Mental Health and Substance Use Report on Expenditures and Services

District of Columbia Department of Behavioral Health
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Mental Health and Substance Use Report on Expenditures and Services (MHEASURES)
January 15, 2017

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 Services (MHRS) option. 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, and (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 related to substance use prevention 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 with 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 *Figures 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 *Figures 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 substance use services are presented in *Figure 23;*
- Substance use assessment and admissions data is shown in *Figures 24 and 25;*
- Substance use services by Level of Care are shown in *Figure 26; and*
- 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 additional 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. Health Homes data was not included in this report but will be in future reports.

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) and Child Parent Psychotherapy for Family Violence (CPP-FV).

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).

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 24,805 mental health consumers in Fiscal Year 2016. This is a slight increase from the 23,390 served in Fiscal Year 2015.

DBH served 6,940 substance use clients in FY16, a 4% decrease from the 7,246 served in FY15. Data for clients served with SUD services changed between the FY15 report and the current report. The methodology was altered to count clients based on documented encounters, not referral outcomes.

The total expenditures for mental health services increased by over $15 million from FY15 to FY16. 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. There was a $3.6 million increase in ACT expenditures and an $11.8 million increase in Community Support. For these services, the average units and cost per person did not change significantly, but the total number of people receiving the service increased. Of all the consumers receiving mental health services in FY16, only a little over 1,000 received neither ACT nor Community Support.

The highest cost driver per consumer 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 for this service cluster was comparable to FY15 for adults ($10,324 versus $10,239) and higher for children ($7,900 versus $7,111).

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 FY16 was 2%. In the District of Columbia, 12% of adult DBH consumers participated in ACT services. The national average for consumers receiving Multi-systemic Therapy (MST) was 3.3%, while 3.7% of DBH child/youth consumers received MST in FY16. In FY16 nationwide, 6.9% of child consumers received Functional Family Therapy (FFT), while 4.1% of DBH child/youth consumers received this service.

Proportionally, the most costly substance use service was residential (inpatient) treatment, which represented 38% of all expenditures; 22% of episodes were for this level of care. The second highest percentage of expenditures was for medication assisted treatment (26%); these episodes made up 17% of the total.

The most frequently used level of care for substance use clients for FY16 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 data is based on mental health claims submitted and substance use data entered for dates of service between October 1, 2015 and September 30, 2016. 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.

MH Data Source: *iCAMS, claims data (Run Date: 5/31/2017)*

SUD Data Source: *WITS, iCAMS (Run Date: 1/9/2017)*

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

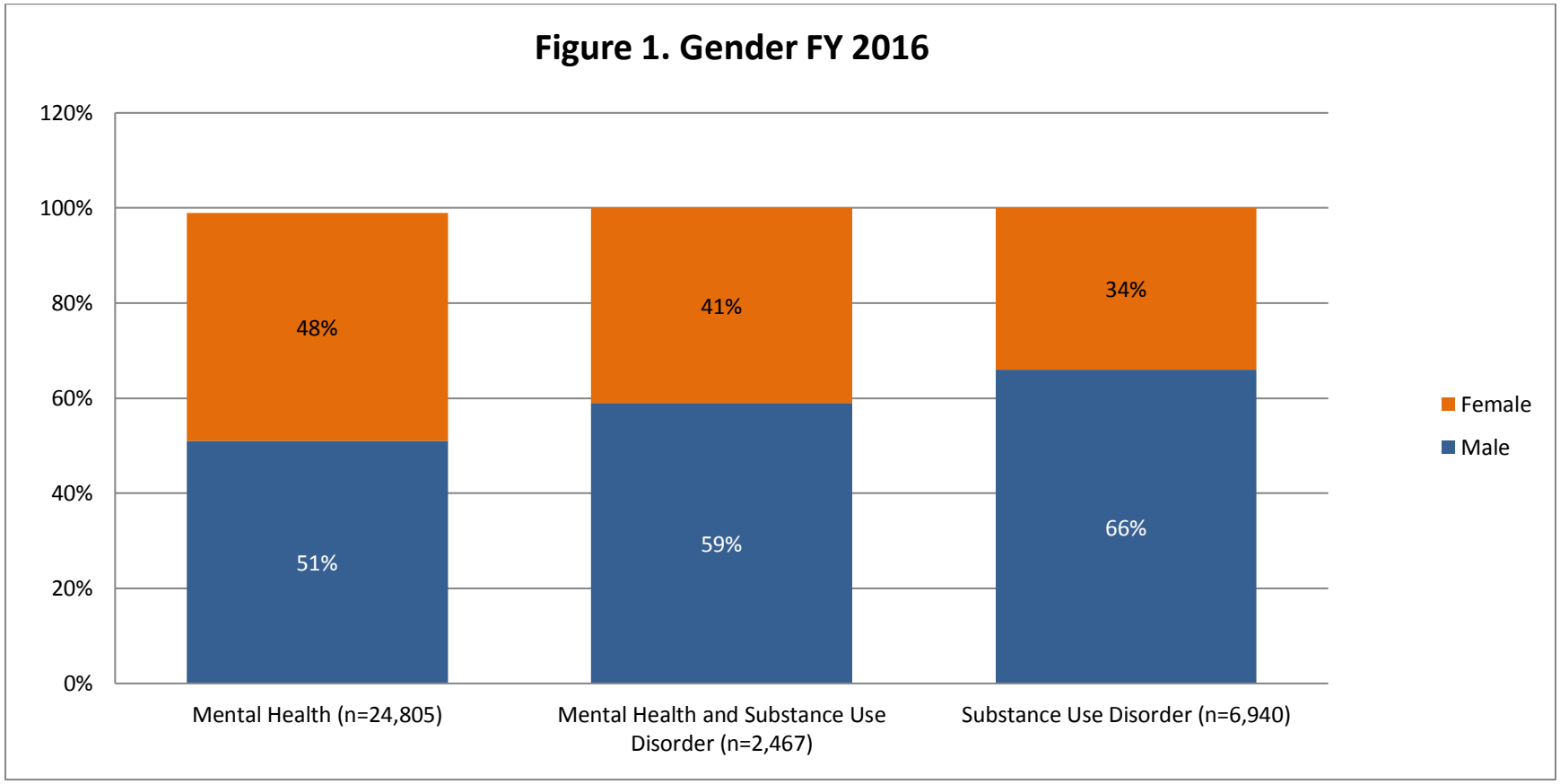


Figure 1. Gender FY 2016
120%
100%
80%
60%
40%
20%
0%
48%
51%
41%
59%
34%
66%
Female
Male
Mental Health (n=24,805)
Mental Health and Substance Use Disorder (n=2,467)
Substance Use Disorder (n=6,940)

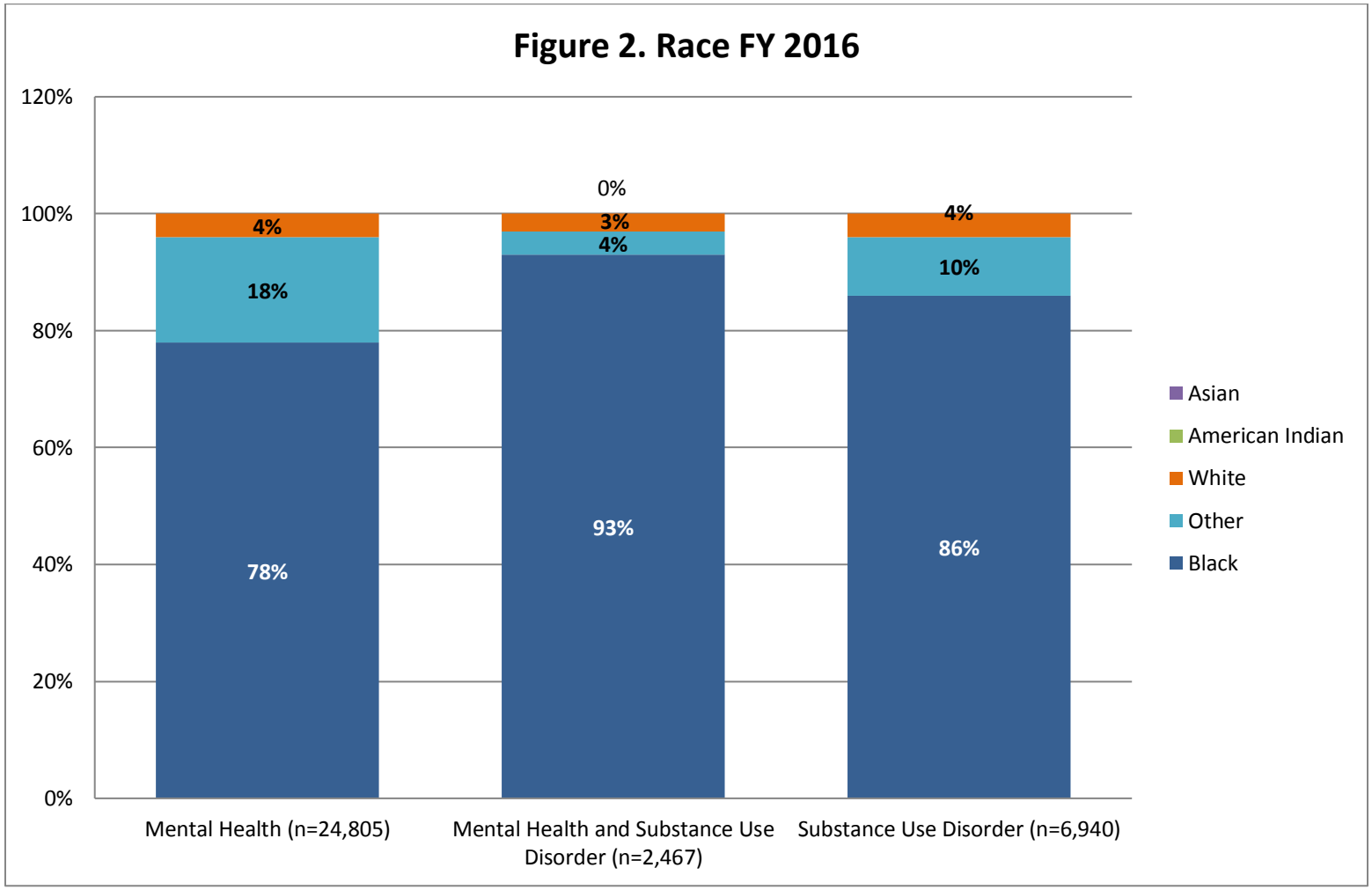


Figure 2. Race FY 2016
120%
100%
80%
60%
40%
20%
0%
4%
18%
78%
0%
3%
4%
93%
4%
10%
86%
Asian
American Indian
White
Other
Black
Mental Health (n=24,805)
Mental Health and Substance Use Disorder (n=2,467)
Substance Use Disorder (n=6,940)

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

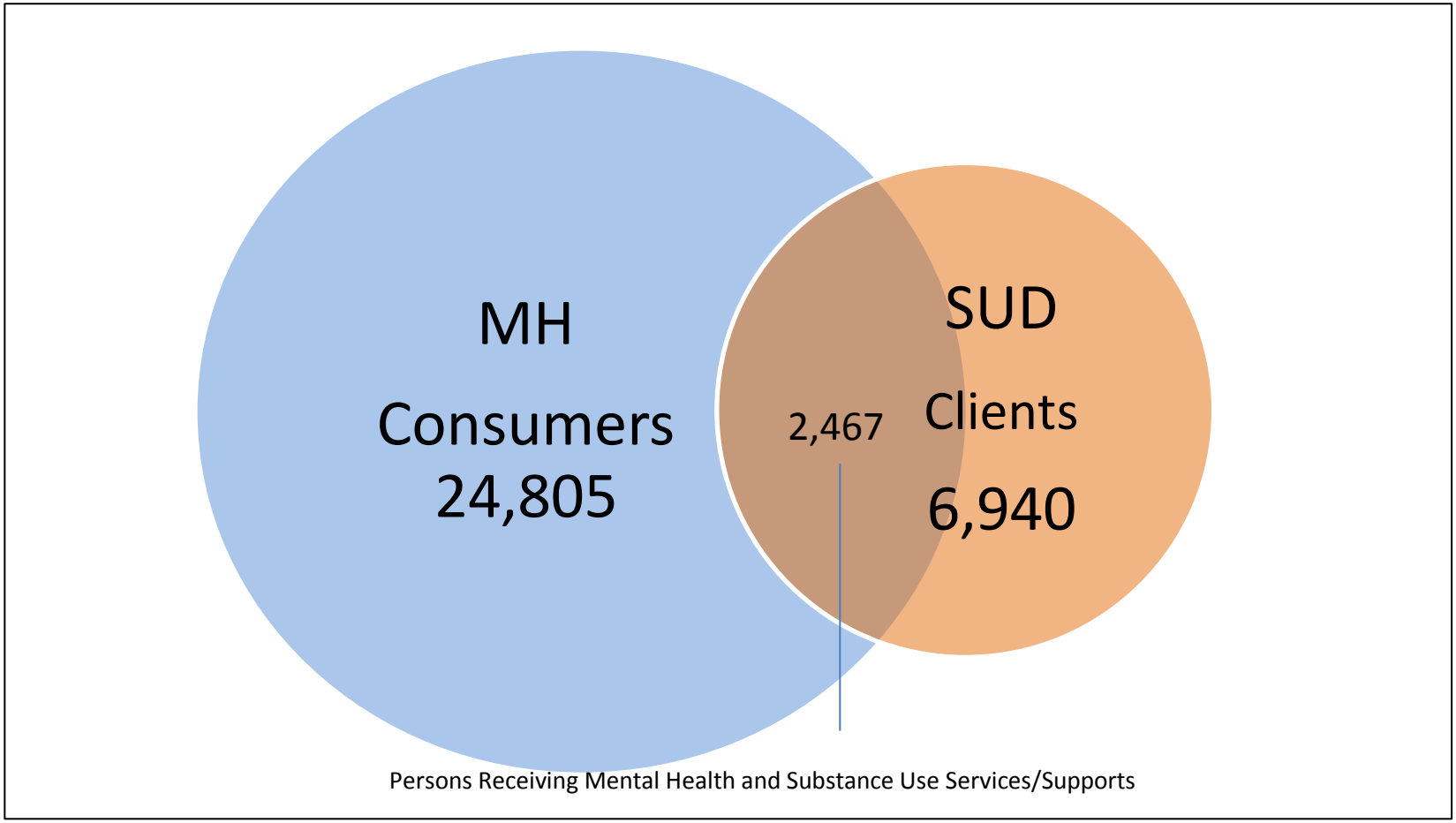
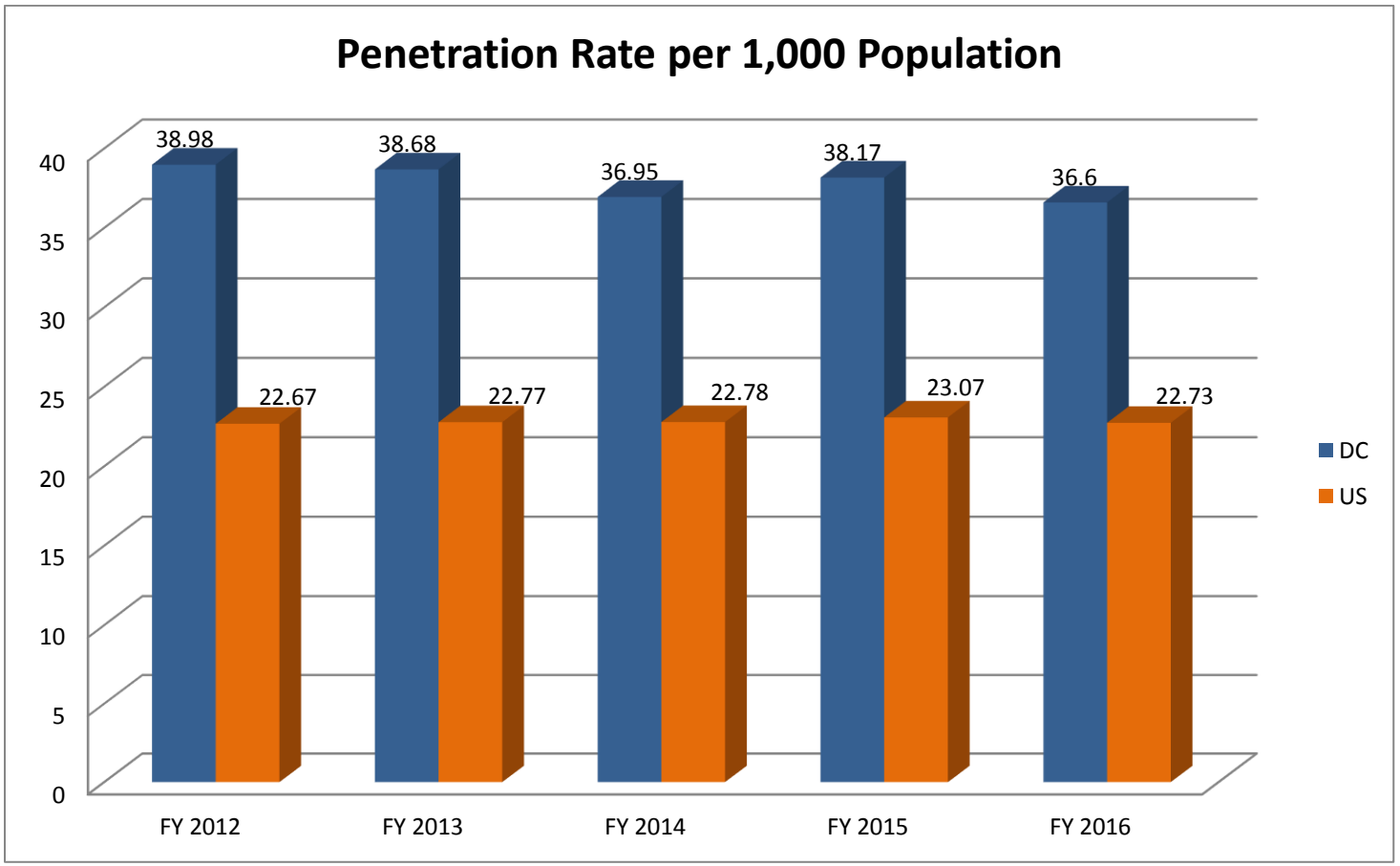
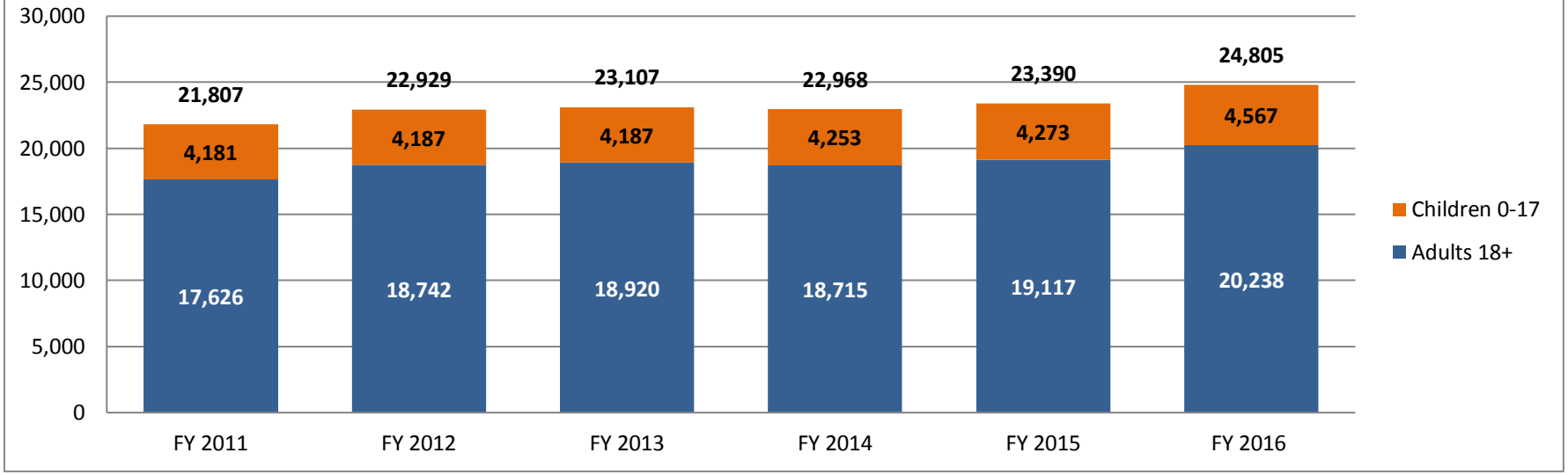


Figure 4. Mental Health Population Penetration Scope



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
7% Increase from 2015 to 2016

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
6% Increase from 2015 to 2016

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
6% Increase from 2015 to 2016

Figure 5 displays the total number of consumers who received mental health services from Fiscal Year 2011 to Fiscal Year 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

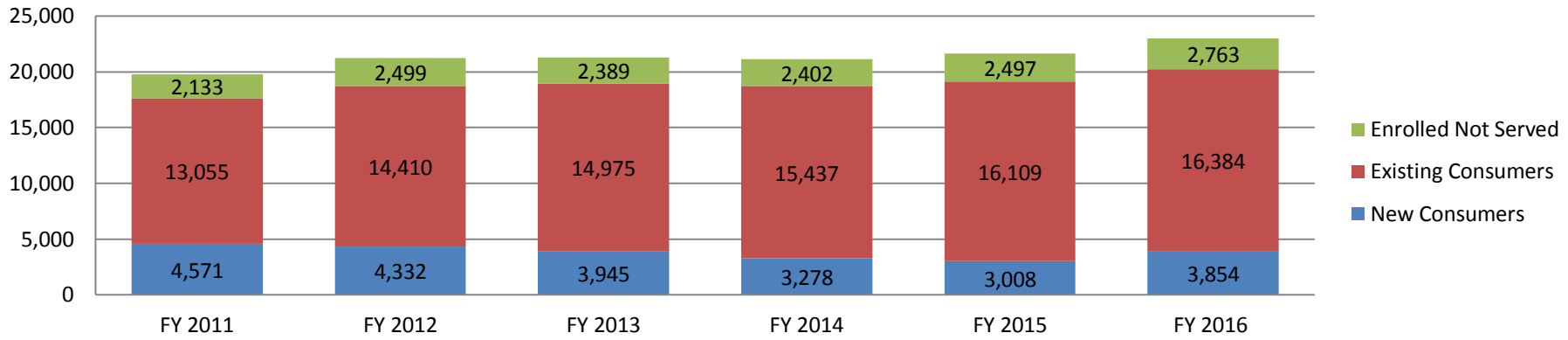
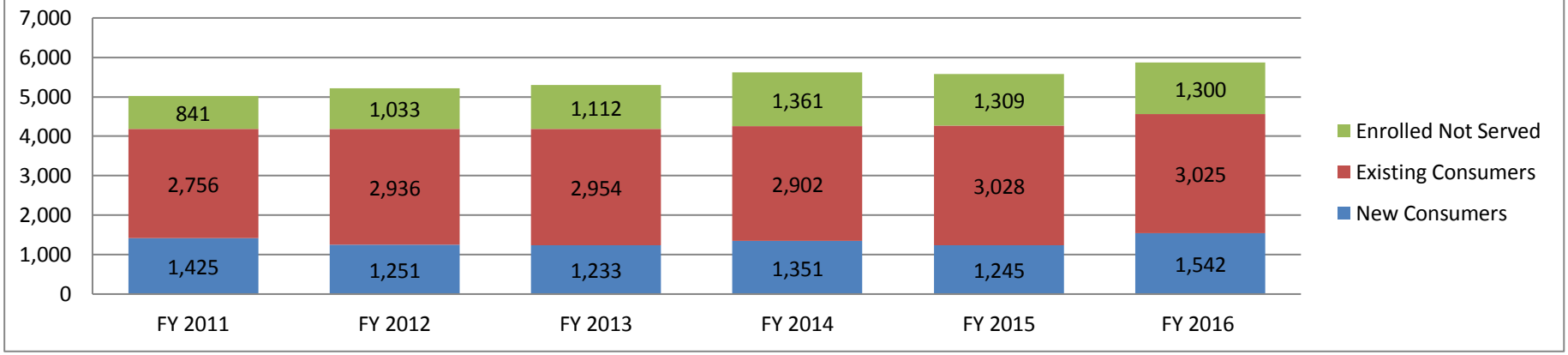


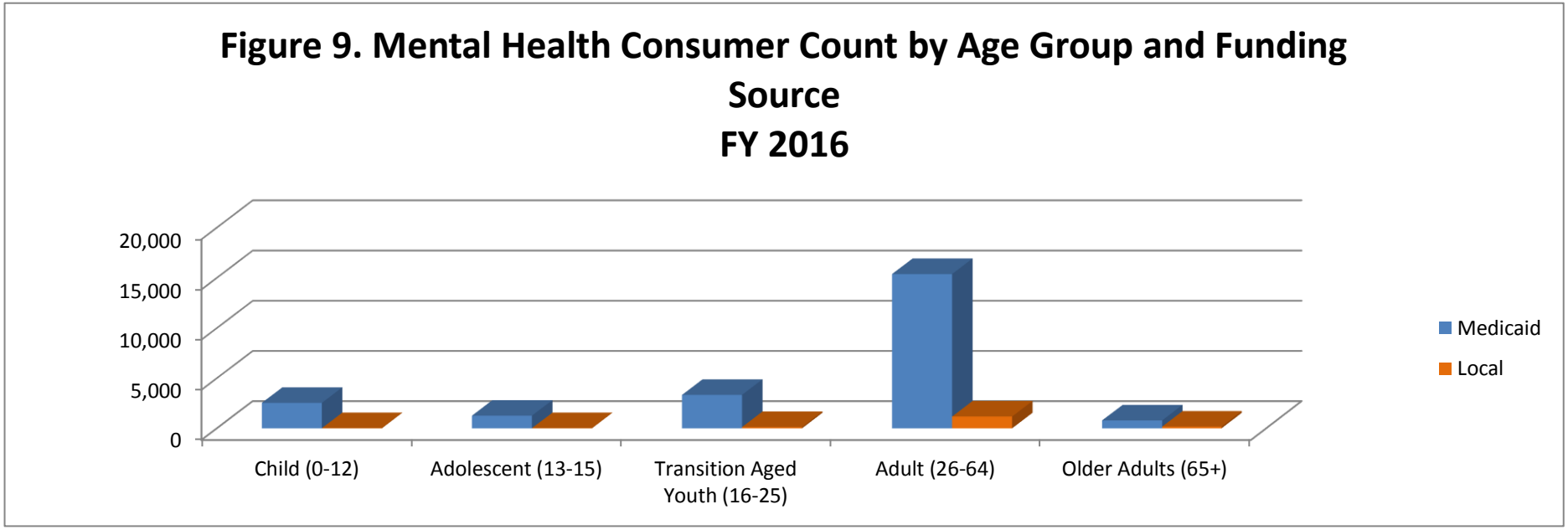
Figure 7. Child (0-17) Mental Health Consumers Enrolled & Served



Figures 6 & 7 display the number of consumers who were 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 were enrolled but did not receive a paid MHRS service during this reporting period (Enrolled Not Served). For the purposes of this report enrollment is defined as linkage to a Core Service Agency (CSA) in the public mental health system.

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

Age Group	Medicaid		Locally Funded	
Child (0-12)	2,539	99.2%	20	0.8%
Adolescent (13-15)	1,260	98.6%	18	1.4%
Transition Aged Youth (16-25)	3,332	96.4%	125	3.6%
Adult (26-64)	15,378	92.9%	1,174	7.1%
Older Adults (65+)	788	82.2%	171	17.8%
Total	**23,297**	**93.9%**	**1,508**	**6.1%**



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.

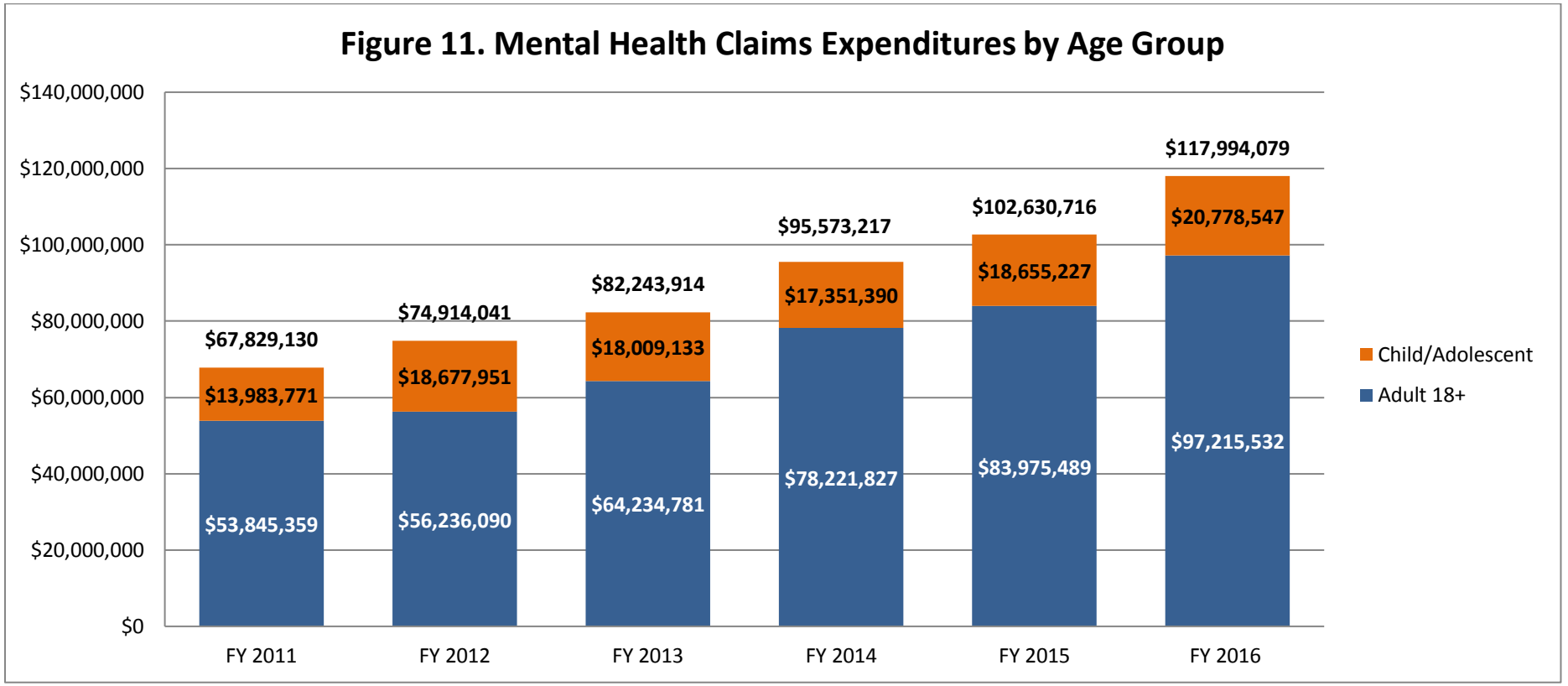
Figure 10 - FY 2016 - Utilization of Mental Health Services by Age

Service	Child Utilization				Adult Utilization					Adult Total	Child & Adult Total	Avg Cost Per Consumer	Paid Amount	Avg Units
	Age (0-5)	Age (6-15)	Age (16-17)	Child Total	Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84)	Age (85+)					
ACT	0	44	22	66	226	653	1186	180	1	2246	2312	$10,091	$23,330,398	278
Group	0	0	0	0	20	133	271	30	0	454	454	$896	$406,585	75
Individual	0	44	22	66	226	652	1183	180	1	2242	2308	$9,932	$22,923,813	263
CBI	13	692	158	863	21	0	0	0	0	21	884	$8,303	$7,339,972	211
Level I - MST	0	133	23	156	1	0	0	0	0	1	157	$6,986	$1,096,842	122
Level II & III	13	506	110	629	21	0	0	0	0	21	650	$8,475	$5,508,842	238
Level IV - FFT	0	120	37	157	0	0	0	0	0	0	157	$4,677	$734,288	81
Community Support	213	3231	631	4075	2342	6084	8314	736	18	17494	21569	$2,868	$61,859,786	135
Group Home	1	46	19	66	24	75	220	76	6	401	467	$701	$327,211	32
Group Setting	4	85	9	98	56	237	594	78	2	967	1065	$357	$379,792	53
Ind - Collateral Contact	67	1396	226	1689	260	431	528	78	5	1302	2991	$267	$798,134	14
Ind - Face to Face	200	3092	595	3887	2330	6042	8270	728	17	17387	21274	$2,766	$58,847,795	128
Ind - Family/Couple w/Consumer	82	1495	216	1793	134	179	181	19	0	513	2306	$365	$842,703	17
Ind - Family/Couple w/o Consumer	46	1121	188	1355	90	64	64	6	1	225	1580	$319	$504,496	15
Physician Team Member	3	134	24	161	57	251	399	56	1	764	925	$75	$69,486	3
Self Help/Peer Support - Group	0	0	0	0	3	29	80	4	0	116	116	$54	$6,278	8
Self Help/Peer Support - Ind	0	17	4	21	26	55	82	11	1	175	196	$428	$83,891	19
Counseling	72	636	106	814	357	1159	1562	101	3	3182	3996	$798	$3,188,523	32
Family w/Consumer	47	121	13	181	17	22	8	0	0	47	228	$502	$114,545	21
Group	1	8	1	10	15	129	282	20	0	446	456	$186	$84,625	23
Individual, Adult	46	502	86	634	330	1078	1377	85	3	2873	3507	$693	$2,431,628	26
Offsite	10	307	42	359	57	147	223	11	0	438	797	$677	$539,832	25
Without Consumer	9	55	7	71	10	6	7	0	0	23	94	$190	$17,892	7
Crisis Services	11	386	67	464	279	607	587	65	1	1539	2003	$755	$1,511,436	27
Crisis Stabilization	0	0	0	0	0	4	12	0	0	16	16	$2,257	$36,115	7
Emergency - CMHF	0	0	8	8	252	547	514	58	1	1372	1380	$876	$1,209,043	34
Emergency - Home	10	316	54	380	9	1	1	0	0	11	391	$392	$153,335	11
Emergency - Mobile Unit	0	0	0	0	35	99	89	8	0	231	231	$232	$53,692	9
Emergency - Other/Not Identified	3	125	20	148	4	12	21	3	0	40	188	$315	$59,250	10
Day Services	0	1	0	1	39	257	853	134	4	1287	1288	$10,486	$13,505,573	85
Face to Face, w/ Consumer	0	1	0	1	39	257	853	134	4	1287	1288	$10,486	$13,505,573	85

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

Service	Child Utilization			Child Total	Adult Utilization					Adult Total	Child & Adult Total	Avg Cost Per Consumer	Paid Amount	Avg Units
	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	69	756	181	1006	834	2052	2727	212	5	5830	6836	$130	$888,821	1
Brief	58	587	136	781	725	1725	2196	155	4	4805	5586	$90	$500,595	1
Comprehensive	13	186	47	246	129	381	613	68	1	1192	1438	$270	$388,226	1
Jail Diversion	0	0	0	0	5	40	56	0	0	101	101	$438	$44,285	21
Criminal Justice System	0	0	0	0	5	40	56	0	0	101	101	$438	$44,285	21
Medication Somatic	36	652	144	832	975	3148	5014	450	11	9598	10430	$380	$3,968,227	9
Adult	36	652	144	832	975	3147	5008	448	10	9588	10420	$380	$3,958,790	9
Group	0	0	0	0	3	7	47	16	1	74	74	$128	$9,437	9
Supported Employment	0	1	0	1	97	375	570	18	0	1060	1061	$1,353	$1,435,633	73
Therapeutic	0	1	0	1	13	116	177	4	0	310	311	$172	$53,359	9
Vocational	0	0	0	0	92	350	536	16	0	994	994	$1,391	$1,382,274	75
Team Meeting	0	0	0	0	0	0	1	1	0	2	2	$45	$90	3
Team Meeting	0	0	0	0	0	0	1	1	0	2	2	$45	$90	3
Transition Support Services	0	64	14	78	55	310	638	154	1	1158	1236	$745	$921,336	25
Community Psych Supportive Tx Program	0	0	0	0	0	1	9	2	0	12	12	$6,583	$78,998	54
Cont. of Care Tx Planning (Non-ACT/CBI)	0	34	3	37	27	125	236	70	1	459	496	$336	$166,794	16
Continuity of Care Treatment Planning	0	7	2	9	12	95	296	70	0	473	482	$433	$208,524	21
Inpatient Discharge Planning ACT	0	32	10	42	21	156	251	49	0	477	519	$900	$467,020	24
Total All Services	**246**	**3591**	**730**	**4567**	**2727**	**6971**	**9581**	**938**	**21**	**20238**	**24805**	**$4,757**	**$117,994,079**	**171**

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
15% Increase from 2015 to 2016

Figure 11 displays the aggregate cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2011 to Fiscal Year 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

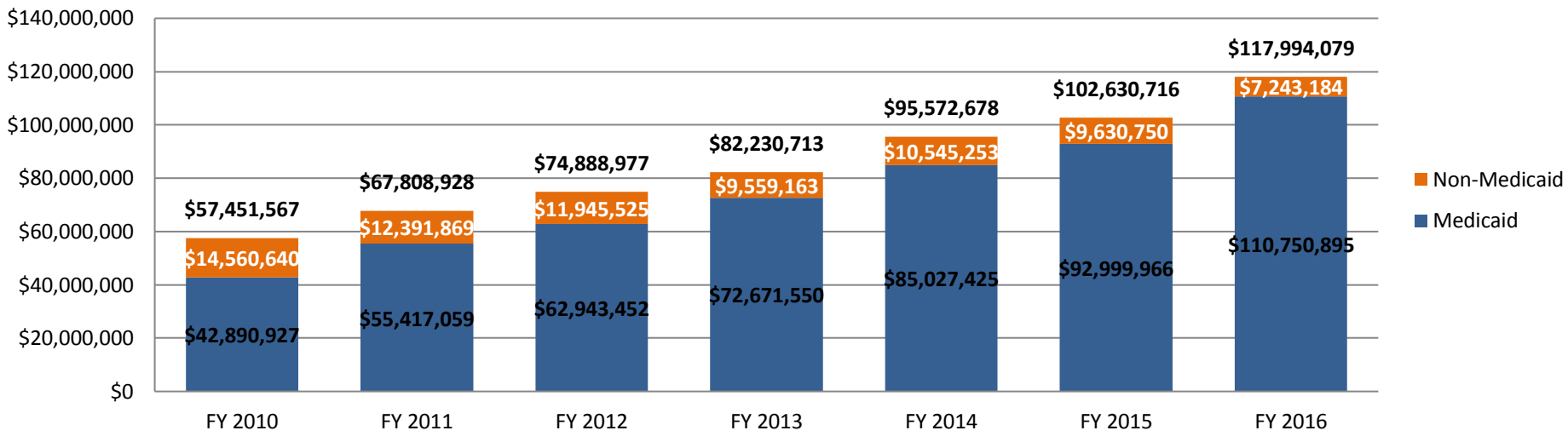


Figure 12 displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2011 to Fiscal Year 2016. This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment, Crisis Beds and the Integrated Care Coordination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

Figure 13. Average Cost per Consumer by Fiscal Year

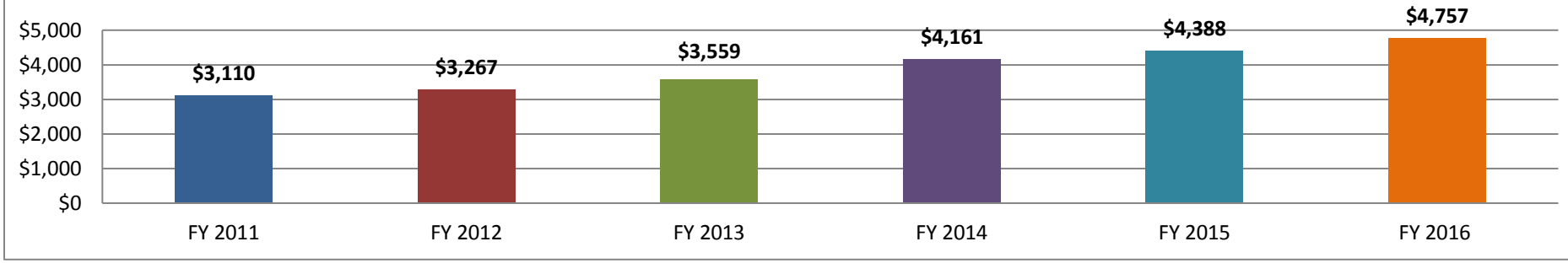
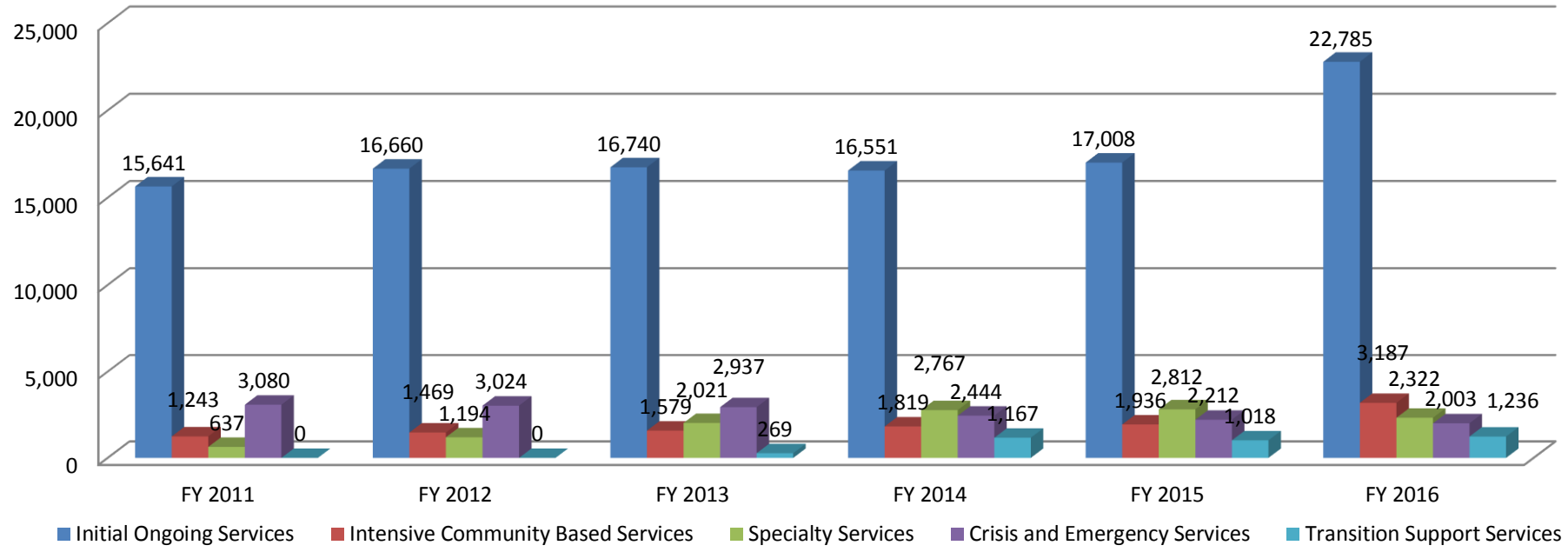


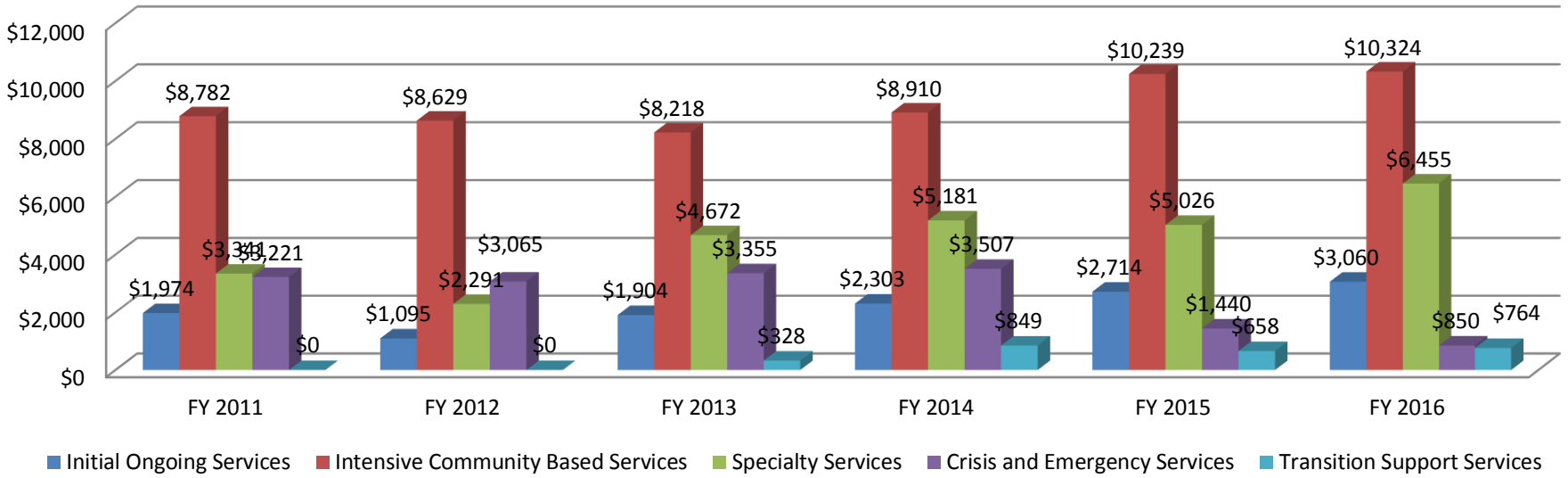
Figure 14. Adult (18+) Mental Health Consumer Counts by Service Cluster



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 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.

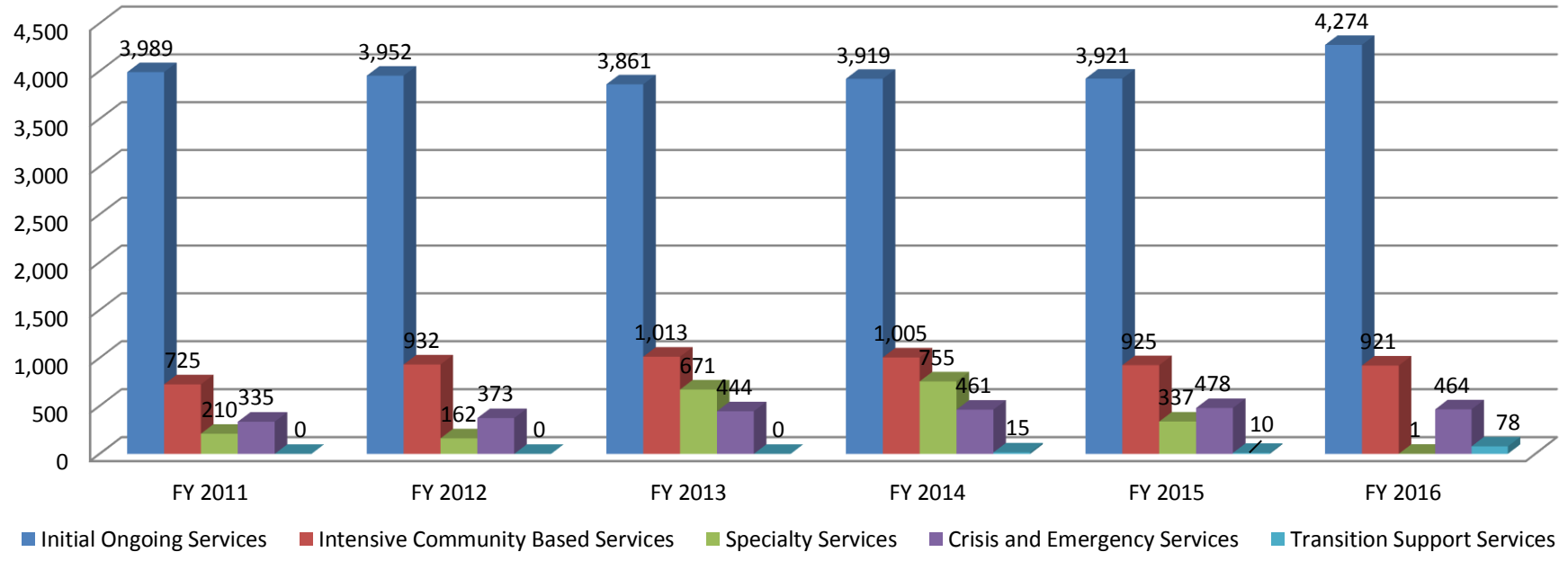
Figure 15. Adult (18+) Average Annual Cost per Mental Health Consumer



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	N/A
0% Decrease from 2012 to 2013	5% Decrease from 2012 to 2013	104% Increase from 2012 to 2013	9% Increase from 2012 to 2013	N/A
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% Increase 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
13% Increase from 2015 to 2016	1% Increase from 2015 to 2016	28% Increase from 2015 to 2016	41% Decrease from 2015 to 2016	16% Increase from 2015 to 2016

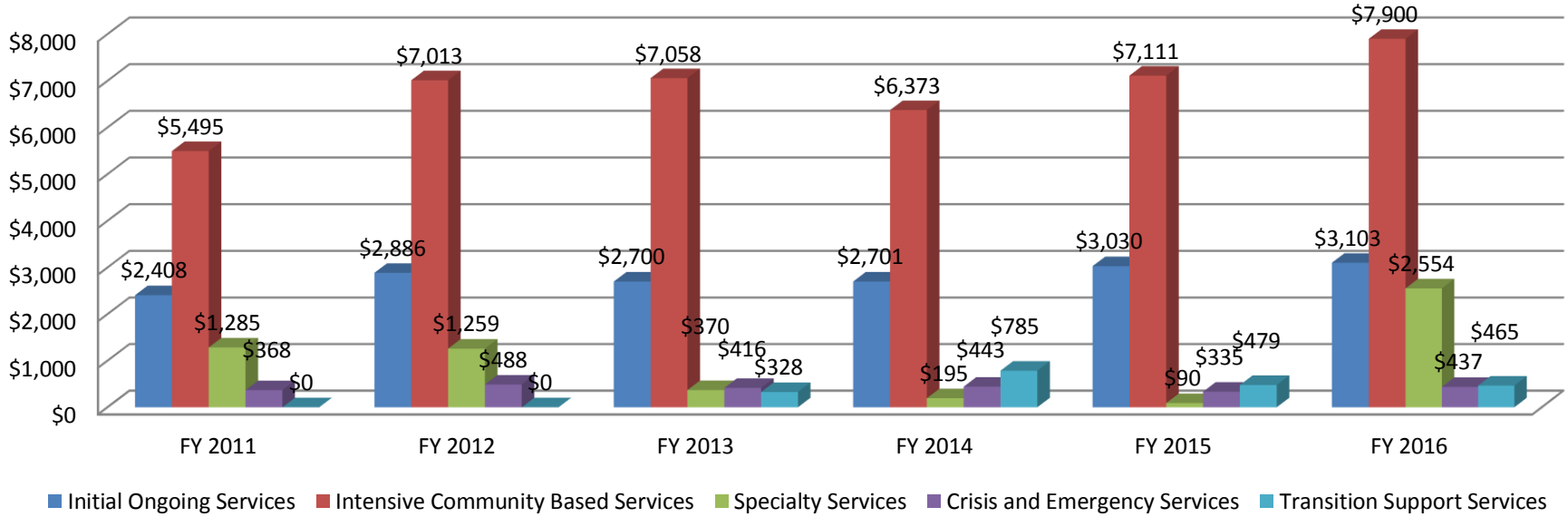
Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated 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
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 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	N/A
2% Decrease from 2012 to 2013	3% Decrease from 2012 to 2013	66% Increase from 2012 to 2013	7% Increase from 2012 to 2013	N/A
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
2% Increase from 2015 to 2016	11% Increase from 2015 to 2016	186% Increase from 2015 to 2016	26% Increase from 2015 to 2016	3% Decrease from 2015 to 2016

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	17,250	98%	374	2%	17,624
FY 2012	18,287	98%	454	2%	18,741
FY 2013	18,444	97%	475	3%	18,919
FY 2014	18,257	98%	457	2%	18,714
FY 2015	17,896	94%	1,221	6%	19,117
FY 2016	17,473	86%	2,765	14%	20,238

Figure 19. Adult (18+) Mental Health Consumers Served with Serious & Persistent Mental Illness (SPMI) Diagnosis

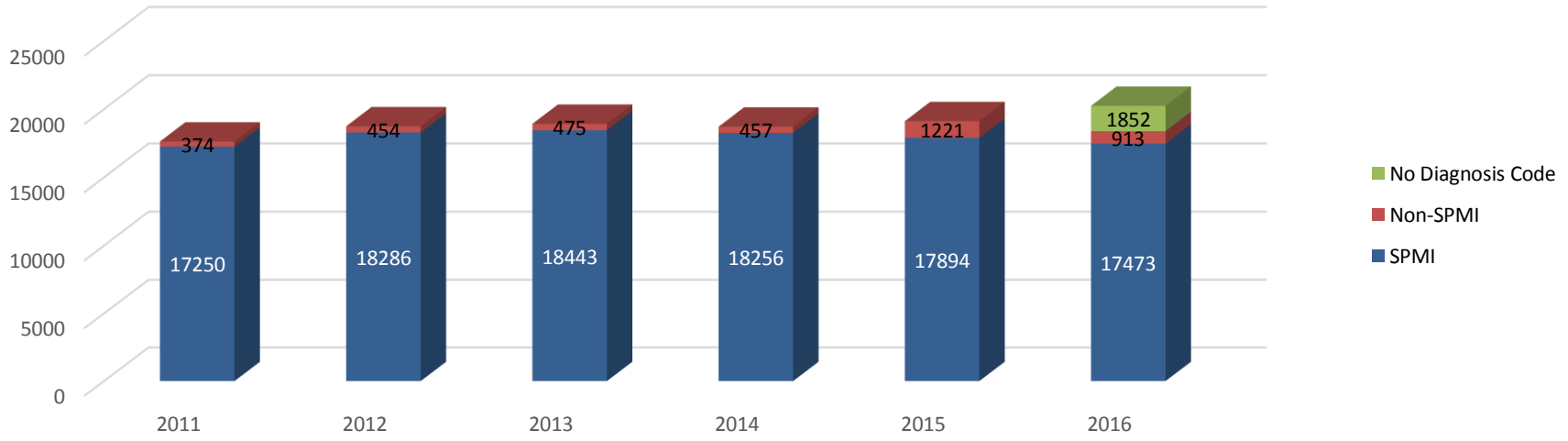


Figure 20 - Child & Adolescent (0-17) Mental Health Consumers Served with Serious Emotional Disturbance (SED) Diagnosis

Period	Child/Adol w/SED Diagnosis	%	Child/Adol w/o SED Diagnosis	%	Total Child/Adol Served
FY 2011	3,749	90%	432	10%	4,181
FY 2012	3,825	91%	362	9%	4,187
FY 2013	3,847	92%	340	8%	4,187
FY 2014	3,783	89%	470	11%	4,253
FY 2015	3,713	87%	560	13%	4,273
FY 2016	3,162	69%	1,405	31%	4,567

Figure 21. Child/Adolescent (0-17) Mental Health Consumers Served with Serious Emotional Disturbance (SED)Diagnosis

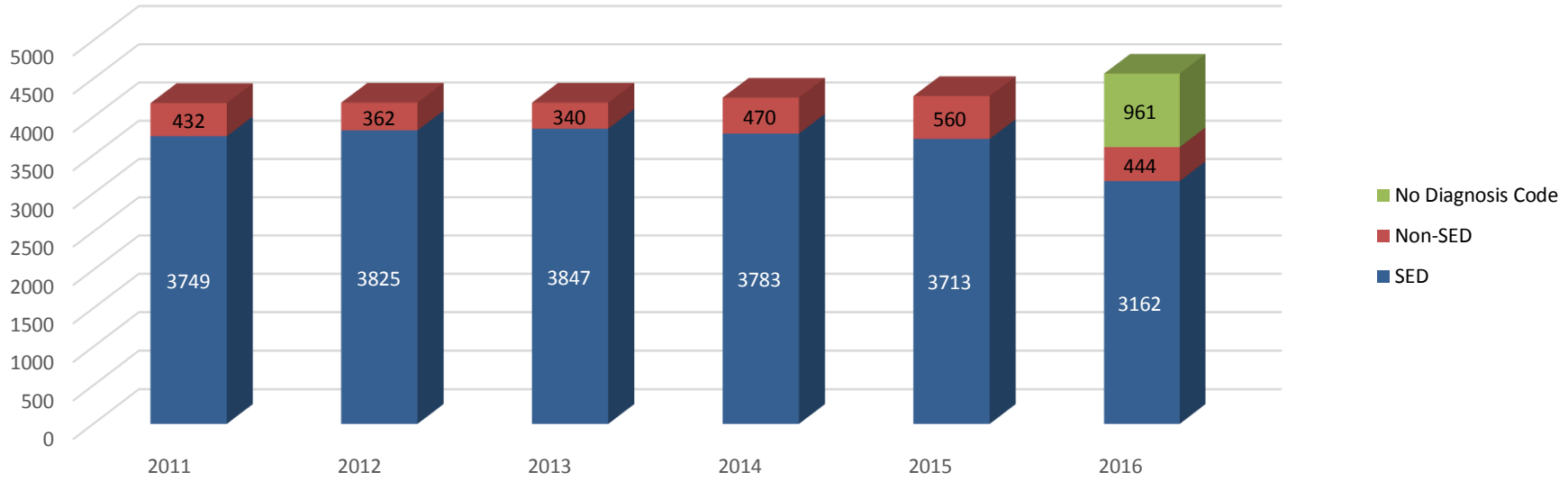
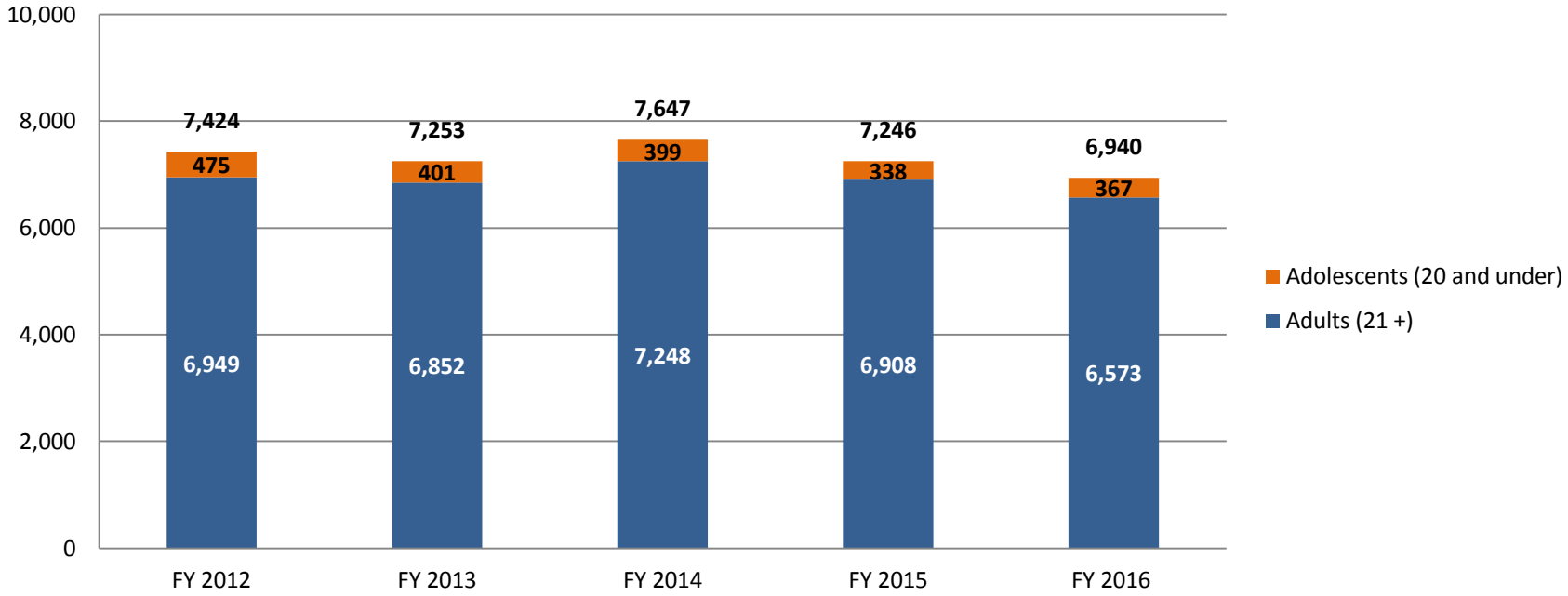


Figure 22. Total Number of Substance Use Clients Served (Treatment and Recovery)



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 FY2016

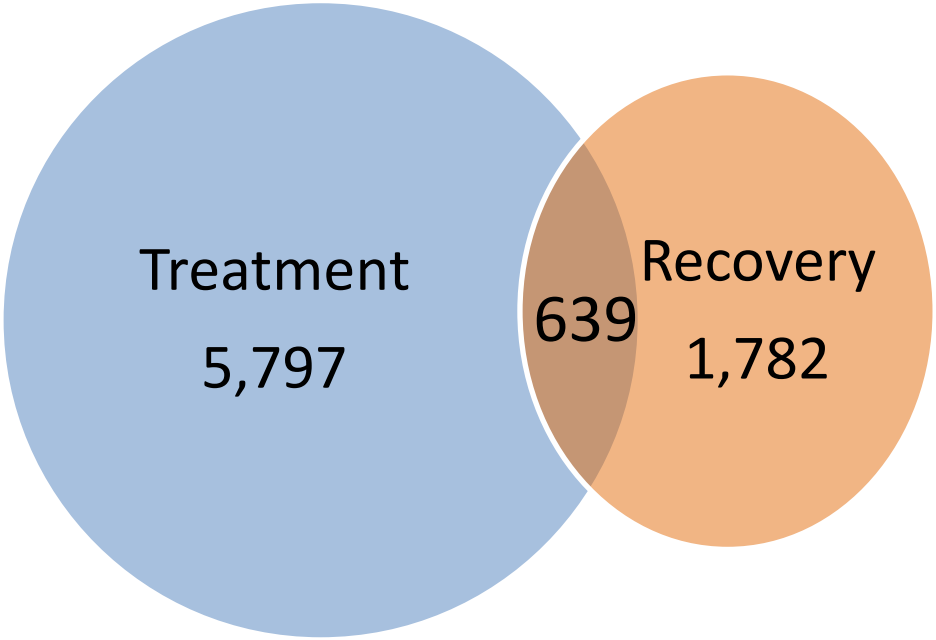
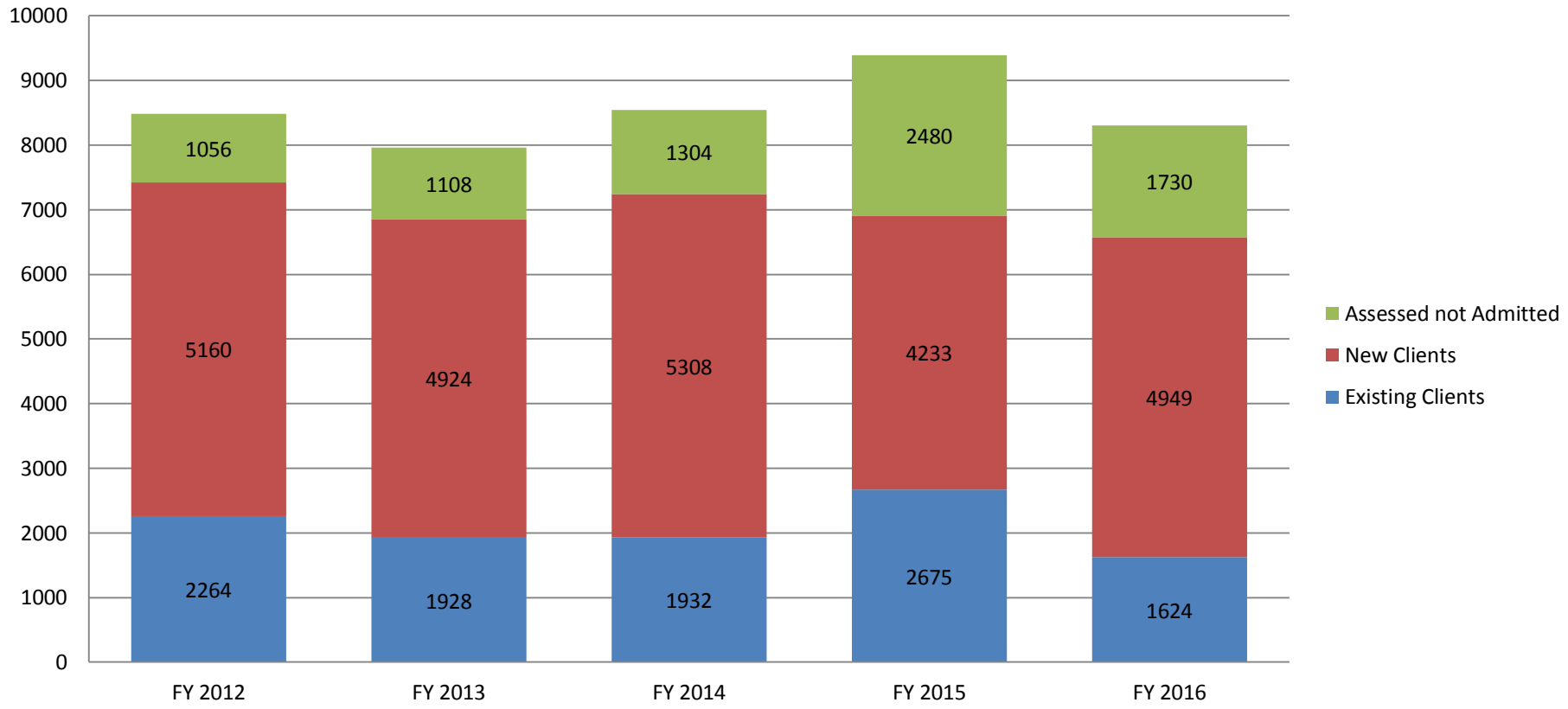


Figure 23 shows the overlap between clients receiving treatment and recovery services in FY 2016. A client can either be admitted directly to recovery services or transition once treatment is completed. Some clients receive treatment and recovery services simultaneously.

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. Those who are assessed but not admitted fall into the categories of either the program rejecting referral, client refusing treatment, referral rejected and status pending.

Figure 25. Youth Referred and Served for Substance Use Services

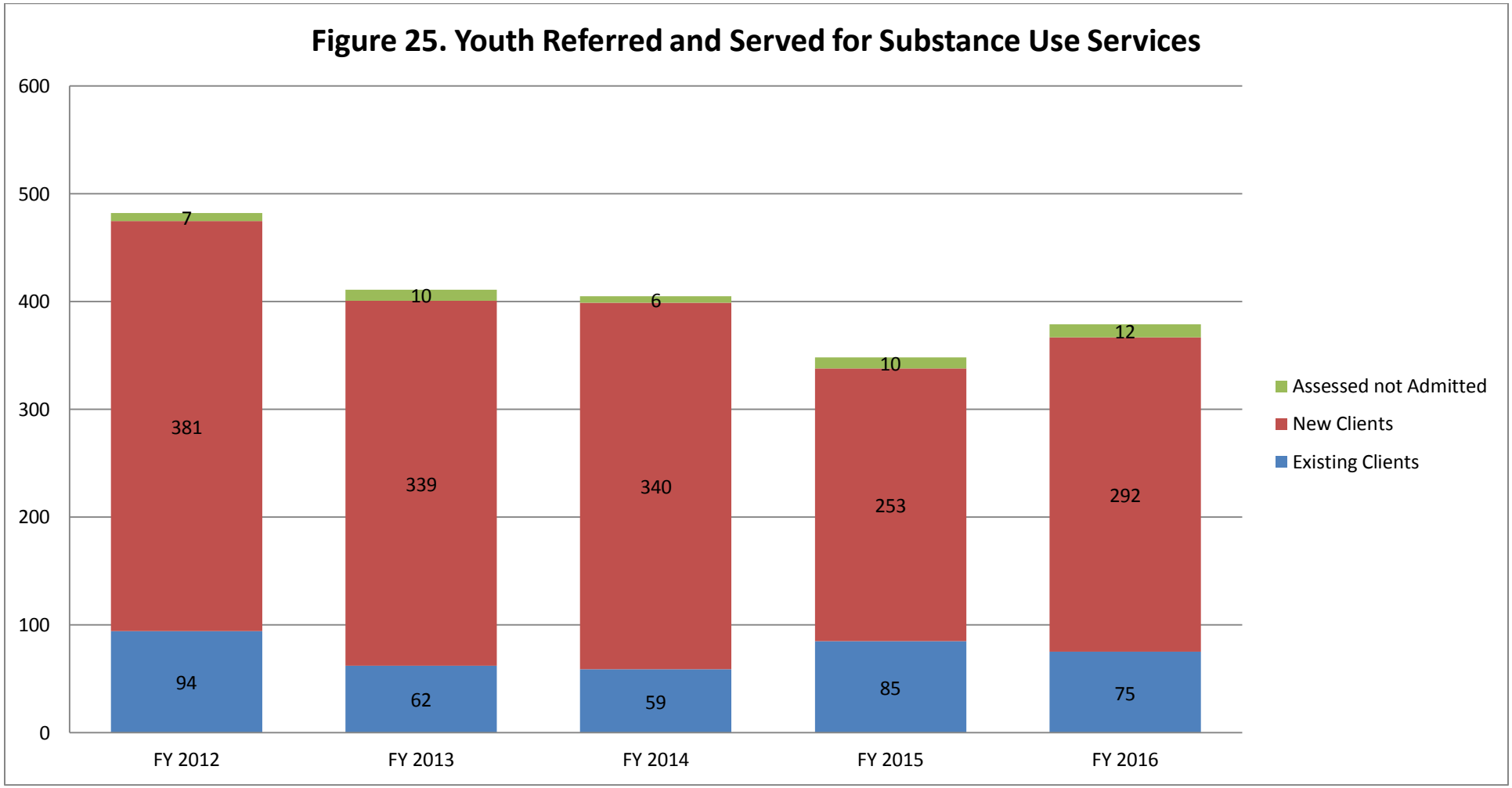
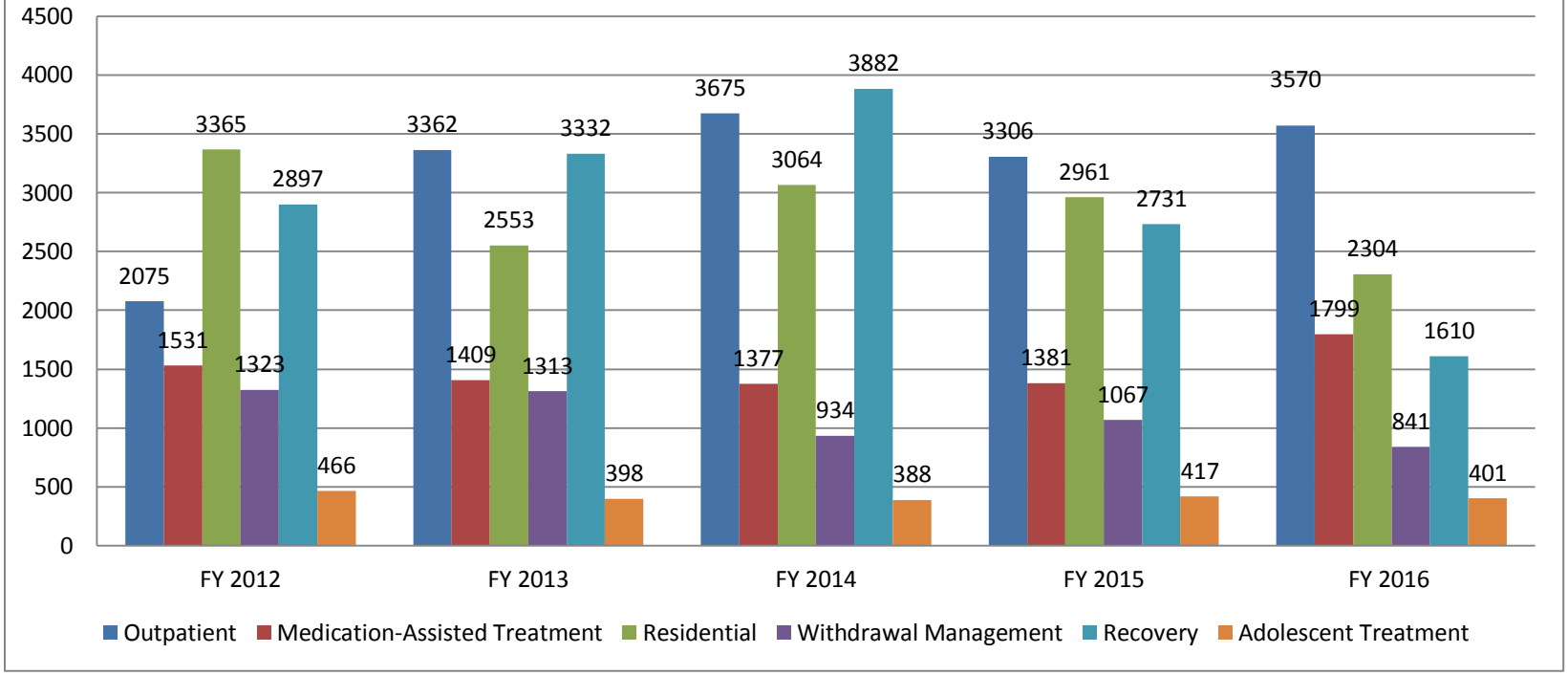
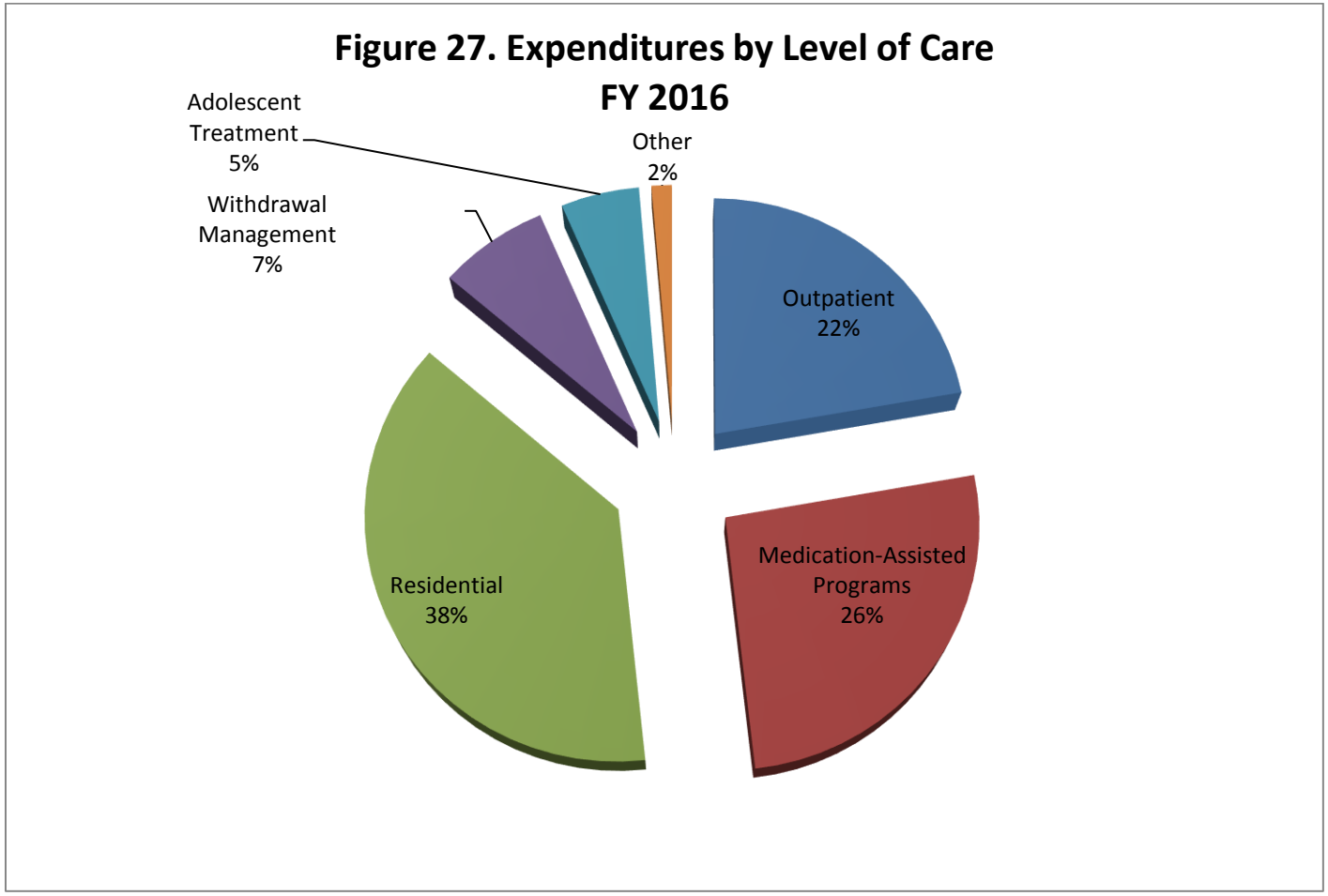


Figure 26. Substance Use Episodes by Level of Care



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. **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 episodes at each level. Not only can one client enter multiple levels of care, but the same client may re-enter the same level of care, which explains the higher number of episodes than consumers served.



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

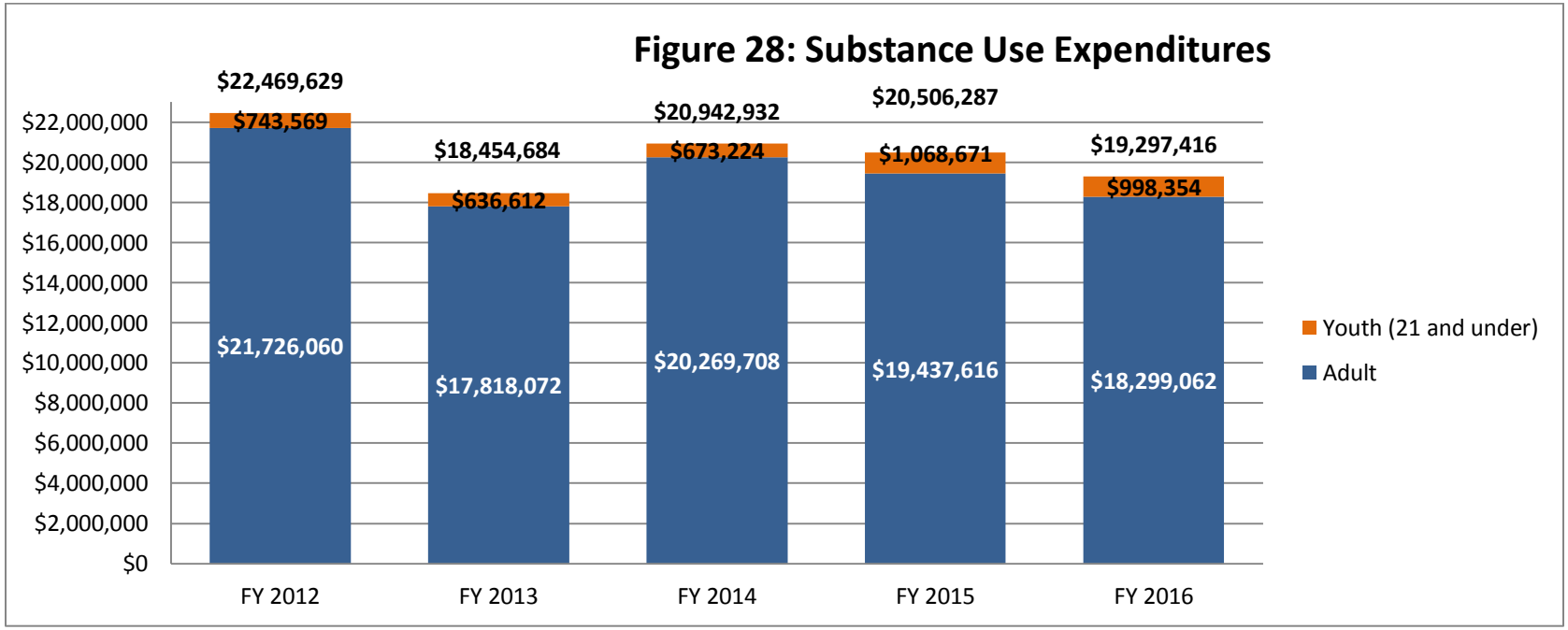


Figure 28: Substance Use Expenditures
$22,469,629
$743,569
$21,726,060
$18,454,684
$636,612
$17,818,072
$20,942,932
$673,224
$20,269,708
$20,506,287
$1,068,671
$19,437,616
$19,297,416
$998,354
$18,299,062
$22,000,000
$20,000,000
$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016
Youth (21 and under)
Adult