Mental Health and Substance Use Report on Expenditures and Services (MHEASURES)
July 15, 2015

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 10-18;*
- 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 19 and 20*.
- Substance use clients served by treatment and recovery programs are shown in *Figure 21*
- Clients receiving both treatment and recovery services are presented in *Figure 22*
- Substance use assessment and admissions data is shown in *Figure 23 and 24*
- Substance use services by Level of Care are shown in *Figure 25*
- Substance use expenditure breakouts are presented in *Figure 26 and 27*

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

The MHEASURES report 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 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. Substance use data is being presented for the first time in this report. Therefore, there may be adjustments to the numbers in future reports as reporting parameters are clarified.

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 22,908 mental health consumers in Fiscal Year 2014. This represents a 1% decrease from FY 13 and includes 4,245 children/youth and 18,663 adults. The District's penetration rate in FY13 (FY14 data is still pending), according to the Substance Abuse and Mental Health Services Administration (SAMHSA), is 37 per 1,000, while the national average is 22 per 1,000.

DBH served 9,062 substance use clients in FY14, a 9% increase from FY13. This represents 8,661 adults and 401 adolescents.

The total expenditures for mental health services rose 13% in FY 2014 when compared to those in FY 2013. This includes 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 due to increased utilization of day rehabilitation and supported employment, and a 15% rate increase in FY14 for medication/somatic services, counseling, 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 ($4802) for this service cluster for the first half of FY15 was almost double that of the next most expensive service, specialty services (Day Treatment, the Integrated Care Community Project, Supported Employment, Team Meetings, and Jail Diversion), which had an annual average cost per consumer of $2796 for that cluster of services.

The number of mental health consumers who were enrolled but not seen removed individuals who were not enrolled in ongoing care. For this reason, the numbers are lower in this report than in previous ones. The categories removed included individuals who were entered into the eCura system for administrative purposes but who were receiving substance use services. The remaining number of consumers who were enrolled but not seen consists of individuals who were enrolled with a Core Service Agency (CSA) but who never received a billed service.

DBH provides evidence based practices at a higher rate than the national average. The national average for consumers receiving Assertive Community Treatment (ACT) services is 2%. In the District of Columbia, 9.5% of adult DBH consumers participated in ACT services. The national average for consumers receiving Multi-systemic Therapy (MST) is 1%, while 3% of DBH child/youth consumers received MST in FY14. Two percent (2 %) is the national average for consumers receiving Functional Family Therapy (FFT), and 6% of DBH child/youth consumers received this service in FY14.

The number of new adult substance use clients increased 15%, from 6,381 in FY13 to 7,319 in FY14. The number of existing clients – those who remained at the same level of care from one year to the next – remained approximately the same. Clients considered new are those who have a new accepted placement; in some cases these clients were moving from one level of care to another, and they received services at a different level the previous fiscal year.

Proportionally, the most costly substance use service is medication assisted treatment, which represents 35% of all expenditures; 17% of the substance use disorder population received these services. The second highest percentage of expenditures is for residential (inpatient) treatment (29%); these individuals made up 24% of all clients.

The most frequently used level of care for substance use clients for FY15 YTD is 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 occur more frequency than regular outpatient services.

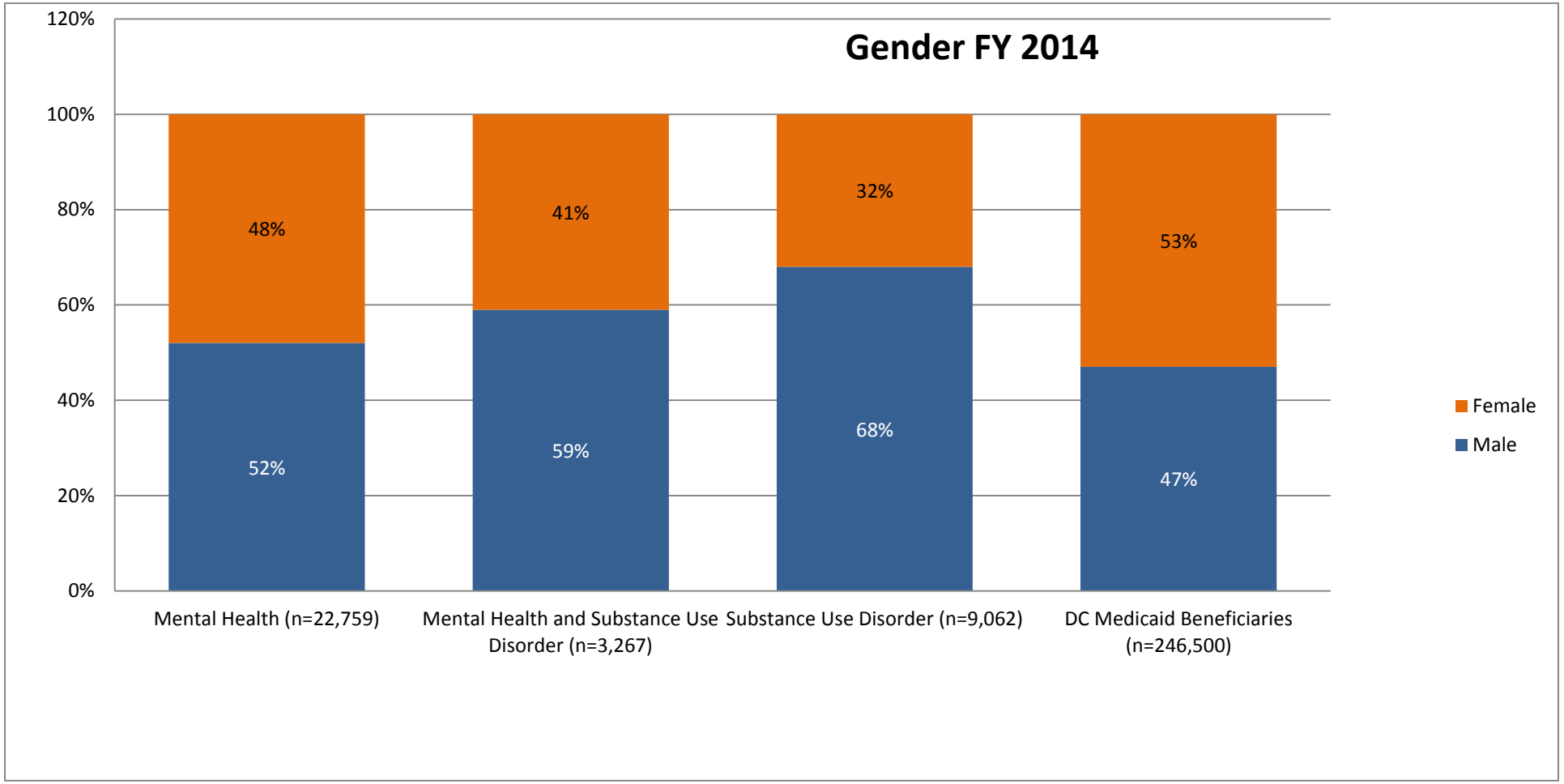
FY 15 data is based on mental health claims submitted and substance use data entered for dates of service between October 1, 2014 and March 31, 2015; the numbers will increase in subsequent reports based on additional claims submitted and services documented.

MH Data Source: *eCura (Run Date: 6/19/2015)*

SUD Data Source: *DATA (Run Date: 3/31/2015)*

Report prepared by the DBH Office of Programs and Policy's Applied Research and Evaluation Unit

Figure 1. Consumer Gender Distribution



Not all individual who use DBH behavioral health services receive Medicaid, but the DC Medicaid Beneficiaries information is used as context for the population that might be eligible for DBH services.

Figure 2. Consumer Race/Ethnicity Distribution

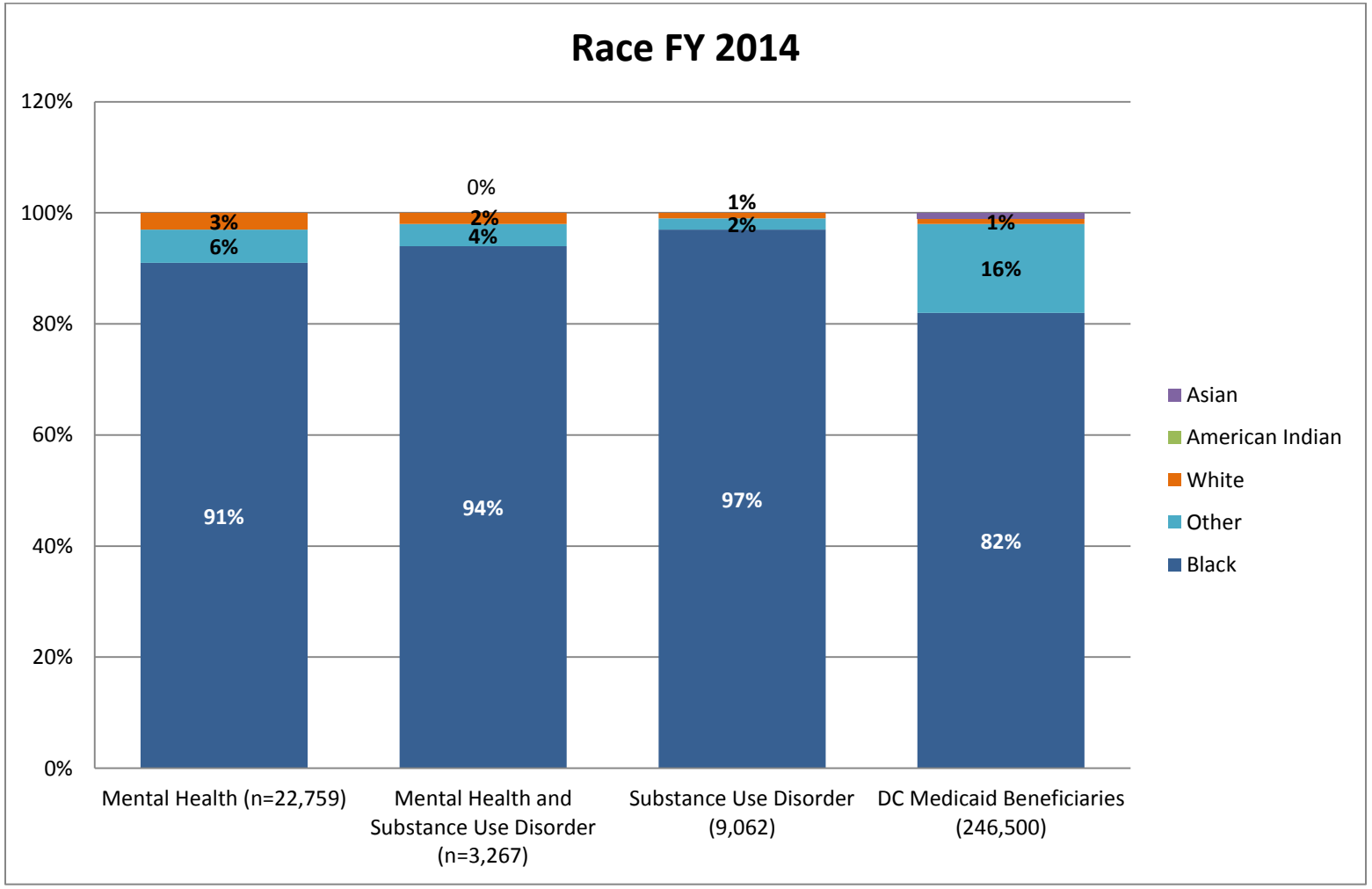


Figure 3. Individuals Who Received Mental Health and Substance Use Services –FY 14

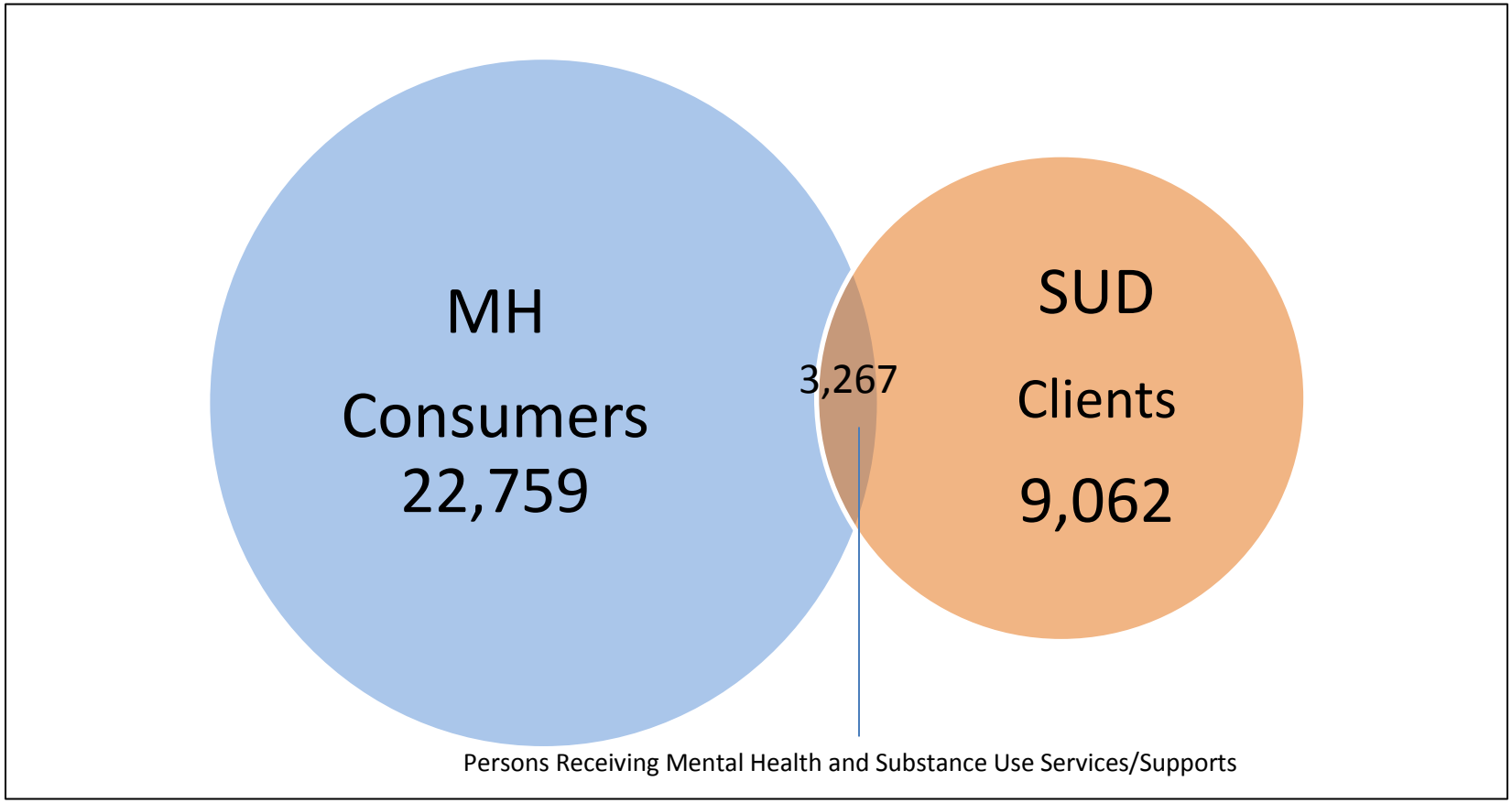


Figure 4. DC Department of Behavioral Health Expenditure and Service Utilization – Mental Health Population Penetration Scope FY14

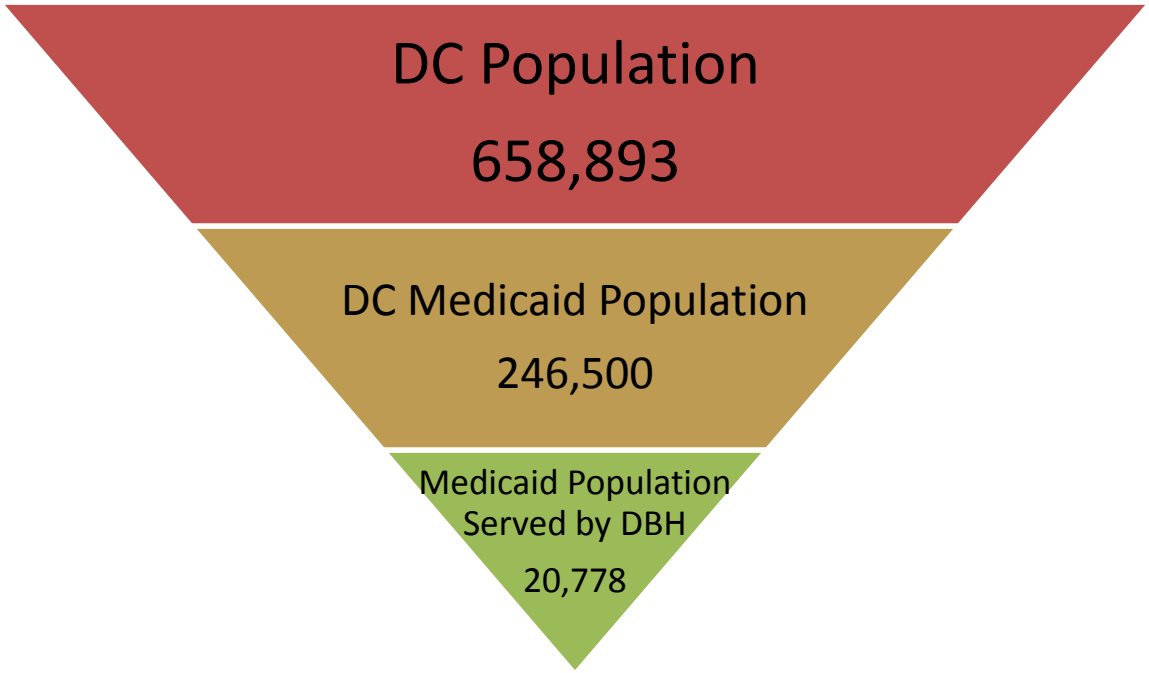
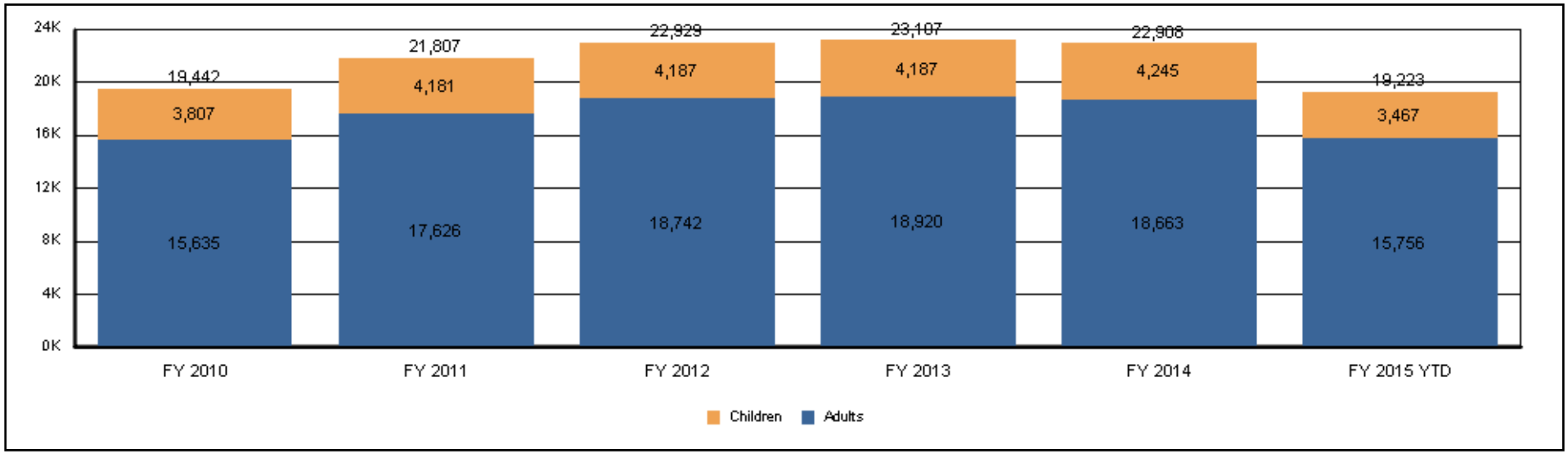


Figure 5. Mental Health Consumers Served by the Department of Behavioral Health



Children (Age 0-17)

10% Increase from 2010 to 2011
0% Decrease from 2011 to 2012
0% Decrease from 2012 to 2013
1% Increase from 2013 to 2014

Adults (Age 18+)

13% Increase from 2010 to 2011
6% Increase from 2011 to 2012
1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014

Children & Adults Combined

12% Increase from 2010 to 2011
5% Increase from 2011 to 2012
1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014

Figure 5 displays the total number of consumers who received mental health services from Fiscal Year 2010 to Fiscal Year 2014. It also includes FY 2015 Year to Date (10/01/2014 through 03/31/2015). 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 and Served by the Department of Behavioral Health

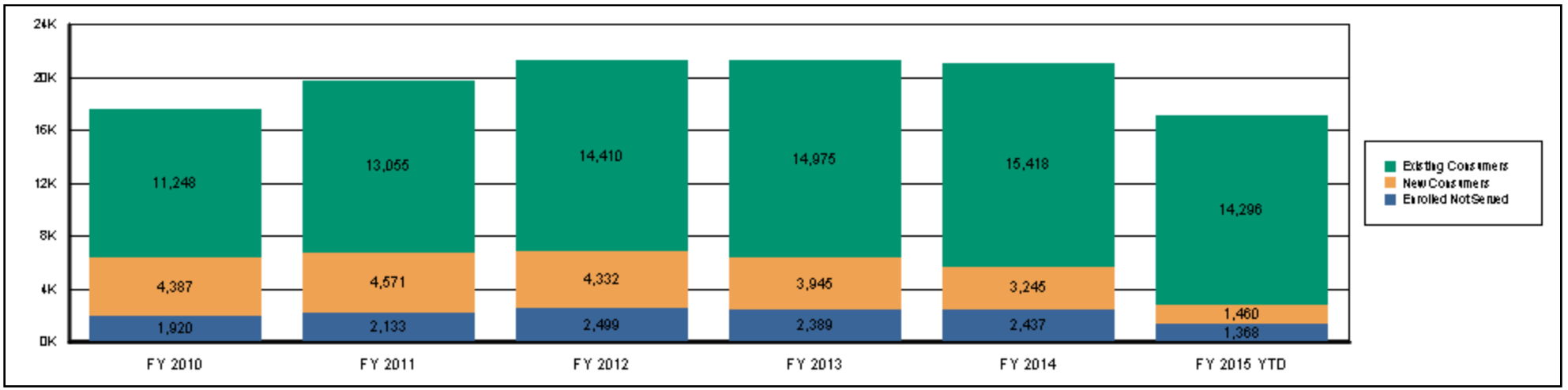
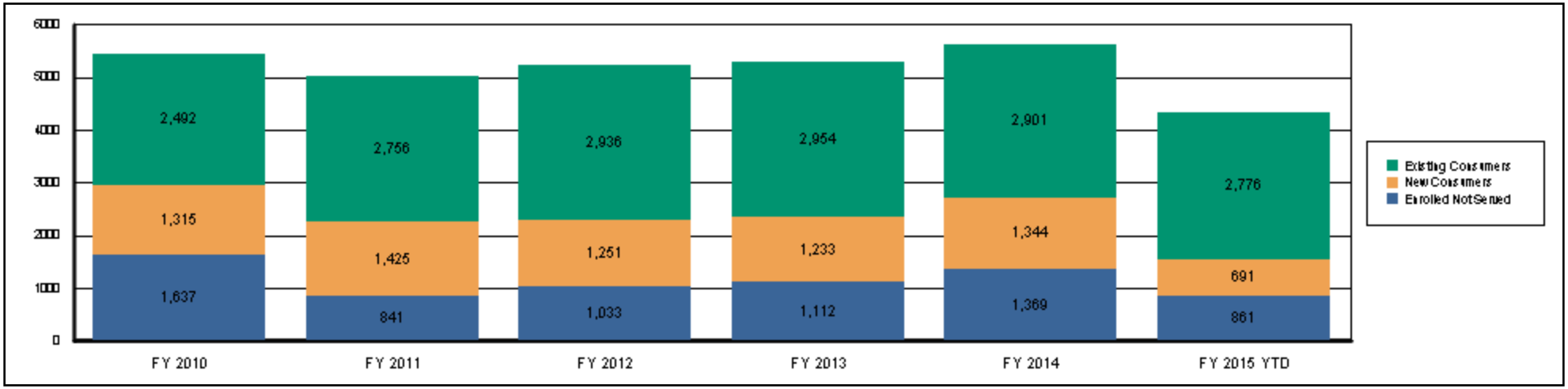


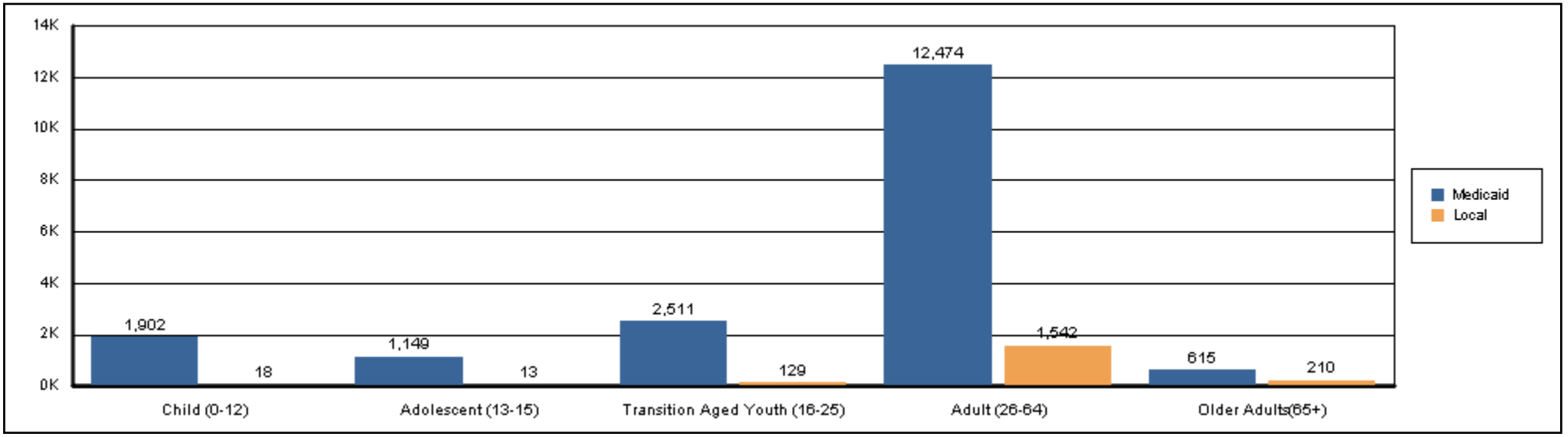
Figure 7. Child (0-17) Mental Health Consumers Enrolled and Served by the Department of Behavioral Health



Figures 2a. & 2b. display the number of consumers which are either : 1) consumers that were enrolled prior to this reporting period (Existing Consumers), 2) new to the public mental health system (New Consumers), and 3) consumers that 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 & 9 – Mental Health Consumer Count by Age Group and Funding Source - FY 2015 YTD

Age Group	Medicaid		Locally Funded	
Child (0-12)	1.902	99.1%	18	0.9%
Adolescent (13-15)	1.149	98.9%	13	1.1%
Transition Aged Youth (16-25)	2.511	95.1%	129	4.9%
Adult (26-64)	12.474	89.0%	1.542	11.0%
Older Adults (65+)	615	74.5%	210	25.5%
Total	**18,651**	**90.7%**	**1,912**	**9.3%**



Figures 3 & 4 display a count of consumers served by age group (see above) and outlines if the services received were funded by Local and or Medicaid Dollars.

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District of Columbia Department of Behavioral Health

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Figure 10 - FY 2015 YTD (10/01/2014 - 03/31/2015) 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+)					
ACT	0	3	2	5	155	472	968	136	1	1.732	1.737	$4.819.52	$8.371.504.59	180.36
Group	0	0	0	0	23	112	217	14	0	366	366	$412.06	$150.813.33	49.54
Individual	0	3	2	5	155	472	968	136	1	1.732	1.737	$4.732.70	$8.220.691.26	169.93
CBI	7	510	146	663	22	2	2	1	0	27	690	$4.690.53	$3.236.463.17	157.79
Level I - MST	0	80	20	100	5	0	0	1	0	6	106	$5.140.28	$544.869.86	127.35
Level II & III - 90/180 Day	7	370	102	479	16	2	2	0	0	20	499	$4.450.18	$2.220.640.21	172.45
Level IV - FFT	0	107	37	144	1	0	0	0	0	1	145	$3.247.95	$470.953.10	64.32
Community Support	72	2.395	515	2.982	1.318	3.908	6.524	521	15	12.286	15.268	$1.452.04	$22.169.714.72	95.38
Group Home	0	0	0	0	2	7	33	12	2	56	56	$781.23	$43.748.86	50.55
Group Setting	2	102	13	117	58	278	568	35	0	939	1.056	$280.05	$295.728.56	57.89
Ind - Collateral Contact	29	1.101	203	1.333	104	159	315	49	3	630	1.963	$169.78	$333.283.10	10.94
Ind - Face to Face	62	2.273	489	2.824	1.292	3.887	6.488	519	15	12.201	15.025	$1.384.81	$20.806.814.55	88.37
Ind - Family/Couple	36	1.051	177	1.264	99	88	100	12	0	299	1.563	$236.70	$369.960.16	15.35
Ind - Family/Couple w/o	27	937	169	1.133	61	42	53	6	0	162	1.295	$180.22	$233.384.55	11.68
Physician Team Member	5	162	27	194	46	203	393	55	1	698	892	$92.99	$82.945.57	4.22
Self Help/Peer	0	0	0	0	0	0	1	0	0	1	1	$26.60	$26.60	4.00
Self Help/Peer Support - Ind	0	0	0	0	0	0	6	0	0	6	6	$637.13	$3.822.78	29.00
Counseling	16	490	88	594	242	889	1.496	120	12	2.759	3.353	$519.32	$1.741.263.53	33.12
Family w/Consumer	2	62	8	72	7	10	8	0	0	25	97	$180.02	$17.462.30	9.57
Group	1	7	0	8	51	225	409	47	8	740	748	$546.13	$408.502.68	64.10
Individual, Adult	14	384	67	465	185	727	1.234	98	12	2.256	2.721	$341.19	$928.365.03	17.62
Offsite	3	170	36	209	56	166	320	12	0	554	763	$495.60	$378.146.23	18.07
Without Consumer	2	36	5	43	3	3	3	0	0	9	52	$168.99	$8.787.29	8.98
Crisis Services	12	249	55	316	205	382	464	36	4	1.091	1.407	$1.309.82	$1.842.914.93	17.11
Crisis Stabilization	0	0	0	0	8	33	46	6	0	93	93	$3.717.61	$345.737.59	11.67

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	Age (0-5)	Age (6-15)	Age (16-17)		Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84	Age (85+)					
Emergency - CMHF	0	0	5	5	142	271	311	13	1	738	743	$566.28	$420.747.14	21.53
Emergency - Home	2	63	8	73	1	0	0	0	0	1	74	$201.32	$14.897.56	7.61
Emergency - Mobile Unit	0	0	0	0	58	98	104	21	3	284	284	$197.39	$56.059.74	7.10
Emergency - Other/Not	12	217	48	277	11	0	0	0	0	11	288	$285.05	$82.095.39	10.48
No Auth Crisis Stabilization	0	0	0	0	7	25	35	5	0	72	72	$668.16	$48.107.45	2.10
Psych Bed	0	0	0	0	16	33	81	0	0	130	130	$6.732.85	$875.270.06	9.53
Day Services	0	0	0	0	59	292	896	123	5	1.375	1.375	$3.908.79	$5.374.590.21	44.65
Face to Face, w/Consumer	0	0	0	0	59	292	896	123	5	1.375	1.375	$3.908.79	$5.374.590.21	44.65
D&A	11	194	61	266	191	534	773	57	7	1.562	1.828	$191.87	$350.742.32	1.15
Brief	4	58	23	85	73	210	263	19	0	565	650	$71.14	$46.239.47	1.16
Community Based	0	0	0	0	28	102	187	29	6	352	352	$396.30	$139.498.94	1.31
Comprehensive	7	137	40	184	91	228	334	12	1	666	850	$194.12	$165.003.90	1.05
ICCP	0	0	0	0	0	1	9	2	1	13	13	$2.929.71	$38.086.22	1.92
ICCP	0	0	0	0	0	1	9	2	1	13	13	$2.929.71	$38.086.22	1.92
Jail Diversion	0	0	0	0	1	22	21	0	0	44	44	$411.10	$18.088.32	19.41
Criminal Justice System	0	0	0	0	1	22	21	0	0	44	44	$411.10	$18.088.32	19.41
Medication Somatic	4	293	61	358	416	1.828	3.536	305	6	6.091	6.449	$298.08	$1.922.339.95	6.76
Adult	4	282	59	345	407	1.789	3.498	304	6	6.004	6.349	$301.26	$1.912.727.23	6.75
Group	0	20	2	22	21	62	64	3	0	150	172	$55.89	$9.612.72	4.13
Supported Employment	0	0	0	0	105	369	543	19	0	1.036	1.036	$939.44	$973.261.74	52.53
Therapeutic	0	0	0	0	9	43	72	3	0	127	127	$144.43	$18.343.05	7.88
Vocational	0	0	0	0	105	369	535	19	0	1.028	1.028	$928.91	$954.918.69	51.97
Team Meeting	4	204	54	262	26	11	10	2	0	49	311	$86.24	$26.820.00	5.89
Team Meeting	4	204	54	262	26	11	10	2	0	49	311	$86.24	$26.820.00	5.89
Transition Support Services	0	1	0	1	30	148	395	80	1	654	655	$538.59	$352.778.11	19.74

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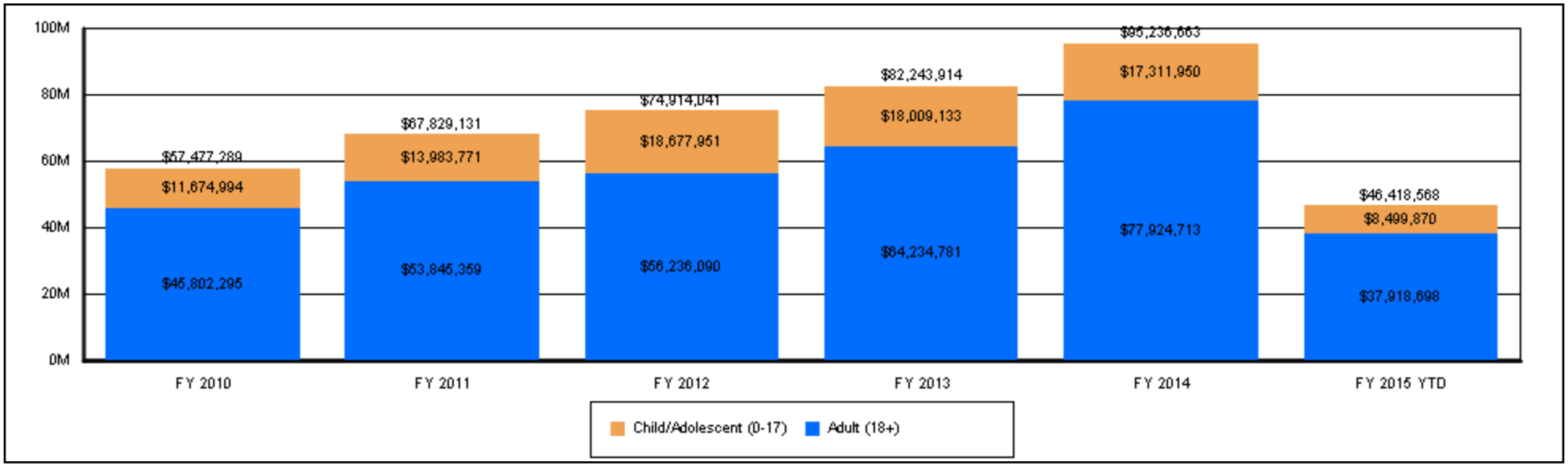
	Age (0-5)	Age (6-15)	Age (16-17)		Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84	Age (85+)					
Community Psych	0	0	0	0	0	5	8	0	0	13	13	$3.875.49	$50.381.35	31.46
Cont. of Care Tx Planning	0	0	0	0	2	11	56	12	0	81	81	$251.24	$20.350.55	13.05
Continuity of Care	0	0	0	0	11	94	273	54	1	433	433	$318.26	$137.806.58	16.46
Inpatient Discharge Planning	0	1	0	1	19	59	149	35	0	262	263	$548.44	$144.239.63	16.48
Total All Services	89	2.765	613	3.467	1.747	4.987	8.223	769	30	15.756	19.223	$2.414.74	$46.418.567.80	113.96

Figure 11 – Mental Health Claims Expenditures for the Department of Behavioral Health



18% Increase from 2010 to 2011

10% Increase from 2011 to 2012

10% Increase from 2012 to 2013

16% Increase from 2013 to 2014

Figure 6a displays the aggregate cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2010 to Fiscal Year 2014. It also includes FY 2015 Year to Date (10/01/2014 to 03/31/2015). 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 for the Department of Behavioral Health by Medicaid & Non-Medicaid Funds

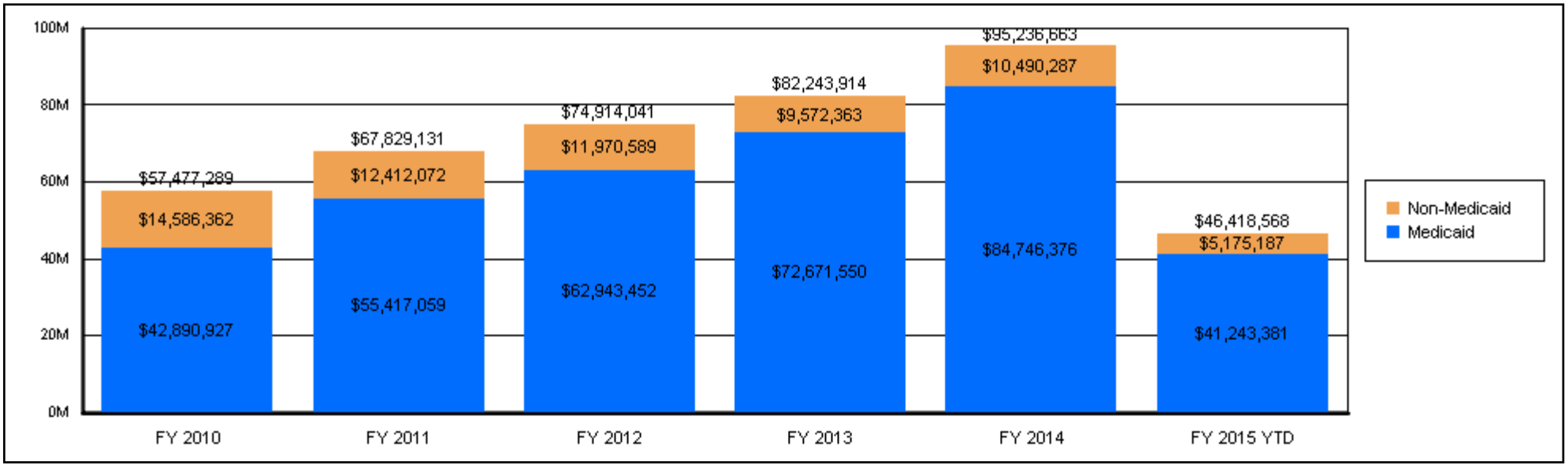


Figure 6b displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2008 to Fiscal Year 2014. It also includes FY 2015 Year to Date (10/01/2014 to 03/31/2015). This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment (FY2012), Crisis Beds and the Integrated Care Coordination Project).

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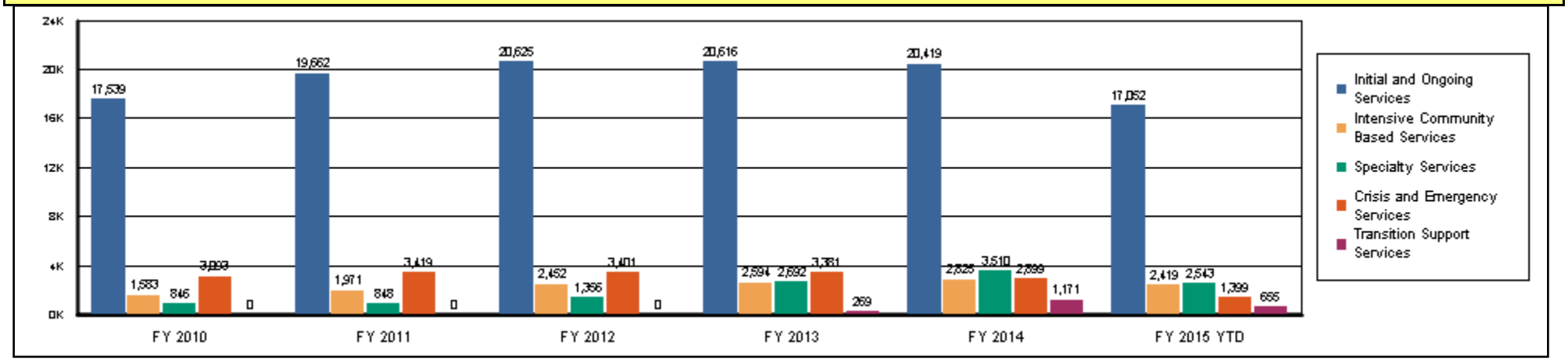
Figure 13 - Adult & Child/Adolescent Mental Health Consumer Counts by Service Cluster



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 7a and 7b describe the different services that fall within each category, the number of consumers served within each cluster from Fiscal Year 2009 to Fiscal Year 2014 and 2015 Year to Date (10/1/2014 to 03/31/2015) 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.

Mental Health and Substance Use Report on Expenditures and Services

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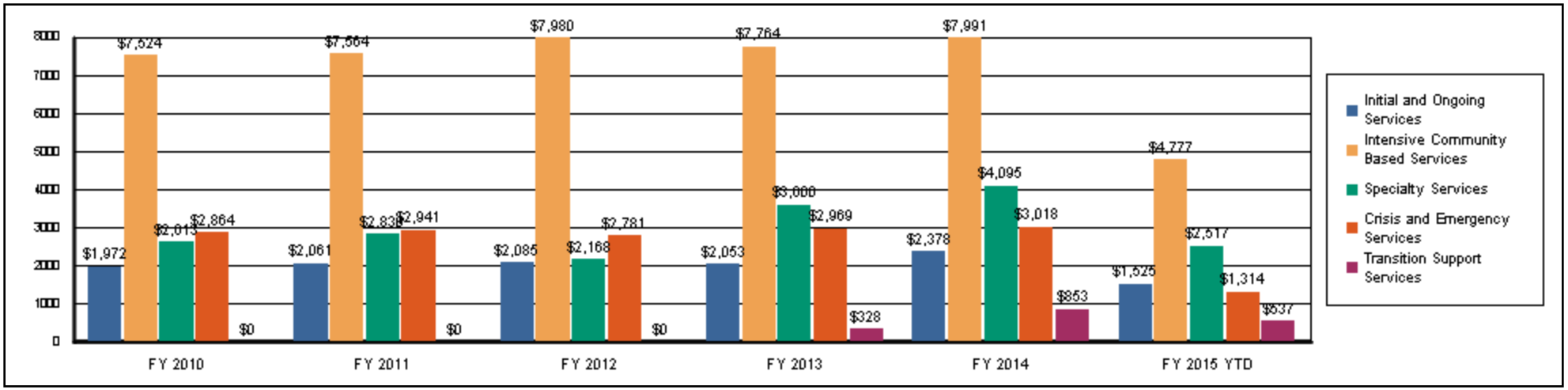
Figure 14 - Adult & Child/Adolescent Average Annual Cost per Mental Health Consumer



Initial and Ongoing Services	Intensive Community Based Services	Specialty Services	Crisis and Emergency Services	Transition Support Services
4% Increase from 2010 to 2011	1% Increase from 2010 to 2011	8% Increase from 2010 to 2011	3% Increase from 2010 to 2011	0% Decrease from 2010 to 2011
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	160% Increase from 2013 to

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.

$1,179,454.90 dollars are not included in the above service clusters. These funds were used to fund time-specific programs and initiatives.

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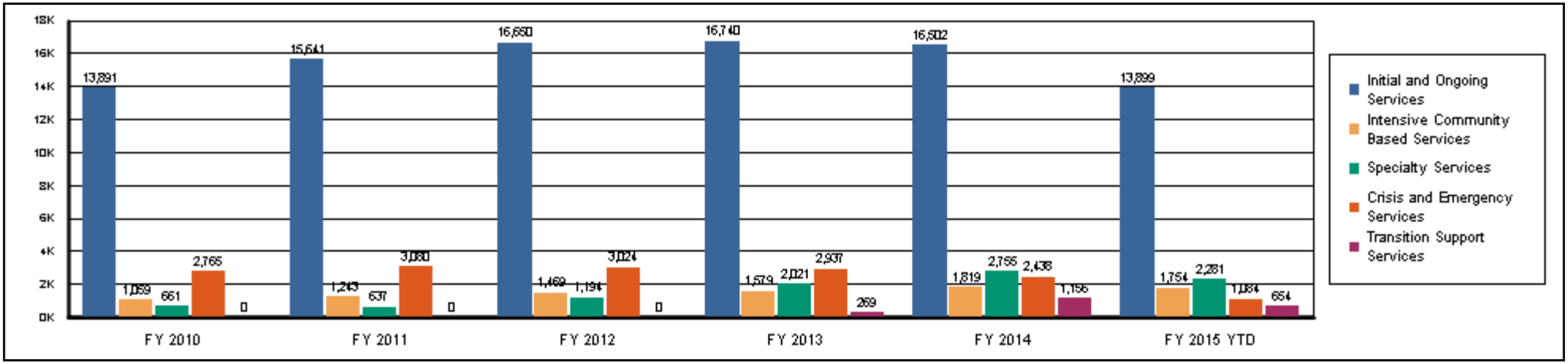
Figure 15 - Adult (18+) Mental Health Consumer Counts by Service Cluster



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
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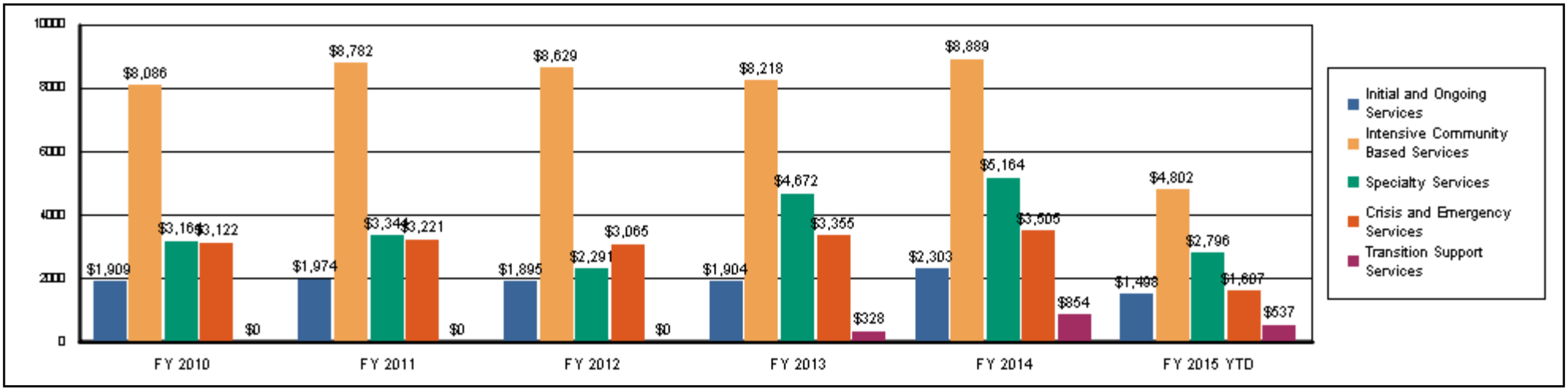
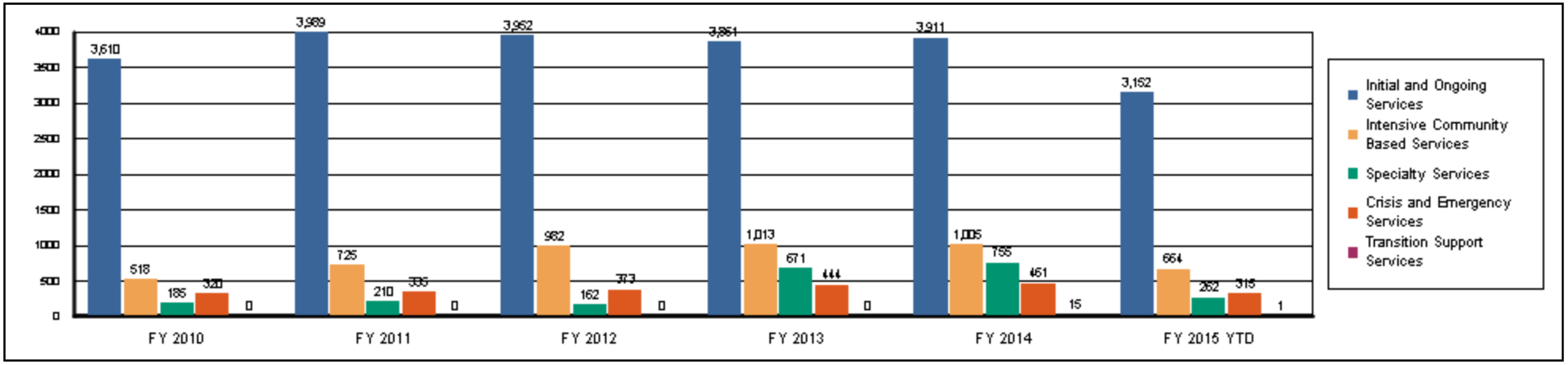
Figure 16 - Adult (18+) Average Annual Cost per Mental Health Consumer



Initial and Ongoing Services	Intensive Community Based	Specialty Services	Crisis and Emergency Services	Transition Support Services
3% Increase from 2010 to 2011	9% Increase from 2010 to 2011	9% Increase from 2010 to 2011	3% Increase from 2010 to 2011	0% Decrease from 2010 to 2011
-4% Decrease from 2011 to 2012	-2% Decrease from 2011 to 2012	-2% 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	-5% Decrease 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	8% Increase from 2013 to 2014	4% Increase from 2013 to 2014	160% Increase from 2013 to

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) 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

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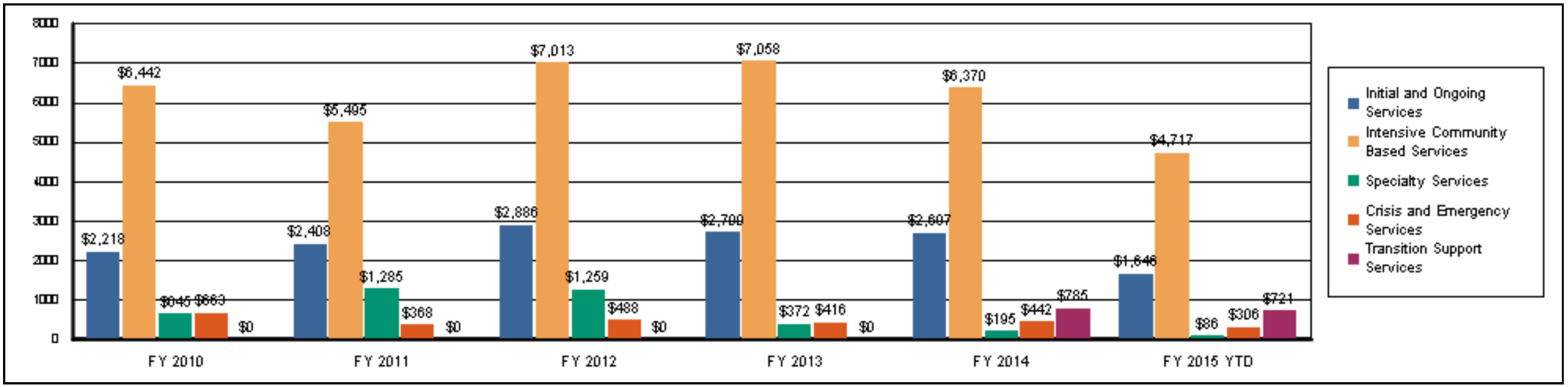
Figure 18 - Child/Adolescent (0-17) Average Annual Cost per Mental Health Consumer



Initial and Ongoing Services	Intensive Community Based	Specialty Services	Crisis and Emergency Services	Transition Support Services
9% Increase from 2010 to 2011	-15% Decrease from 2010 to 2011	99% Increase from 2010 to 2011	-45% Decrease from 2010 to 2011	0% Decrease from 2010 to 2011
20% Increase from 2011 to 2012	28% Increase from 2011 to 2012	-2% Decrease from 2011 to 2012	33% Increase from 2011 to 2012	0% Decrease from 2011 to 2012
-6% Decrease from 2012 to 2013	1% Increase from 2012 to 2013	-70% Decrease from 2012 to 2013	-15% Decrease from 2012 to 2013	0% Decrease from 2012 to 2013
0% Decrease from 2013 to 2014	-10% Decrease from 2013 to 2014	-48% Decrease from 2013 to 2014	6% Increase from 2013 to 2014	0% Decrease from 2013 to 2014

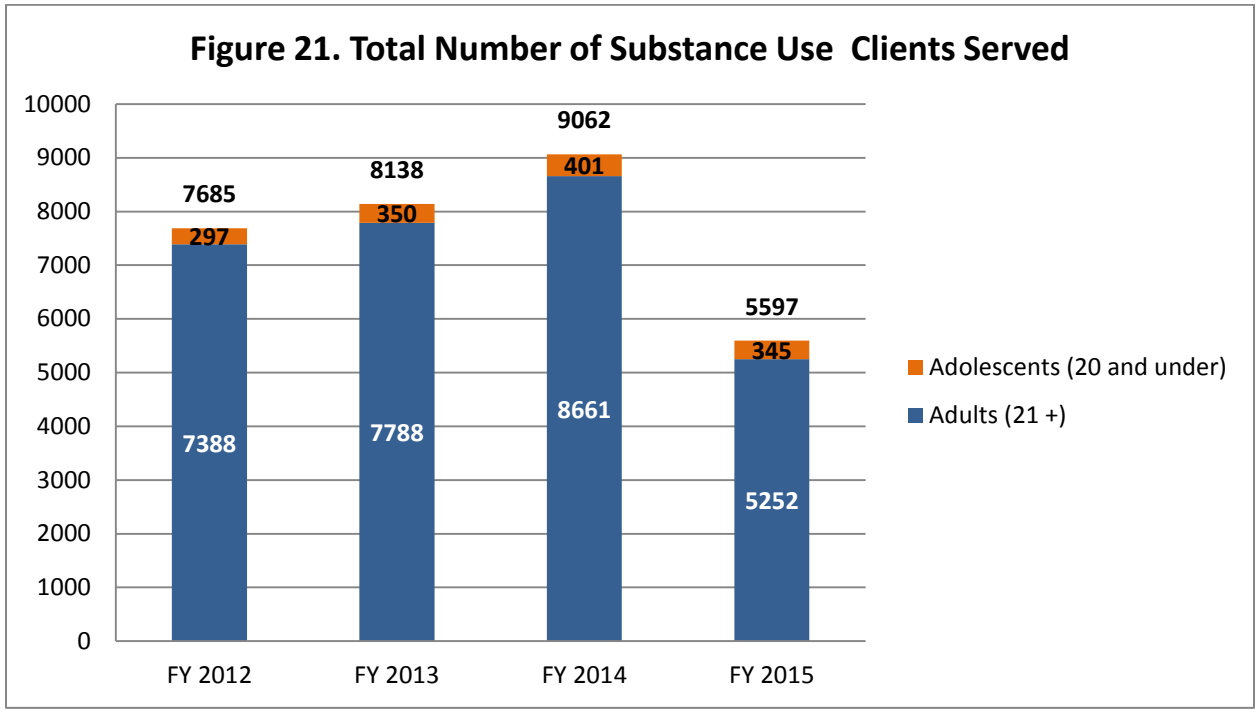
Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated 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 19 - Adult (18+) Mental Health Consumers Served with Serious & Persistent Mental Illness (SPMI) Diagnosis

Period	Adults with SPMI Diagnosis	%	Adults without SPMI Diagnosis	%	Total Adults Served
FY 2010	15.107	97%	528	3%	15.635
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	17.856	96%	807	4%	18.663
FY 2015 YTD	14.311	91%	1.445	9%	15.756

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

Period	Children/Adolescent with SED Diagnosis	%	Children/Adolescent without SED	%	Total Child/Adolescent Served
FY 2010	3.104	82%	703	18%	3.807
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	3.565	84%	680	16%	4.245
FY 2015 YTD	2.911	84%	556	16%	3.467



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 22. Substance Use Clients Receiving Treatment and Recovery Services in FY14

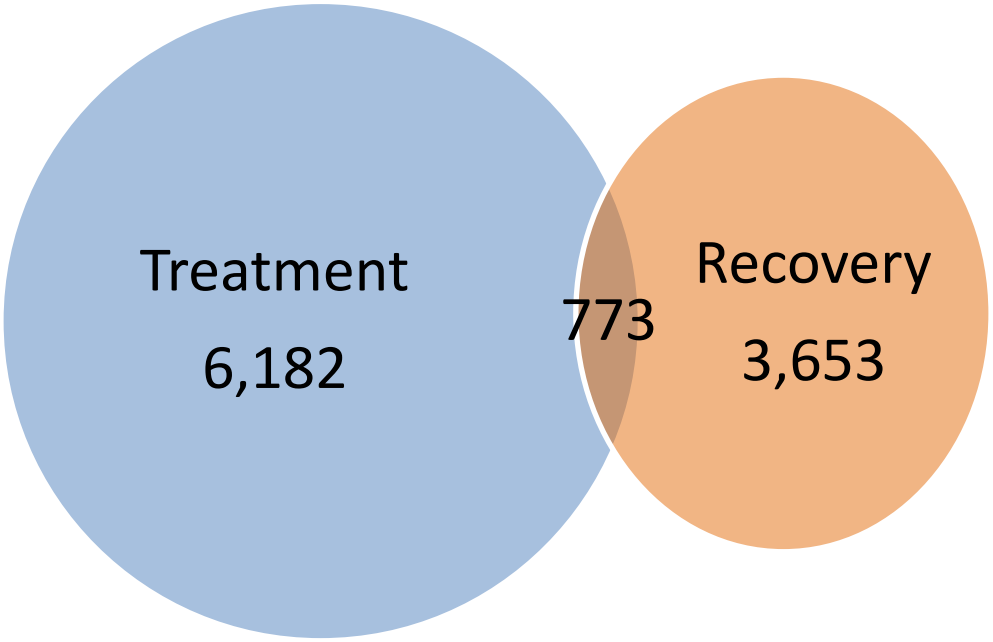
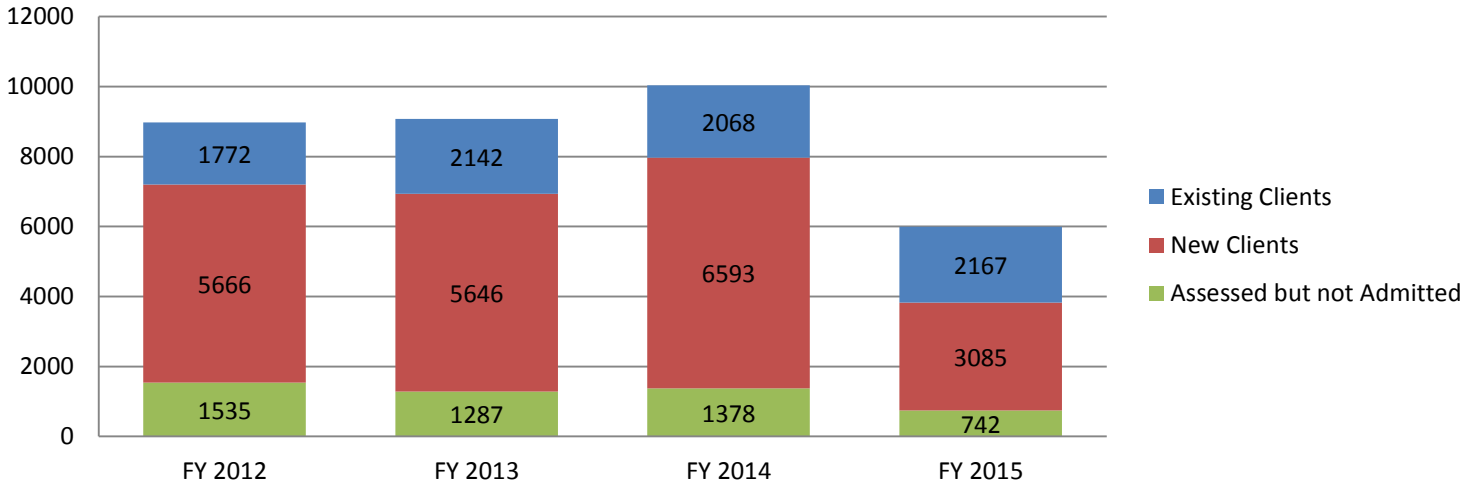


Figure 22 shows the overlap between clients receiving treatment and recovery services in FY 2014. A client can either be admitted directly to ATR or transition once treatment is completed. Some clients receive treatment and recovery services simultaneously.

Figure 23. 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 24. Youth Referred and Served for Substance Use Services

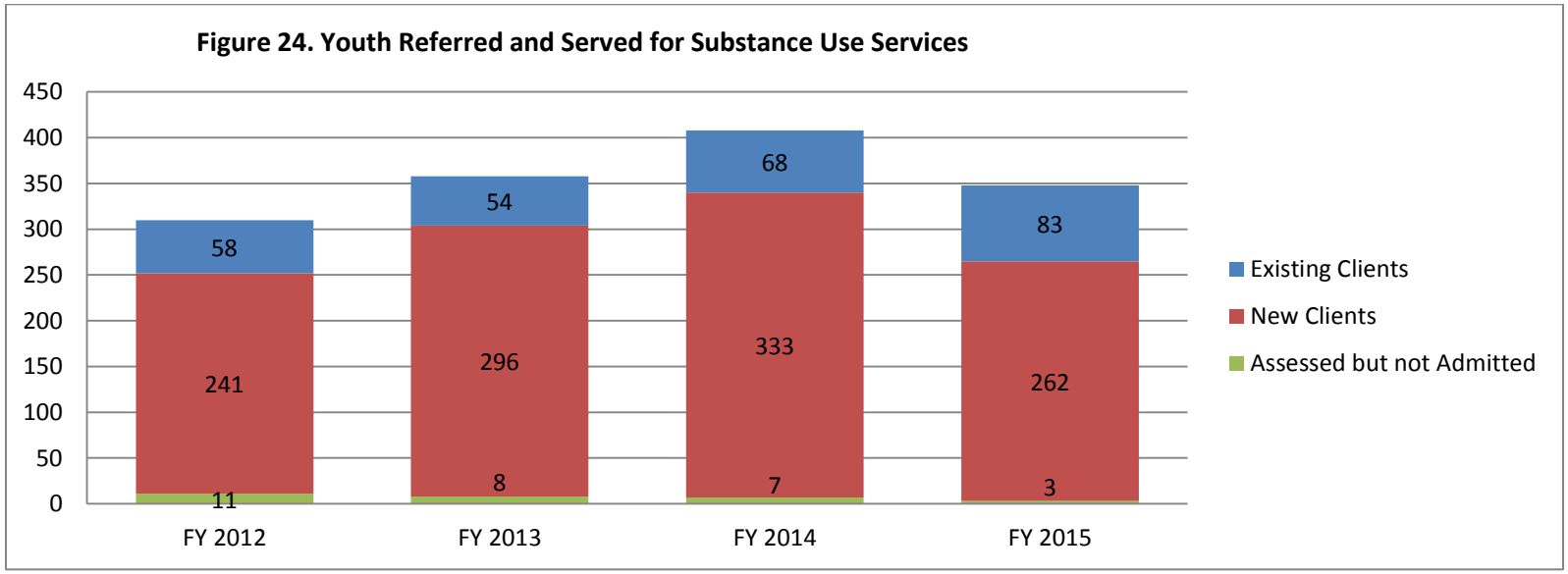
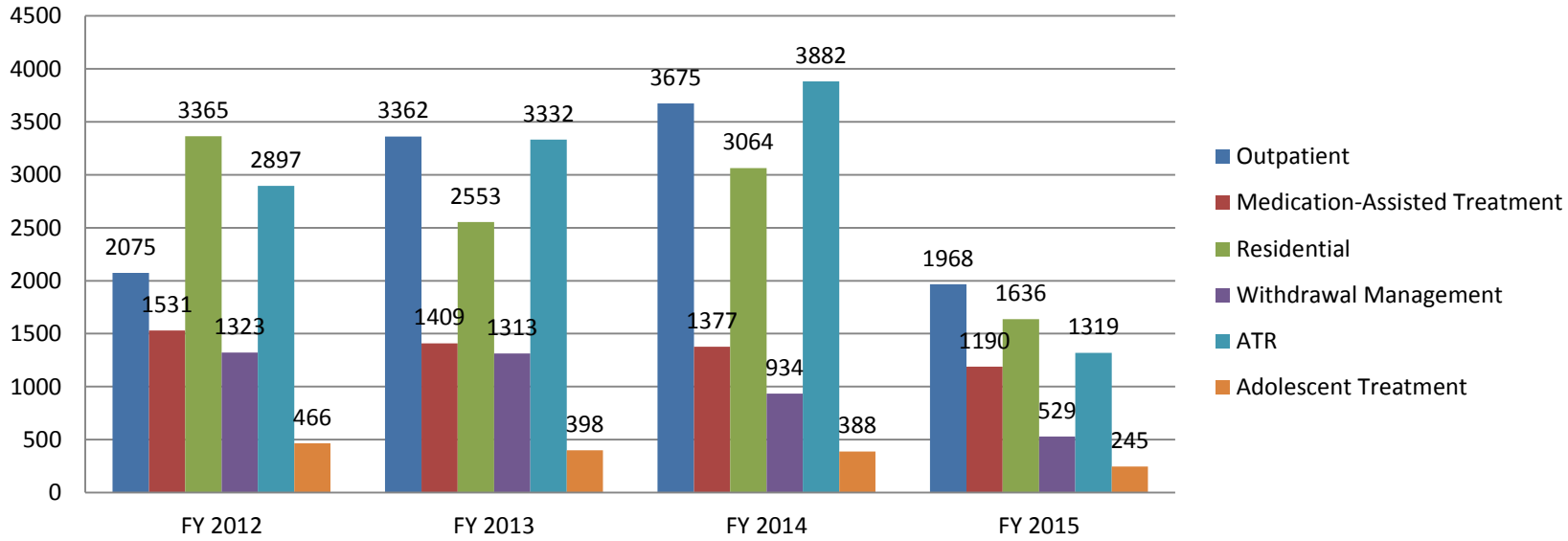
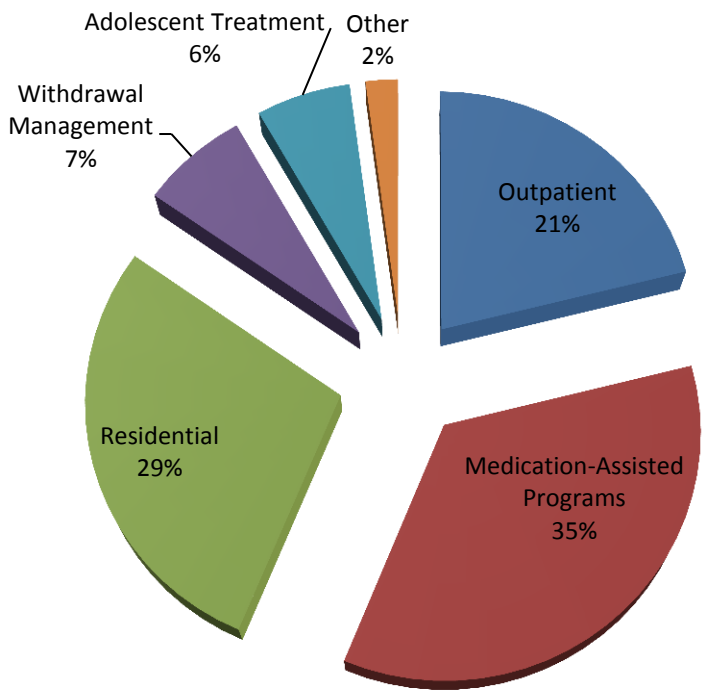


Figure 25. Substance Use Clients Served by Level of Care



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.

Figure 26. Expenditures by Level of Care
FY 15



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

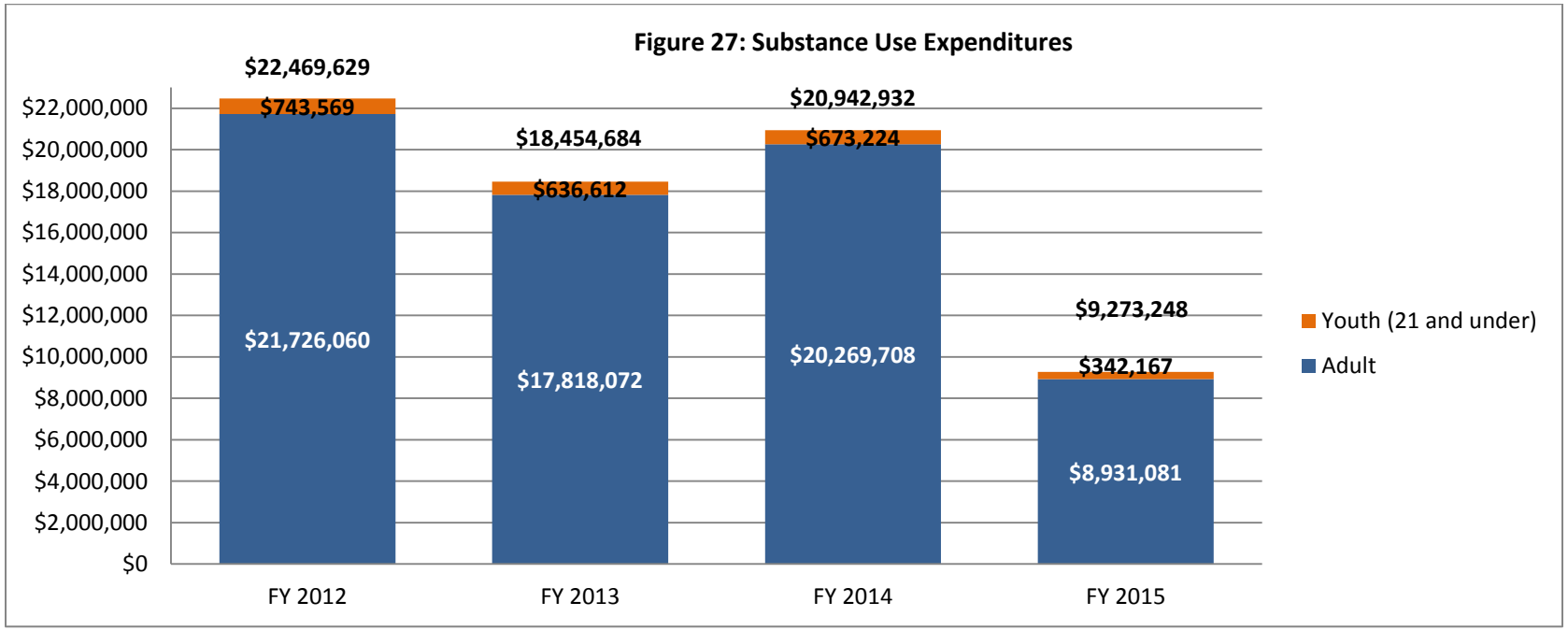


Figure 27: Substance Use Expenditures
$22,469,629
$743,569
$21,726,060
$18,454,684
$636,612
$17,818,072
$20,942,932
$673,224
$20,269,708
$9,273,248
$342,167
$8,931,081
$22,000,000
$20,000,000
$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
FY 2012
FY 2013
FY 2014
FY 2015
Youth (21 and under)
Adult