

FACTFILE

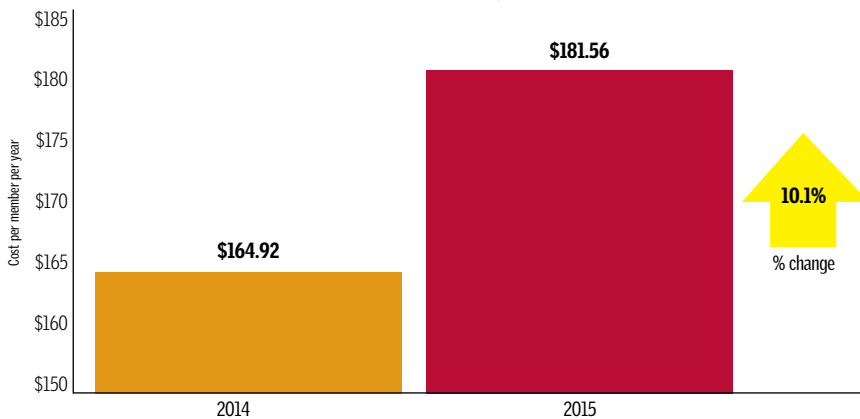
Mental Health and Substance Abuse Treatment Trends

Behavioral health and substance abuse treatment costs are rising, along with demand for these services, driven in part by the opioid abuse epidemic. The Substance Abuse and Mental Health Services Administration projects that by 2020, mental health and substance abuse (MHSA) treatment spending will total \$280.5 billion, a 63% increase from 2009.* Increasing utilization of substance abuse services reveals an opportunity to expand treatment and prevention programs in-house or through partnerships. In addition, hospitals and health systems can respond to these rising costs and greater need by ensuring opioid prescribing patterns meet current guidelines and by instituting care management assistance when pain medications are necessary.

MHSA COSTS, 2014-2015

Total allowed expenditures for MHSA services increased 10% annually from 2014-2015. This reflects both price inflation (price per unit of service) and increasing service volume per covered member.

Total allowed costs per member per year (PMPY) for MHSA

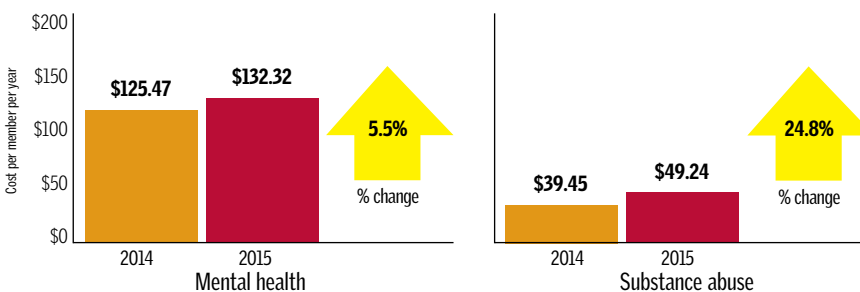


SOURCE: Truven Health Analytics.

MHSA SPENDING TRENDS, 2014-2015

Total spending on substance abuse treatment rose almost 25% between 2014 and 2015. This increase is significantly larger than the rise in mental health service spending, which increased 5.5% during the same time period.

Total allowed costs PMPY by category



SOURCE: Truven Health Analytics.

* Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020, © 2014 Substance Abuse and Mental Health Services Administration, HHS Publication No. SMA-14-4883.

State Mental Health Agency Per Capita Mental Health Services

Spending for mental health services per capita at U.S. mental health agencies for fiscal year 2012-2013 varies by state. The cost per capita for mental health services at agencies in the United States declined from \$124.99 to \$119.62, although FY13 data for Florida and New Mexico were not reported. Nineteen states and Puerto Rico reported declines in per-capita spending in mental health services during that time period.

State	FY2012	FY2013
United States	\$124.99	\$119.62
Alabama	\$76.27	\$72.64
Alaska	\$335.36	\$341.08
Arizona	\$209.44	\$205.23
Arkansas	\$45.05	\$45.56
California	\$169.65	\$160.50
Colorado	\$95.01	\$98.80
Connecticut	\$213.43	\$216.76
Delaware	\$100.02	\$96.53
District of Columbia	\$305.37	\$306.87
Florida	\$3728	Not reported
Georgia	\$56.08	\$59.33
Hawaii	\$131.16	\$131.77
Idaho	\$32.54	\$32.77
Illinois	\$74.88	\$72.44
Indiana	\$70.58	\$70.67
Iowa	\$143.81	\$142.38
Kansas	\$134.49	\$125.47
Kentucky	\$55.07	\$55.06
Louisiana	\$65.51	\$55.50
Maine	\$338.24	\$345.36
Maryland	\$184.62	\$178.82
Massachusetts	\$108.62	\$110.33
Michigan	\$120.10	\$130.10
Minnesota	\$168.15	\$177.88
Mississippi	\$106.61	\$55.95
Missouri	\$92.21	\$99.40
Montana	\$197.89	\$208.32
Nebraska	\$84.82	\$89.75
Nevada	\$59.41	\$89.41
New Hampshire	\$136.14	\$138.40
New Jersey	\$210.58	\$208.90
New Mexico	\$131.44	Not reported
New York	\$269.60	\$260.78
North Carolina	\$134.78	\$97.08
North Dakota	\$86.17	\$88.53
Ohio	\$92.77	\$100.29
Oklahoma	\$56.22	\$53.01
Oregon	\$177.80	\$183.80
Pennsylvania	\$295.08	\$287.17
Rhode Island	\$106.35	\$106.11
South Carolina	\$57.07	\$58.35
South Dakota	\$85.58	\$84.13
Tennessee	\$88.85	\$87.48
Texas	\$38.05	\$40.65
Utah	\$64.39	\$70.86
Vermont	\$253.28	\$291.70
Virginia	\$92.48	\$92.58
Washington	\$112.98	\$113.67
West Virginia	\$83.87	\$94.44
Wisconsin	\$102.90	\$113.05
Wyoming	\$111.48	\$118.80
Puerto Rico	\$23.33	\$19.02

NOTES: The reporting period reflects spending in the state fiscal year, which varies by state. Data are reported in actual dollars and are not adjusted for inflation. Per capita data was calculated using each state's civilian population. U.S. total includes Puerto Rico.

SOURCES: Kaiser State Health Facts, State Mental Health Agency (SMHA) Per Capita Mental Health Services, FY2013, <http://kff.org/other/state-indicator/smma-expenditures-per-capita/?currentTimeframe=0>; National Association of State Mental Health Program Directors Research Institute, Inc., <http://www.nri-incdata.org/>; Table 1: SMHA Mental Health Actual Dollar and Per Capita Expenditures by State (FY2004-FY2013), accessed May 15, 2015.

Upcoming Topic:

> Hospital Performance

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ABOUT THE DATA: The U.S. Healthcare Benchmarks and Trends are based on the Truven Health Analytics Market-Scan® Research Databases. They are created from a subset of data representing the claims experience of 330 employers with 15.1 million covered lives and crossing the full spectrum of industry types, health plans, and pharmacy benefit managers. The data are not publically available and represent the deidentified proprietary Truven Health Analytics book of business. This data set includes medical, prescription, and dental claims; and health reimbursement account data from the 330 employers. Most of the employers in this analysis provide self-funded employer group health plans to their employees.

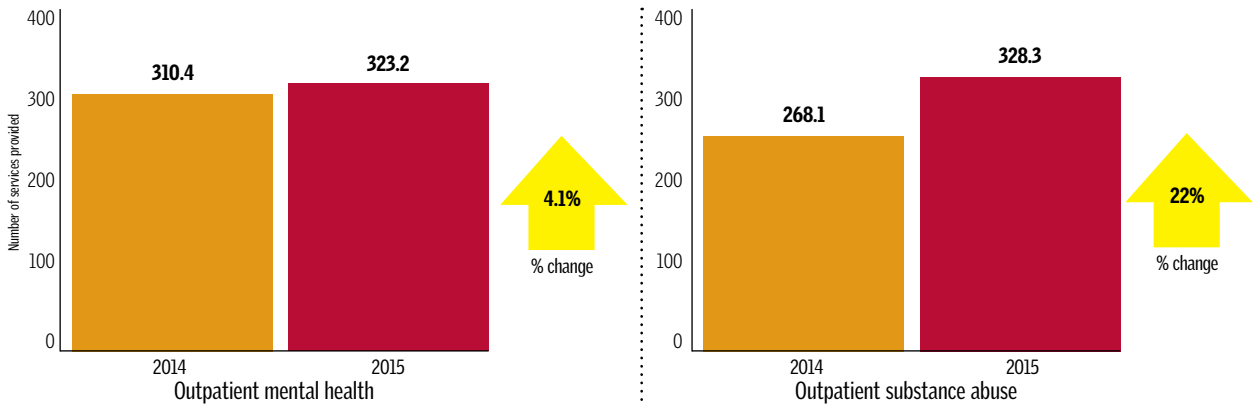
FIND OUT MORE: For more information, email povidersolutions@truvenhealth.com; call 1-800-525-9038, option 4; or visit www.truvenhealth.com.



MHSA OUTPATIENT SERVICES PREVALENCE, 2014-2015

Services for substance abuse outpatient treatment (non-office) increased 22% between 2014 and 2015, compared to a 4.1% increase in mental health outpatient treatment services.

Number of services per 1,000 covered members

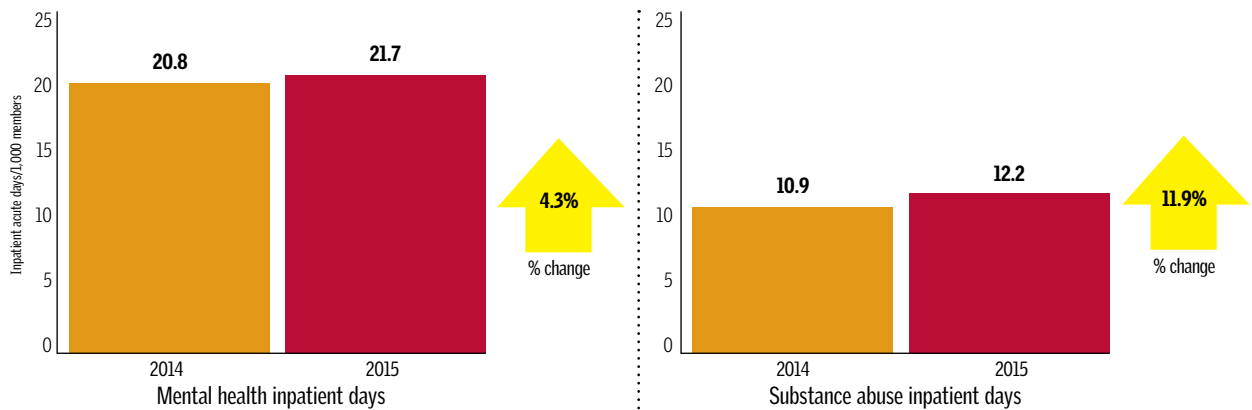


SOURCE: Truven Health Analytics.

MHSA INPATIENT HOSPITAL USE RATES, 2014-2015

Inpatient mental health use increased by 4.3% and inpatient substance abuse use increased by 11.9%.

Inpatient acute days/1,000 members

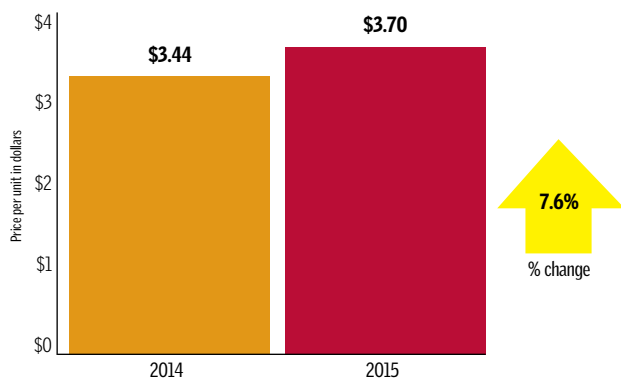


SOURCE: Truven Health Analytics.

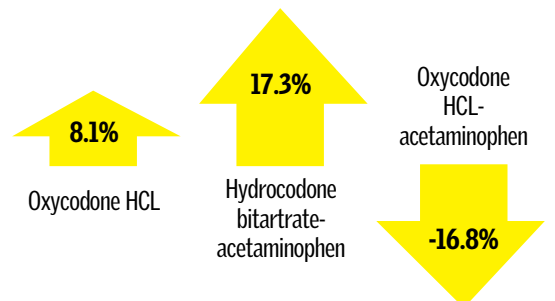
OVERALL UNIT COSTS FOR OPIOID-CLASS DRUGS, 2014-2015

The allowed amount of opioid agonists per day supply increased 7.6% between 2014 and 2015. This was due to changes in product mix to more expensive drugs, and increases in unit price for two of the top three opioid products

Allowed amount/day supply opioid agonists



Increase in median retail price per allowed amount/day supply



SOURCE: Truven Health Analytics.

