

COLUSA COUNTY DEPARTMENT OF MENTAL HEALTH

MISSION STATEMENT

The Colusa County Department of Mental Health will provide high quality client centered and family friendly, prevention, education and clinical services to the residents of Colusa County in need of mental health services designed to enhance the well being of individuals and families.

**CRITERION 1
COUNTY MENTAL HEALTH SYSTEM
COMMITMENT TO CULTURAL COMPETENCE**

Criterion 1

Question 2

a). The program was far reaching and it was able to touch the lives of many individuals that would not have had the means to deal effectively with going to school and learning a variety of different skills that will enhance their ability to engage and interact with others that have experienced similar difficulty in their own lives. The children have developed skills that will encourage proper communication with their peers and adults. We have also been able to provide the parents with tools such as parenting classes in both English and Spanish as the major population and language spoken in Colusa County is Spanish. We have been able to provide the teachers in the school district assistance when it comes to managing some of the more difficult cases, so that none of the children will be without assistance when it is necessary and needed.

The intended outcome of the project is:

- To enhance the social and emotional development of the children being served in Colusa County.
- To increase the likelihood that they will succeed in school.
- To increase the personal competencies related to life success.
- To decrease the need for more intensive and costly services as the child grows older.
- To provide mental health training for those working with children and youths
- To provide outreach and education to children, youths, families, school staff and communities to increase their awareness of early intervention of mental health issues.

b).

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	300	White	165	English	220	LGBTQ	Unknown
Transition Age Youth (16-25)	118	African American	13	Spanish	Unknown	Veteran	Unknown
Adult (18-59)	79	Asian		Vietnamese	Unknown	Other	Unknown
Older Adult (60+)	40	Pacific Islander		Cantonese	Unknown		
		Native American	147	Mandarin	Unknown		
		Hispanic	232	Tagalog	Unknown		
		Multi	Unknown	Cambodian	Unknown		
		Unknown		Hmong	Unknown		
		Other		Russian	Unknown		
				Farsi	Unknown		
				Arabic	Unknown		
				Other	Unknown		

Criterion 1

Question 2

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**CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS**

Criterion 2
#1 General Population

POPULATION 2010

A. The population of Colusa County has seen an increase in census over the past 10 years. The 2010 census showed 21,419 total county population. From 2000 to 2010 there has been an increase of 13.9% in the over all census of people in the community. We have seen an increase in the persons we serve under the age of 5 of about 9.1%, people under the age of 18 increased 30.7% and persons 65 years and older have seen an increase of 30.7% overall. Female persons have increased by 49.1%. The numbers of Whites and Blacks have seen increases of 64.7% and 0.9% respectively. American Indians and Alaska Natives have increased by 2.0%. The Asian population increased by 1.3%, while Native Hawaiian and other Pacific Islanders have seen increases of 0.3%. Persons reporting two or more races grew by 3.6% in 2010, persons of Hispanic or Latino origin increased by 55.1% and Whites not Hispanic have seen an increase in their population by 39.8%.

**CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS**

II. Medi-Cal population service needs

Criterion 2

Question 2

❖ CURRENT MEDI-CAL CLAIMS DATA FOR MANAGING SERVICES ❖

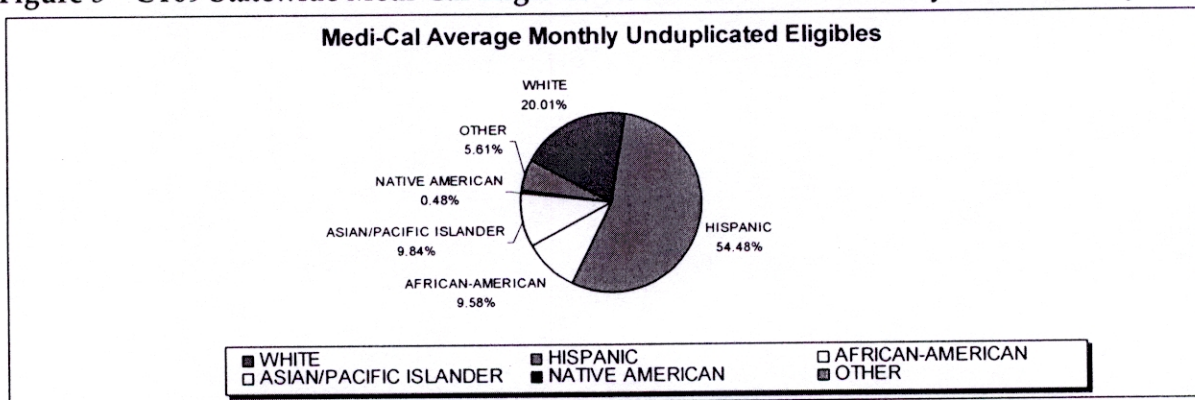
Information to support the tables and graphs, labeled as Figures 5 through 18, is derived from four source files containing statewide data. A description of the source of data and summary reports of Medi-Cal approved claims data – overall, foster care, and transition age youth – follow as an attachment. The MHP was also referred to the CAEQRO Website at www.caeqro.com for additional claims data useful for comparisons and analyses.

RACE/ETHNICITY OF MEDI-CAL ELIGIBLES AND BENEFICIARIES SERVED

The following figures show the ethnicities of Medi-Cal eligibles compared to those who received services in CY08. Charts which mirror each other would reflect equal access based upon ethnicity, in which the pool of beneficiaries served matches the Medi-Cal community at large.

Figure 5 shows the ethnic breakdown of Medi-Cal eligibles statewide, followed by those who received at least one mental health service in CY08. Figure 6 shows the same information for the MHP's eligibles and beneficiaries served. Similar figures for the foster care and TAY populations are included in Attachment D following the MHP's approved claims worksheets.

Figure 5 – CY09 Statewide Medi-Cal Eligibles vs. Beneficiaries Served by Race/Ethnicity



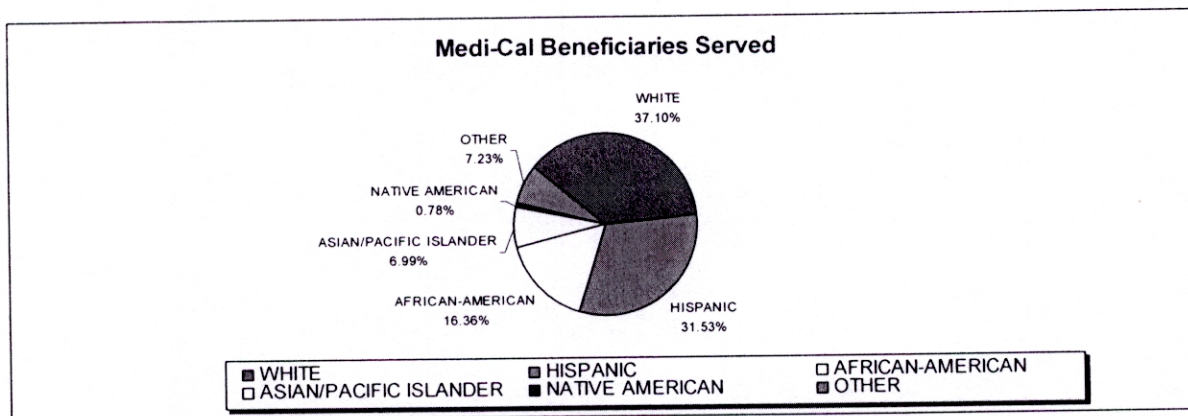
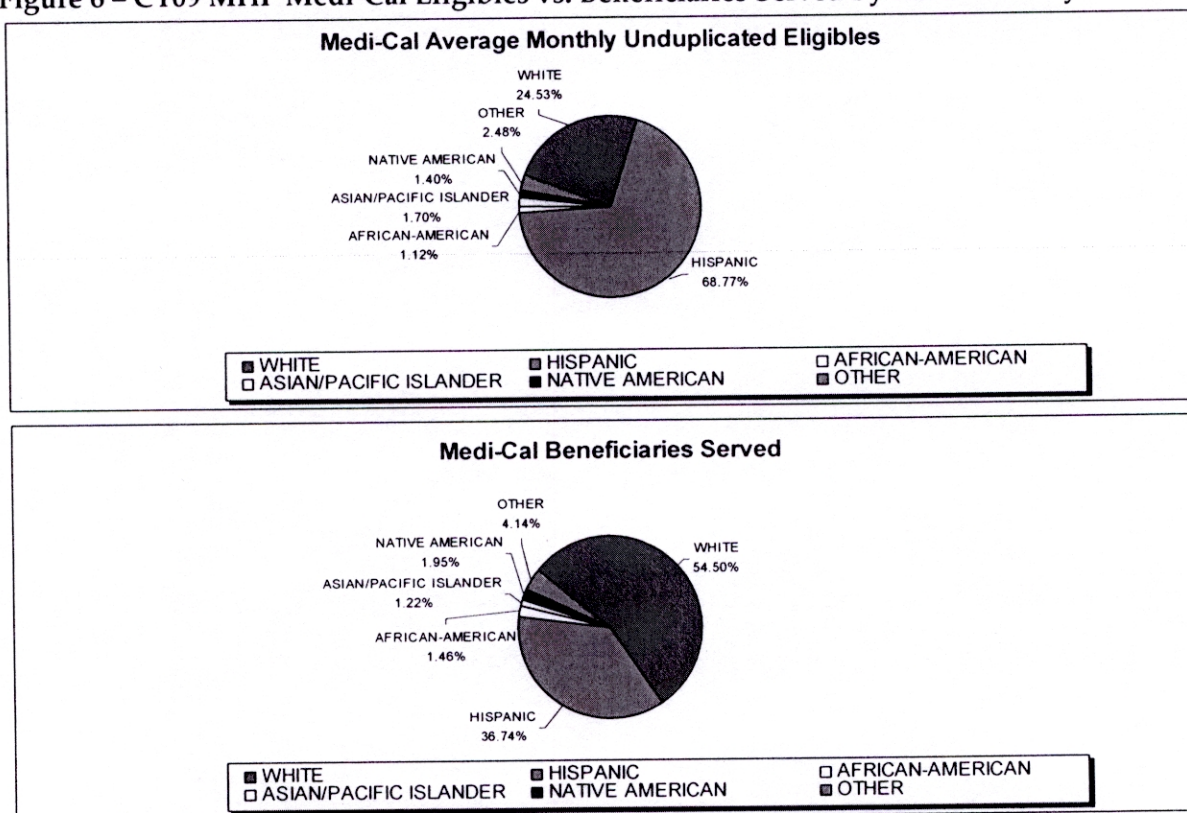


Figure 6 – CY09 MHP Medi-Cal Eligibles vs. Beneficiaries Served by Race/Ethnicity



PENETRATION RATES AND APPROVED CLAIM DOLLARS PER BENEFICIARY

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average eligible count. The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year. Rankings, where included, are based upon 56 MHPs, where number 1 indicates the highest rate or dollar figure and number 56 indicates the lowest rate or dollar figure.

Figure 7 displays key elements from the approved claims reports for the MHP, MHPs of similar size (large, medium, small, or small-rural), and the state.

Figure 7. CY09 Medi-Cal Approved Claims Data				
Element	MHP	Rank	Small-Rural MHPs	Statewide
Total approved claims	\$2,964,811	N/A	N/A	\$2,113,209,089
Average number of eligibles per month	4,995	N/A	N/A	7,381,253
Number of beneficiaries served	411	N/A	N/A	435,651
Penetration rate	8.23%	22	9.62%	5.98%
Approved claims per beneficiary served	\$7,214	5	\$5,335	\$4,784
Penetration rate – Foster care	43.18%	45	69.11%	61.11%
Approved claims per beneficiary served – Foster care	\$11,148	8	\$6,055	\$7,619
Penetration rate – TAY	12.06%	7	11.48%	7.01%
Approved claims per beneficiary served – TAY	\$9,430	5	\$5,864	\$5,966
Penetration rate – Hispanic	4.39%	17	4.37%	3.46%
Approved claims per beneficiary served – Hispanic	\$6,404	7	\$5,596	\$4,580

Figures 8 through 11 highlight four year trends for penetration rates and average approved claims.

Figure 8

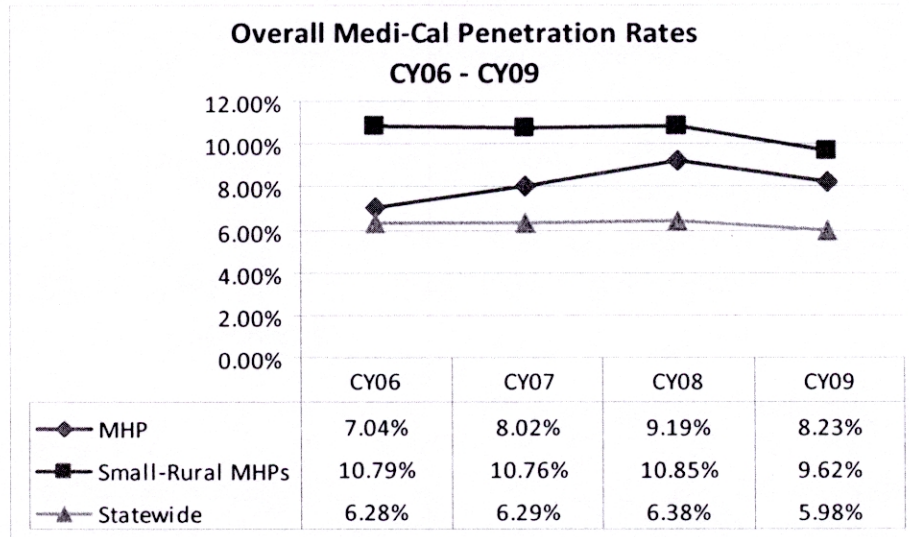


Figure 9

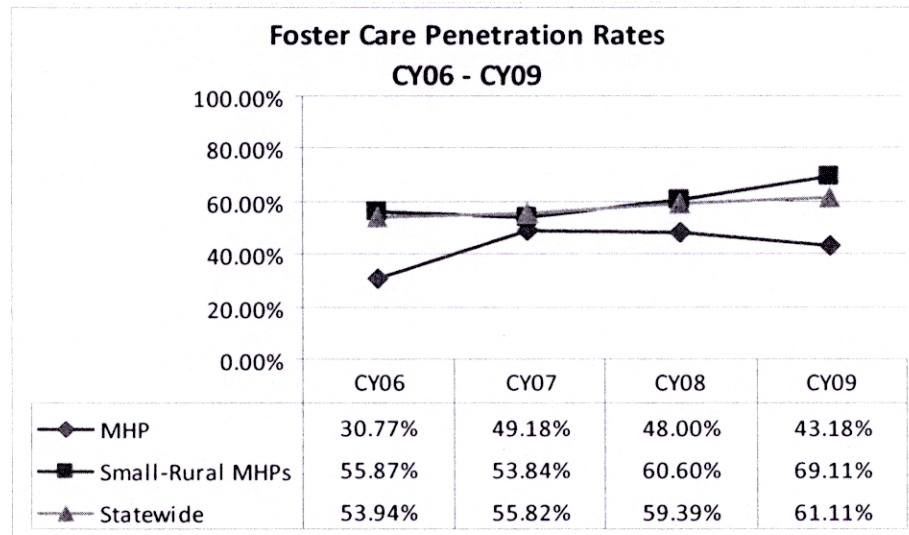


Figure 10

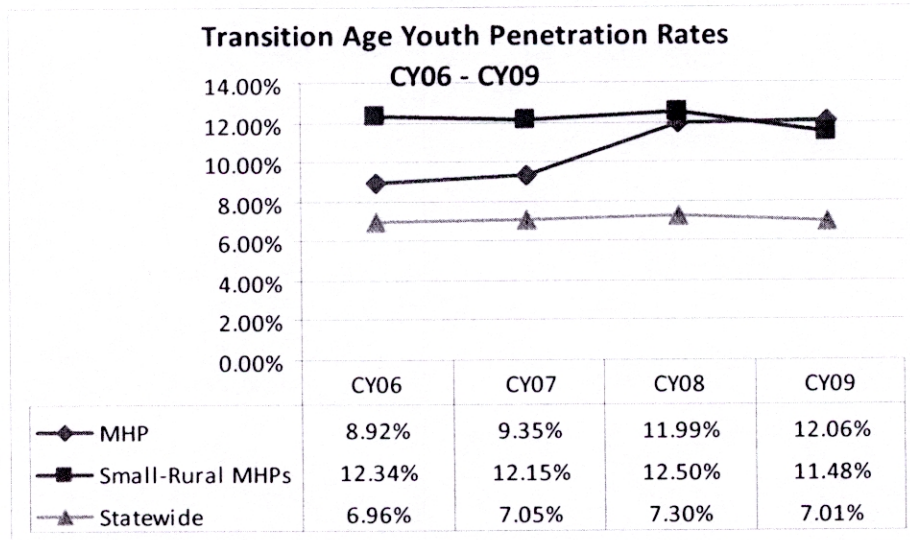
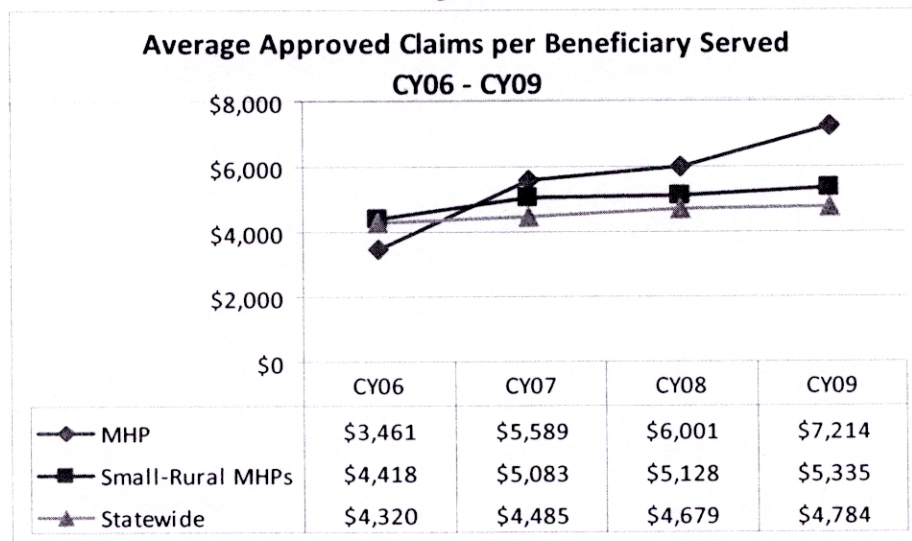


Figure 11



MEDI-CAL APPROVED CLAIMS HISTORY

The table below provides trend line information from the MHP's Medi-Cal eligibility and approved claims files since FY02-03. The dollar figures are not adjusted for inflation.

Figure 12. Medi-Cal Eligibility and Claims Trend Line Analysis

Fiscal Year	Average Number of Eligibles per Month	Number of Beneficiaries Served per Year	Penetration Rate		Total Approved Claims	Approved Claims per Beneficiary Served per Year	
			%	Rank		\$	Rank
FY08-09	4,894	426	8.70%	23	\$2,943,725	\$6,910	5
FY07-08	4,808	428	8.90%	22	\$2,317,369	\$5,414	14
FY06-07	4,864	357	7.34%	34	\$1,738,918	\$4,871	12
FY05-06	4,891	332	6.79%	39	\$812,413	\$2,447	49
FY04-05	4,916	359	7.30%	37	\$784,312	\$2,185	47

MEDI-CAL DENIED CLAIMS HISTORY

Denied claims information appears in Figure 13. These are denials in Medi-Cal claims processing, not the result of disallowances or chart audits, and the rates do not reflect claims that may have been resubmitted and approved. Denial rate rank 1 is the highest percentage of denied claims; rank 56 is the lowest percentage of denied claims.

Figure 13. Medi-Cal Denied Claims Information

Fiscal Year	MHP Denied Claims Amount	MHP Denial Rate	MHP Denial Rate Rank	Statewide Median	Statewide Range
FY08-09	\$124,995	3.52%	30	3.86%	0.41% - 29.87%
FY07-08	\$299,276	10.08%	10	4.91%	0.23% - 25.89%
FY06-07	\$48,954	2.72%	34	3.55%	0.23% - 18.18%
FY05-06	\$30,603	3.52%	25	3.02%	0.57% - 22.69%
FY04-05	\$26,960	3.47%	26	3.24%	0% - 36.78%

Review of Medi-Cal approved claims data, displayed in Figures 5 through 13 in Section III-C above, reflect the following issues that relate to quality and access to services:

- The overall penetration rate has been consistently above the statewide average over the past four years, but has averaged 1.5-2 percentage points below small-rural counties.
- Foster care penetration remains below the statewide average and that of similar sized MHPs, dropping from 48% in CY08 to 43.2% in CY09.
- The average approved claims per beneficiary served (\$7,214) increased 20.2% in CY09 from CY08 and was 50% greater than the statewide average (\$4,784) and 20% greater than that for similar sized MHPs (\$5,335). Contributing factors resulting in the high average may include the large number of beneficiaries receiving more than 15 services (217 out of 411 served) and the large percentage of total claims attributed to high cost users.
- Although FY08-09 Medi-Cal denial rates (3.52%) were reduced significantly from the prior year (10.08%), the MHP received a large number of denials during first three months of CY2010 as a result of difficulties in implementing the Short Doyle II changes in claims processing

HIGH-COST BENEFICIARIES

As part of an analysis of service utilization, CAEQRO compiled claims data to identify the number and percentage of beneficiaries within each MHP and the state for whom a disproportionately high dollar amount of services were claimed and approved. A stable pattern over the last three calendar years of data reviewed shows that statewide, roughly 2% of the beneficiaries served accounted for one-quarter of the Medi-Cal expenditures. The percentage of beneficiaries meeting the high cost definition has increased in each of the four years analyzed. For purposes of this analysis, CAEQRO defined "high cost beneficiaries" as those whose services met or exceeded \$30,000 in the calendar year examined—this figure represents roughly three standard deviations from the average cost per beneficiary statewide.

Figure 14. High-Cost Beneficiaries (greater than \$30,000 per beneficiary)

	MHP Beneficiaries Served			Approved Claims		
	# HCB	# Served	%	Average per HCB	Total Claims for HCB	% of total claims
Statewide CY09	10,919	441,682	2.47%	\$48,892	\$533,854,301	25.26%
MHP CY09	18	411	4.38%	\$63,793	\$1,148,265	38.73%
MHP CY08	14	441	3.17%	\$79,440	\$1,112,155	42.02%
MHP CY07	12	387	3.10%	\$68,403	\$820,831	37.95%
MHP CY06	6	348	1.72%	\$46,441	\$278,644	23.14%

CAEQRO also analyzed claims data for beneficiaries receiving \$20,000 to \$30,000 in services per year. Statewide, this population also represents a small percentage of beneficiaries for which a disproportionately high amount of Medi-Cal dollars is claimed. Statewide in CY09, 37.43% of the approved Medi-Cal claims funded 4.87% of the beneficiaries served when this second tier of high cost beneficiaries is included. For the MHP, 49.96% of the approved Medi-Cal claims funded 7.79% of the beneficiaries served. This information is also depicted in pie charts in Attachment D

- The number of beneficiaries receiving more than \$30,000 in services has tripled from six in CY06 to 18 in CY09.
- During the same time frame, the percent of total claims attributed to these high cost users increased from 23.14% to 38.73%, well above the statewide average of 25.26%.
- As noted above, nearly 50% of Med-Cal claims for CY09 can be attributed to beneficiaries receiving more than \$20,000 in services.
- The MHP did not appear to be analyzing and trending data to determine whether this pattern of fiscal and service commitment to high cost beneficiaries was consistent with their over all goals.

❖ PERFORMANCE MEASUREMENT ❖

Each year CAEQRO is required to work in consultation with DMH to identify a performance measurement (PM) which will apply to all MHPs – submitted to DMH within the annual report due on August 31, 2011. These measures will be identified in consultation with DMH for inclusion in this year's annual report.

CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS

Criterion II
Question #3

200% of Poverty (minus Medi-Cal) population and service needs.