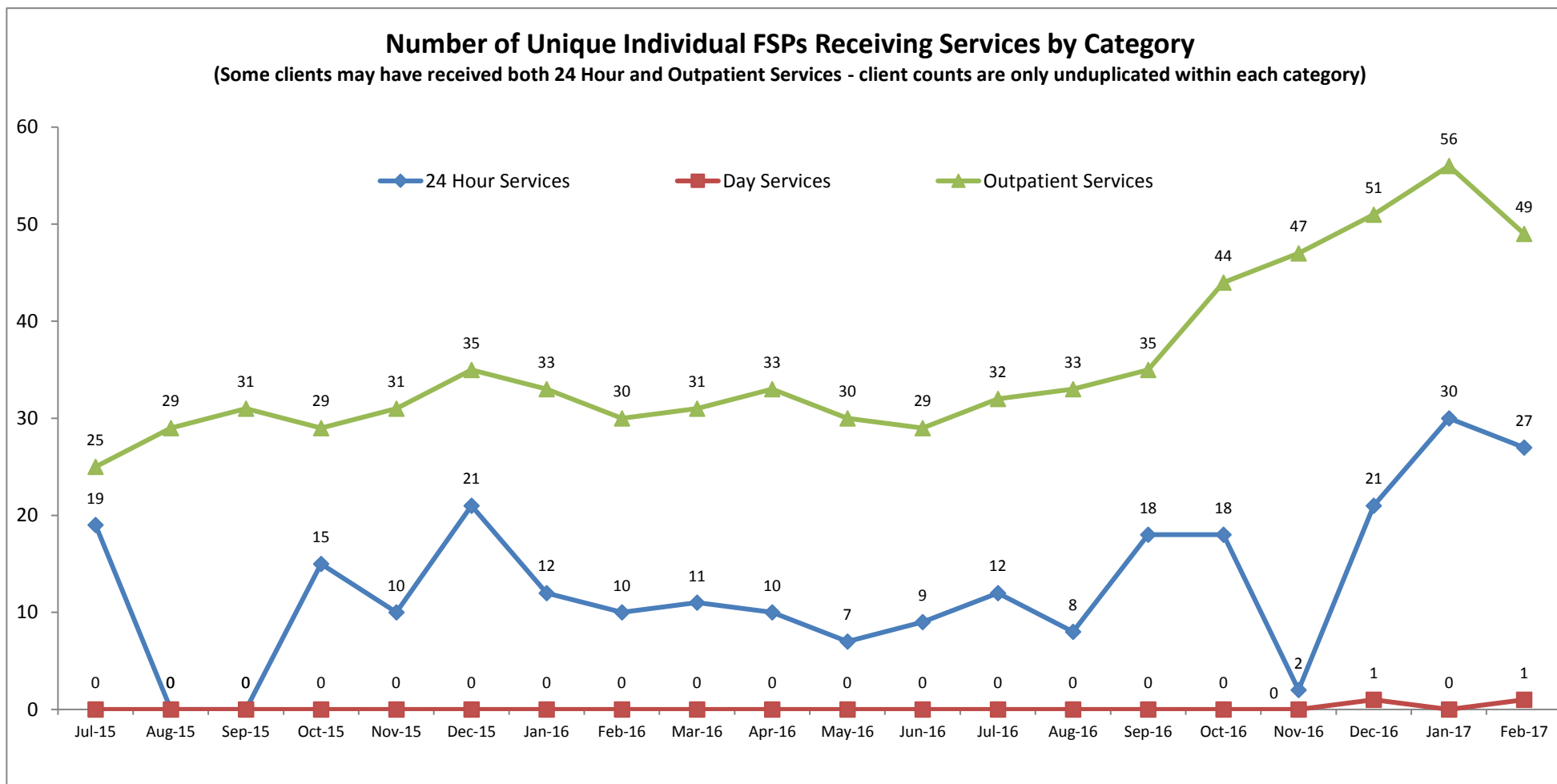


**CSI AND FSP LINKED DATA – FISCAL YEARS 2015/16 – 2016/17 TO DATE**

As part of the MediCal billing process in the State of California, information from the electronic health records on patient data and treatment is uploaded from the county to the state on a monthly basis. This is called Client and Service Information, or CSI. Within the MHA Full Service Partnership (FSP) program, data is also collected in the state Data Collection and Reporting (DCR) system. Beginning in May 2015, the State of California Mental Health Services Oversight and Accountability Commission started sponsoring regional training (provided by Mental Health Data Alliance, LLC) on a newly available tool which can combine information from both these data sources. This information helps describe what treatments and services Full Service Partners are receiving in Shasta County, and how those services compare with other Shasta County consumers who are not part of the Full Service Partnership program. Data from the CSI file is based on input file date, and NOT on date of service, so information on this report may not match data from other sources due to late service reporting/billing by outside providers.



Mental Health Services are divided into three main categories: 24 Hour Services; Day Services; and, Outpatient Services.

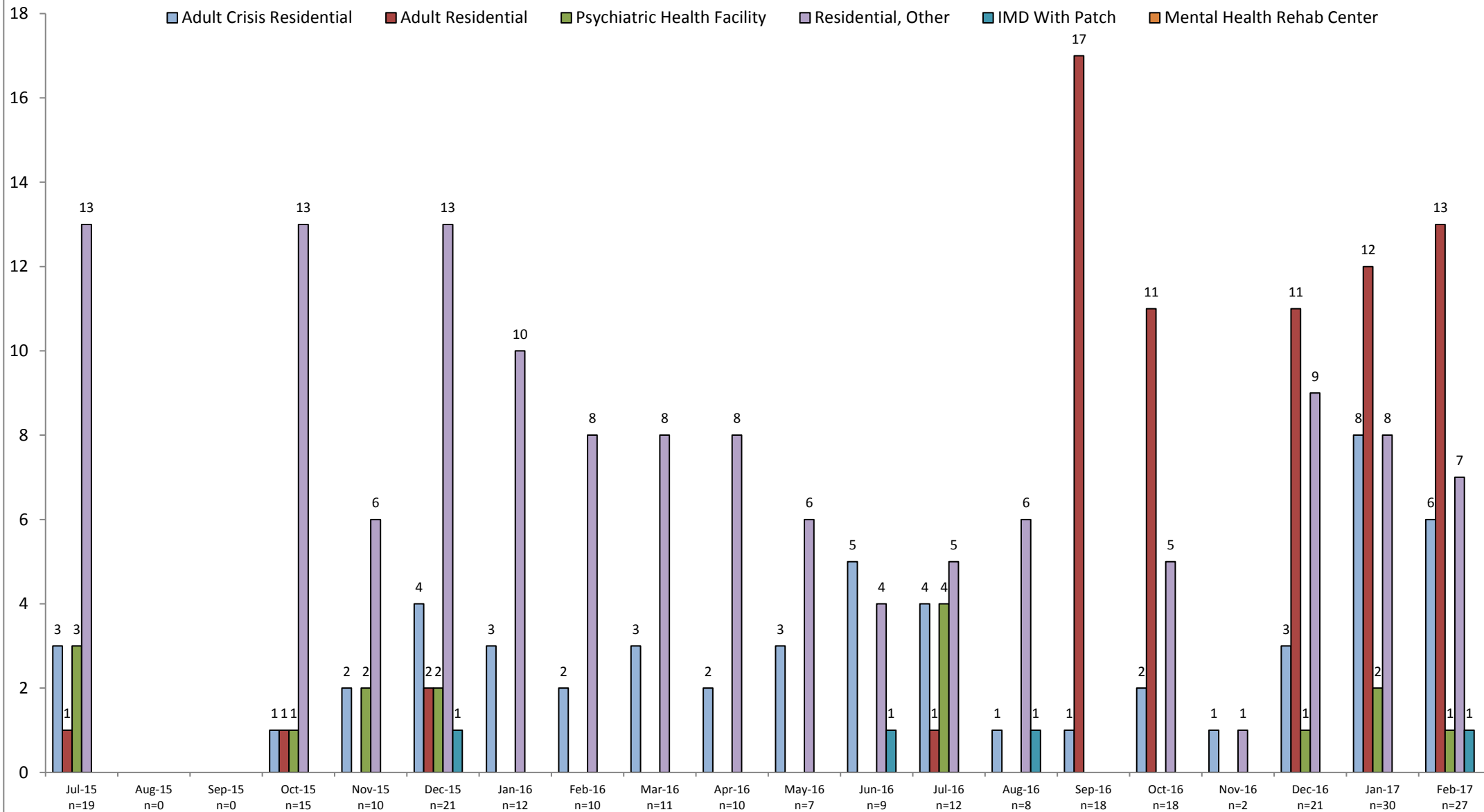
24 Hour Services include various types of residential services, such as Skilled Nursing Facilities, Mental Health Rehab Centers and Psychiatric Health Facilities. These services are billed for by the day.

Day Services include such things as Day Treatment or Day Rehabilitation. These services are also billed for by the day, but differ from 24 Hour Services in that they do not provide over-night care.

Outpatient Services include things such as Crisis Intervention, Linkage/ Brokerage and Medication Support. These services are billed for by the minute.

### Number of Unique Individual FSPs Receiving 24 Hour Services by Type

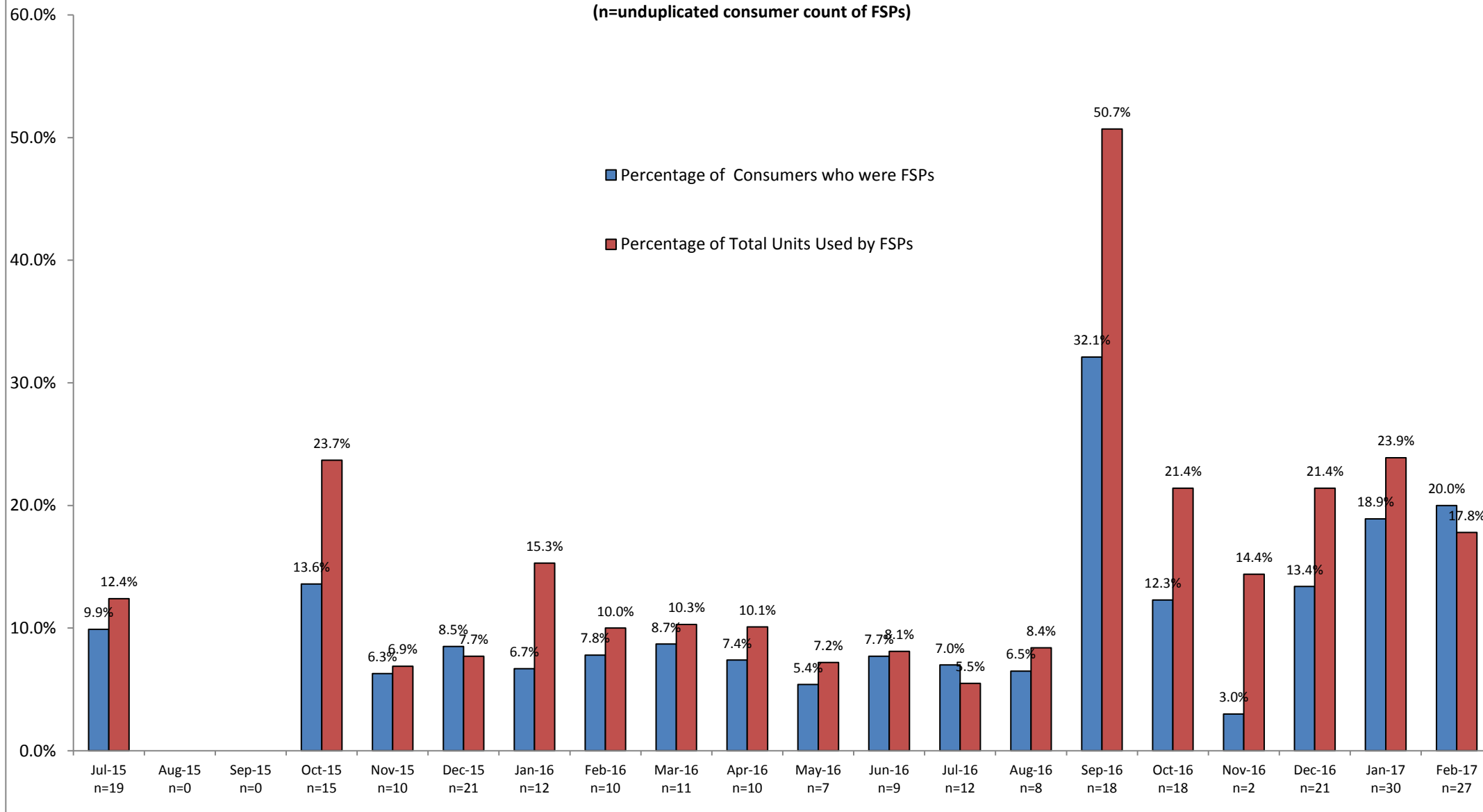
(n=unduplicated consumer count of FSPs)



In this chart, the number of unduplicated Full Service Partners who received any type of 24 Hour Services is noted under the month as “n”.

The bars above each month show how many of those unduplicated Full Service Partners received each type of 24 Hour Service. Because consumers can, and often do, received more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as “n”.

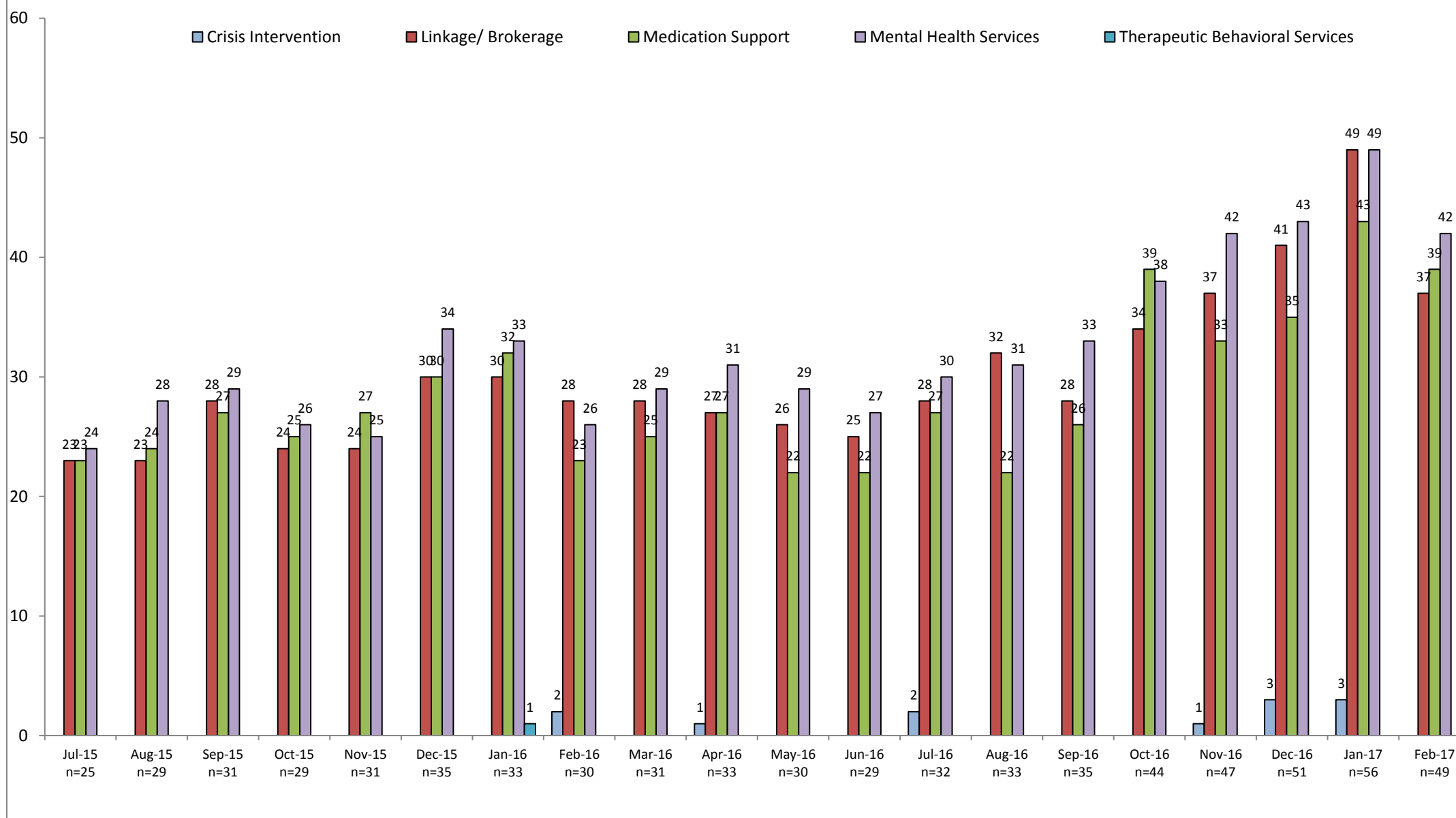
### Percentages of Consumers Who Received 24 Hour Services and Were FSPs and Percentages of 24 Hour Service Units Used by FSPs (n=unduplicated consumer count of FSPs)



As mentioned before, 24 Hour Services are billed for by the day. This chart compares, by percentage, how many of the consumers who utilized 24 Hour Services were Full Service Partners, and how many of the days billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, it is expected that partners may utilize disproportionately more of the services than non-partner consumers.

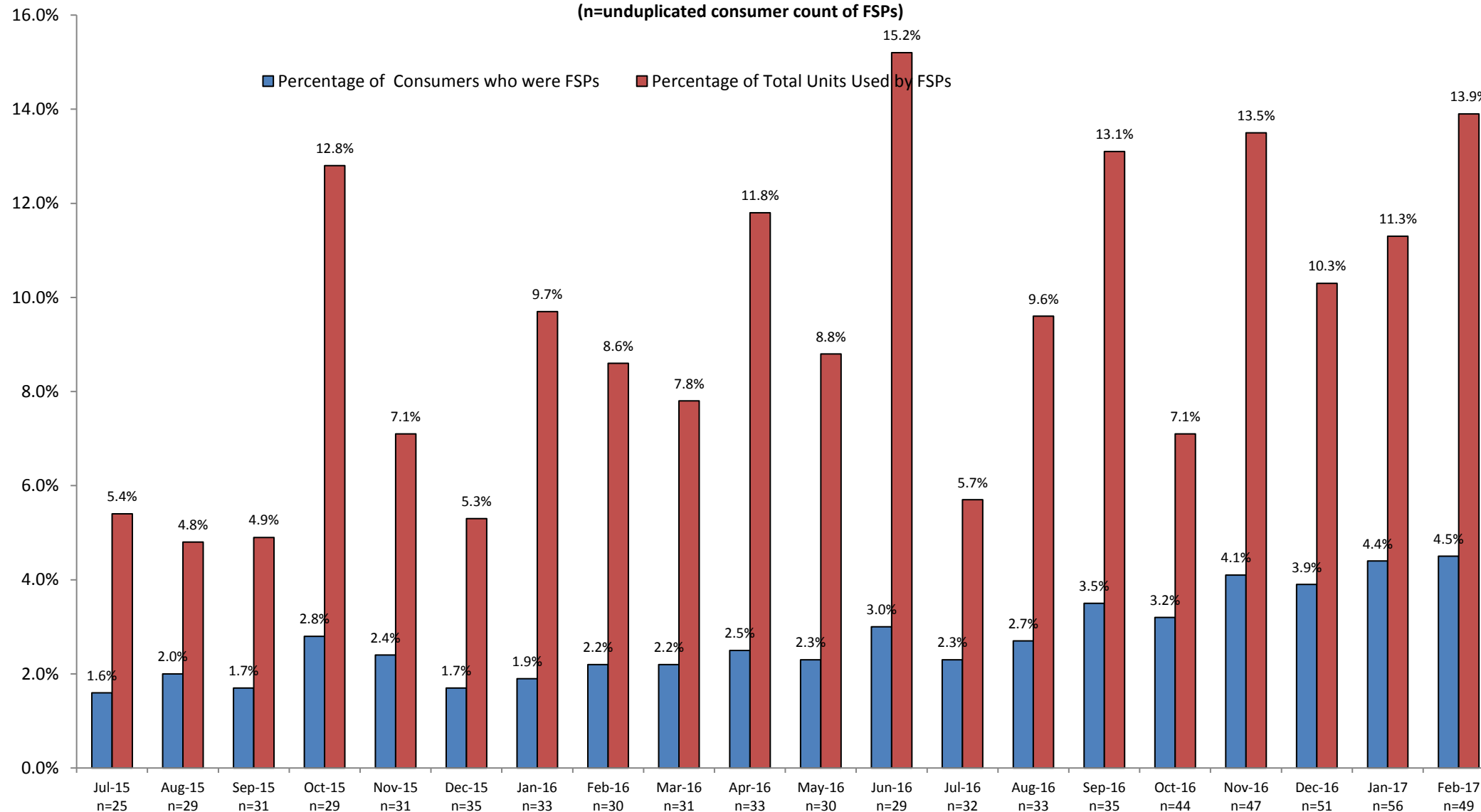
### Number of Unique Individual FSPs Receiving Outpatient Services by Type (n=unduplicated consumer count of FSPs)



In this chart, the number of unduplicated Full Service Partners who received any type of Outpatient Services is noted under the month as “n”.

The bars above each month show how many of those unduplicated Full Service Partners received each type of Outpatient Service. Because consumers can, and often do, received more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as “n”.

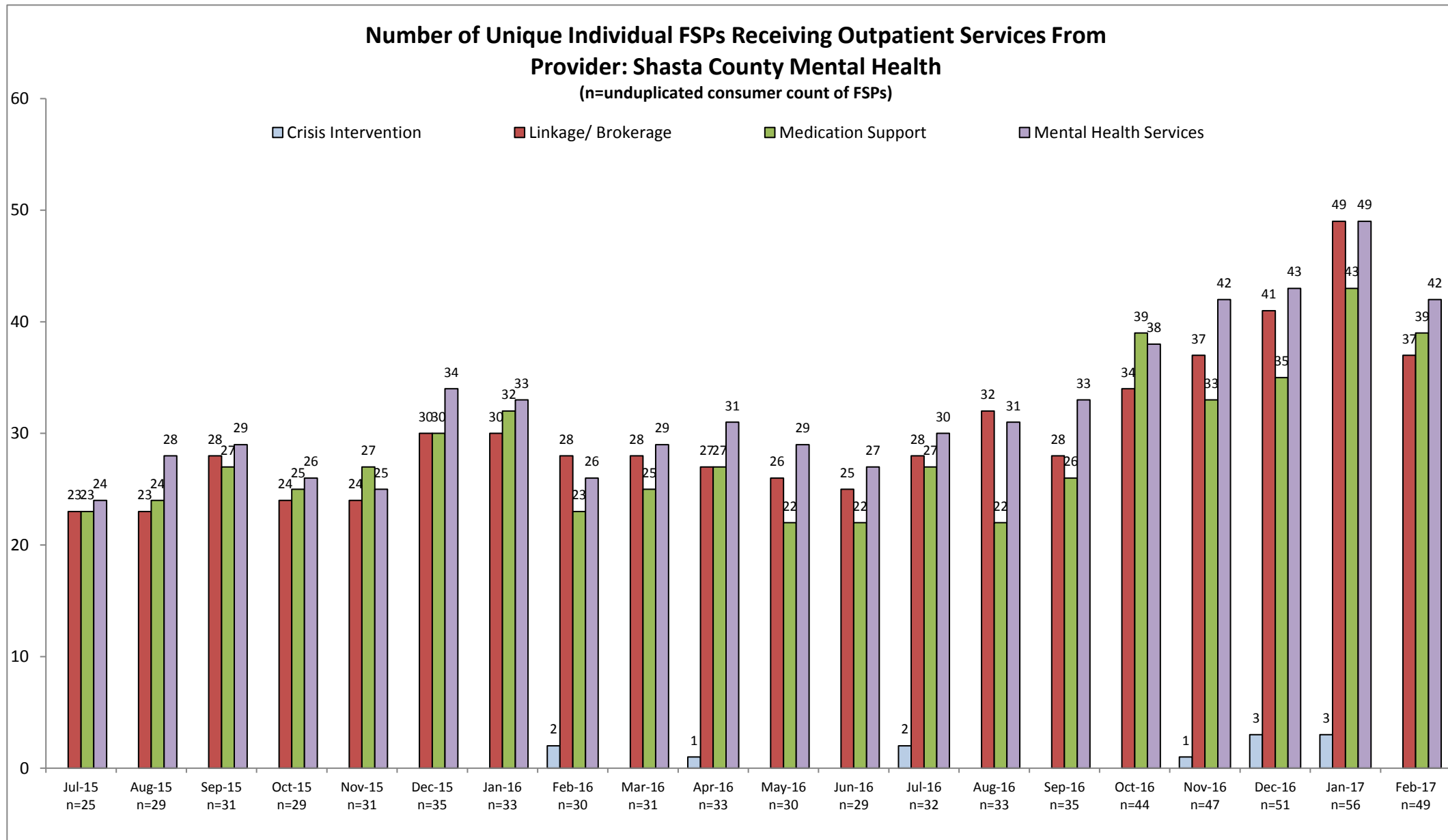
### Percentages of Consumers Who Received Outpatient Services and Were FSPs and Percentages of Outpatient Service Units Used by FSPs (n=unduplicated consumer count of FSPs)



As mentioned before, Outpatient Services are billed for by the minute. This chart compares, by percentage, how many of the consumers who utilized Outpatient Services were Full Service Partners, and how many of the minutes billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, it is expected that partners may utilize disproportionately more of the services than non-partner consumers.

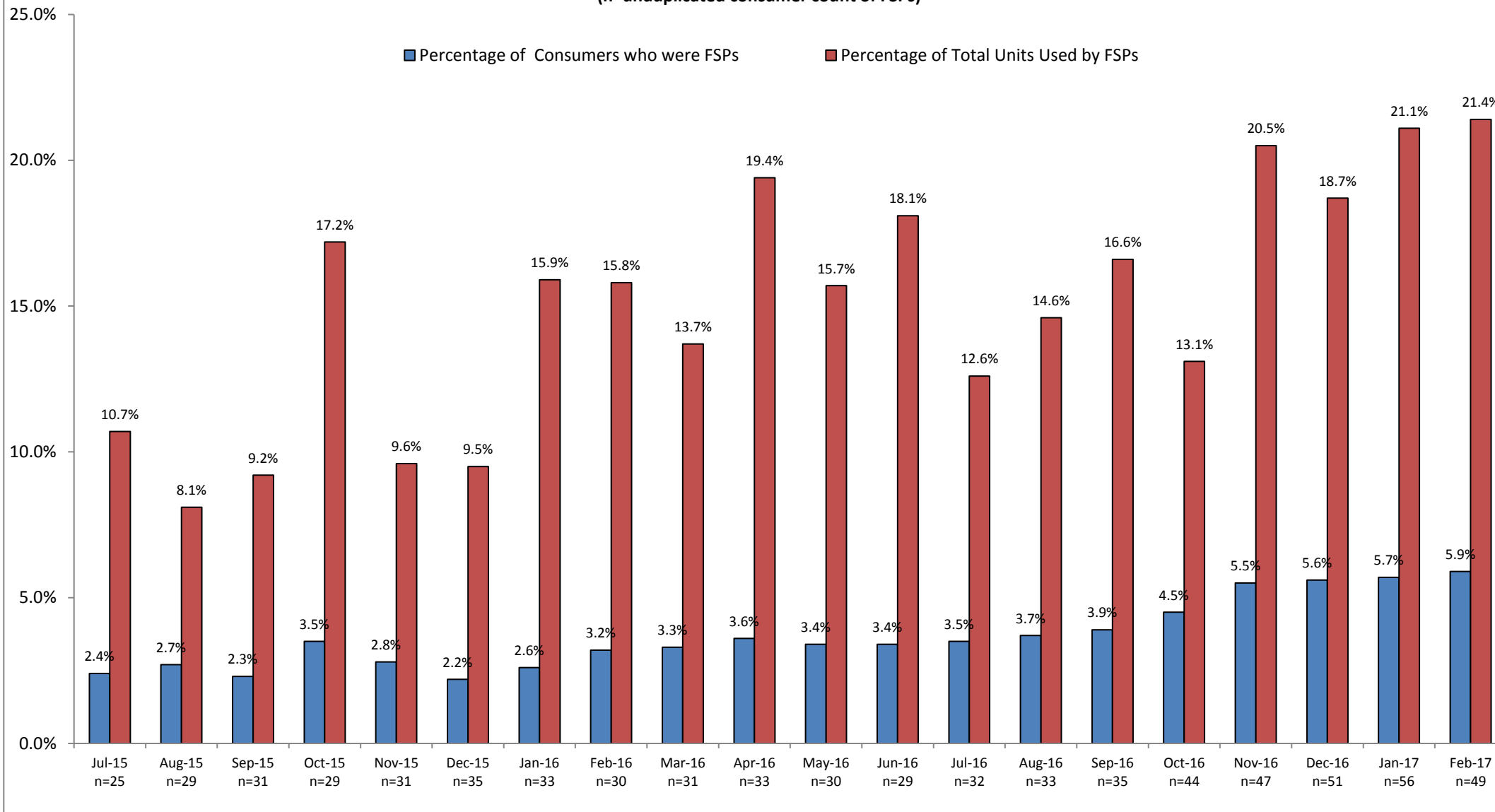
Data can be further narrowed down into specifics regarding who provided the services. Based on this, the following charts split out both Outpatient and 24 Hour Services into those provided by Shasta County Mental Health (SCMH) and those provided by outside vendors.



In this chart, the number of unduplicated Full Service Partners who received any type of Outpatient Services from SCMH is noted under the month as “n”.

Again, the bars above each month show how many of those unduplicated Full Service Partners received each type of Outpatient Service. Because consumers can, and often do, receive more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as “n”.

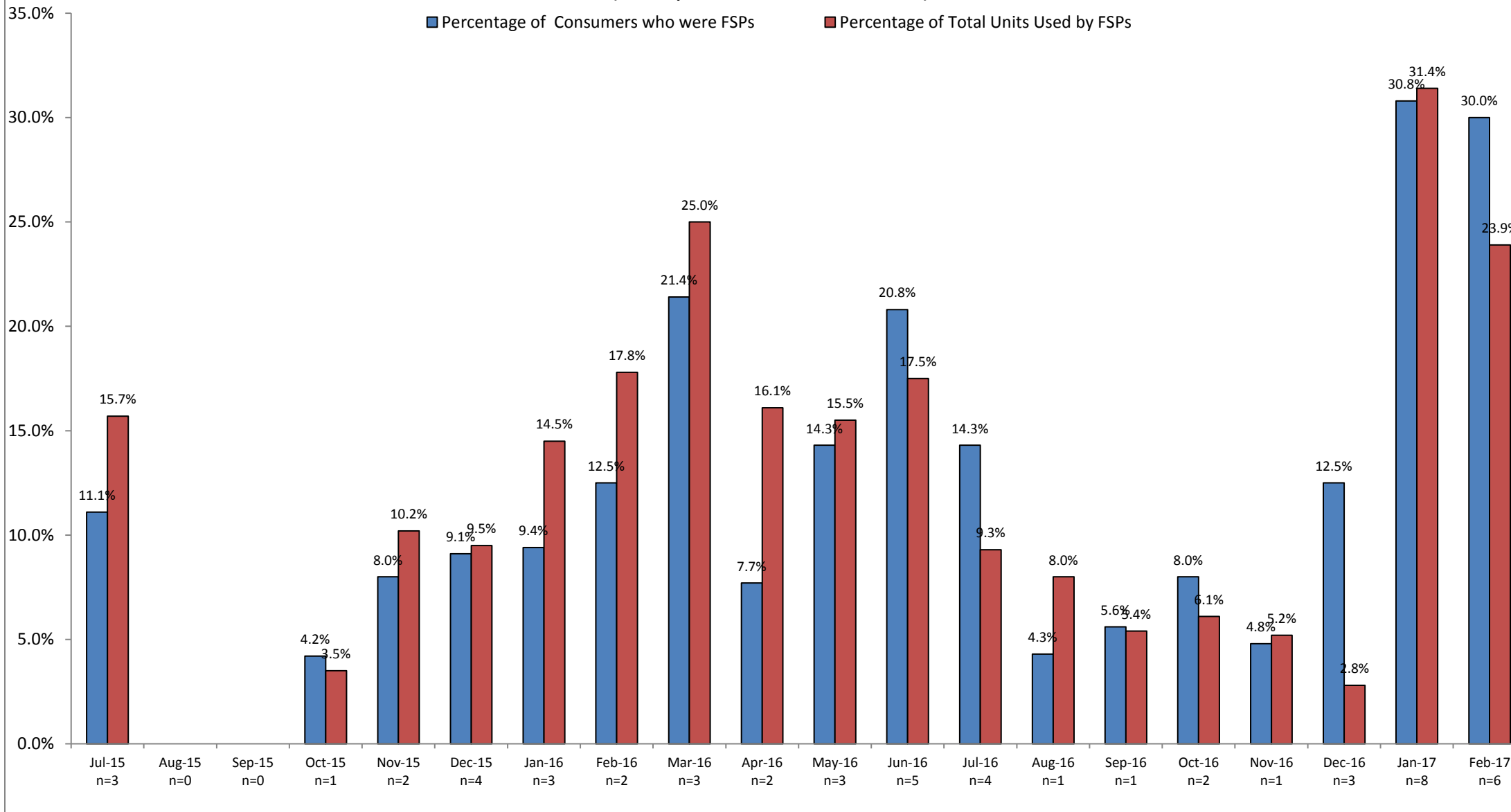
### Percentages of Consumers Who Received Outpatient SCMH Services and Were FSPs and Percentages of Outpatient SCMH Service Units Used by FSPs (n=unduplicated consumer count of FSPs)



This chart compares, by percentage, how many of the consumers who utilized Outpatient Services were Full Service Partners, and how many of the minutes billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, and particularly because case management of FSPs is handled by SCMH staff, it is expected that partners may utilize disproportionately more of the services than non-partner consumers.

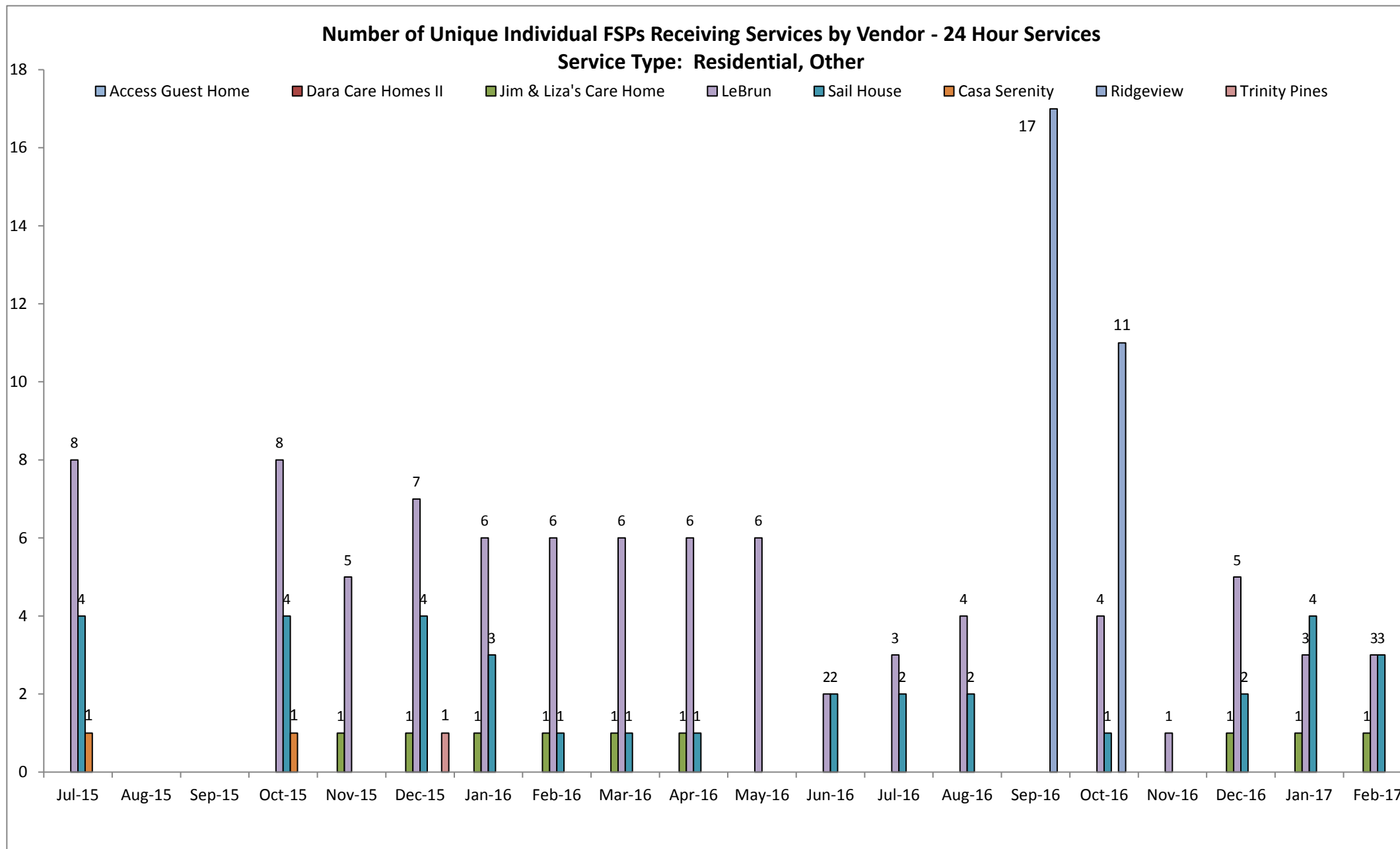
### Percentages of Consumers Who Received 24 Hour CRRC Services and Were FSPs and Percentages of 24 Hour CRRC Service Units Used by FSPs (n=unduplicated consumer count of FSPs)



The only 24 Hour Service provided directly by Shasta County Mental Health is the Crisis Residential and Recovery Center (CRRC).

This chart compares, by percentage, how many of the consumers who utilized the CRRC were Full Service Partners, and how many of the days billed for were used by Full Service Partners.

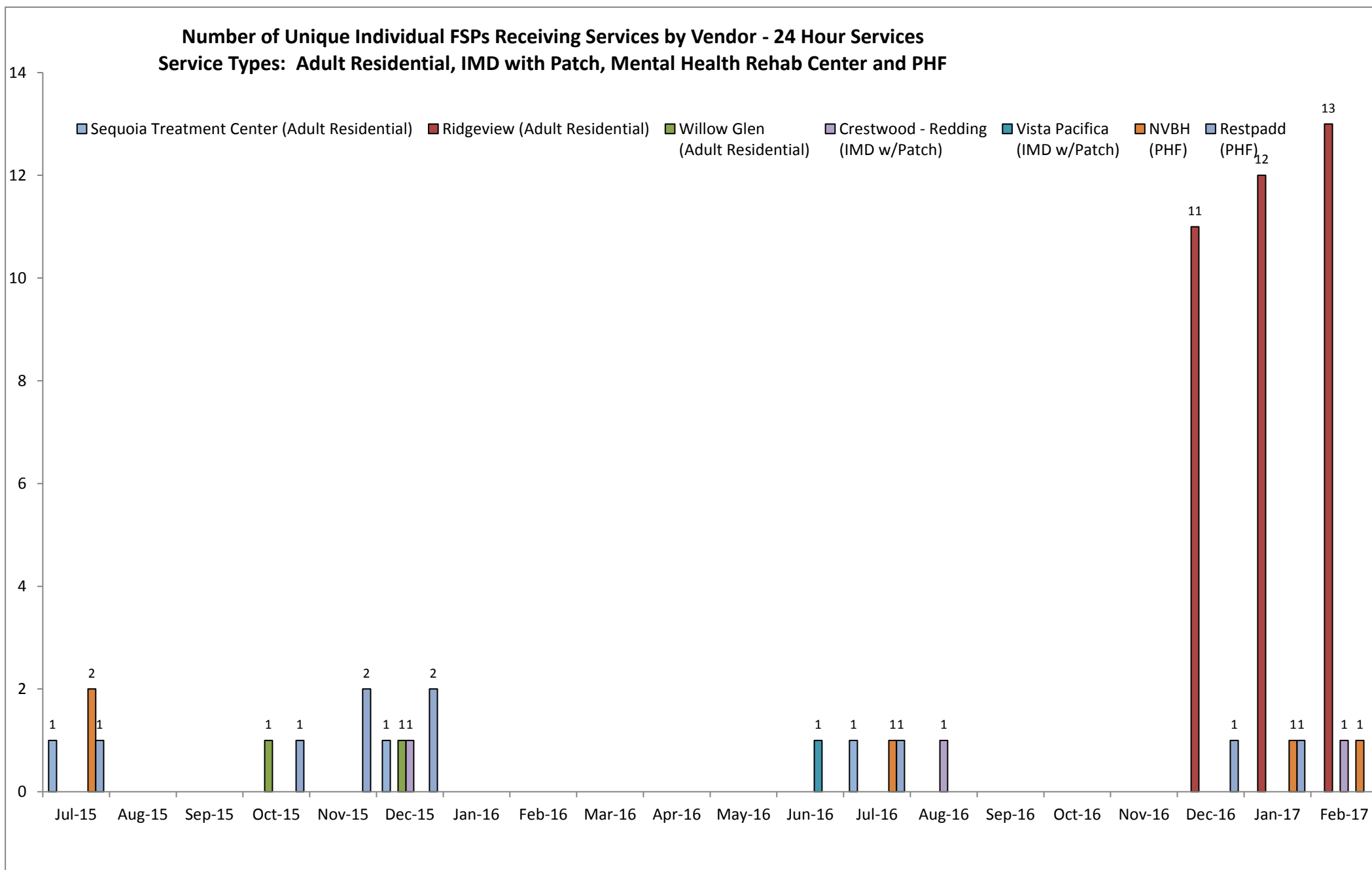




This chart shows how many unduplicated Full Service Partners each individual vendor providing 24 Hour "Residential-Other" Services reported serving. All these vendors appear to be some level of Board and Care setting.

Because partners may have moved from one Board and Care to another in the same month, numbers of partners are only unduplicated by individual vendor.

Due to the relatively large number of vendors, but small number of partners, no further breakdown of the data was performed.

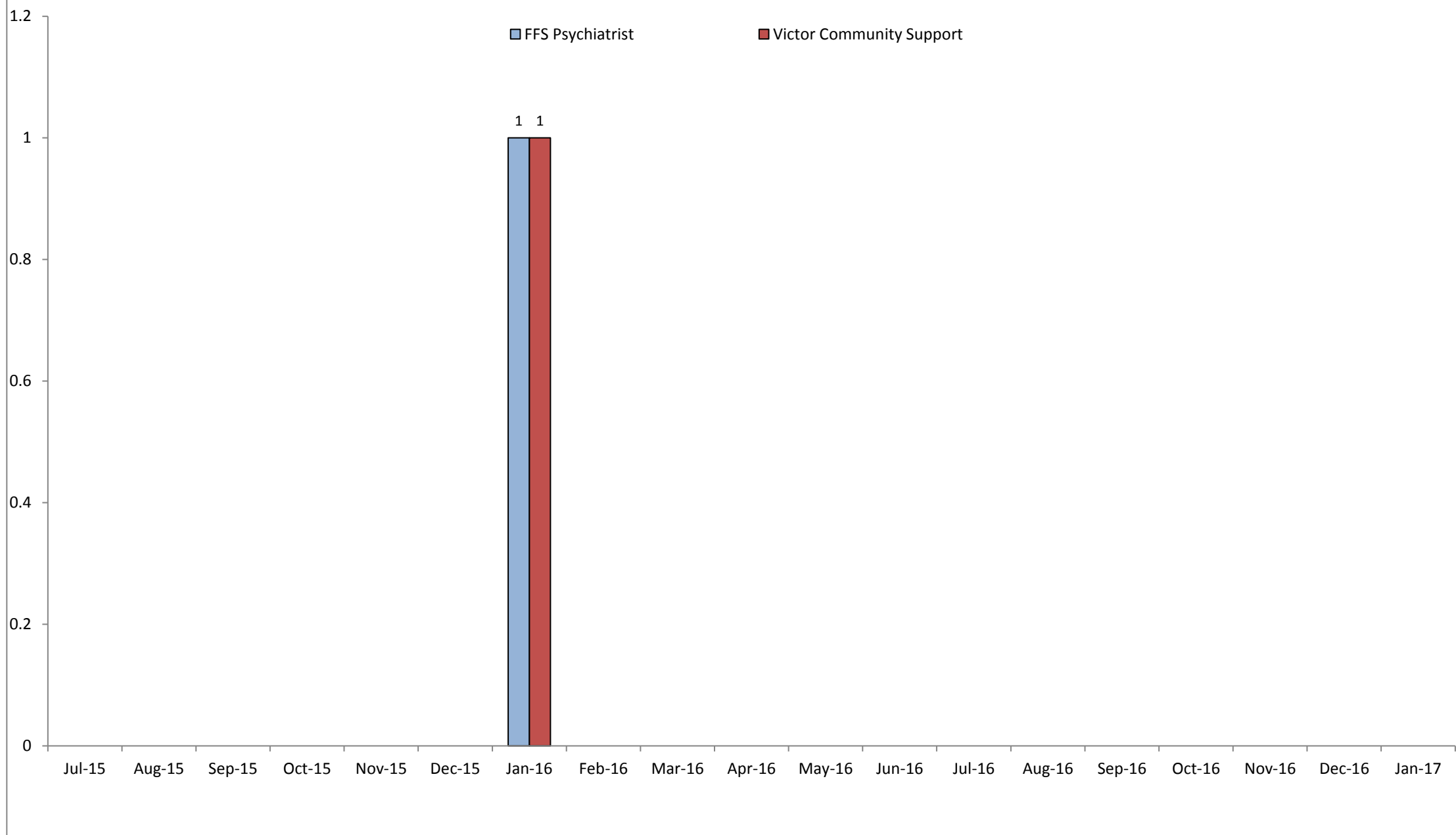


This chart shows how many unduplicated Full Service Partners each individual vendor providing all other 24 Hour Services reported serving. All these vendors appear to be providing services at a higher level of care than a standard Board and Care facility.

Because partners may have moved from one facility to another in the same month, numbers of partners are only unduplicated by individual vendor.

Due to the relatively large number of vendors, but small number of partners, no further breakdown of the data was performed.

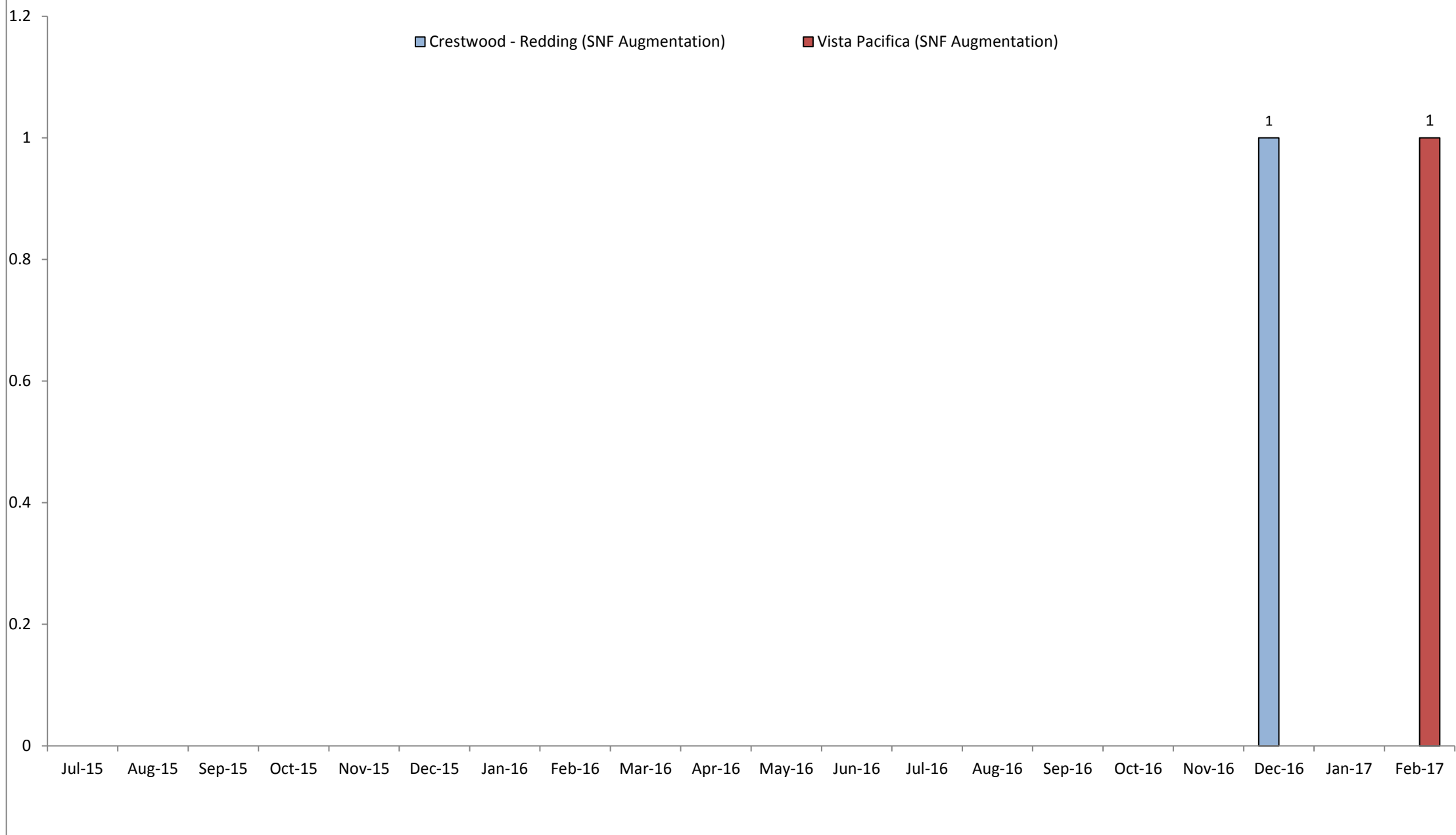
### Number of Unique Individual FSPs Receiving Services by Vendor - Outpatient Services



This chart shows how many unduplicated Full Service Partners each individual vendor providing Outpatient Services reported serving.

Due to the small number of partners, no further breakdown of the data was performed.

### Number of Unique Individual FSPs Receiving Services by Vendor - Day Services



This chart shows how many unduplicated Full Service Partners each individual vendor providing Day Services reported serving.

Due to the small number of partners, no further breakdown of the data was performed.