Mental Health and Substance Use Report on Expenditures and Services (MHEASURES)
January 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.

Mental Health and Substance Use Report on Expenditures and Services

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

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. This report does not include data related to Saint Elizabeths Hospital, the District's inpatient psychiatric facility. 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.

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 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. Alterations to the metrics calculating the number of substance use clients seen were made to better reflect the people who were treated, rather than simply assessed. This led to differences in the numbers, as compared to the July 15th, 2015 report, namely in Figure 23.

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 23,390 mental health consumers in Fiscal Year 2015. This represents a 2% increase from FY 14 and includes 4,273 children/youth and 19,117 adults. The District's Medicaid penetration rate in FY14 (FY15 data is still pending), according to the Substance Abuse and Mental Health Services Administration (SAMHSA), was 37 per 1,000, while the national average was 23 per 1,000.

DBH served 8,853 substance use clients in FY15, a 10% decrease from FY14. This represents 8,499 adults and 354 adolescents.

The total expenditures for mental health services rose 7% in FY 2015 when compared to those in FY 2014. This includes both MHRS services and additional services such as jail diversion, supported employment, crisis beds and integrated care coordination which are funded through DBH's local dollar allocation. The increase in expenditures was predominantly due to increased utilization of Assertive Community Treatment (ACT).

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 ($9224 for adults and $10,239 for children) for this service cluster for FY15 was 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 $4498 for adults and $5026 for children.

DBH provides evidence based practices at a higher rate than the national average. The national average for consumers receiving Assertive Community Treatment (ACT) services in FY14 was 2%. In the District of Columbia, 9.6% of adult DBH consumers participated in ACT services. The national average for consumers receiving Multi-systemic Therapy (MST) was 2.6%, while 2.9% of DBH child/youth consumers received MST in FY14. In FY14, 3.7% of child consumers received Functional Family Therapy (FFT), while 6.4% of DBH child/youth consumers received this service.

The number of new adult substance use clients decreased 15%, from 7,399 in FY14 to 6,260 in FY15. The number of existing clients – those who remained at the same level of care from one year to the next – increased slightly. 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 was residential (inpatient) treatment, which represented 36% of all expenditures; 38% of the substance use disorder population received these services. The second highest percentage of expenditures was for medication assisted treatment (26%); these individuals made up 18% of all clients.

The most frequently used level of care for substance use clients for FY15 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.

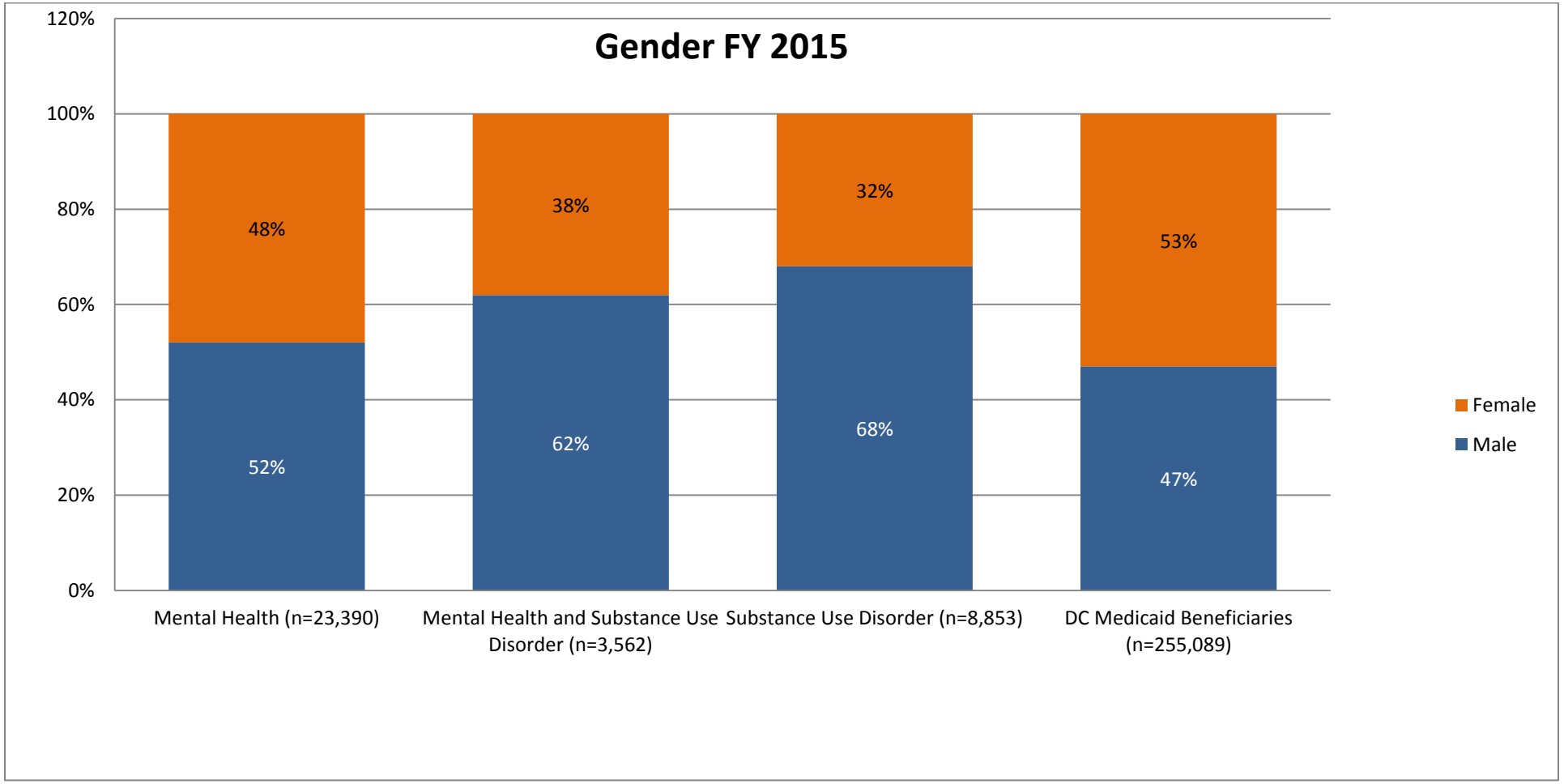
FY 15 data is based on mental health claims submitted and substance use data entered for dates of service between October 1, 2014 and September 30, 2015; the numbers may be slightly lower than actual claims because entry into eCura ended September 30, 2015. Mental health claims are now processed through the iCAMS system. Any FY15 claims that were entered after the end of the fiscal year are in iCAMS and not eCura.

MH Data Source: *eCura (Run Date: 12/18/2015)*

SUD Data Source: *DATA (Run Date: 12/22/2015)*

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

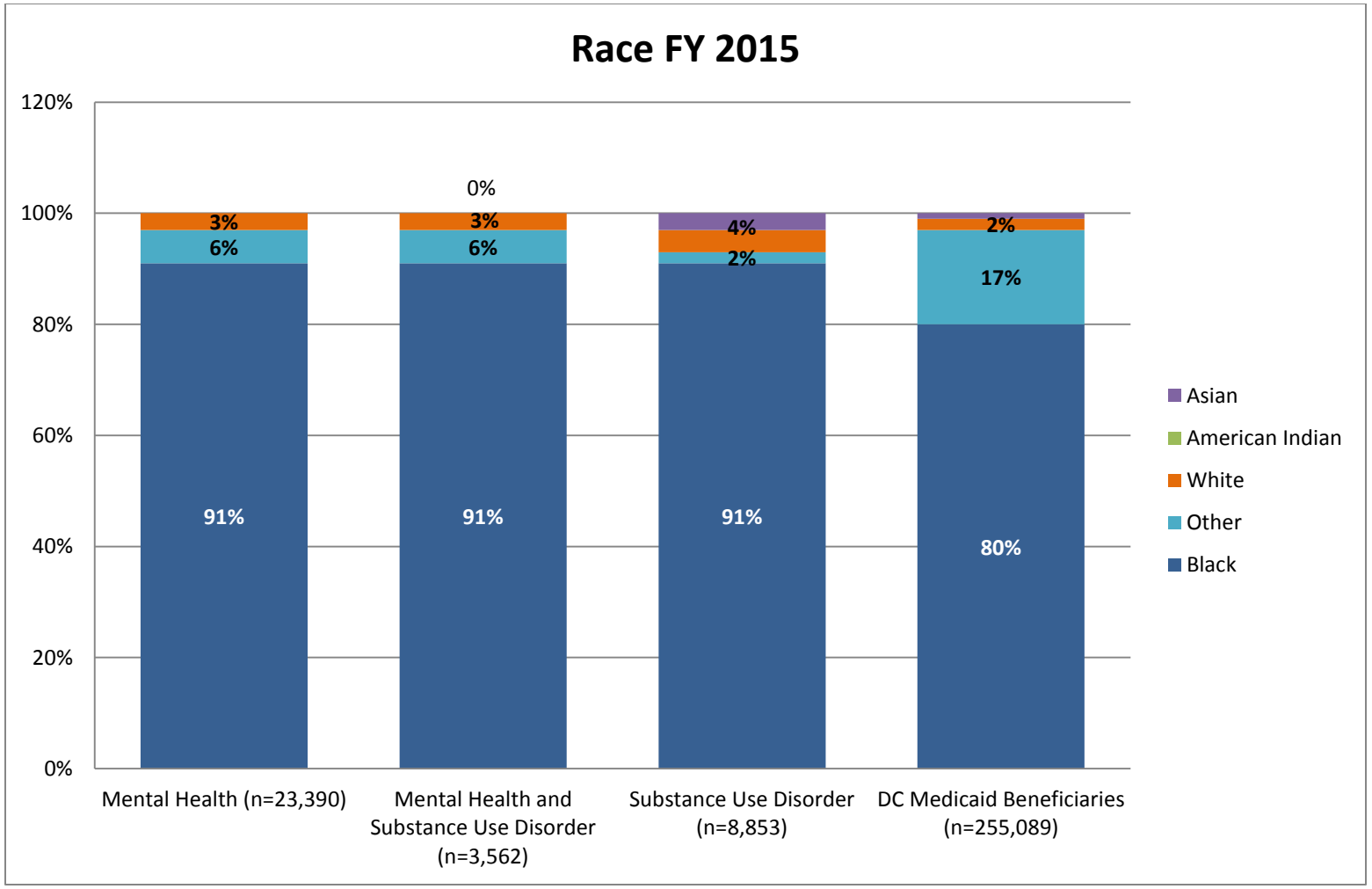


Figure 3. Individuals Who Received Mental Health and Substance Use Services – FY 15

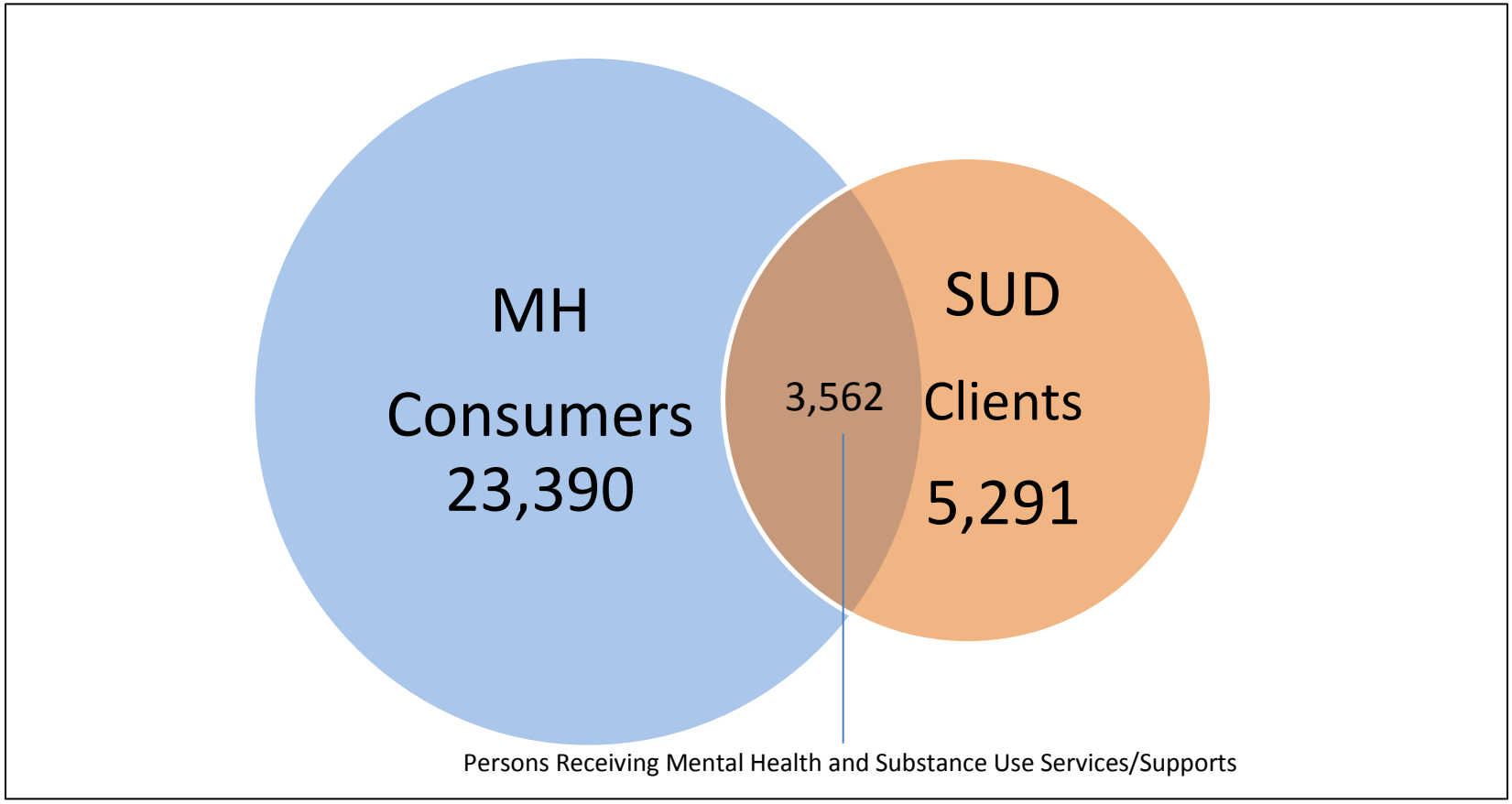


Figure 4. DC Department of Behavioral Health Expenditure and Service Utilization – Mental Health Population Penetration Scope FY15

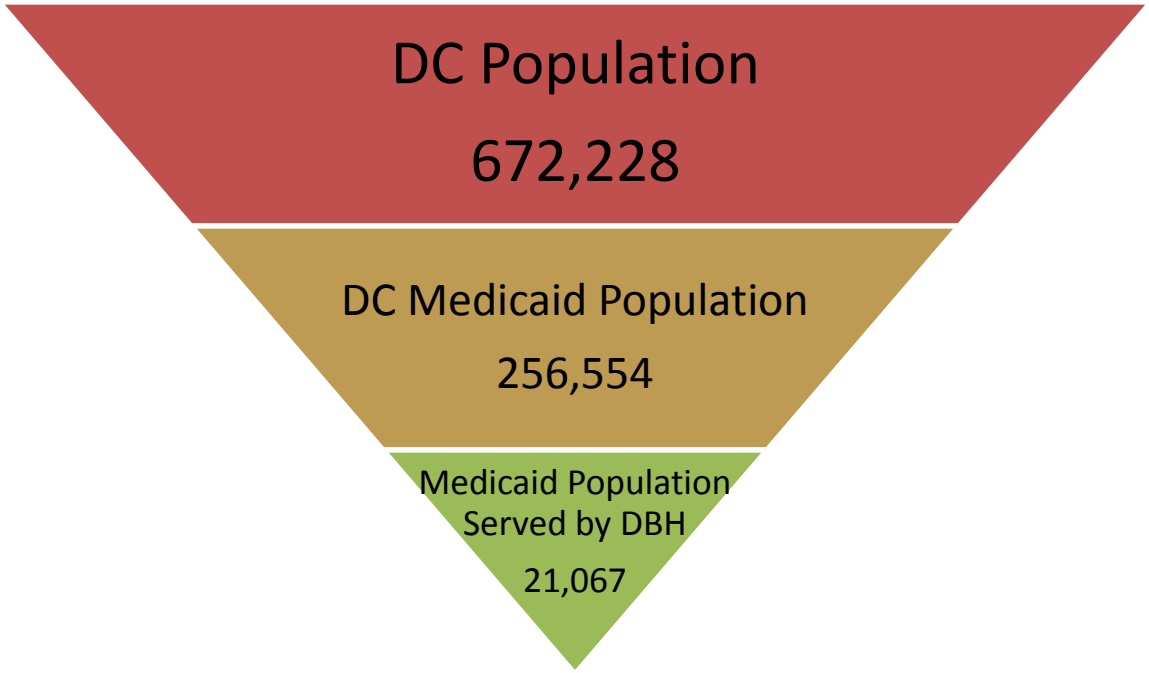
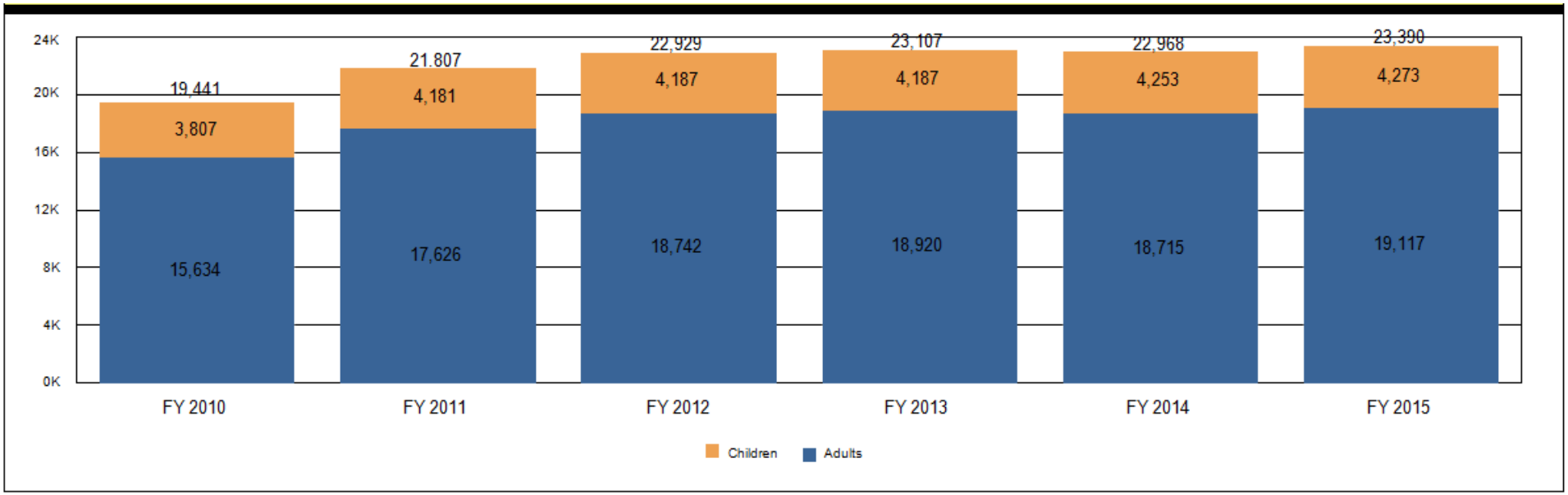


Figure 5 - Consumers Served by the Department of Behavioral Health



Children (Age 0-17)

10% Increase from 2010 to 2011
0% Decrease from 2011 to 2012
0% Decrease from 2012 to 2013
2% Increase from 2013 to 2014
0% Decrease from 2014 to 2015

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
2% Increase from 2014 to 2015

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
2% Increase from 2014 to 2015

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 09/30/2015). 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

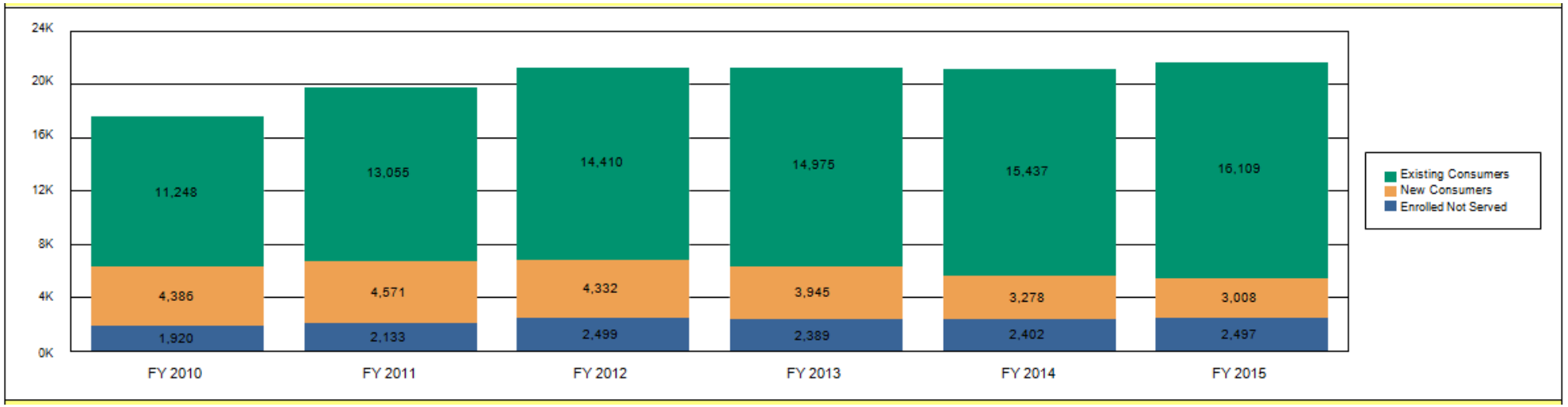
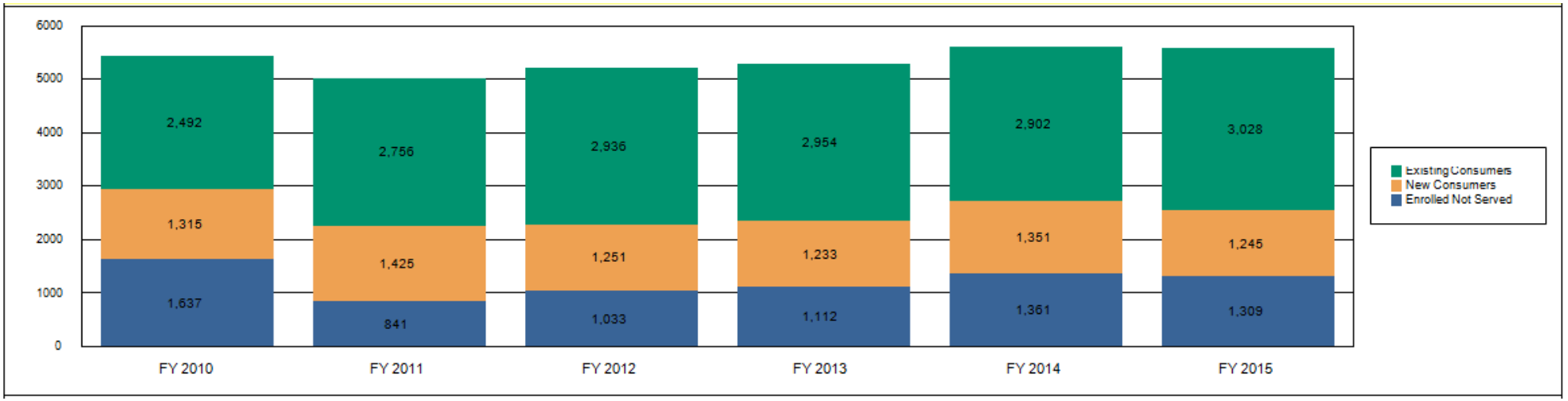


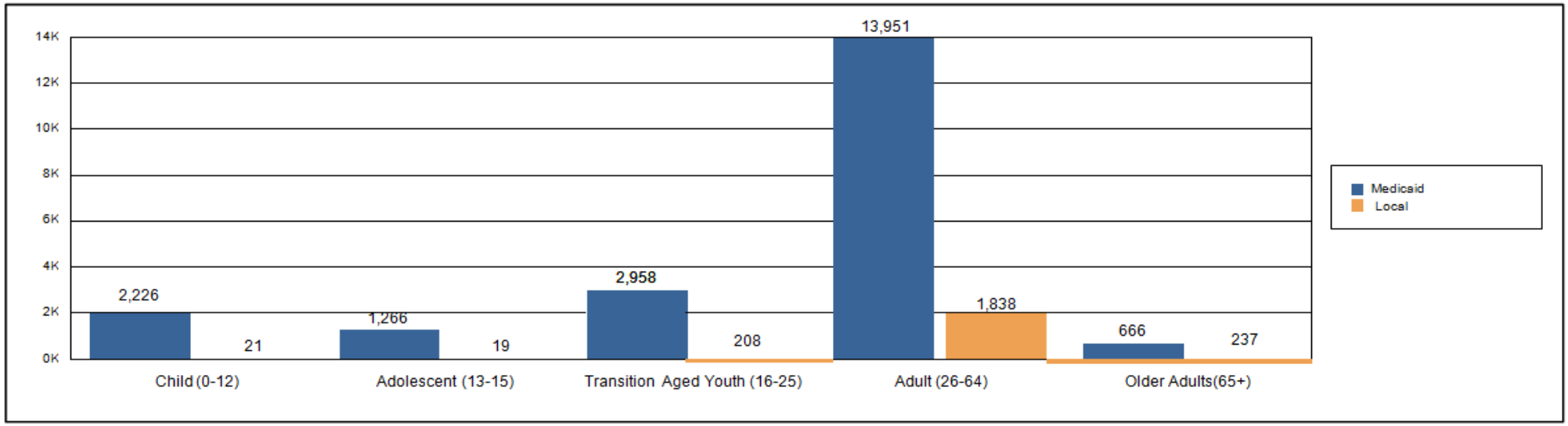
Figure 7. Child (0-17) Mental Health Consumers Enrolled and Served by the Department of Behavioral Health



Figures 6 & 6 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 & 9 – Mental Health Consumer Count by Age Group and Funding Source - FY 2015 YTD

Age Group	Medicaid		Locally Funded	
Child (0-12)	2,226	99.1%	21	0.9%
Adolescent (13-15)	1,266	98.5%	19	1.5%
Transition Aged Youth (16-25)	2,958	93.4%	208	6.6%
Adult (26-64)	13,951	88.4%	1,838	11.6%
Older Adults (65+)	666	73.8%	237	26.2%
Total	**21,067**	**90.1%**	**2,323**	**9.9%**



Figures 8 & 9 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 – 09/30/2015) 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	5	9	14	185	534	1,037	152	1	1,909	1,923	$10,263.63	$19,736,953.98	333.63
Group	0	0	0	0	29	149	286	25	0	489	489	$765.65	$374,403.06	78.31
Individual	0	5	9	14	185	534	1,037	152	1	1,909	1,923	$10,068.93	$19,362,550.92	313.71
CBI	13	720	186	919	25	2	3	1	0	31	950	$7,012.76	$6,662,117.66	220.16
Level I - MST	0	122	26	148	5	0	0	1	0	6	154	$6,343.79	$976,943.88	142.84
Level II & III - 90/180 Day Auth	13	515	131	659	18	2	3	0	0	23	682	$6,935.94	$4,730,307.89	247.76
Level IV - FFT	1	161	46	208	2	0	0	0	0	2	210	$4,546.98	$954,865.89	86.58
Community Support	136	3,002	617	3,755	1,864	5,019	7,602	599	16	15,100	18,855	$2,659.54	$50,145,708.60	153.00
Group Home	0	6	4	10	3	31	90	28	4	156	166	$552.61	$91,733.59	29.99
Group Setting	4	156	18	178	85	397	770	55	1	1,308	1,486	$401.67	$596,882.31	76.74
Ind - Collateral Contact	63	1,427	259	1,749	236	312	533	72	4	1,157	2,906	$229.58	$667,164.14	13.24
Ind - Face to Face	129	2.909	592	3,630	1,836	4,991	7,548	596	16	14,987	18,617	$2,541.67	$47,318,216.09	142.01
Ind - Family/Couple	66	1,440	224	1,730	163	172	152	22	0	509	2,239	$343.45	$768,976.47	19.59
Ind - Family/Couple w/o	54	1,240	204	1,498	94	81	94	9	0	278	1,776	$260.35	$462,389.66	15.03
Physician Team Member	14	297	43	354	93	462	843	97	5	1,500	1,854	$103.70	$192,258.40	4.72
Self Help/Peer Support - Group	0	1	0	1	4	27	63	5	0	99	100	$208.01	$20,801.20	31.28
Self Help/Peer Support - Ind	0	0	0	0	0	5	14	3	0	22	22	$1,240.31	$27,286.74	56.74
Counseling	25	631	115	771	374	1,258	1,924	146	12	3,714	4,485	$724.73	$3,250,425.23	39.74
Family w/Consumer	3	112	13	128	12	15	10	0	0	37	165	$234.14	$38,632.64	10.92
Group	1	17	1	19	65	277	524	56	8	930	949	$521.16	$494,584.94	61.43
Individual, Adult	22	529	94	645	296	1,086	1,647	119	12	3,160	3,805	$510.03	$1,940,650.99	23.57
Offsite	6	277	49	332	95	241	382	18	0	736	1,068	$715.22	$763,859.21	26.05
Without Consumer	2	56	7	65	4	6	3	0	0	13	78	$162.79	$12,697.45	8.04
Crisis Services	20	367	91	478	411	825	869	96	11	2,212	2,690	$1,243.64	$3,345,391.79	21.99
Crisis Stabilization	0	0	0	0	23	58	79	7	0	167	167	$3,720.63	$621,344.95	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	4	14	18	341	679	678	64	5	1,767	1,785	$709.53	$1,266,506.11	25.99
Emergency - Home	8	116	19	143	1	0	0	0	0	1	144	$216.35	$31,154.15	8.17
Emergency - Mobile Unit	0	1	1	2	100	192	196	37	7	532	534	$164.91	$88,063.29	6.07
Emergency - Other/Not	15	308	71	394	11	0	0	0	0	11	405	$306.95	$124,313.77	11.37
No Auth Crisis Stabilization	0	0	0	0	7	25	34	5	0	71	71	$668.58	$47,469.47	2.10
Psych Bed	0	0	0	0	18	42	99	0	0	159	159	$7,336.73	$1,166,540.06	10.34
Day Services	0	0	0	0	73	334	1,021	129	6	1.563	1,563	$7,714.90	$12,058.386.68	76.06
Face to Face, w/Consumer	0	0	0	0	73	334	1,021	129	6	1,563	1,563	$7,714.90	$12,058,386.68	76.06
D&A	33	464	116	613	494	1,276	1,822	137	11	3,740	4,353	$169.08	$753,983.49	1.18
Brief	13	245	57	315	304	813	1,090	63	2	2,272	2,587	$82.40	$213,161.98	1.11
Community Based	0	0	1	1	30	109	202	29	6	376	377	$397.29	$149,776.82	1.38
Comprehensive	20	226	62	308	166	396	577	49	3	1,191	1,499	$248.86	$373,044.69	1.16
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	6	52	65	1	0	124	124	$656.95	$81.462.08	24.15
Criminal Justice System	0	0	0	0	6	52	65	1	0	124	124	$656.95	$81,462.08	24.15
Medication Somatic	14	457	101	572	672	2,598	4,561	380	9	8,220	8,792	$452.34	$3,916,439.54	10.11
Adult	13	432	99	544	655	2,521	4,501	378	8	8,220	8,607	$452.34	$3,893.991.90	10.13
Group	1	39	2	42	32	122	130	11	1	296	338	$68.37	$23,107.64	5.04
Supported Employment	0	0	0	1	153	458	685	22	0	1,318	1,319	$1,476.78	$1,947,877.52	83.17
Therapeutic	0	0	0	0	11	70	671	3	0	207	207	$138.81	$28,732.84	7.69
Vocational	0	0	0	1	152	455	671	22	0	1,300	1,301	$1,475.13	$1,919,144.68	83.10
Team Meeting	4	268	64	336	34	28	30	3	0	95	431	$85.96	$37,050.00	6.27
Team Meeting	4	268	64	336	34	28	30	3	0	95	431	$85.96	$37,050.00	6.27
Transition Support Services	0	10	0	10	51	250	602	113	2	1.018	1,028	$656.45	$674,833.31	24.05

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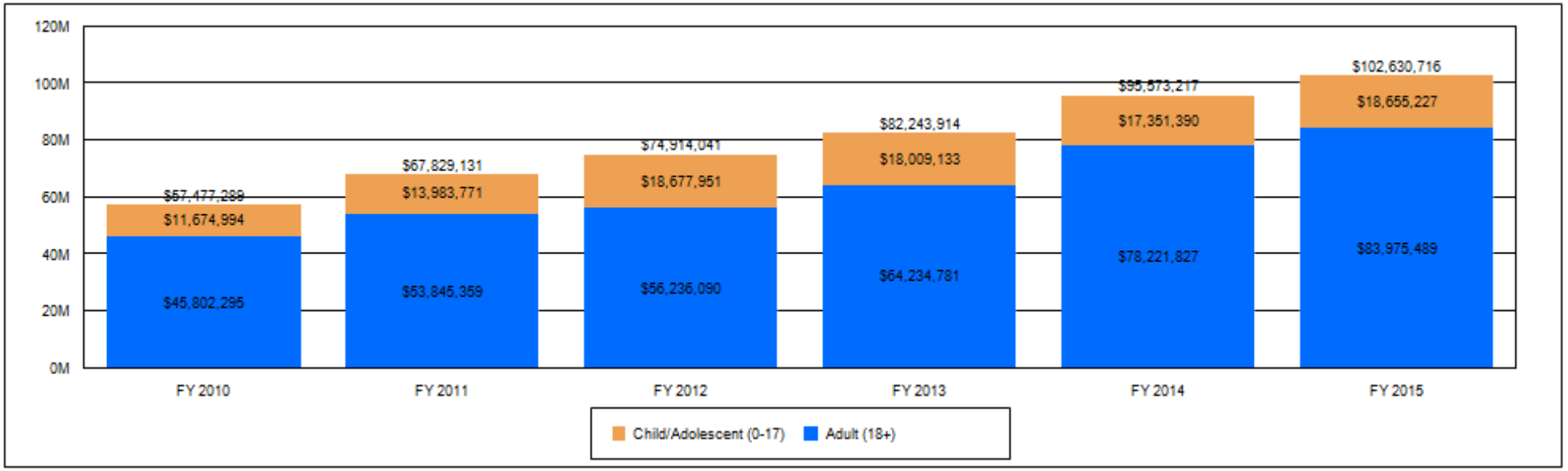
	Age (0-5)	Age (6-15)	Age (16-17)		Age (18-25)	Age (26-44)	Age (45-64)	Age (65-84	Age (85+)					
Community Psych Supportive Tx	0	0	0	0	0	5	19	0	0	24	24	$4,192.89	$100,629.37	33.79
Cont. of Care Tx Planning	0	7	0	7	16	75	197	35	1	324	331	$403.25	$133,477.35	18.61
Continuity of Care Treatment	0	1	0	1	18	134	357	71	1	581	582	$401.09	$233,431.68	20.20
Inpatient Discharge Planning	0	2	0	2	21	75	187	44	0	327	329	$630.08	$207.294.91	18.22
Total All Services	162	3,370	741	4,273	2,425	6,999	9,390	866	37	19,117	23,390	$2,414.74	$102,630,716.10	184.95

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

7% Increase from 2014 to 2015

Figure 11 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 09/30/2015). 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

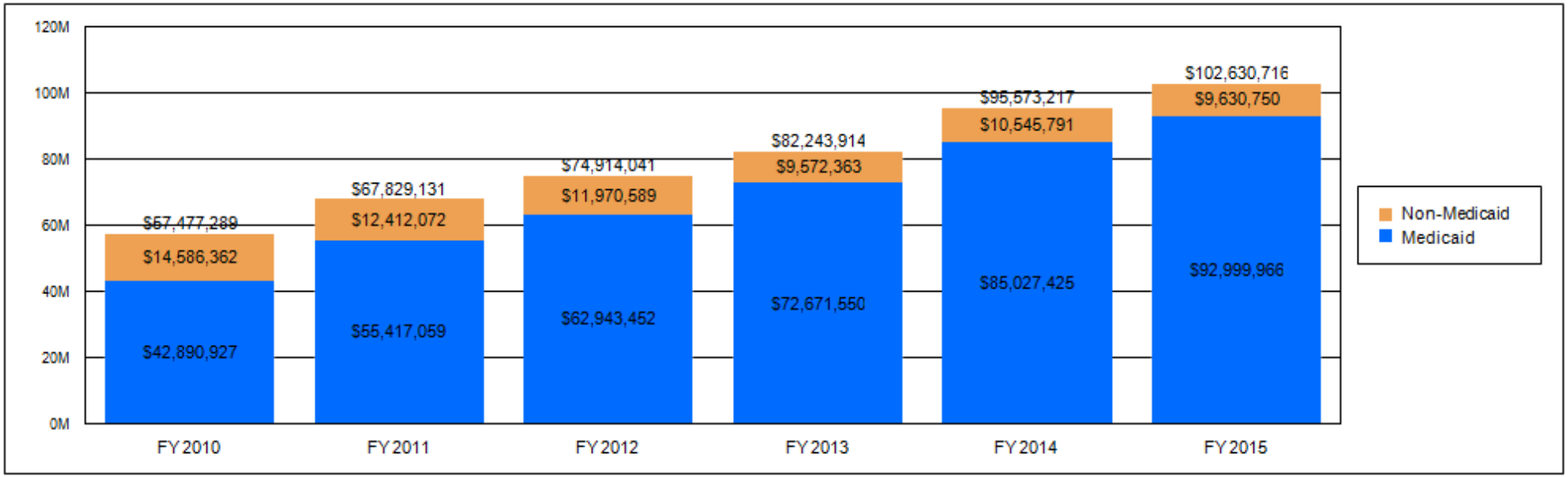


Figure 12 displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2008 to Fiscal Year 2015. This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment (FY2012), Crisis Beds and the Integrated Care Coordination Project).

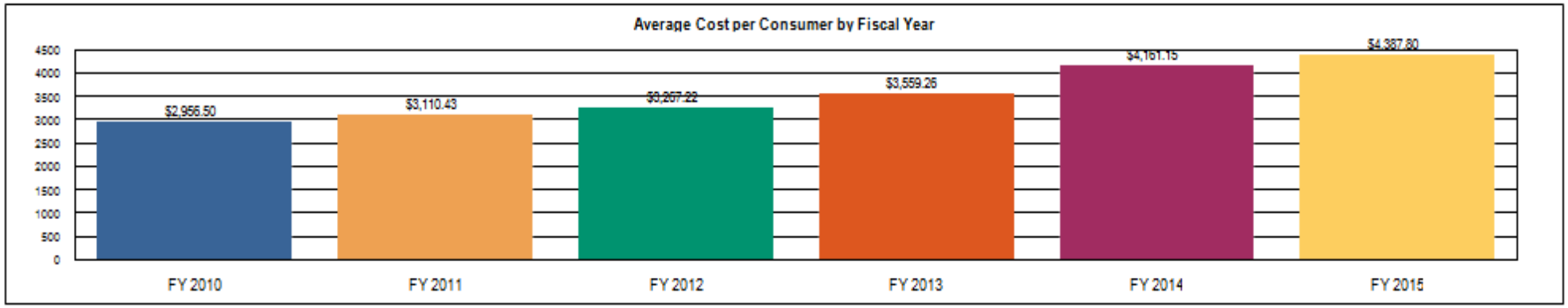
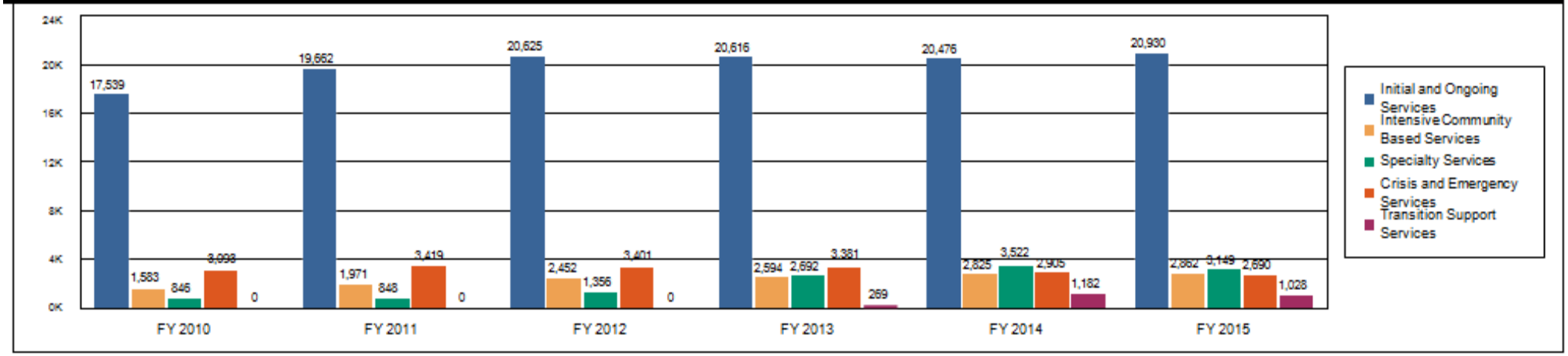


Figure 13 - Adult & Child/Adolescent Mental Health Consumer Counts by Service Cluster



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

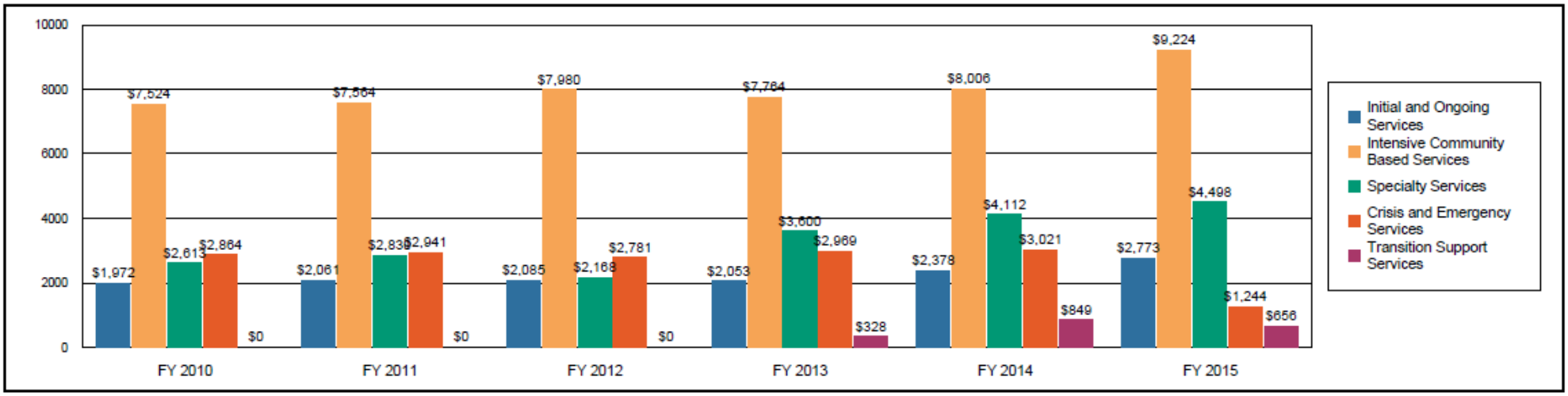
The DC public mental health system provides a variety of different mental health services to support the needs of the populations it serves. These services are categorized as 1) Initial and On-going Services; 2) Intensive Community-Based Services; 3) Specialty Services, 4) Crisis and Emergency Services, and 5) Transition Support Services. Figures 13 and 14 describe the different services that fall within each category, the number of consumers served within each cluster from Fiscal Year 2010 to Fiscal Year 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

District of Columbia Department of Behavioral Health

Tanya A. Royster, MD, Director

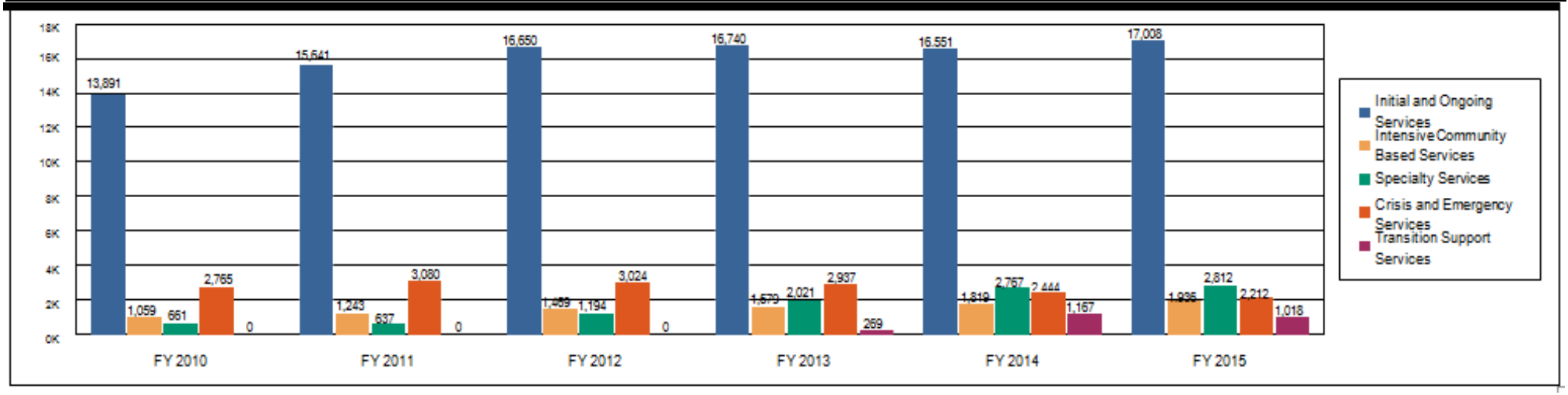
Figure 14 - Adult & Child/Adolescent Average Annual Cost per Mental Health Consumer



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	159% Increase 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 15 - Adult (18+) Mental Health Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
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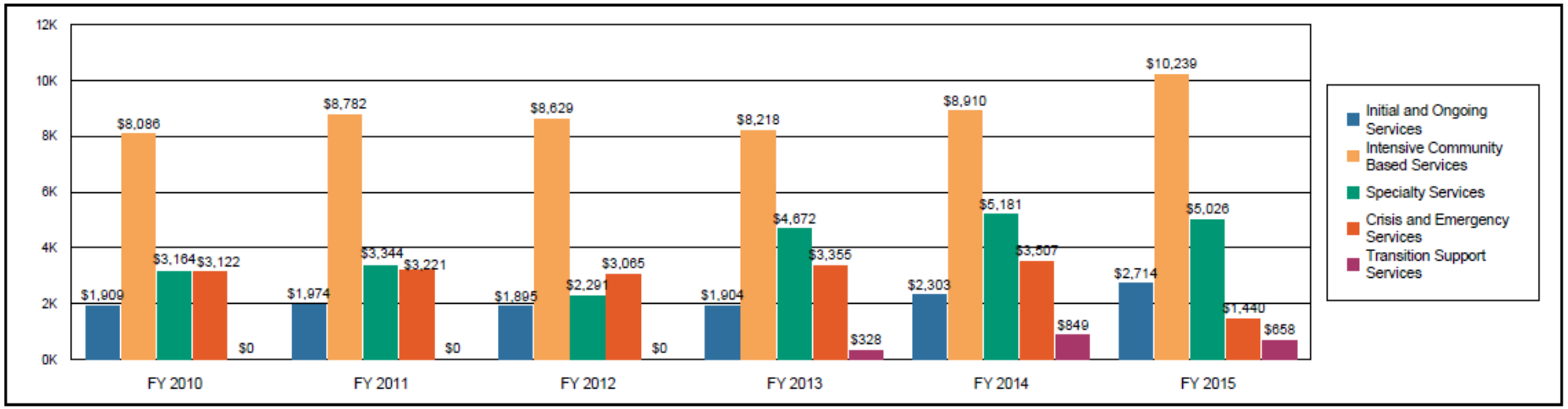
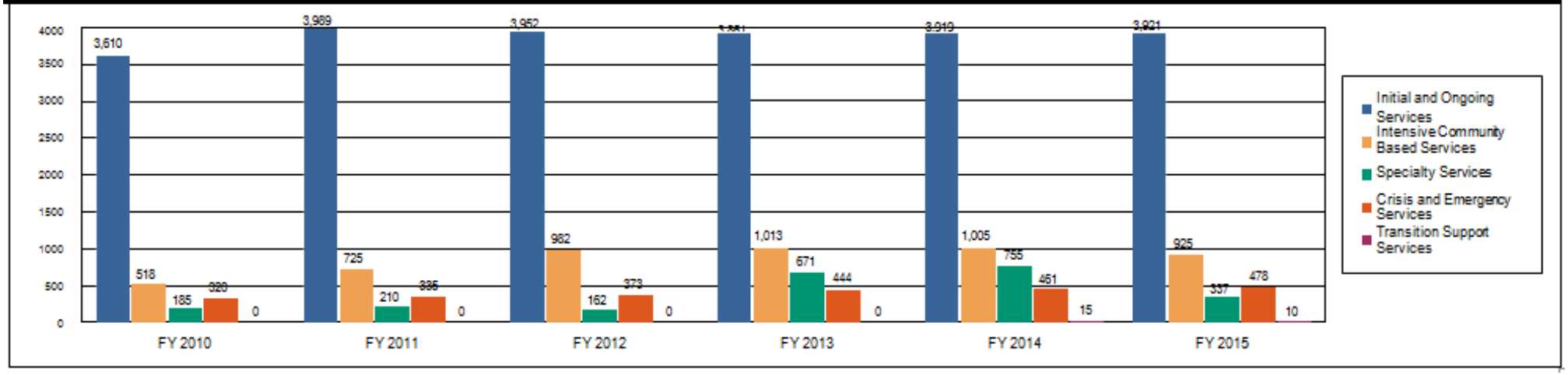
Figure 16 - Adult (18+) Average Annual Cost per Mental Health Consumer



Initial and Ongoing Services	Intensive Community Based Services	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	5% Increase from 2013 to 2014	159% Increase from 2013 to 201
18% Increase from 2014 to 2015	15% Increase from 2014 to 2015	15% Increase from 2014 to 2015	-59% Decrease from 2014 to 2015	-23% Decrease from 2014 to 201

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



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%	15,634
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 YTD	17,378	91%	1,739	9%	19,117

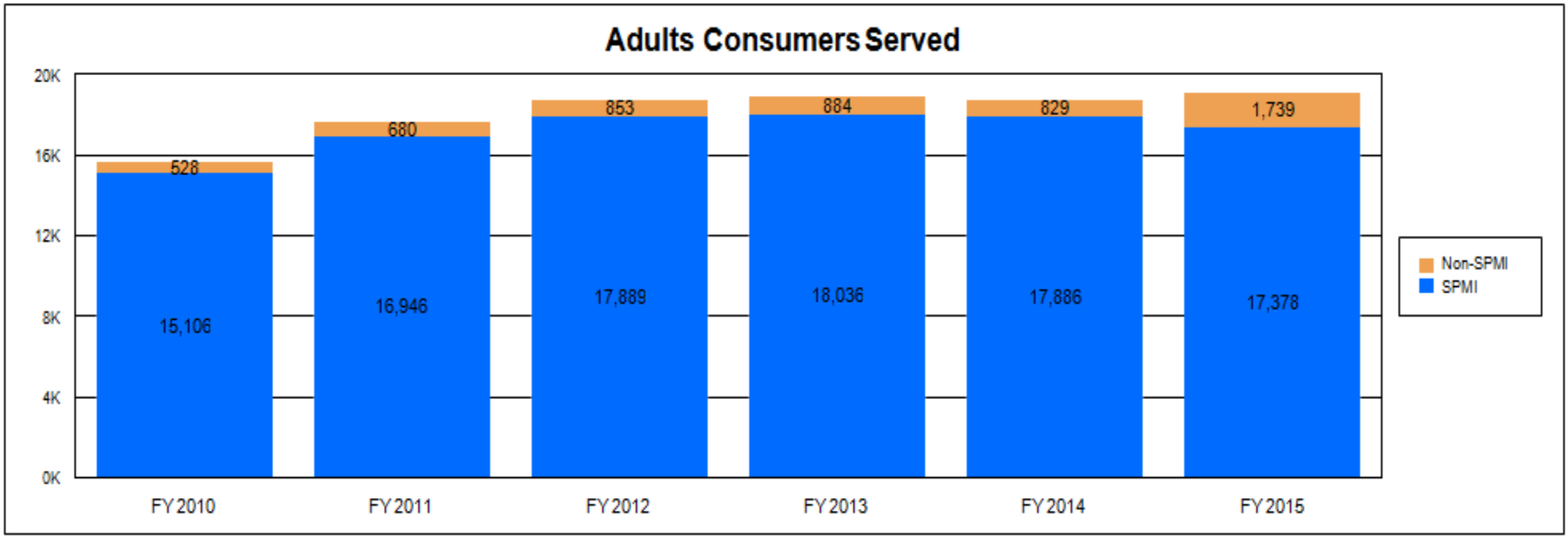
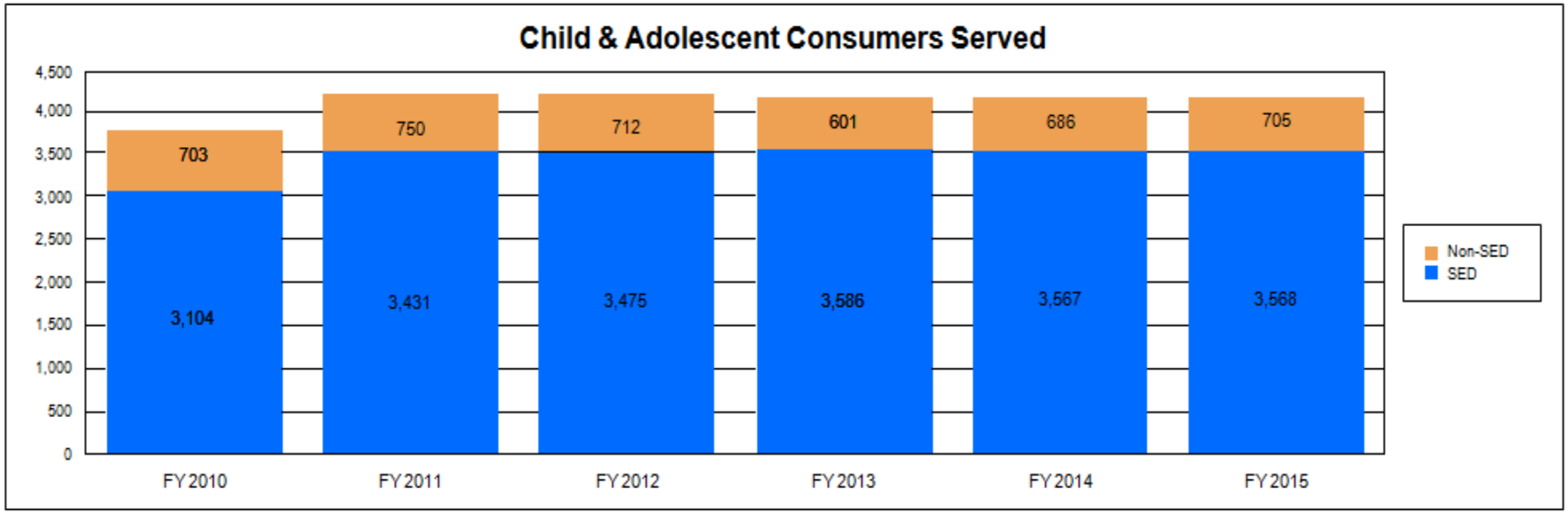
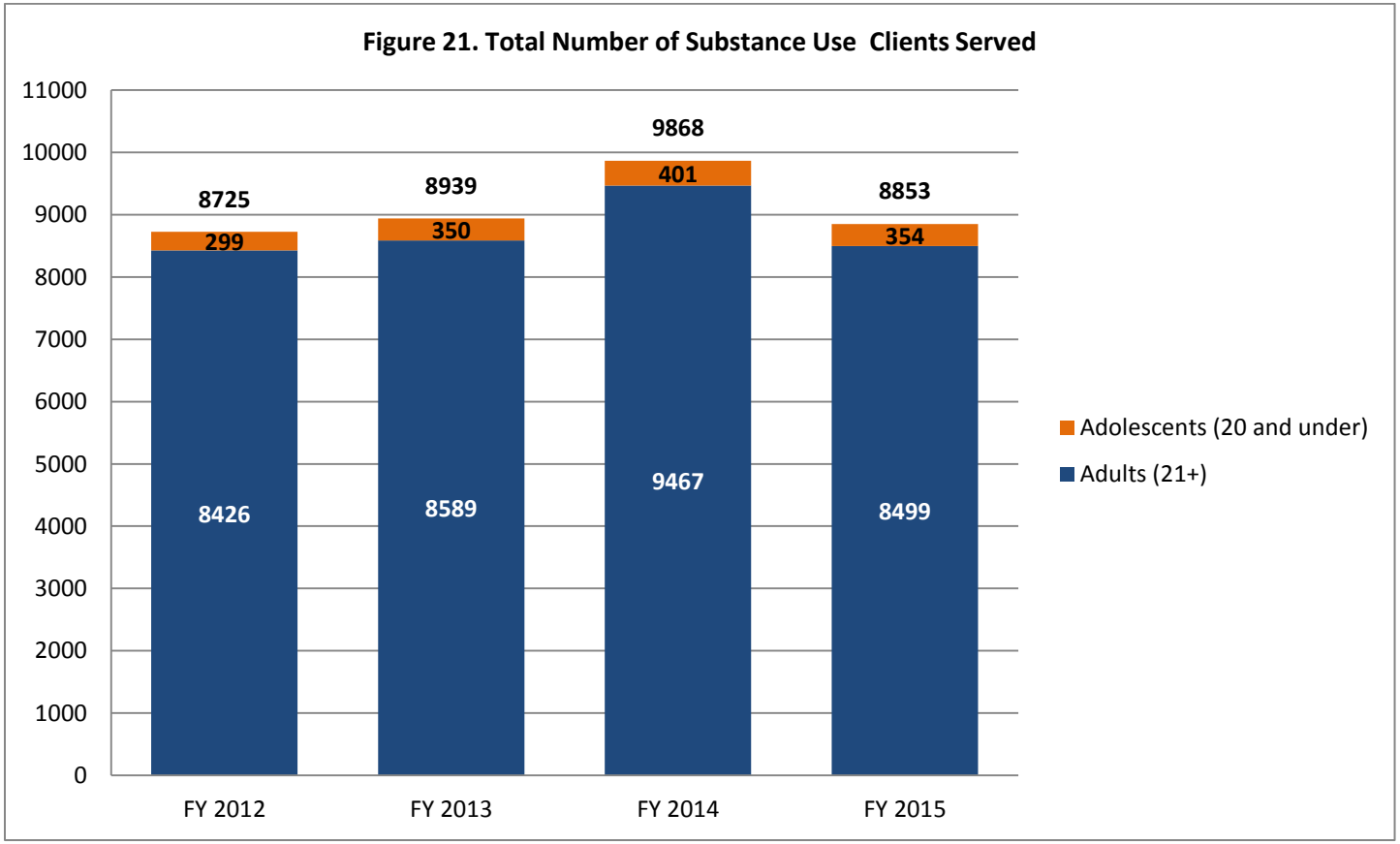


Figure 20 - Child & Adolescent (0-17) Mental Health Consumers Served with Serious Emotional Disturbance (SED) Diagnosis

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	3,567	84%	686	16%	4,253
FY 2015 YTD	3,568	84%	705	16%	4,273





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 FY15

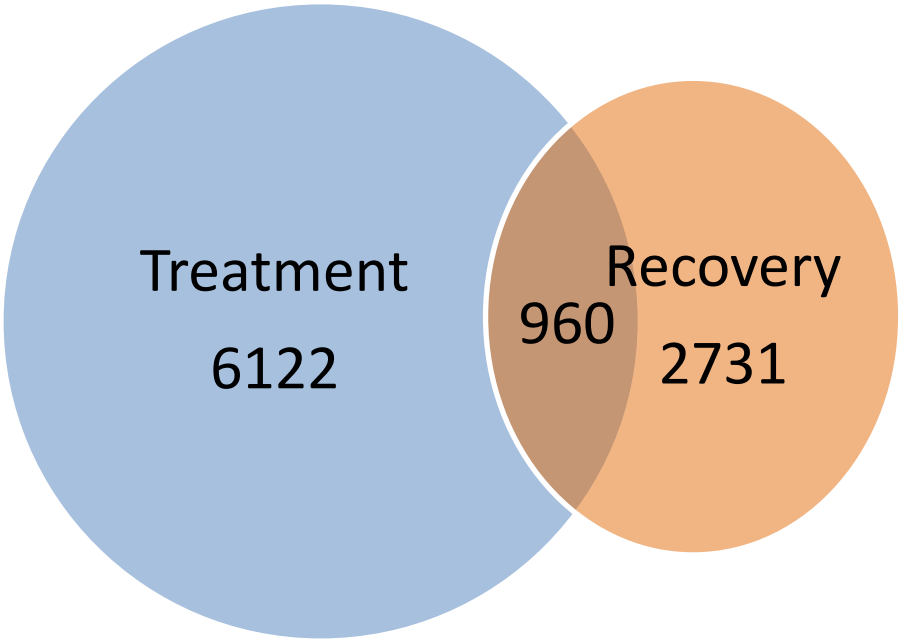
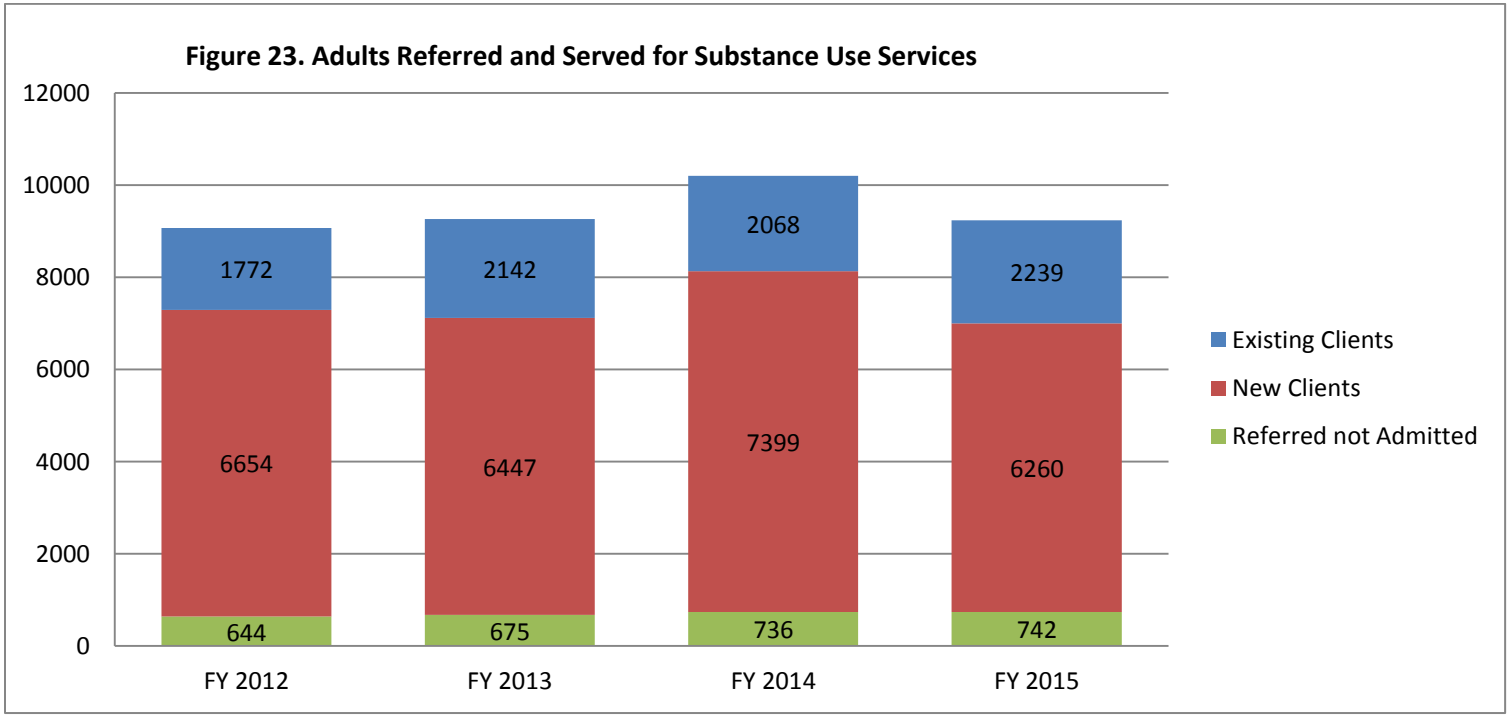


Figure 22 shows the overlap between clients receiving treatment and recovery services in FY 2014. A client can either be admitted directly to ATR or transition once treatment is completed. Some clients receive treatment and recovery services simultaneously.



Once clients are assessed at the ARC or another assessment site, the appropriate referrals are made to the network of SUD providers. Reasons for clients being referred but not admitted are: referral termination, client refused treatment, rejected by program and referral pending. New clients are those who were admitted to a provider within the fiscal year without having a previous admission within the past year. Some clients receive services (predominantly MAT) across multiple years and do not have an admission for that year. These clients are counted in the Existing Clients group.

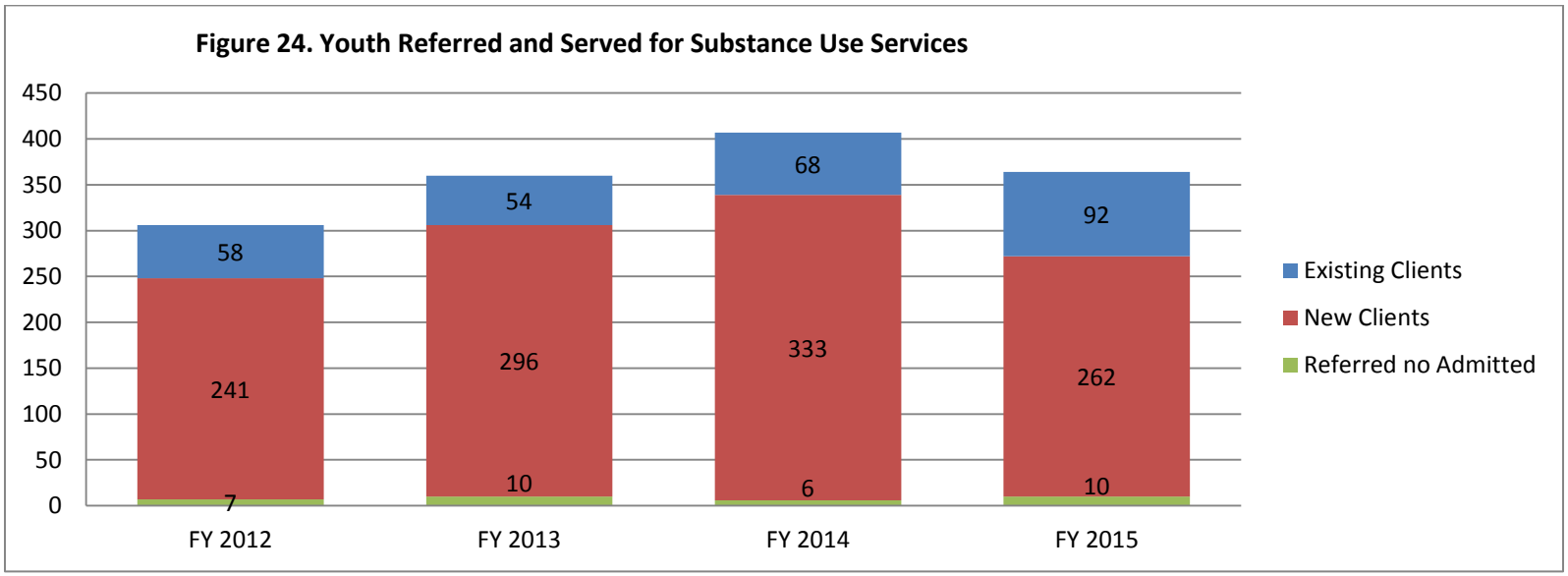
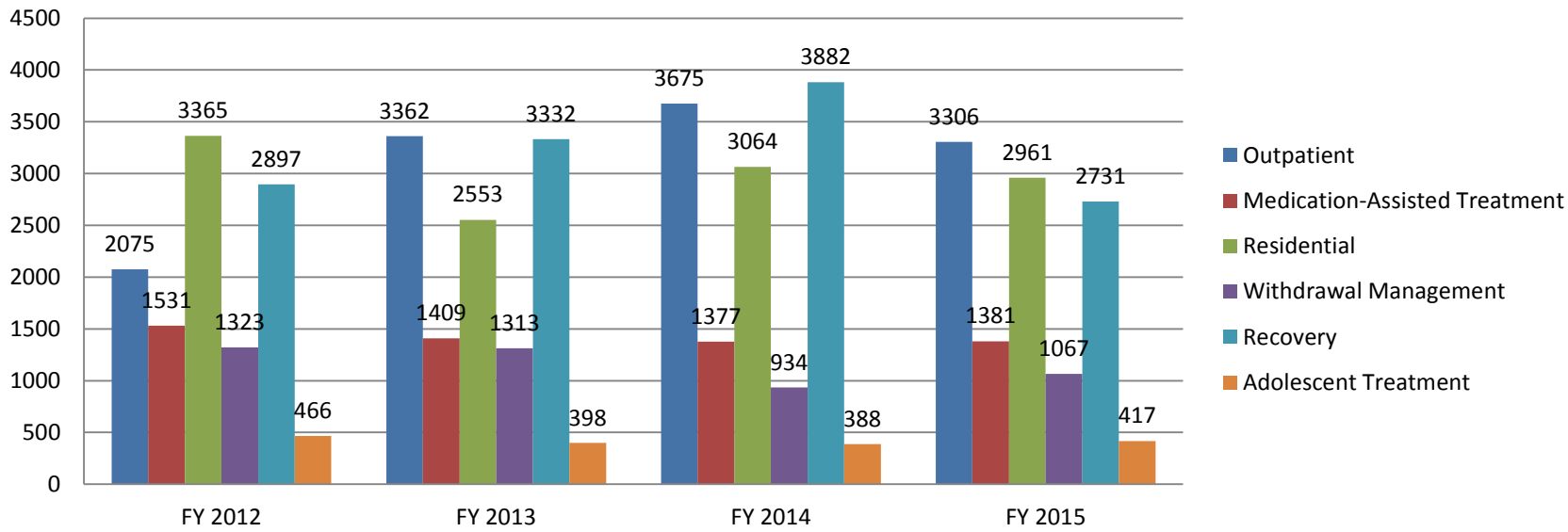


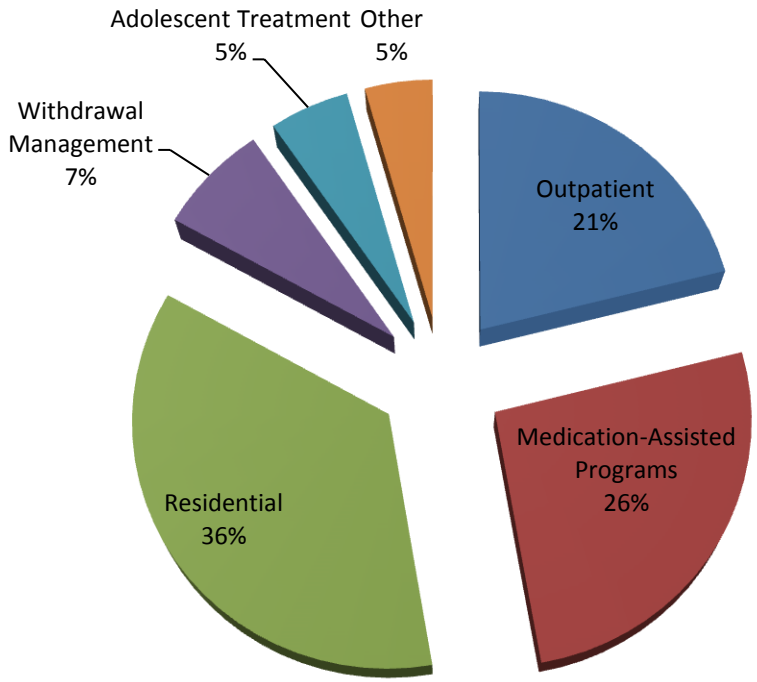
Figure 24. Youth Referred and Served for Substance Use Services
450
400
350
300
250
200
150
100
50
0
58
241
7
54
296
10
68
333
6
92
262
10
FY 2012
FY 2013
FY 2014
FY 2015
Existing Clients
New Clients
Referred no Admitted

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. 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).

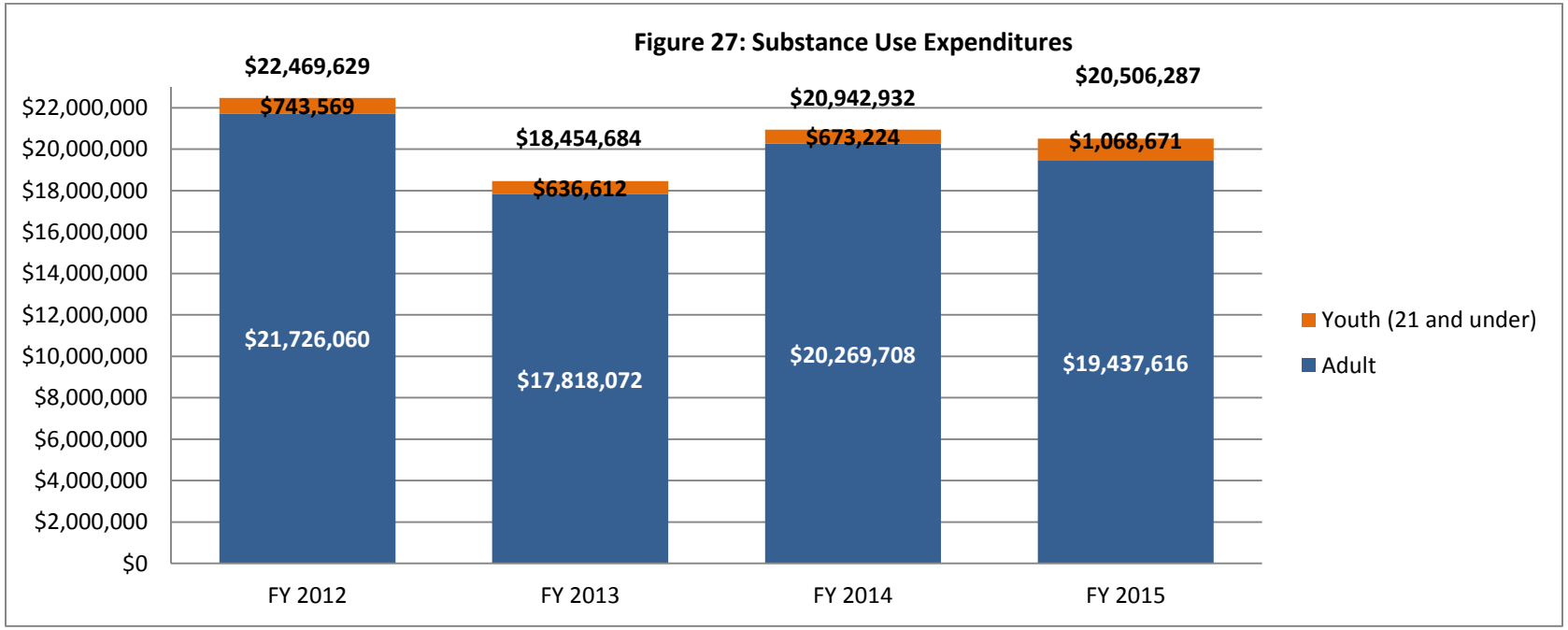


Figure 27: Substance Use Expenditures
$22,469,629
$743,569
$21,726,060
$18,454,684
$636,612
$17,818,072
$20,942,932
$673,224
$20,269,708
$20,506,287
$1,068,671
$19,437,616
$22,000,000
$20,000,000
$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
FY 2012
FY 2013
FY 2014
FY 2015
Youth (21 and under)
Adult