Mental Health and Substance Use Report on Expenditures and Services

District of Columbia Department of Behavioral Health
Tanya A. Royster, M.D., Director

Mental Health and Substance Use Report on Expenditures and Services (MHEASURES)
July 15, 2016

Overview

The mission of the DBH is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high quality, integrated services. DBH serves children and youth with a diagnosis of severe emotional disturbance (SED) and adults with severe mental illness, as well as youth and adults with substance use disorders. District residents who meet the enrollment criteria are eligible to receive the full range of behavioral health services and supports. Integrated services are available for individuals who have co-occurring disorders.

Mental Health

DBH provides an array of mental health services and supports through a Mental Health Rehabilitation Option (MHRS). This includes: (1) Diagnostic and Assessment, (2) Medication/Somatic treatment, (3) Counseling, (4) Community Support, (5) Crisis/Emergency, (6) Rehabilitation/Day Services, (7) Intensive Day Treatment, (8) Community Based Intervention, (9) Assertive Community Treatment, (10) Transition Support Services. In addition, a variety of evidence-based services and promising practices are offered to those enrolled in the system of care. These include wraparound support, trauma-informed care, school mental health services, early childhood services, suicide prevention, forensic services, peer support, and supported employment.

DBH contracts with 25 core service agencies and 10 sub-and specialty providers to carry out the majority of mental health services. In addition, DBH operates adult and child clinics that provide urgent care and crisis emergency services. Outreach and treatment services are also provided through the Homeless Outreach Program.

Substance Use

The Department supports four Prevention Centers that conduct community education and engagement activities across all eight wards. This includes training young people to support the Prevention Centers' capacity-building efforts focused on youth leadership and outreach to the youth population. DBH has developed the Prevention Policy Consortium made up of more than 15 District agencies and national leaders to bolster the substance use prevention infrastructure and system.

DBH also contracts with 30 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Individuals who want to obtain services go through the Access and Referral Center (ARC) and other intake sites. During the intake process, clients participate in a comprehensive assessment and evaluation to determine the appropriate level of treatment and maintenance care. A comprehensive continuum of substance abuse treatment services, including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy is available within the system of care. Clients may also receive recovery support services, either concurrently or subsequent to treatment. Recovery services include care coordination services, recovery coaching/mentoring, education support services, transportation and limited housing (up to 6 months) to help foster a stable recovery environment.

SUD services for adolescents are provided through the Adolescent Substance Abuse Treatment Expansion Program (ASTEP). Four certified substance use disorder treatment providers offer these specialized services. Screening, assessment, out-patient and in-patient treatment and recovery services and supports are provided.

Contents

The Mental Health and Substance Use Report on Expenditures and Services (MHEASURES) provides a summary of key agency measures related to service cost, utilization and access to the public behavioral health system. Specifically, the following information is contained within this document:

- Gender and race distribution for individuals receiving mental health and substance use services is presented in *Figure 1 and 2*
- Individuals receiving services from both mental health and substance use providers is shown in *Figure 3*
- Medicaid penetration information is shown in *Figure 4*
- Mental health enrollment data is presented in *Figures 5, 6, and 7*;
- Mental health funding sources are shows in *Figure 8 and 9*;
- Mental health cost and utilization data based upon claims expenditures for the first two quarters of Fiscal Year 2015 is presented in *Figures 10-19;*
- Percent of adult consumers with Serious Mental Illness (SMI) and children and youth with Serious Emotional Disturbances (SED) served within the public mental health system is presented in *Figures 20 and 21*.
- Substance use clients served by treatment and recovery programs are shown in *Figure 22*
- Clients receiving both treatment and recovery services are presented in *Figure 23*
- Substance use assessment and admissions data is shown in *Figure 24 and 25*
- Substance use services by Level of Care are shown in *Figure 26*
- Substance use expenditure breakouts are presented in *Figure 27 and 28*

Reports are published January 15th and July 15th of each fiscal year.

MHEASURES contains information regarding mental health services paid for through Medicaid claims and local dollars, and substance use services paid for through the Substance Use Block Grant, Medicaid, and local dollars. This report reflects services provided to individuals participating in the District's public behavioral health system.

Limitations of the Report

1. **Mental health findings are based solely on the public mental health system's claims data**. Individuals in care receive a wider array of services than what is reflected through DBH claims data. Many of these services are delivered through other arrangements. For example, approximately seventy percent of all Medicaid recipients are enrolled in a managed care plan, through which they may receive mental health or behavioral health services outside of the public mental health system. Individuals who are not enrolled in managed care may also access other mental health or behavioral health services delivered through non-MHRS providers such as independent psychiatrists or other qualified professionals that would also not be captured in the public mental health claims data set.

2. Only those mental health services that are paid through claims are included in the data set of information summarized for this report. DBH provides a robust array of contracted services that are supported with local dollars that enhance the quality of care provided to individuals with mental illness and their families, which are not reflected in this report. This includes prevention and intervention services provided through school based mental health, homeless outreach services, early childhood services, wraparound support, forensic services, housing, transition-age youth services, portions of supported employment services, and suicide prevention services.

3. Two of the evidence-based practices offered within the children and youth system of care are included in the "counseling" utilization count, so the report does not reflect the utilization of each these specialized services individually. Within this report, the data shown for counseling includes the utilization of Trauma Focused Cognitive Behavior Therapy (TF-CBT), Child Parent Psychotherapy for Family Violence (CPP-FV) and MHRS Counseling.

4. Due to the new electronic data system being used by DBH, there is still a need for data cleanup. This impacts Figures 18, 19, 20, and 21. Because some mental health consumers have missing diagnoses, they are classified as not having a serious and persistent mental illness (SPMI) or a serious emotional disturbance (SED). In the final FY 2016 report, this data will be more accurate.

Summary of Findings

The Department of Behavioral Health continues to develop a robust array of services to meet the mental health and substance use service needs of the people receiving care. Findings based upon the current analysis of data shows:

The Department of Behavioral Health served a total of 19,484 mental health consumers in Fiscal Year 2016, as of March 31st, 2016. This is comparable to the 19,223 served halfway through Fiscal Year 2015.

DBH served 4,499 substance use clients in the first half of FY16, a 20% decrease from the same point in FY15. This could be impacted by the changes in certification requirements and data systems. The final FY16 report will show whether or not the trend is maintained.

The total expenditures for mental health services for the first half of FY16 were 58% of the total for all of FY15. Spending has consistently increased each year for the past four years, by between 7% and 16%. Expenditures include both MHRS services and additional services such as jail diversion, supported employment, crisis beds and integrated care coordination which are funded through DMH's local dollar allocation. The increase in expenditures was predominantly due to increased utilization of Assertive Community Treatment (ACT) and Community Support.

The highest cost driver within the mental health system is intensive community based services (Assertive Community Treatment, Community Based Intervention, Multi-systemic Therapy and Functional Family Therapy). The average annual cost per consumer ($6,159 for adults and $5,157 for children) for this service cluster for the first half of FY16 was higher than at the same point in FY15 ($4,802 for adults and $4,717 for children).

DBH provides some evidence based practices at a higher rate than the national average. The national average for consumers receiving Assertive Community

Treatment (ACT) services in FY15 was 1.9%. In the District of Columbia, 10.1% of adult DBH consumers participated in ACT services. The national average for consumers receiving Multi-systemic Therapy (MST) was 4.6%, while 3.6% of DBH child/youth consumers received MST in FY15. While the percentage of children receiving MST increased between FY14 and FY15, it did not increase at the same rate as the rest of the country. In FY15 nationwide, 4.8% of child consumers received Functional Family Therapy (FFT), while 5.6% of DBH child/youth consumers received this service.

Proportionally, the most costly substance use service was residential (inpatient) treatment, which represented 42% of all expenditures; 25% of the substance use disorder population received these services. The second highest percentage of expenditures was for medication assisted treatment (27%); these individuals made up 29% of all clients.

The most frequently used level of care for substance use clients for FY16 YTD was outpatient. Clients may move through multiple levels of care as they are in treatment, and outpatient is the lowest level. There are two levels of outpatient services, regular and intensive. Intensive outpatient services were used more frequency than regular outpatient services.

FY 16 YTD data is based on mental health claims submitted and substance use data entered for dates of service between October 1, 2015 and March 31, 2016; the numbers will be finalized in the January, 2017 final FY16 report. Mental health claims were processed through the iCAMS system for the first half of the year, but DBH began using eCura again for claims adjudication. Substance use services were entered in both the WITS and iCAMS systems. Data from both systems was matched and

MH Data Source: *iCAMS (Run Date: 7/5/2016)*

SUD Data Source: *WITS, iCAMS (Run Date: 7/5/2016)*

Report prepared by the DBH Department of Organizational Development, Applied Research and Evaluation Unit

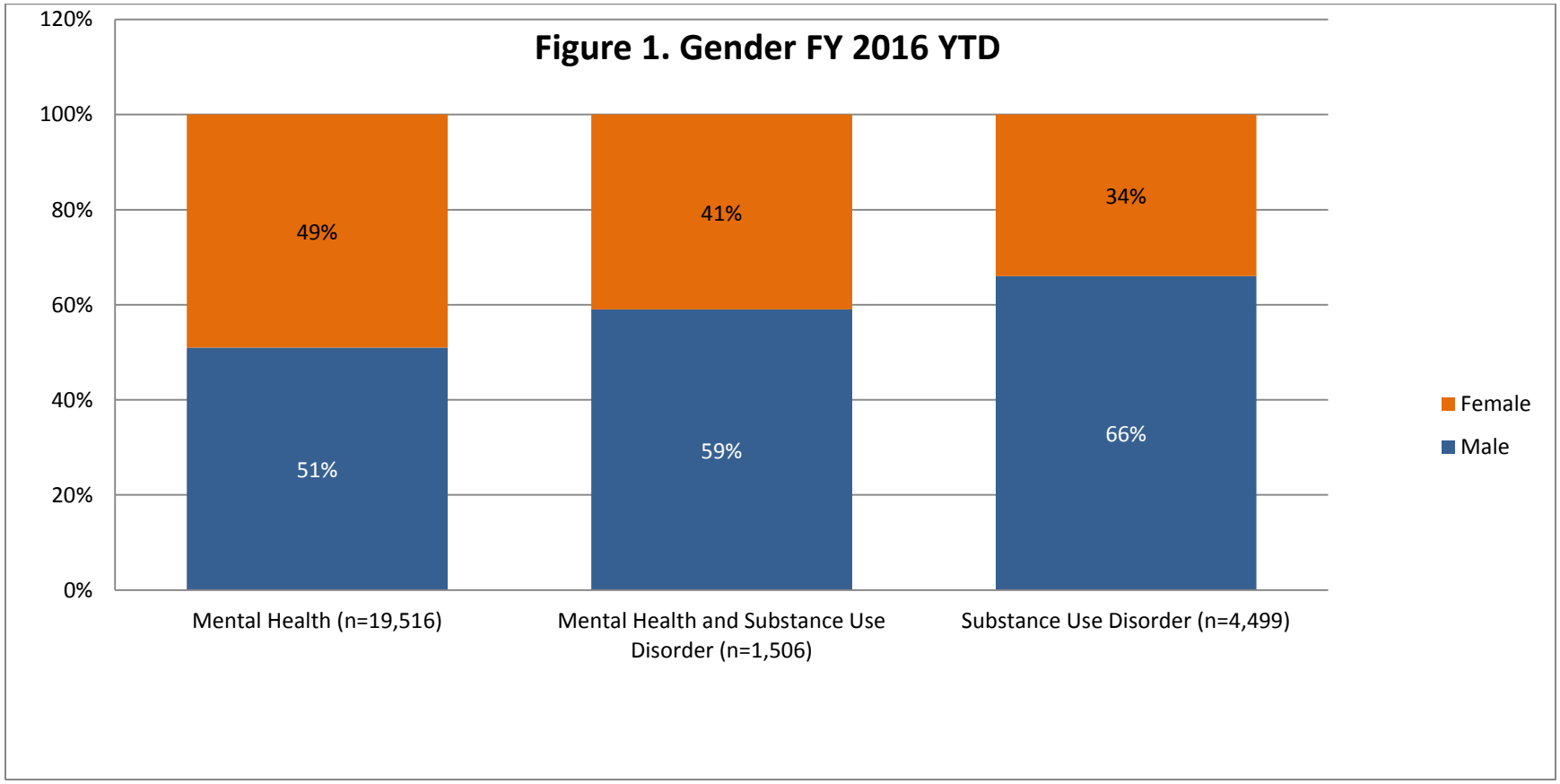


Figure 1. Gender FY 2016 YTD
120%
100%
80%
60%
40%
20%
0%
49%
51%
41%
59%
34%
66%
Female
Male
Mental Health (n=19,516)
Mental Health and Substance Use Disorder (n=1,506)
Substance Use Disorder (n=4,499)

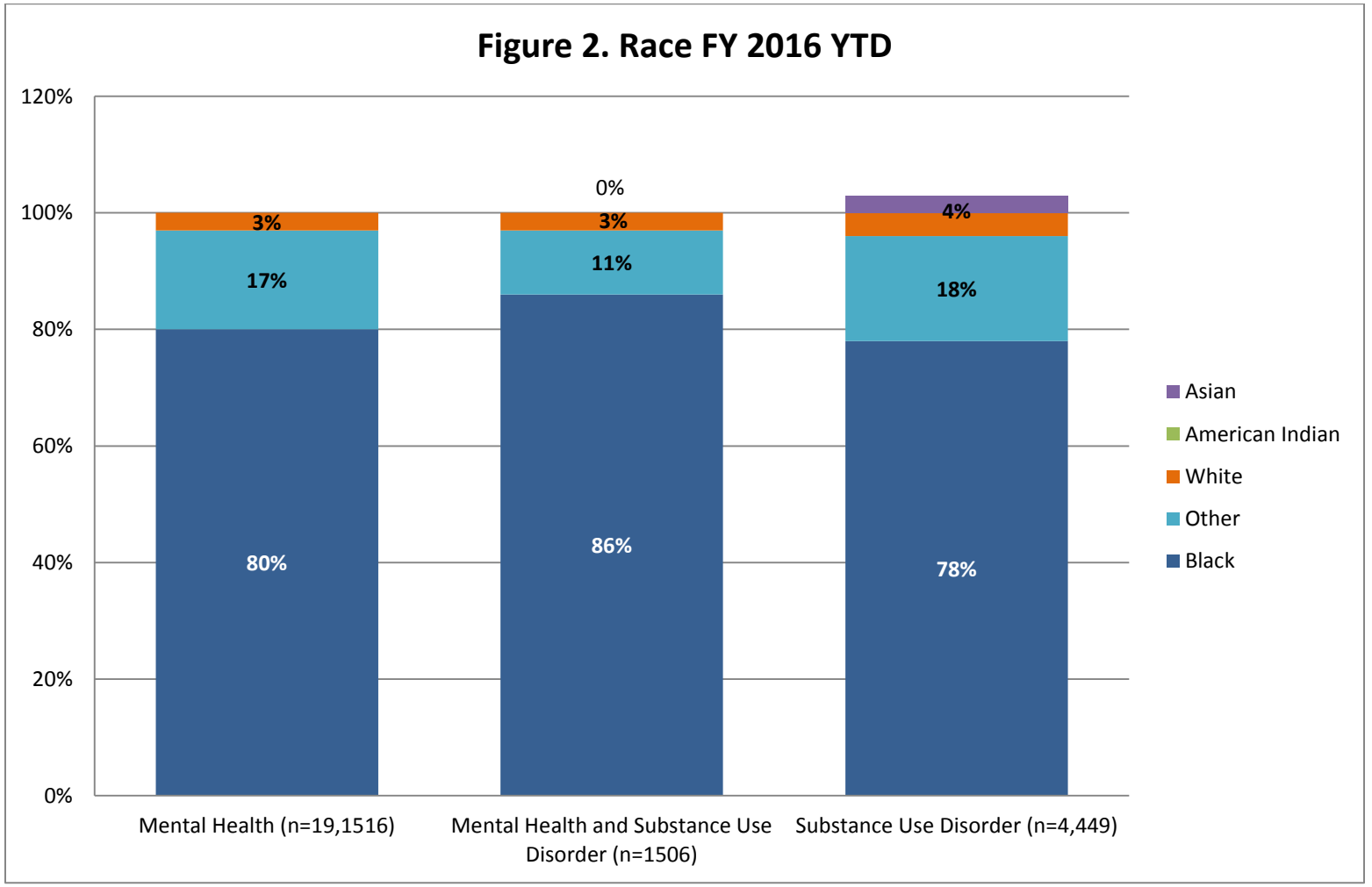


Figure 2. Race FY 2016 YTD
120%
100%
80%
60%
40%
20%
0%
0%
3%
17%
80%
3%
11%
86%
4%
18%
78%
Asian
American Indian
White
Other
Black
Mental Health (n=19,1516)
Mental Health and Substance Use Disorder (n=1506)
Substance Use Disorder (n=4,449)

Figure 3. Individuals Who Received Mental Health and Substance Use Services – FY 16 YTD

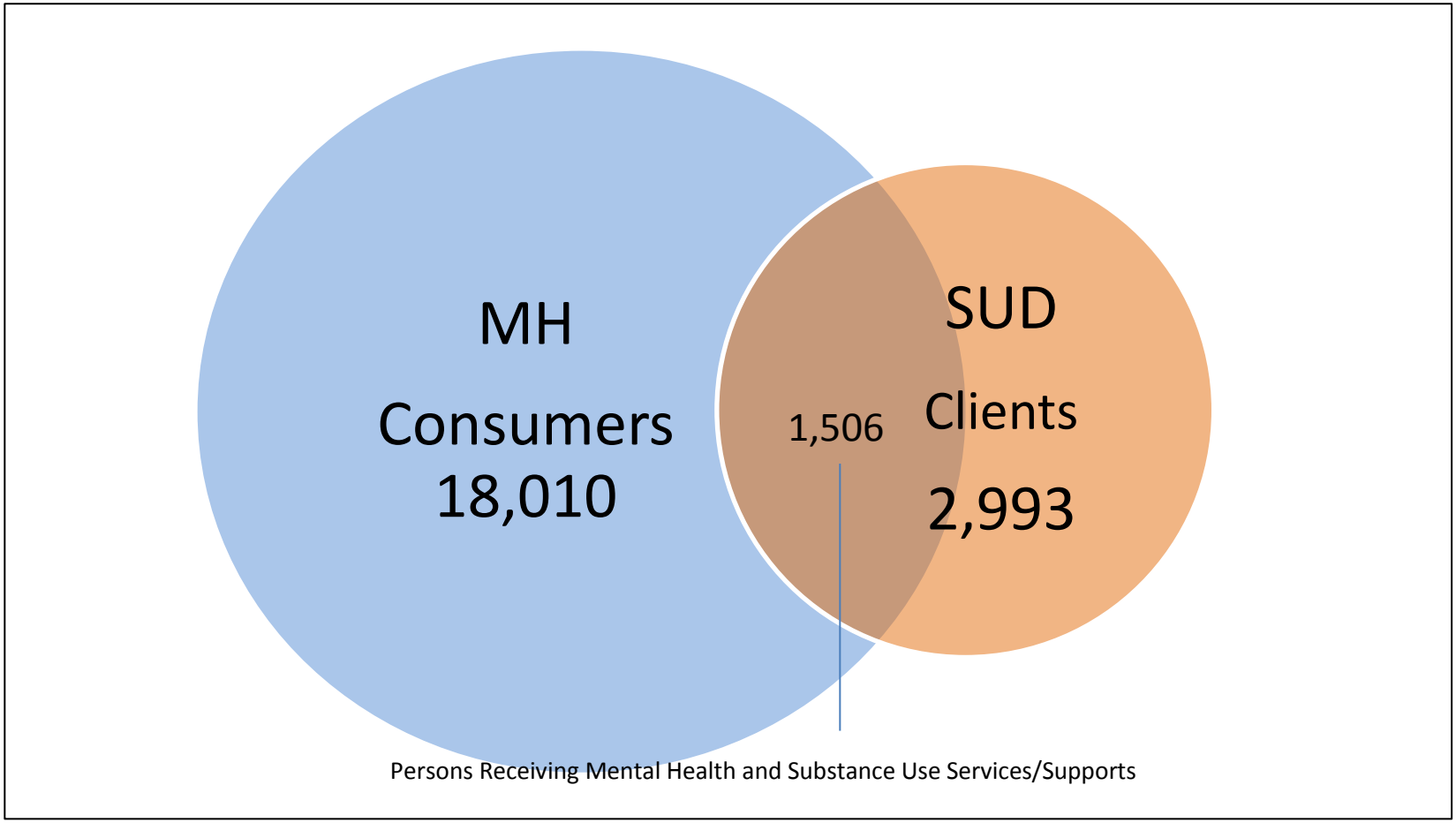
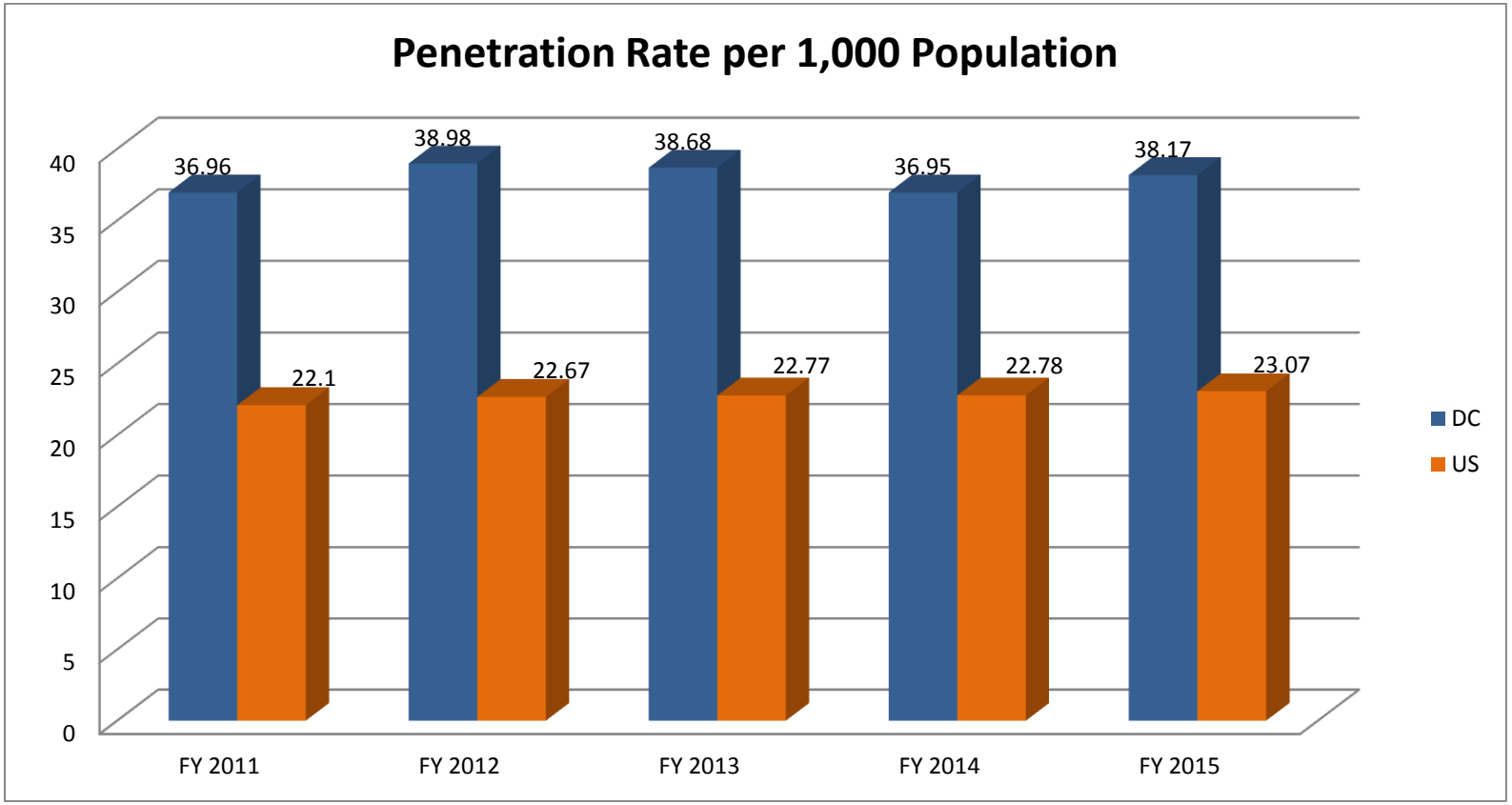
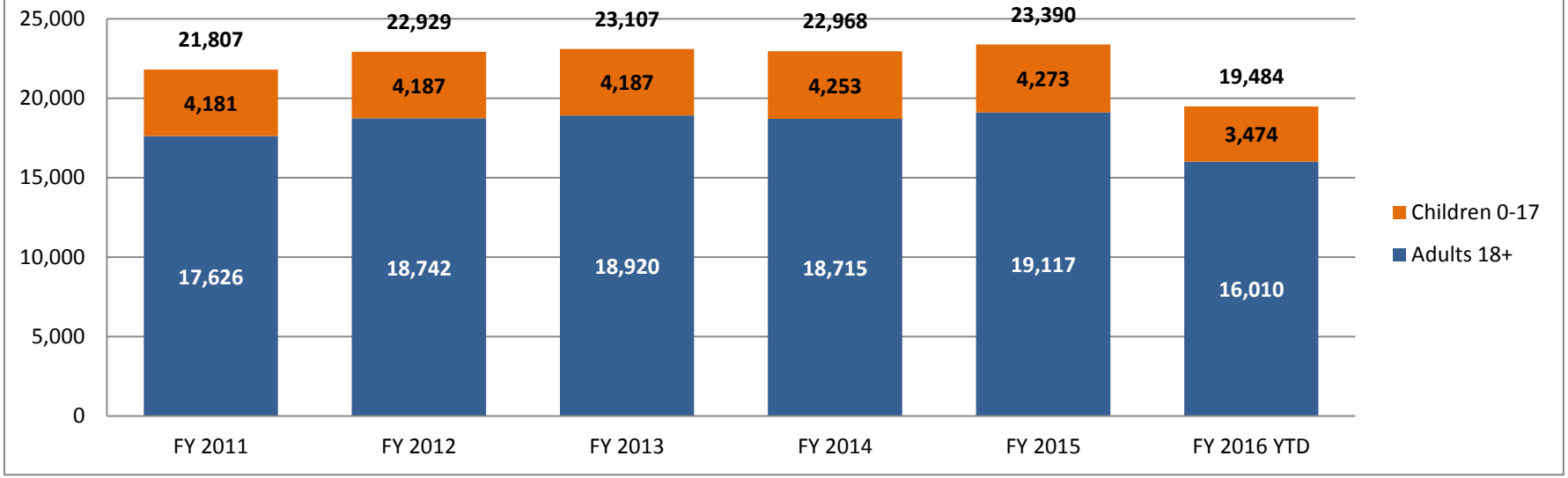


Figure 4. Mental Health Population Penetration Scope



Penetration rate is calculated by the Substance Abuse and Mental Health Services Administration (SAMHSA).
http://wwwdasis.samhsa.gov/dasis2/urs.htm

Figure 5. Consumers Receiving Mental Health Services by Fiscal Year



Children (Age 0-17)

0% Decrease from 2011 to 2012
0% Decrease from 2012 to 2013
2% Increase from 2013 to 2014
0% Decrease from 2014 to 2015

Adults (Age 18+)

6% Increase from 2011 to 2012
1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014
2% Increase from 2014 to 2015

Children & Adults Combined

5% Increase from 2011 to 2012
1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014
2% Increase from 2014 to 2015

Figure 5 displays the total number of consumers who received mental health services from Fiscal Year 2011 to Fiscal Year 2015. It also includes FY 2016 Year to Date (10/01/2015 through 3/31/2016). Each number represents an individual consumer who received at least one service within the public mental health system during the specified timeframe.

Figure 6. Adult (18+) Mental Health Consumers Enrolled & Served

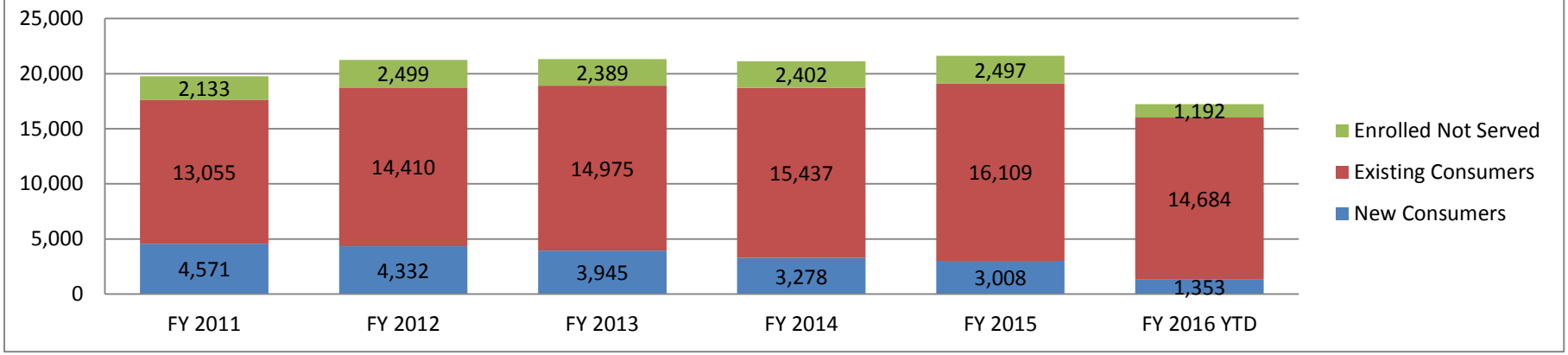
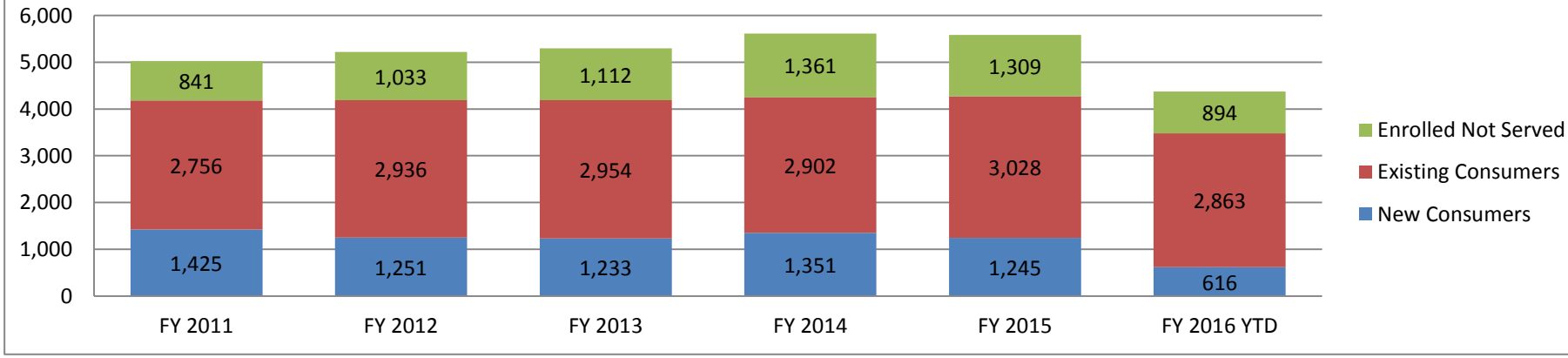


Figure 7. Child (0-17) Mental Health Consumers Enrolled & Served

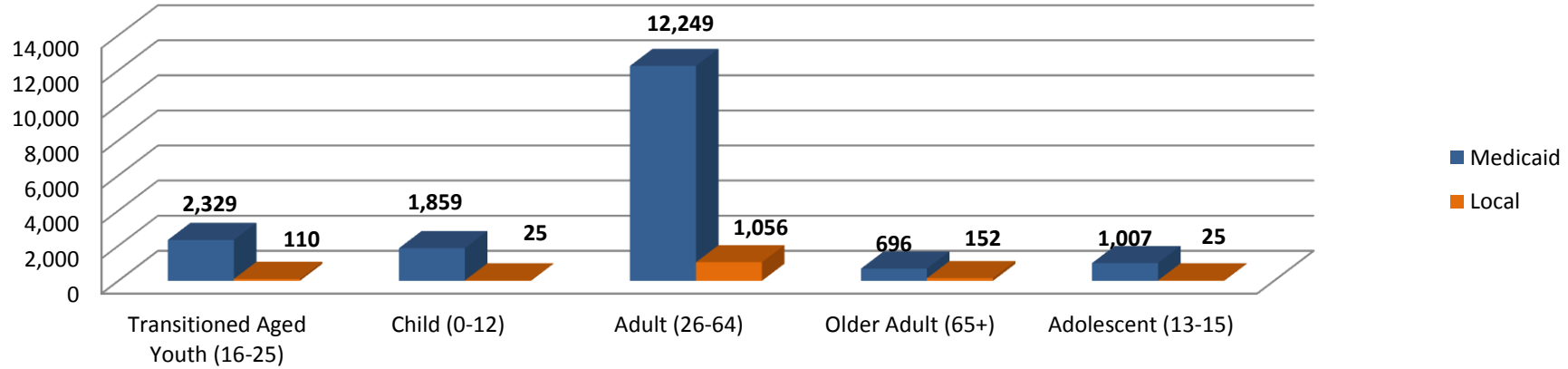


Figures 6 & 7 display the number of consumers who are either: 1) consumers who were enrolled prior to this reporting period (Existing Consumers), 2) new to the public mental health system (New Consumers), and 3) consumers who are enrolled but have not received a service during this reporting period (Enrolled Not Served). For the purposes of this report enrollment is defined as linkage to a provider in the public mental health system.

Figure 8 – Mental Health Consumer Count by Age Group and Funding Source - FY 2016 YTD

Age Group	Medicaid		Locally Funded	
Child (0-12)	1,859	98.8%	23	1.2%
Adolescent (13-15)	1,007	97.8	23	2.2%
Transition Aged Youth (16-25)	2,329	95.5%	110	4.5%
Adult (26-64)	12,249	92.2%	1,036	7.8%
Older Adults (65+)	696	82.1%	152	17.9%
Total	**18,140**	**93.1%**	**1,344**	**6.9%**

Figure 9. Mental Health Consumer Count by Age Group and Funding Source FY 2016 YTD



Figures 8 & 9 display a count of consumers served by age group and outlines if the consumers' services were funded by Local or Medicaid Dollars. While some consumers receive services paid for by both Medicaid and Local funds, those counted as Locally Funded received only services that were paid for by local dollars.

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Figure 10 - FY 2016 YTD - Utilization of Mental Health Services by Age

Service	Child Utilization				Adult Utilization					YTD Adult Total	YTD Child & Adult Total	Avg YTD Cost Per Consumer	YTD Paid Amount	Avg YTD 15 Min Increment
	Age (0-5)	Age (6-15)	Age (16-17)	YTD Child Total	Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84)	Age (85+)					
ACT	0	39	13	52	185	544	1,027	161	1	1,918	1,970	$5,953.78	$11,728,940.68	167.87
Group	0	0	0	0	20	125	226	29	0	400	400	$764.87	$305,947.31	66.45
Individual	0	39	13	52	185	544	1,027	161	1	1,918	1,970	$5,798.47	$11,422,993.37	154.38
CBI	3	451	123	577	13	0	0	0	0	13	590	$5,549.83	$3,274,397.60	139.17
Level I - MST	0	76	18	94	0	0	0	0	0	0	94	$5,626.55	$528,895.62	97.99
Level II & III - 90/180 Day Auth	3	315	86	404	13	0	0	0	0	13	417	$5,639.74	$2,351,773.46	158.38
Level IV - FFT	0	89	28	117	0	0	0	0	0	0	117	$3,365.20	$393,728.52	58.61
Community Support	93	2521	490	3104	1,578	4,511	6,838	632	15	13,574	16,678	$1,856.66	$30,965,370.83	89.22
Group Home	0	20	13	33	19	45	141	45	2	252	285	$483.34	$137,753.14	21.65
Group Setting	3	43	6	52	48	156	431	51	1	687	739	$246.64	$182,268.24	37.07
Ind - Collateral Contact	37	1073	176	1286	184	293	385	55	6	923	2,209	$231.40	$511,162.62	13.52
Ind - Face to Face	86	2421	469	2976	1,563	4,477	6,787	621	13	13,461	16,437	$1,782.29	$29,295,488.03	84.31
Ind - Family/Couple w/Consumer	32	1035	152	1219	96	106	104	10	0	316	1,535	$303.29	$465,546.57	13.82
Ind - Family/Couple w/o Consumer	19	796	135	950	66	47	41	2	1	157	1,107	$245.01	$271,228.42	11.15
Physician Team Member	1	109	20	130	55	265	481	76	1	878	1,008	$66.17	$66,700.57	3.03
Self Help/Peer Support - Group	0	0	0	0	4	27	70	3	0	104	104	$62.92	$6,543.60	9.46
Self Help/Peer Support - Ind	0	6	1	7	16	30	59	8	0	113	120	$239.00	$28,679.64	10.87
Counseling	30	456	85	571	202	721	1,072	79	1	2,075	2,646	$561.02	$1,484,468.19	22.11
Family w/Consumer	21	70	11	102	9	10	5	0	0	24	126	$271.77	$34,243.54	11.77
Group	0	4	0	4	13	68	182	19	1	283	287	$127.36	$36,551.84	15.86
Individual, Adult	12	350	58	420	176	656	941	62	0	1,835	2,255	$493.63	$1,113,143.93	18.40
Offsite	6	212	40	258	39	99	152	7	0	297	555	$528.79	$293,480.02	19.31
Without Consumer	1	27	6	34	5	2	3	0	0	10	44	$160.20	$7,048.86	6.09
Crisis Services	5	209	42	256	141	329	312	26	0	808	1,064	$345.64	$367,765.23	12.27
Emergency - CMHF	0	0	2	2	139	328	311	26	0	804	806	$330.48	$266,366.53	12.78
Emergency - Home	5	195	40	240	2	1	1	0	0	4	244	$385.34	$94,023.78	10.43
Emergency - Mobile Unit	0	0	0	0	0	1	0	0	0	1	1	$25.85	$25.85	1.00
Emergency - Other/Not Identified	0	27	6	33	1	0	0	0	0	1	34	$216.15	$7,349.07	5.85
Day Services	0	0	0	0	29	195	718	121	4	1,067	1,067	$6,914.30	$7,377,563.20	53.21
Face to Face, w/Consumer	0	0	0	0	29	195	718	121	4	1,067	1,067	$6,914.30	$7,377,563.20	53.21

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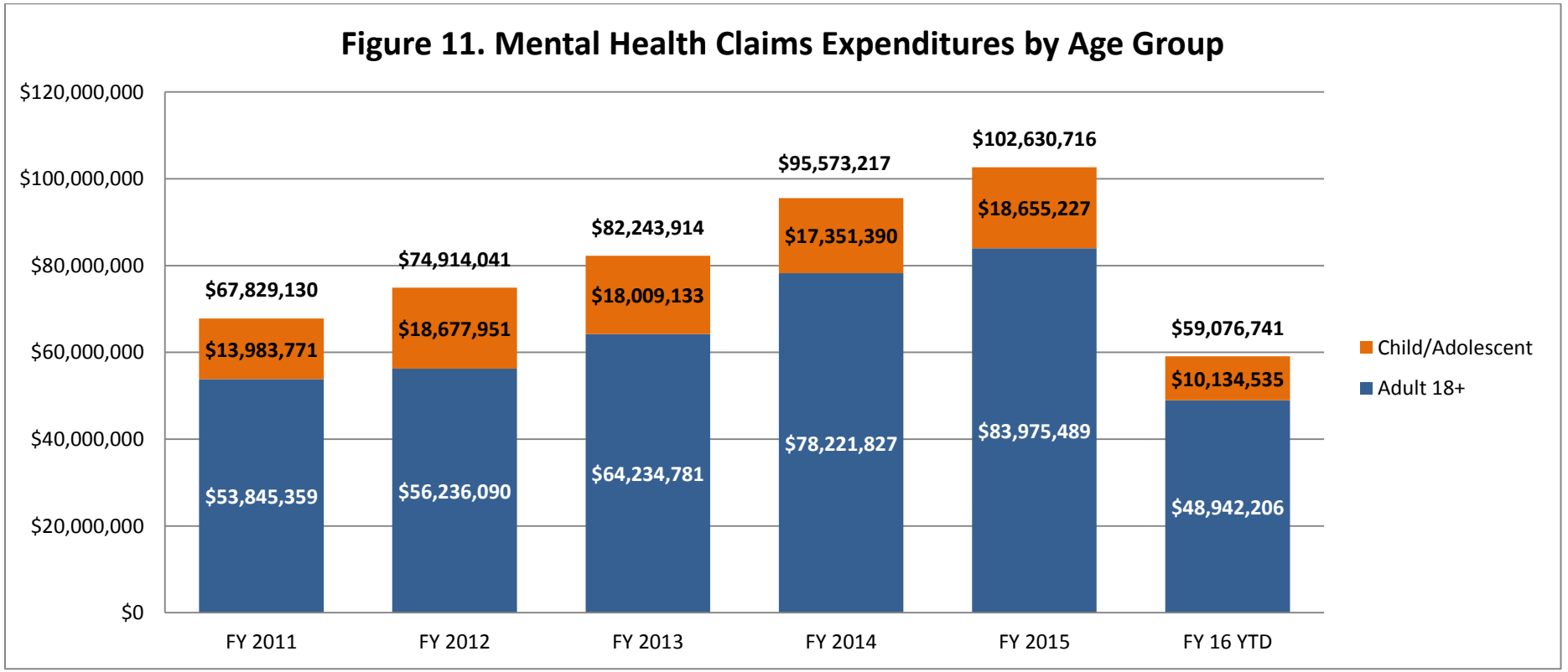
Figure 10 - FY 2016 YTD - Utilization of Mental Health Services by Age

Service	Child Utilization			YTD Child Total	Adult Utilization					YTD Adult Total	YTD Child & Adult Total	Avg YTD Cost Per Consumer	YTD Paid Amount	Avg YTD 15 Min Increment
	Age (0-5)	Age (6-15)	Age (16-17)		Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84)	Age (85+)					
D&A	21	370	78	469	353	903	1,318	116	2	2,692	3,161	$116.69	$368,858.30	0.97
Brief	19	285	53	357	305	750	1,016	88	2	2,161	2,518	$77.01	$193,901.22	0.94
Comprehensive	3	92	27	122	55	167	319	30	0	571	693	$252.46	$174,957.08	0.99
Jail Diversion	0	0	0	0	5	39	55	0	0	99	99	$433.64	$42,930.40	20.81
Criminal Justice System	0	0	0	0	5	39	55	0	0	99	99	$433.64	$42,930.40	20.81
Medication Somatic	13	370	86	469	447	1,862	3,620	358	8	6,295	6,764	$259.86	$1,757,677.27	5.96
Adult	13	370	86	469	447	1,862	3,617	357	7	6,290	6,759	$89.74	$1,749,511.19	5.88
Group	0	2	0	2	4	15	53	16	1	89	91	$1,027.70	$8,166.08	6.64
Supported Employment	0	0	0	0	74	334	496	13	0	917	917	$125.34	$942,398.29	53.44
Therapeutic	0	0	0	0	6	89	120	1	0	216	216	$1,060.63	$27,073.45	7.05
Vocational	0	0	0	0	73	309	468	13	0	863	863	$45.00	$915,324.84	55.02
Team Meeting	0	0	0	0	0	0	1	1	0	2	2	$45.00	$90.00	3.00
Team Meeting	0	0	0	0	0	0	1	1	0	2	2	$537.76	$90.00	3.00
Transition Support Services	0	27	7	34	39	231	491	117	1	879	913	$5,844.88	$490,970.78	18.63
Community Psych Supportive Tx Program	0	0	0	0	0	1	7	2	0	10	10	$320.61	$58,448.75	47.50
Cont. of Care Tx Planning (Non-ACT/CBI)	0	15	2	17	15	84	165	55	1	320	337	$314.63	$108,046.81	14.70
Continuity of Care Treatment Planning	0	3	1	4	13	99	256	56	0	424	428	$602.59	$134,660.56	15.39
Inpatient Discharge Planning ACT	0	11	4	15	13	90	166	31	0	300	315	$3,017.93	$189,814.66	15.83
Total All Services	111	2,801	562	3,474	1,877	5,232	8,053	830	18	16,010	19,484	$3,017.93	$58,801,430.77	109.87

The counts of consumers in Figure 10 are unique. The totals for each category may include consumers who received services in each of the sub-categories and are therefore not a sum of the numbers in the sub-categories.

Figure 11. Mental Health Claims Expenditures by Age Group



10% Increase from 2011 to 2012

10% Increase from 2012 to 2013

16% Increase from 2013 to 2014

7% Increase from 2014 to 2015

Figure 11 displays the aggregate cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2011 to Fiscal Year 2015. It also includes FY 2016 Year to Date (10/01/2015 to 3/30/2016). This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment (FY2012), Crisis Beds and the Integrated Care Coordination Project).

Figure 12. Mental Health Claims Expenditures by Medicaid & Non-Medicaid Funds

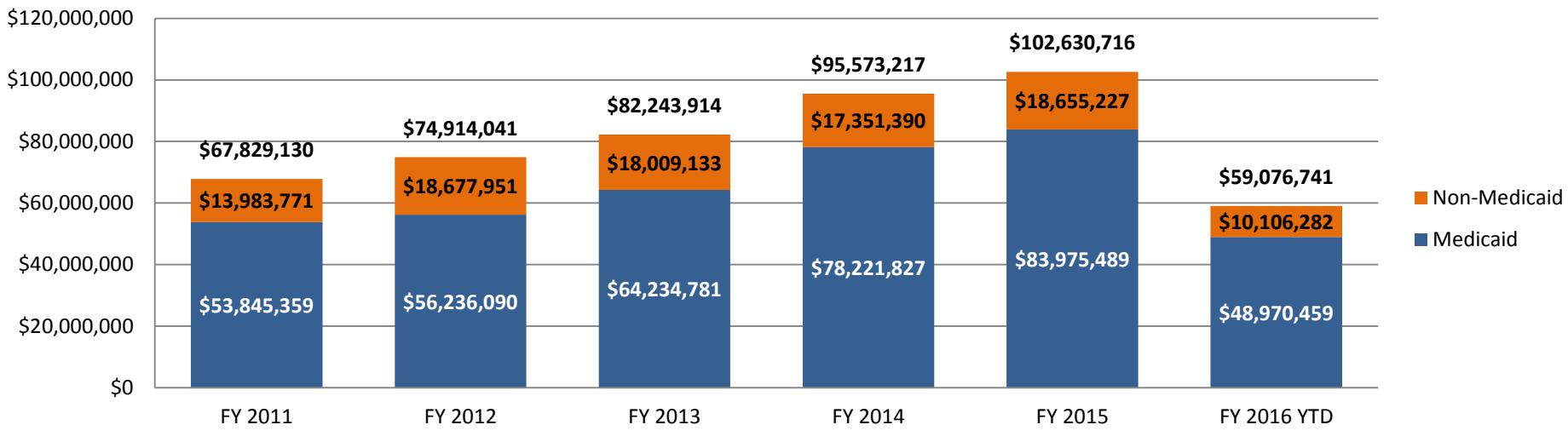


Figure 13. Average Cost per Consumer by Fiscal Year

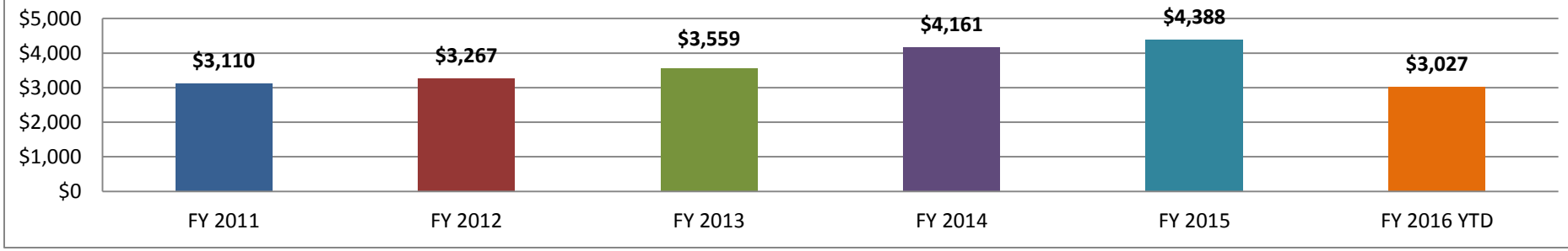
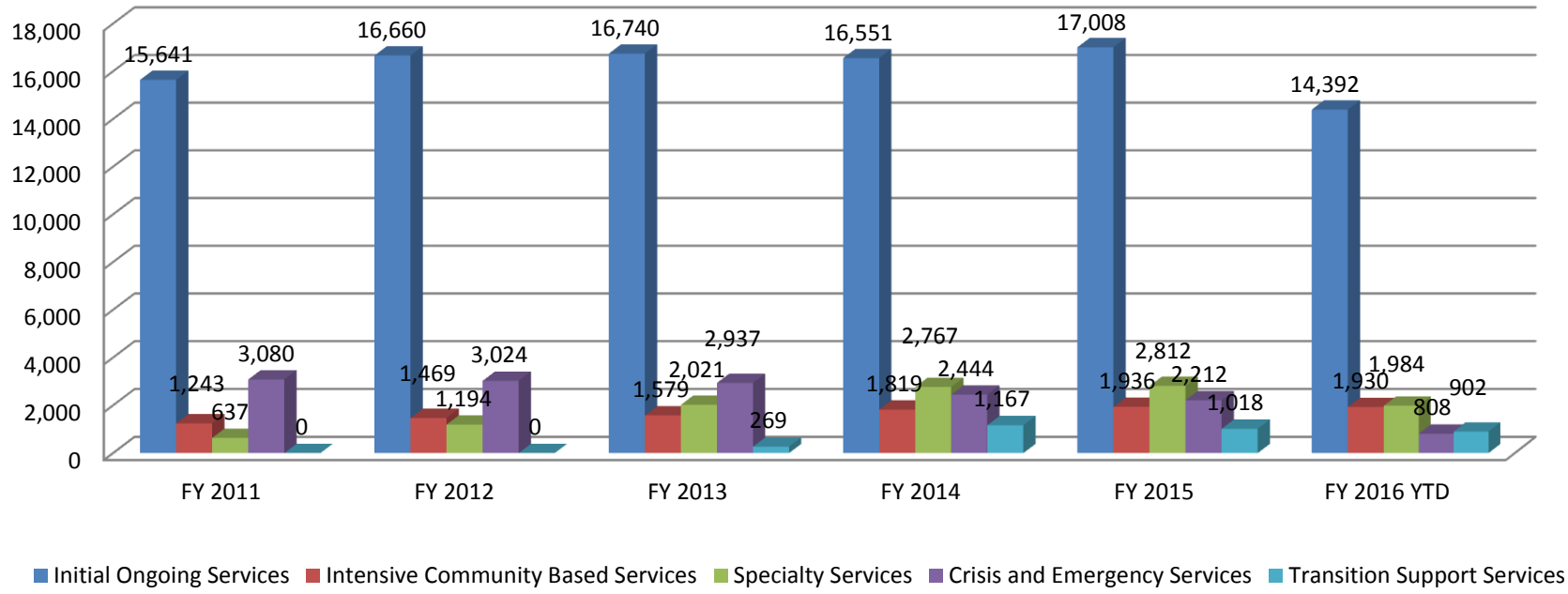


Figure 12 displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2011 to Fiscal Year 2016 YTD. This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment, Crisis Beds and the Integrated Care Coordination Project).

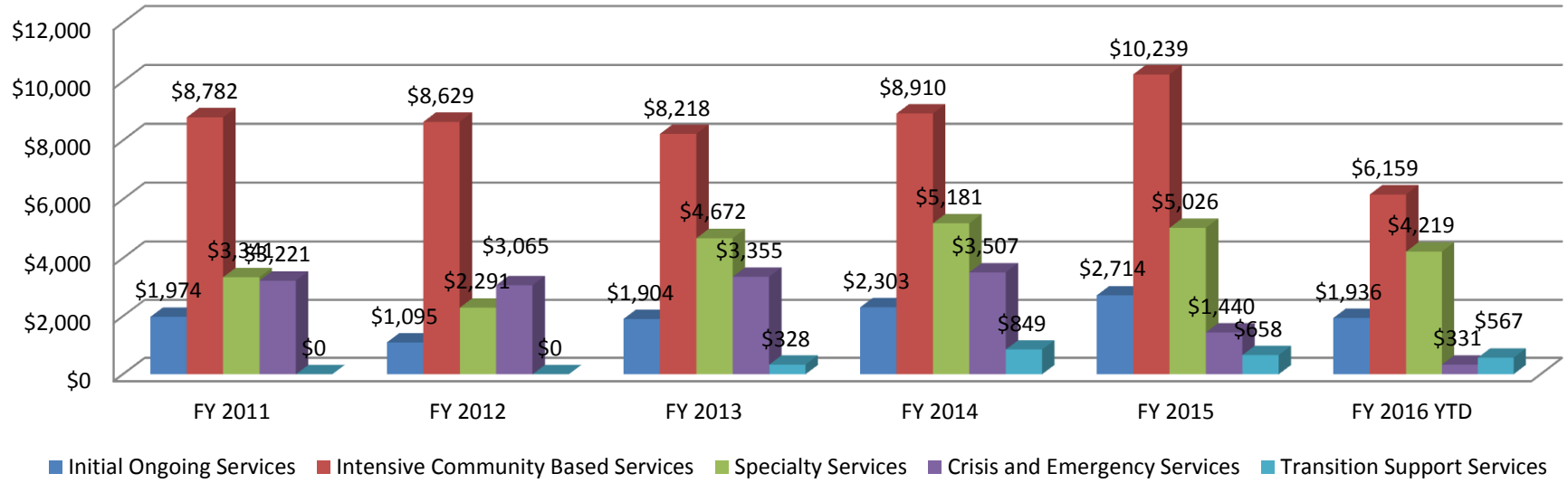
Figure 14. Adult (18+) Mental Health Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program

The DC public mental health system provides a variety of different mental health services to support the needs of the populations it serves. These services are categorized as 1) Initial and On-going Services; 2) Intensive Community-Based Services; 3) Specialty Services, 4) Crisis and Emergency Services, and 5) Transition Support Services. Figures 13 and 14 describe the different services that fall within each category, the number of consumers served within each cluster from Fiscal Year 2011 to Fiscal Year 2016 YTD and the average cost per consumer. Please note that a consumer can be included in multiple service categories. The category of Transition Support Services was created in Fiscal Year 2013.

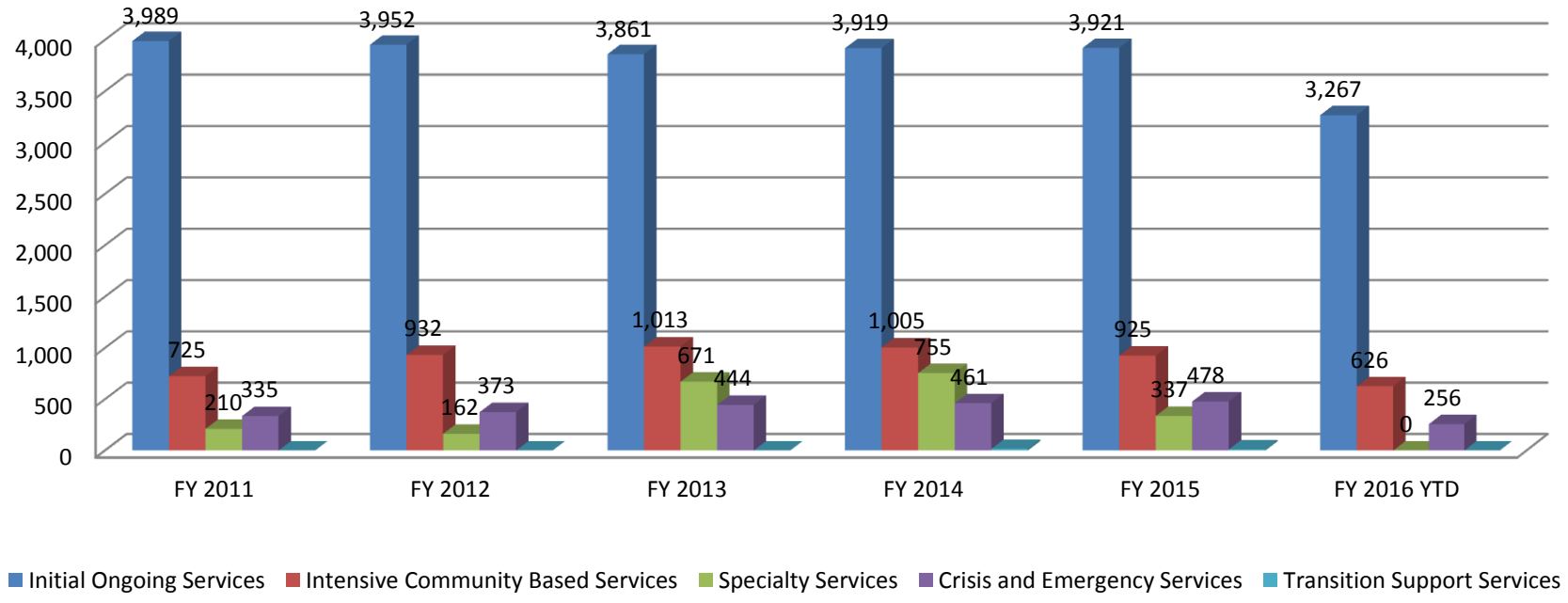
Figure 15. Adult (18+) Average Annual Cost per Mental Health Consumer



Initial & Ongoing Services	Intensive Community Based Svc	Specialty Services	Crisis & Emergency Services	Transition Support Services
-4% Decrease from 2011 to 2012	-2% Decrease from 2011 to 2012	-31% Decrease from 2011 to 2012	-5% Decrease from 2011 to 2012	0% Decrease from 2011 to 2012
0% Decrease from 2012 to 2013	-5% Decrease from 2012 to 2013	104% Increase from 2012 to 2013	9% Increase from 2012 to 2013	0% Decrease from 2012 to 2013
21% Increase from 2013 to 2014	8% Increase from 2013 to 2014	11% Increase from 2013 to 2014	5% Increase from 2013 to 2014	159% Decrease from 2013 to 2014
18% Increase from 2014 to 2015	15% Increase from 2014 to 2015	-3% Decrease from 2014 to 2015	-59% Decrease from 2014 to 2015	-23% Decrease from 2014 to 2015

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program

Figure 16. Child/Adolescent (0-17) Mental Health Consumer Count by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
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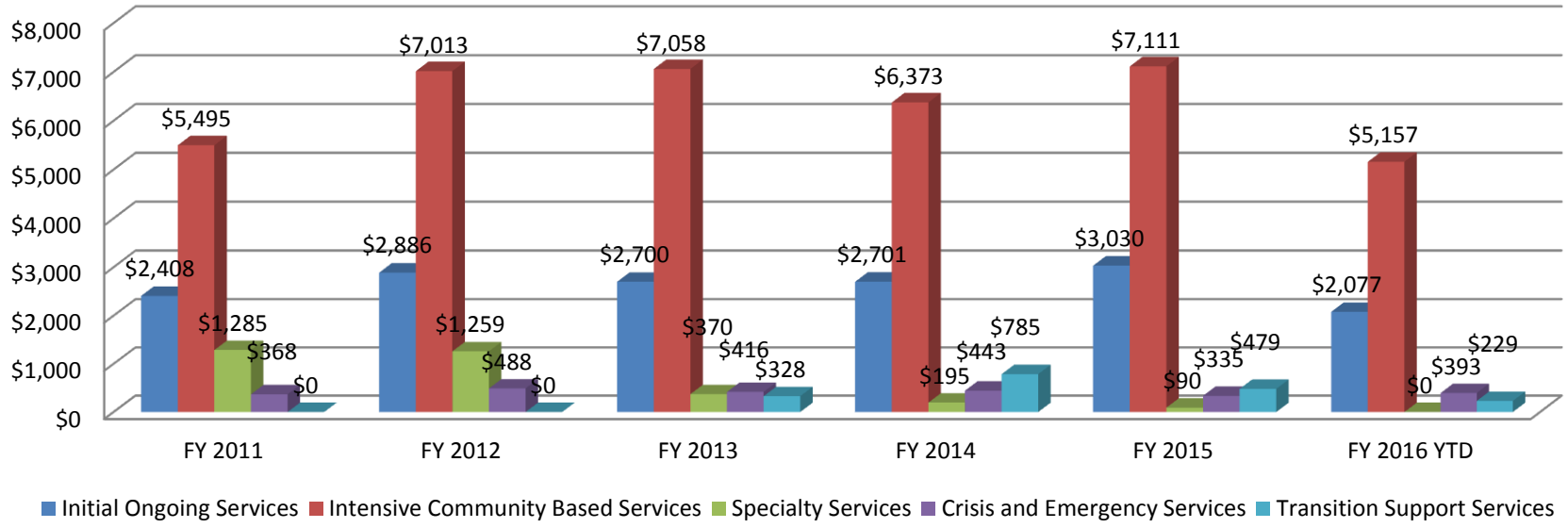
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program

Figure 17. Child/Adolescent (0-17) Average Annual Cost per Mental Health Consumer



Initial & Ongoing Services	Intensive Community Based Svc	Specialty Services	Crisis & Emergency Services	Transition Support Services
1% Increase from 2011 to 2012	5% Increase from 2011 to 2012	-23% Decrease from 2011 to 2012	-5% Decrease from 2011 to 2012	0% Decrease from 2011 to 2012
-2% Decrease from 2012 to 2013	-3% Decrease from 2012 to 2013	66% Increase from 2012 to 2013	7% Increase from 2012 to 2013	0% Decrease from 2012 to 2013
16% Increase from 2013 to 2014	3% Increase from 2013 to 2014	14% Increase from 2013 to 2014	2% Increase from 2013 to 2014	159% Decrease from 2013 to 2014
17% Increase from 2014 to 2015	15% Increase from 2014 to 2015	9% Increase from 2014 to 2015	-59% Decrease from 2014 to 2015	-23% Decrease from 2014 to 2015

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program.

Figure 18 - Adult (18+) Mental Health Consumers Served with Serious & Persistent Mental Illness (SPMI) Diagnosis

Period	Adults w/SPMI Diagnosis	%	Adults w/o SPMI Diagnosis	%	Total Adults Served
FY 2011	16,946	96%	680	4%	17,626
FY 2012	17,889	95%	853	5%	18,742
FY 2013	18,036	95%	884	5%	18,920
FY 2014	17,886	96%	829	4%	18,715
FY 2015	17,378	91%	1,739	9%	19,117
FY 2016 YTD	10,823	68%	5,164	32%	15,987

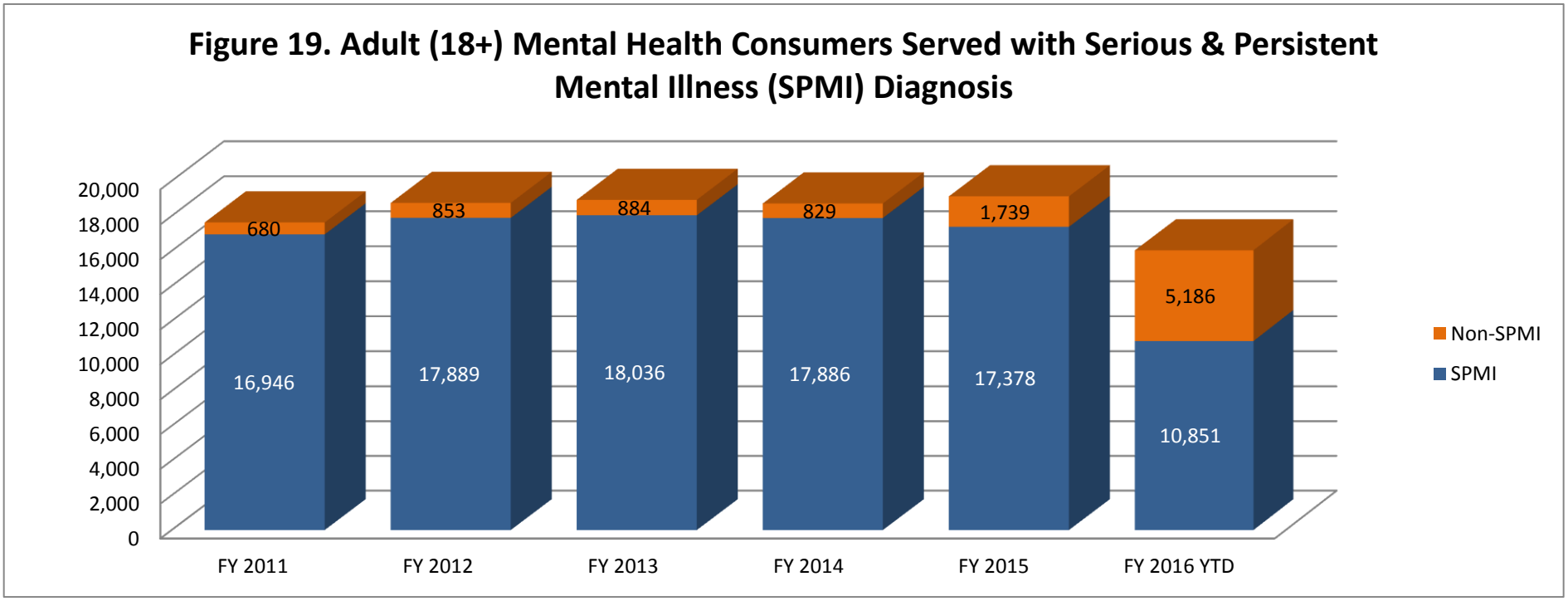


Figure 20 - Child & Adolescent (0-17) Mental Health Consumers Served with Serious Emotional Disturbance (SED) Diagnosis

Period	Child/Adol w/SED Diagnosis	%	Child/Adol w/o SED Diagnosis	%	Total Child/Adol Served
FY 2011	3,431	82%	750	18%	4,181
FY 2012	3,475	83%	712	17%	4,187
FY 2013	3,586	86%	601	14%	4,187
FY 2014	3,567	84%	686	16%	4,253
FY 2015	3,568	84%	705	16%	4,273
FY 2016 YTD	1,732	50%	1,742	50%	3,474

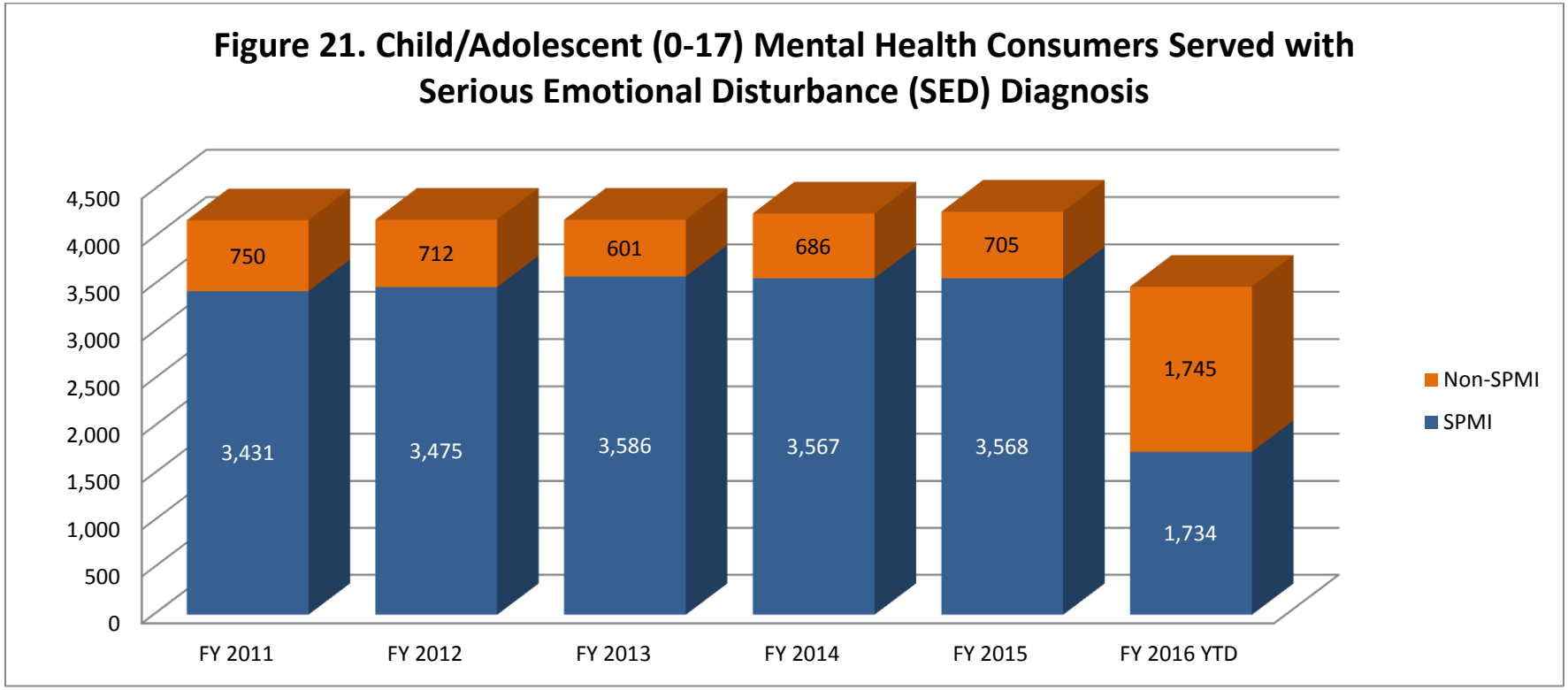
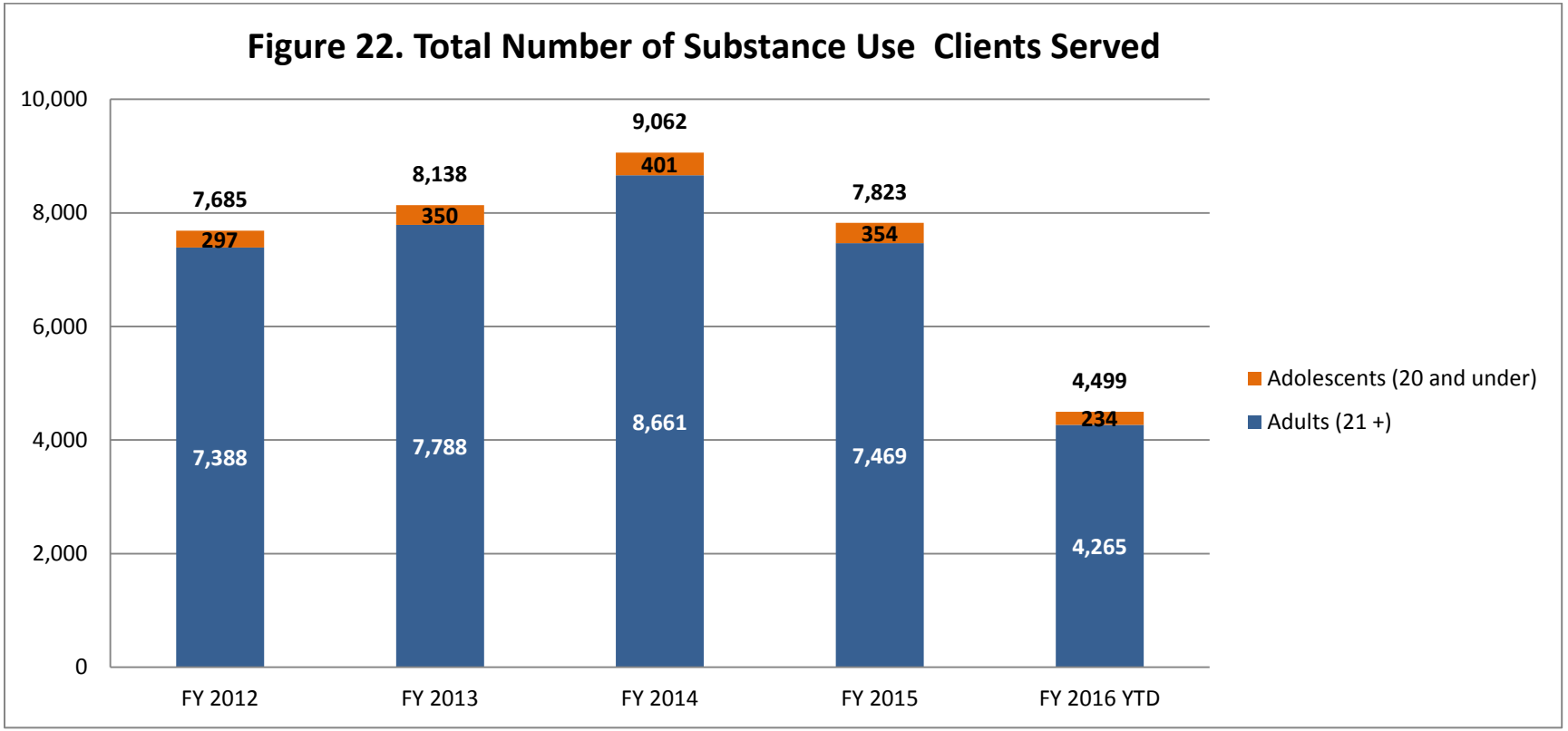


Figure 22. Total Number of Substance Use Clients Served



Substance use clients are individuals who moved from one level of care to another during the fiscal year, those who had a new assessment and referral during the fiscal year, those who remained at the same level of care throughout the fiscal year, and those who received recovery services.

Figure 23. Substance Use Clients Receiving Treatment and Recovery Services in FY16 YTD

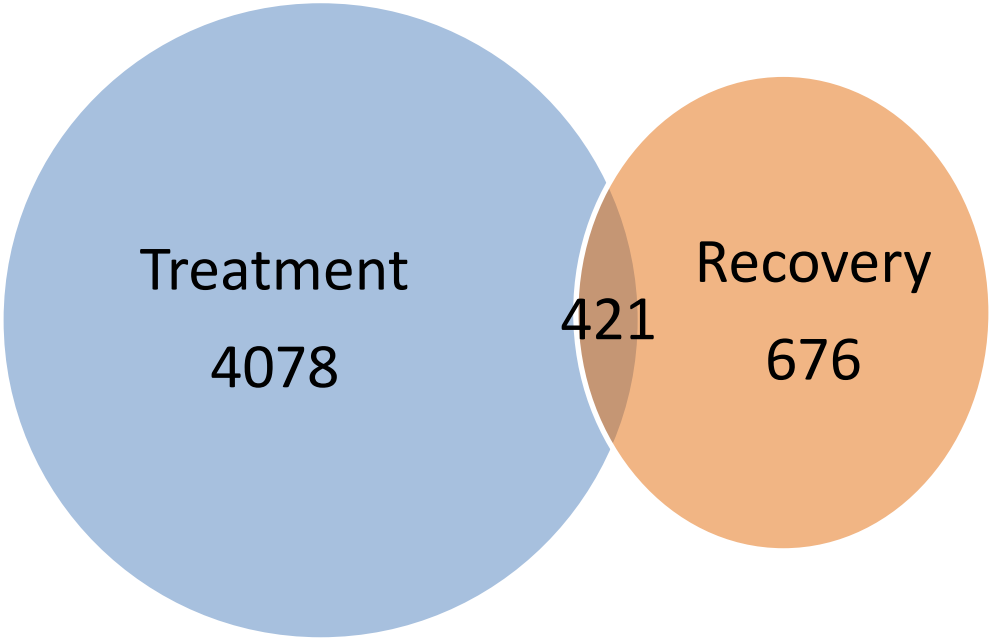
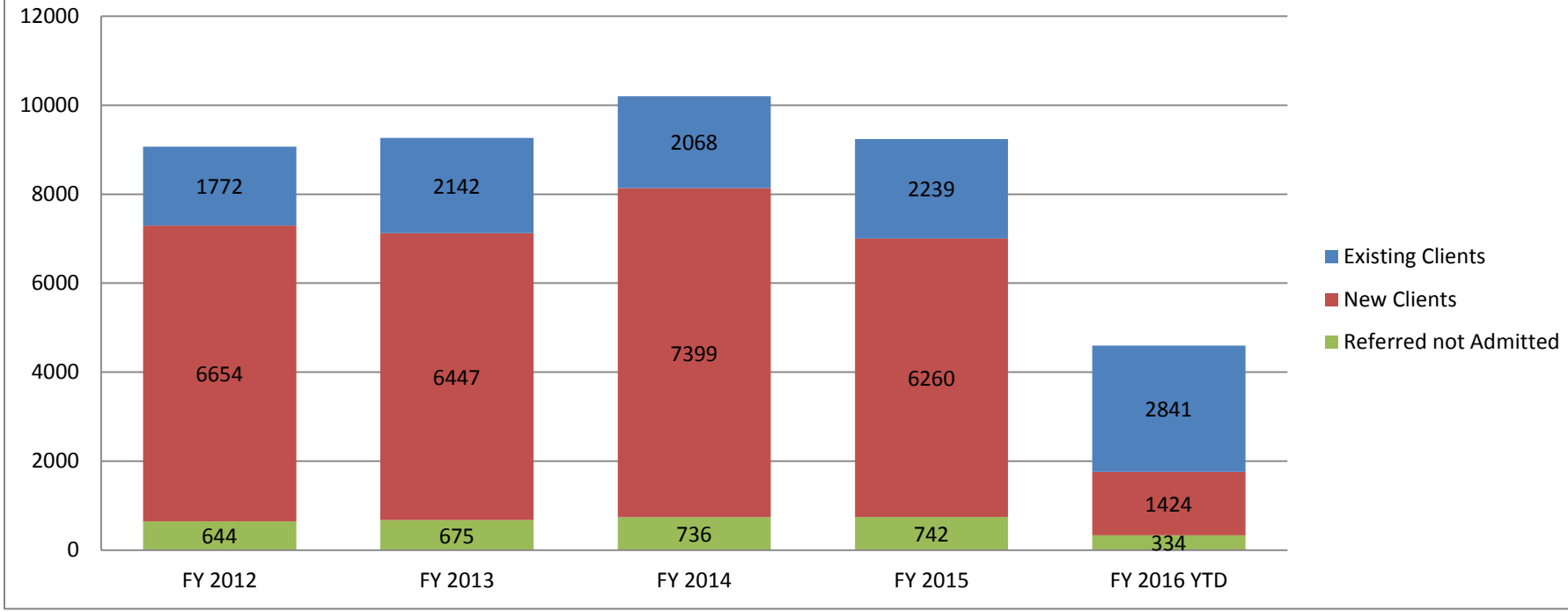


Figure 22 shows the overlap between clients receiving treatment and recovery services in FY 2016 YTD. A client can either be admitted directly to recovery services or transition once treatment is completed. Some clients receive treatment and recovery services simultaneously.

Figure 24. Adults Referred and Served for Substance Use Services



Once clients are assessed at the ARC or another assessment site, the appropriate referrals are made to the network of SUD providers. Those who were assessed but not served were not admitted for various reasons (client did not meet criteria for treatment, client did not agree to participate in services, or client only needed an assessment for legal reasons). After being accepted, the client is then admitted to the facility and their treatment begins. Depending on the initial level of care, a client can be admitted to multiple providers sequentially (i.e. a client is admitted to withdrawal management and then sent to residential treatment and upon completing that program is sent to intensive outpatient). Some clients receive services (predominantly MAT) across multiple years and do not have a referral for that year.

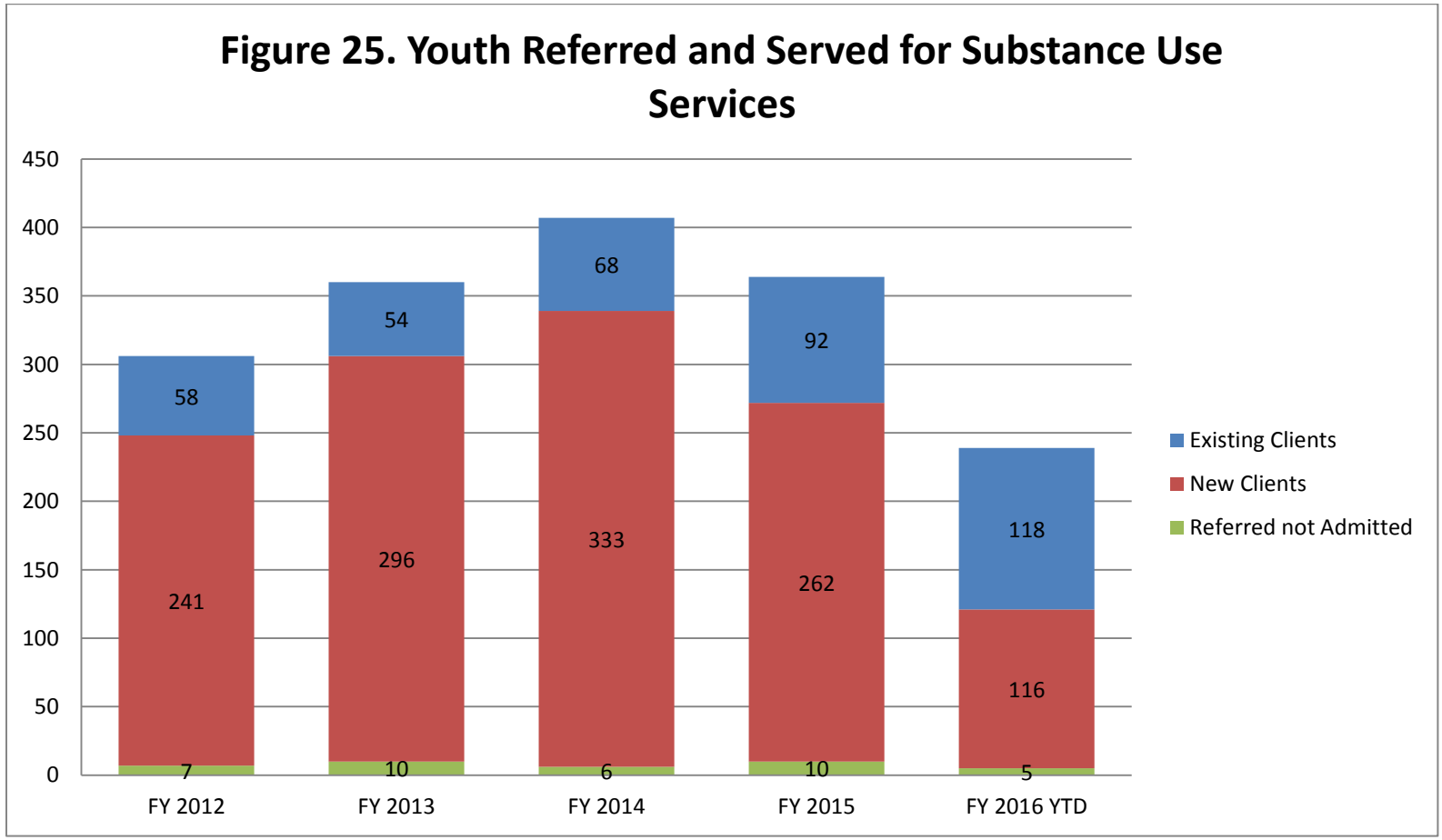
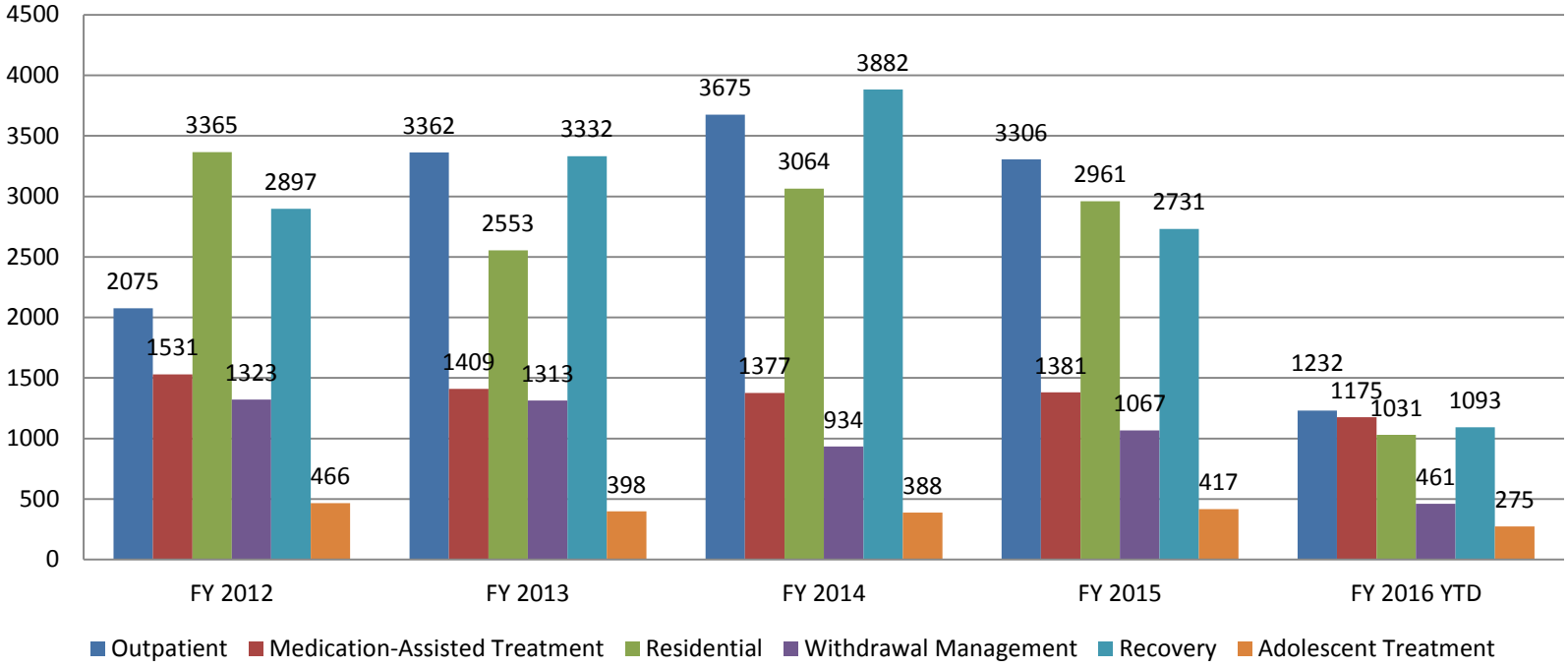
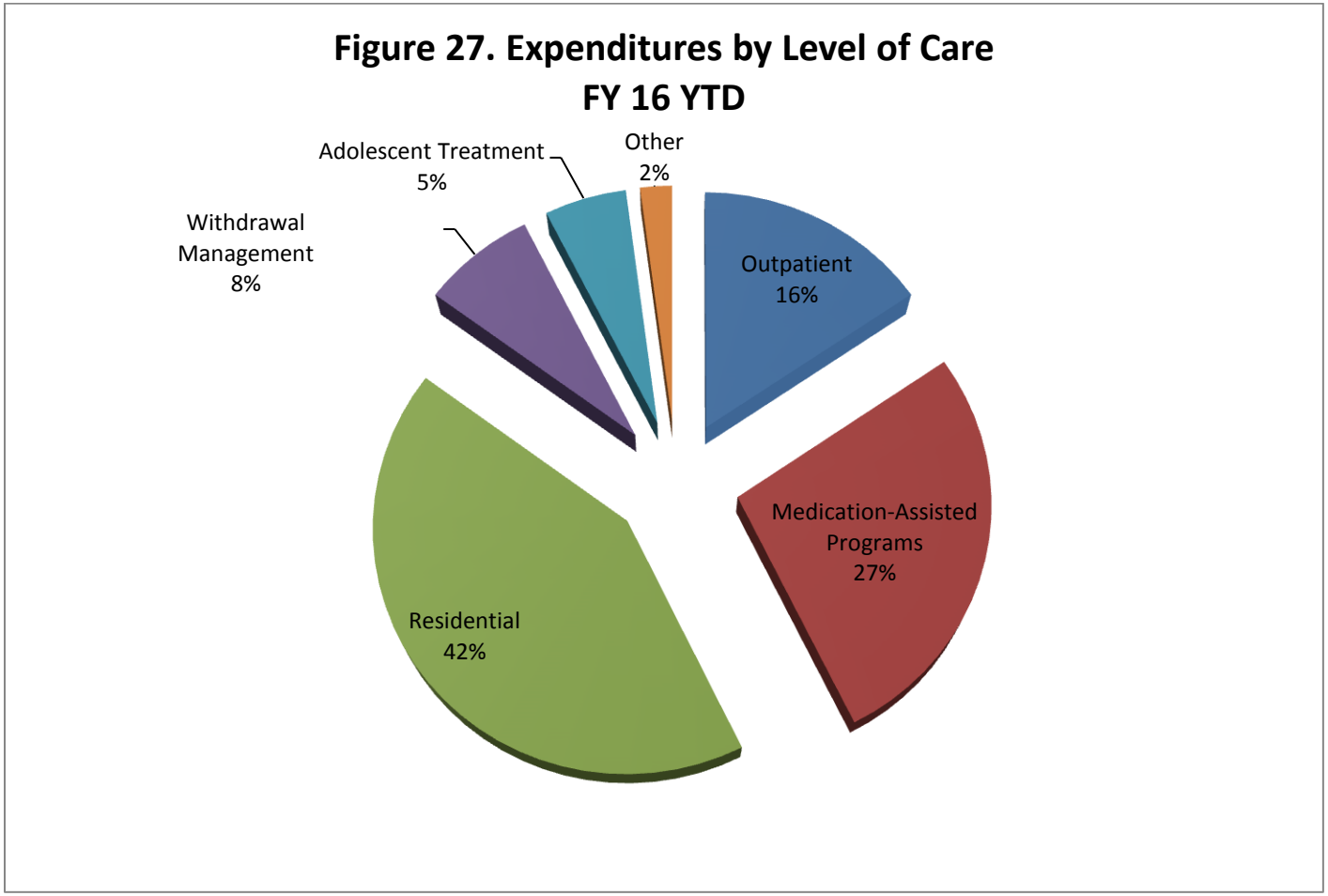


Figure 25. Youth Referred and Served for Substance Use Services
450
400
350
300
250
200
150
100
50
0
58
241
7
54
296
10
68
333
6
92
262
10
118
116
5
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016 YTD
Existing Clients
New Clients
Referred not Admitted

Figure 26. Substance Use Clients Served by Level of Care



There is a continuum of levels of care for substance use clients. **Withdrawal Management** (detoxification) is the recommended treatment option for clients who struggle withdrawing from substances on their own due to medical complication related to abruptly stopping use. **Residential Treatment** (inpatient) programs focus on helping individuals change their behaviors in a highly structured setting. Shorter term residential treatment is much more common, providing initial intensive treatment, and preparation for a return to community-based settings. **Intensive Outpatient** services are designed to meet the needs of individuals who suffer from a substance use disorder and need more than weekly counseling, but do not need residential care. The program provides monitoring several times a week in a supportive group setting. **Medication-Assisted Treatment** involves the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. There is a similar continuum for adolescents as adults. Figure 18 shows the number of clients served at each level. As previously stated, one client can enter multiple levels of care which explains the higher number of admissions than consumers served.



"Other" spending includes working with veterans (housing and SUD services) and individuals with HIV (education, medical and SUD services).

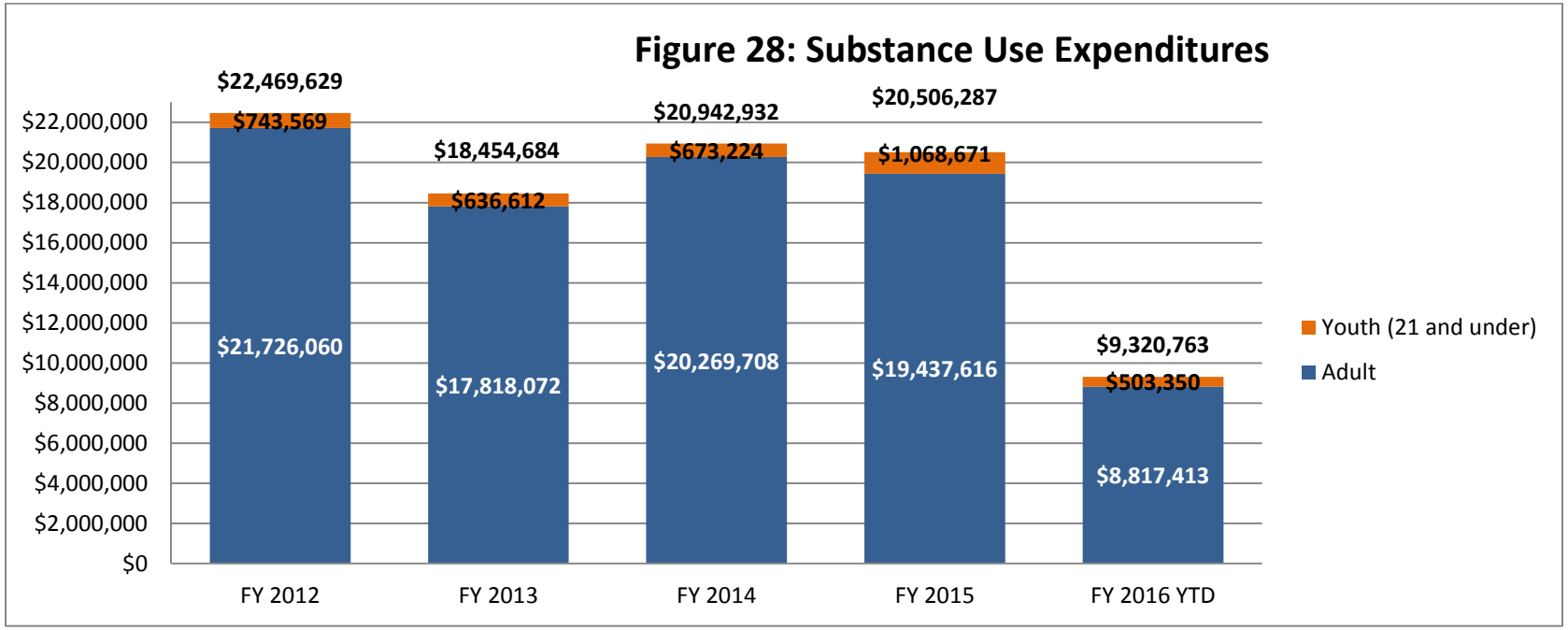


Figure 28: Substance Use Expenditures
$22,469,629
$743,569
$21,726,060
$18,454,684
$636,612
$17,818,072
$20,942,932
$673,224
$20,269,708
$20,506,287
$1,068,671
$19,437,616
$9,320,763
$503,350
$8,817,413
$22,000,000
$20,000,000
$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016 YTD
Youth (21 and under)
Adult