Highlights of Behavioral Health Data and Service Priorities

For Palm Beach County, FL 2017

Behavioral Health Demonstrated Need Data

Estimated Behavioral Health Unmet Need for the Uninsured of Palm Beach County

Age Group	Total Pop	Uninsured	% of Total Pop Uninsured	Needing Services	Received Services	% Met Need	Unmet Need	% Unmet Need
0-17	272,644	31,572	12%	7,009	4,767	68%	2,242	32%
18-24	108,492	34,426	32%	24,959	2,058	8%	22,901	92%
25-44	318,164	100,430	32%	50,617	7,704	15%	42,913	85%
45-64	363,464	68,510	19%	25,349	2,894	11%	22,455	89%
65+	303,824	4,753	2%	1,759	249	14%	1,510	86%
Total	1,366,588	239,691	18%	109,693	17,672	16%	92,021	84%

* Total # of uninsured in need of behavioral health services. Source: US Census, American Community Survey 5-year Estimates, 2010-2015

** # served through SEFBHN/FAA funds. Source: SEFBHN

Behavioral Health Service Priorities (update children's mh)

Overarching: Trauma-informed and Culturally Sensitive and Responsive Services

Children's Mental Health Services:

- Outpatient Medication Management (Access to Psychiatry)
- Case Management and Wraparound Care Coordination
- Outpatient Services
- Peer Support/Peer Mentoring
- Respite Services
- Mobile Crisis Team

Children's Substance Abuse Services:

- Outpatient Medication Management (Access to Psychiatry)
- Outpatient Services (Individual/Group Therapy)
- Peer Support/Peer Mentoring
- Residential Treatment for Substance Abuse
- Residential Treatment for Co-occurring Mental Illness and Substance Abuse

Adult Substance Abuse Services:

- Supportive Housing
- Outpatient Medication Management (Access to Psychiatry)
- Medical Detoxification for Substance Use
- Medically Assisted Treatment

- Supported Employment
- Residential Treatment for Co-occurring Mental Illness and Substance Abuse

Adult Mental Health Services:

- Case Management
- FACT Teams
- Supportive Housing
- Outpatient Medication Management (Access to Psychiatry)
- Residential Treatment for People with Mental Illness
- Residential Treatment for Co-occurring Mental Illness and Substance Abuse

Families:

- Integration of Primary Health and Behavioral Health
- Trauma-informed Services
- Early Screening for Behavioral Health and Substance Abuse
- Parent Support Groups (Educational)
- Outpatient Medication Management (Access to Psychiatry)
- Education and Awareness
  - Separate Services for Families and Youth

Administrative:

- Monitoring of Quality with Outcomes Evaluation that is Evidence-Based
- Wraparound and Trauma-Informed Services
- Alignment of Funding
- Sustained Funding
- Integration of Primary Health and Behavioral Health

Behavioral Health Needs Identified from FAA 2017 Community Survey

Q1. NEEDS: In thinking about behavioral health services which are the most critical for Palm Beach County? Needs are defined as services that people NEED AND USE. CHOOSE UP TO 3 FOR EACH AGE GROUP BY SELECTING 'TOP 3' FROM DROP DOWN BOX.

Aggregate	Birth to 17 years	18-24 years	25-59 years	60+ years
Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=191)	Case Management and Care Coordination (n=44)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=57)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=61)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=49)
Case Management and Care Coordination (n=171)	Outpatient Services (Individual and group therapy) (n=43)	Supported Housing (Transitional Housing, Housing First, Respite Housing) (n=57)	Residential Treatment for Co-occurring Mental Illness and Substance Use (n=53)	Case Management and Care Coordination (n=47)
Residential Treatment for Co-occurring Mental Illness and Substance Use (n=169)	Peer Support/Peer Mentoring (n=41)	Medical Detoxification for Substance Use (including Medication Assisted Treatment) (n=45)	Medical Detoxification for Substance Use (including Medication Assisted Treatment) (n=50)	Medication Management (outpatient) (n=44)
		Residential Treatment for Substance Use (n=45)		

Behavioral Health Funding Priorities Identified at the FAA 2017 Public Forum

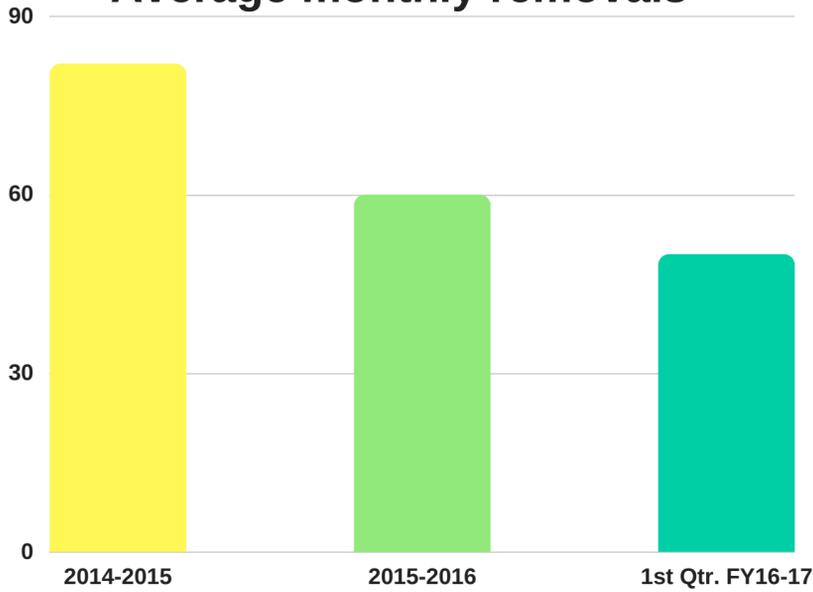With limited funding, what are the service priorities for behavioral health in the county?

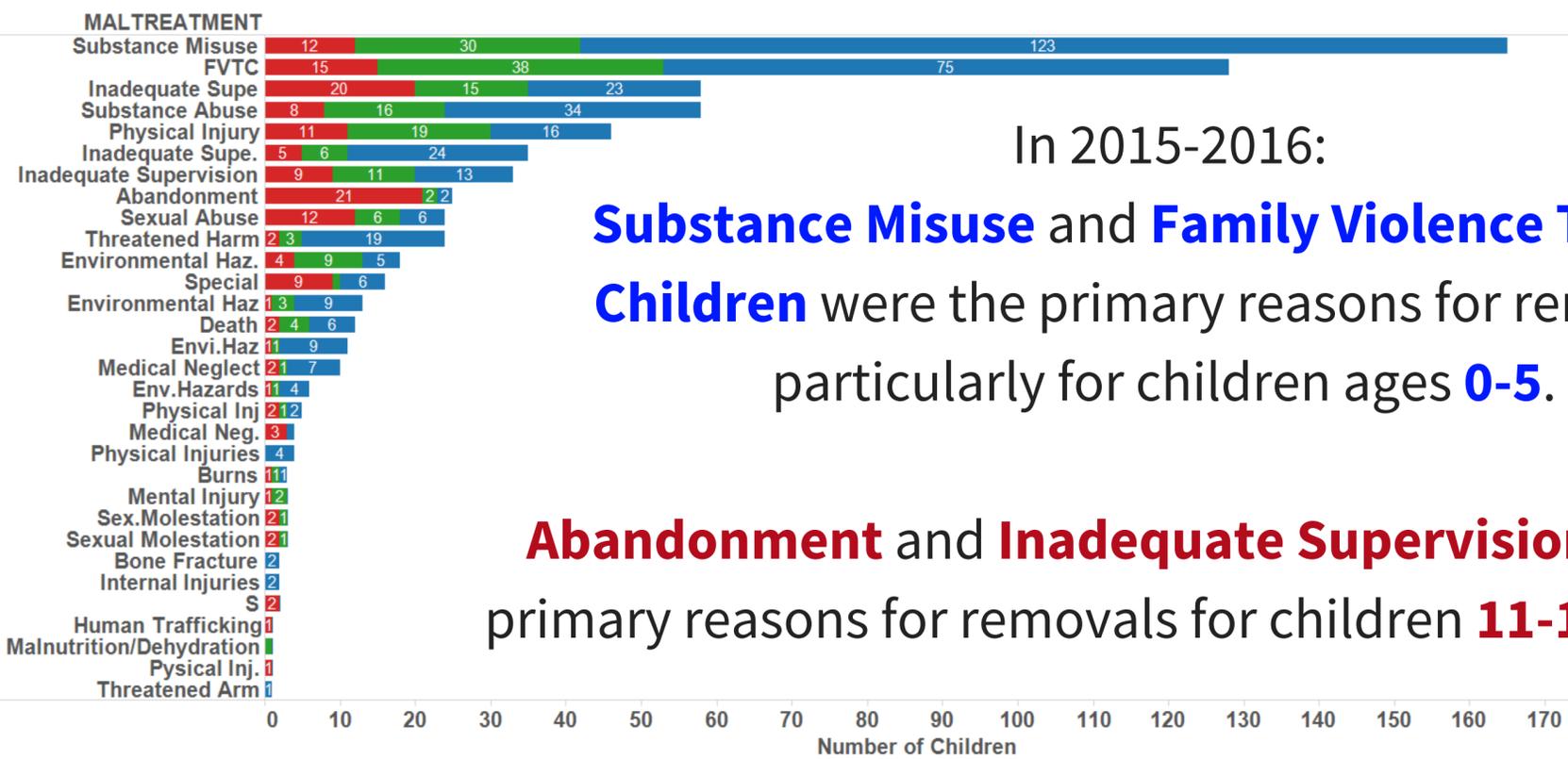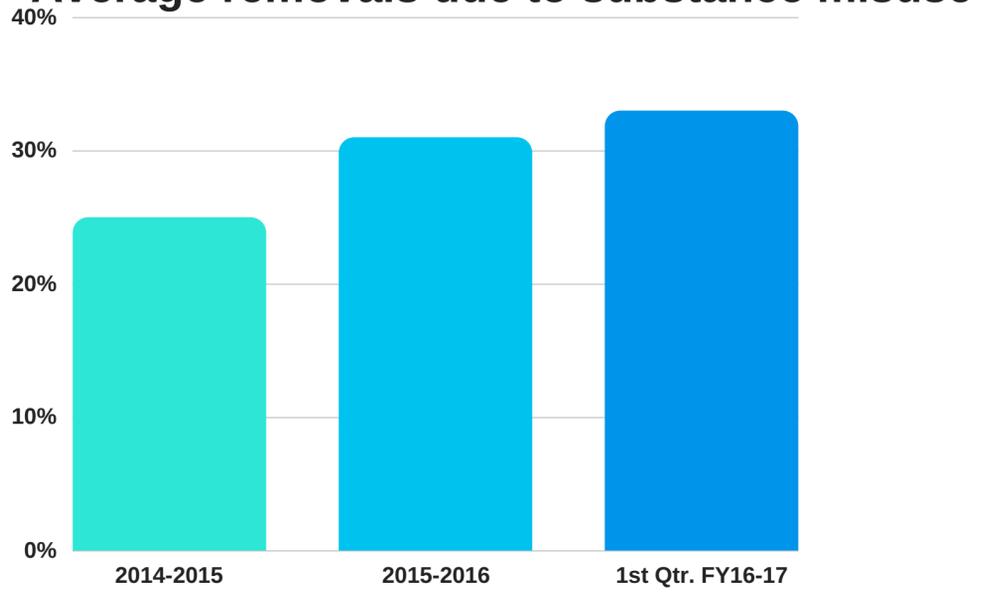| Service Priorities	Pubic Forum Comments
Service Needs	Affordable, high quality, culturally sensitive mental health counseling services, community-supported services (transportation, housing, employment, peer to peer activities, connection to food systems), psychiatric services and outpatient services to people of all ages regardless of insurance, Medicaid, etc.; resource – Health Care District
	Affordable, high quality, culturally sensitive short term and long term housing needs
	Accessibility to publicly-funded detox beds
	Early identification and intervention
	Peer support and leveraging resources of individuals with lived experience
	Centralized access point – one place where all calls can be directed to in order to refer to services
	Supported employment for those with mental health issues and dual diagnoses
	Medication (financial) assistance
	Expanded after-care services; many supportive and additional services stop at two years post completion
	Need for navigation services for individuals and families
System Improvements	A better system of care and a more systematic approach within the community
	Benchmarking and learning from what others have done
	Engaging the users of services as part of the planning process
	Better access or greater utilization of ARNPs within their prescribing capabilities
	Recognizing the role for formal and informal leaders within the community and providing training to them
	Trauma-informed care
	Aggressive education campaign, so people know what behavioral health looks like, to reduce stigma
	Prioritizing/supporting evidence-based programs that have proven outcomes particularly around substance abuse and mental health
	Mental health first aid training and restorative practices for clergy, first responders, physicians, residents, etc.
	More education about eating disorders amongst providers and the community at large
	Aggressive social awareness campaign to encourage less stigma amongst school-age children in regards to asking for help and assistance with treatment

CHILD WELFARE IN PALM BEACH COUNTY

While the total *number* of removals in Palm Beach County has **decreased** between FY14-15 and FY15-16, the *percentage* of removals due to substance misuse has **increased** during the same time period.

Average monthly removals

Bars: 2014-2015, 2015-2016, 1st Qtr. FY16-17 (y-axis 0–90)

Average removals due to substance misuse

Bars: 2014-2015, 2015-2016, 1st Qtr. FY16-17 (y-axis 0%–40%)

MALTREATMENT

Maltreatment	11-18	06-10	0-5
Substance Misuse	12	30	123
FVTC	15	38	75
Inadequate Supe	20	15	23
Substance Abuse	8	16	34
Physical Injury	11	19	16
Inadequate Supe.	5	6	24
Inadequate Supervision	9	11	13
Abandonment	21	2	2
Sexual Abuse	12	6	6
Threatened Harm	2	3	19
Environmental Haz.	4	9	5
Special	9	6	
Environmental Haz	1	3	9
Death	2	4	6
Envi.Haz	1	9	
Medical Neglect	2	1	7
Env.Hazards	1	1	4
Physical Inj	2	1	2
Medical Neg.	3		
Physical Injuries			4
Burns	1	1	1
Mental Injury	1		2
Sex.Molestation	2	1	
Sexual Molestation	2	1	
Bone Fracture			2
Internal Injuries			2
S	2		
Human Trafficking	1		
Malnutrition/Dehydration		1	
Pysical Inj.	1		
Threatened Arm			1

X-axis: Number of Children (0 to 170)

Measure Names:
- # Children 0-5 Years
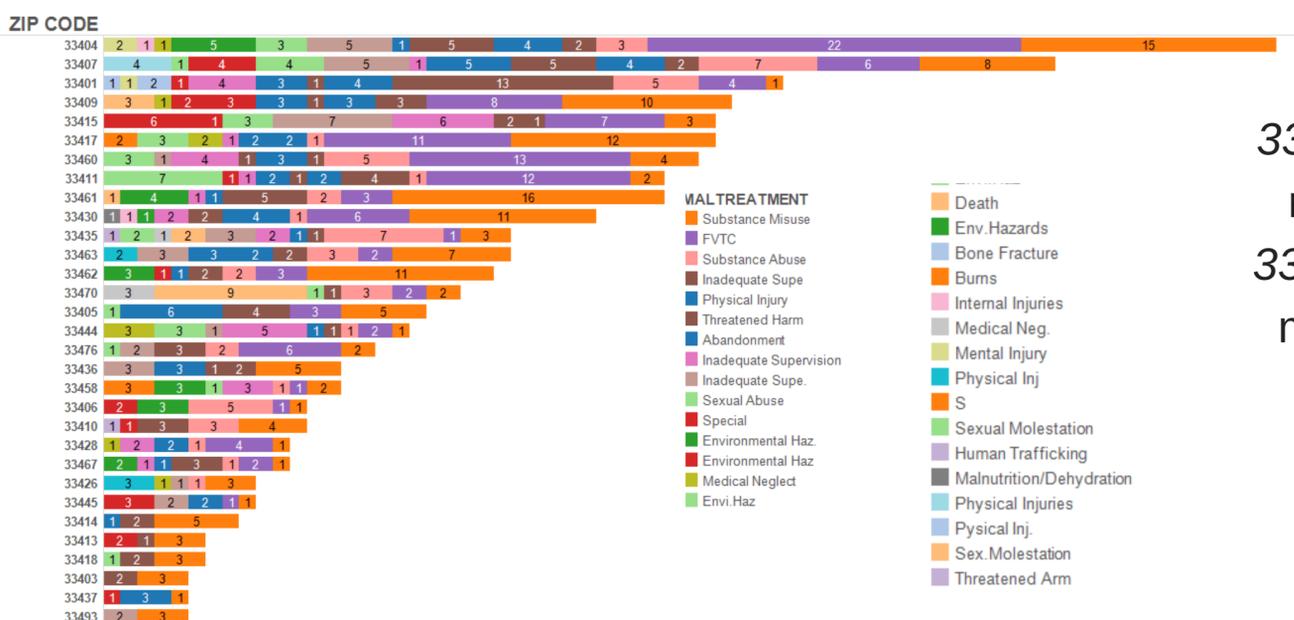- # Children 06-10 Years
- # Children 11-18 Years

In 2015-2016:

Substance Misuse and **Family Violence Toward Children** were the primary reasons for removals, particularly for children ages **0-5**.

Abandonment and **Inadequate Supervision** were the primary reasons for removals for children **11-18** years old.

ZIP CODE

MALTREATMENT legend:
- Substance Misuse
- FVTC
- Substance Abuse
- Inadequate Supe
- Physical Injury
- Threatened Harm
- Abandonment
- Inadequate Supervision
- Inadequate Supe.
- Sexual Abuse
- Special
- Environmental Haz.
- Environmental Haz
- Medical Neglect
- Envi.Haz
- Death
- Env.Hazards
- Bone Fracture
- Burns
- Internal Injuries
- Medical Neg.
- Mental Injury
- Physical Inj
- S
- Sexual Molestation
- Human Trafficking
- Malnutrition/Dehydration
- Physical Injuries
- Pysical Inj.
- Sex.Molestation
- Threatened Arm

Zip codes: 33404, 33407, 33401, 33409, 33415, 33417, 33460, 33411, 33461, 33430, 33435, 33463, 33462, 33470, 33405, 33444, 33476, 33436, 33458, 33406, 33410, 33428, 33467, 33426, 33445, 33414, 33413, 33418, 33403, 33437, 33493
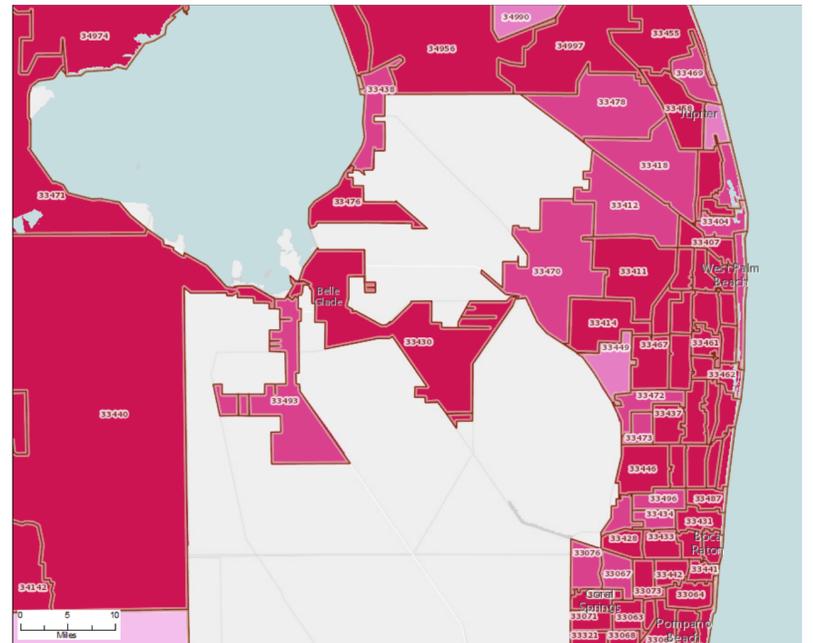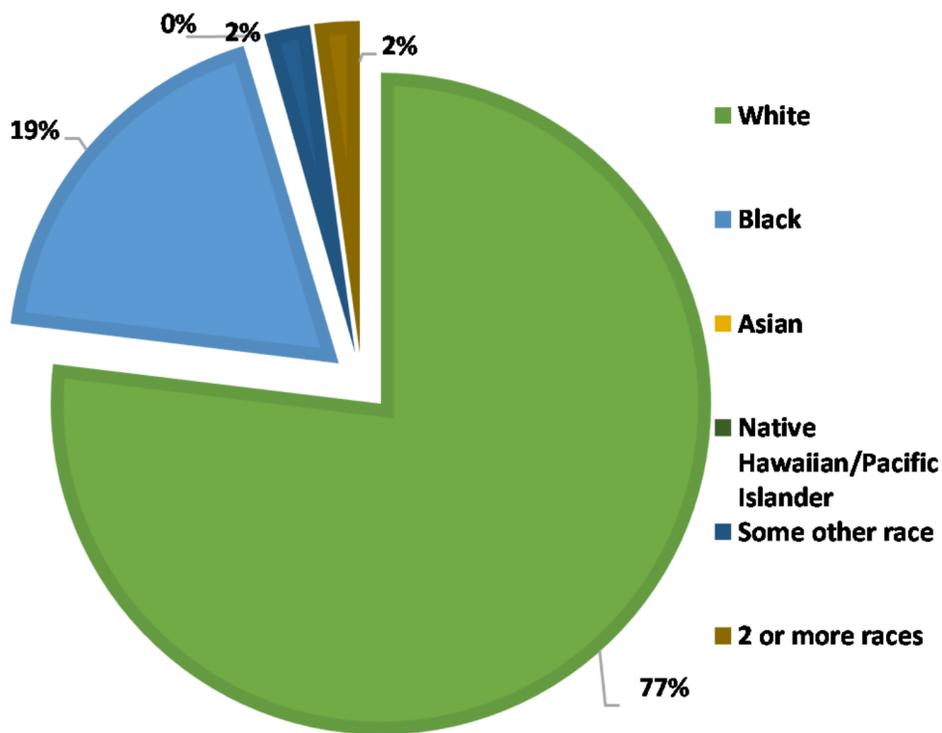
33404 and *33407* are the zip codes most affected by child removals; *33461, 33404,* and *33417* are those most affected by removals due to substance misuse

OVERVIEW OF PALM BEACH COUNTY

The 2015 estimate for the total population of Palm Beach County was *1,378,806*
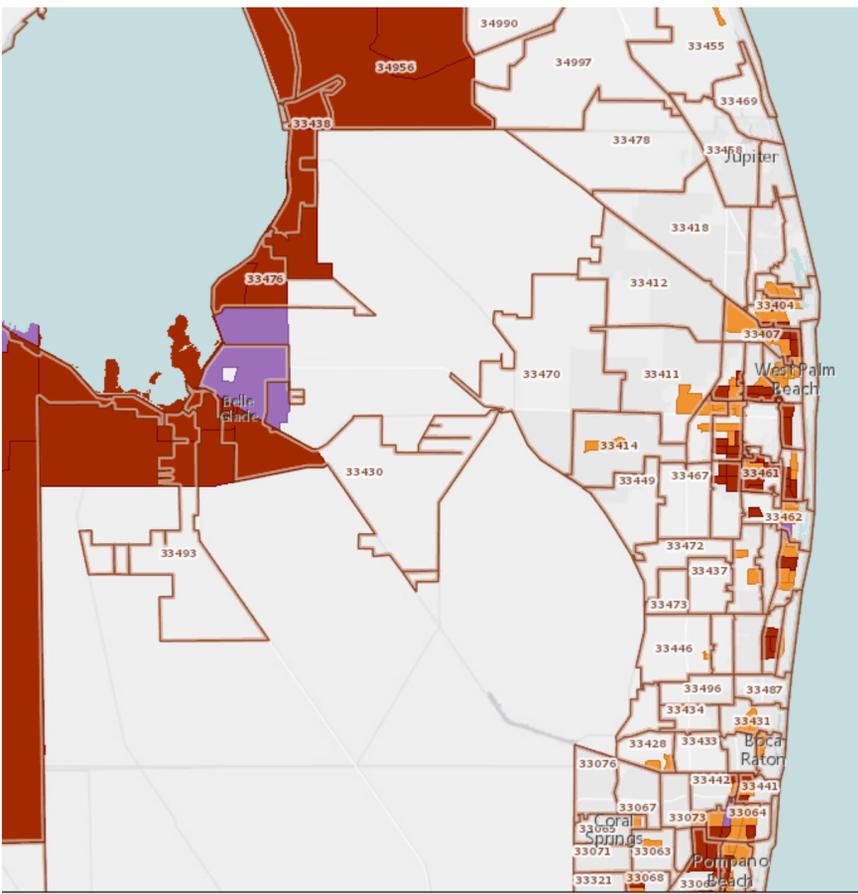
20% of the population is *Hispanic*

Pie chart legend:
- White — 77%
- Black — 19%
- Asian — 2%
- Native Hawaiian/Pacific Islander — 0%
- Some other race — 2%
- 2 or more races — 2%

Population in Linguistically Isolated Households, Percent by ZCTA, ACS 2011-15
- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed
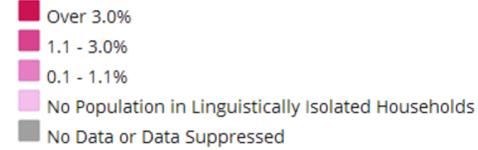
Vulnerable Populations Footprint

Two key social determinants, poverty and education, have a significant impact on health outcomes. This map displays where vulnerable populations live by identifying where high concentrations of the population **living in poverty** and population living **without a high school diploma overlap**.
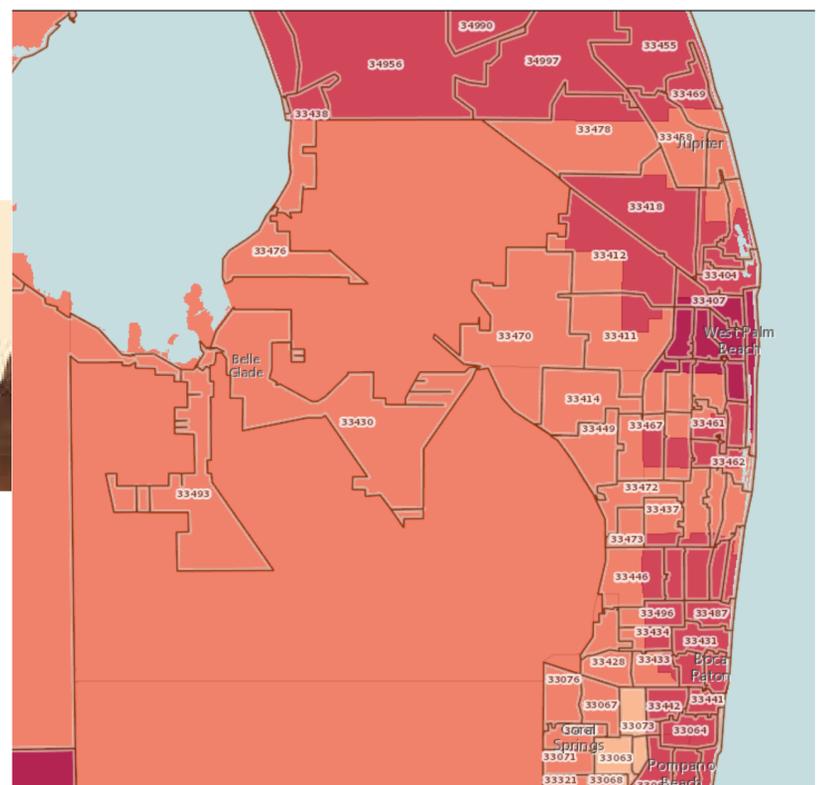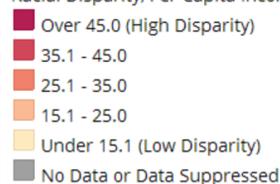
The orange shading shows areas where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds the set threshold.

The purple shading shows areas where the percentage of the population with no high school diploma exceeds the set threshold. Educational attainment is determined for all non-institutionalized persons age 25 and older.
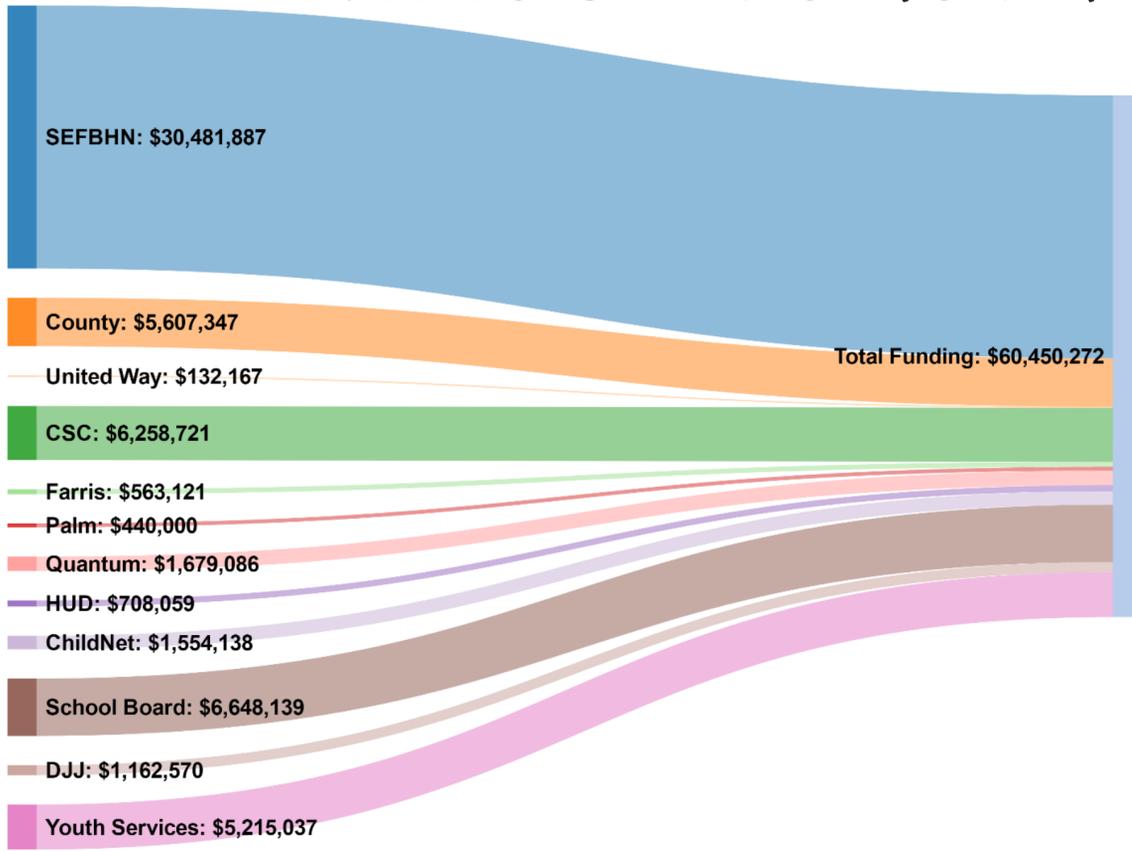
Source: US Census Bureau 2011-2015 American Community Survey

RACE TO EQUITY SUMMIT

Racial Disparity, Per Capita Income, Disparity Index Score by PUMA, ACS 2010-14
- Over 45.0 (High Disparity)
- 35.1 - 45.0
- 25.1 - 35.0
- 15.1 - 25.0
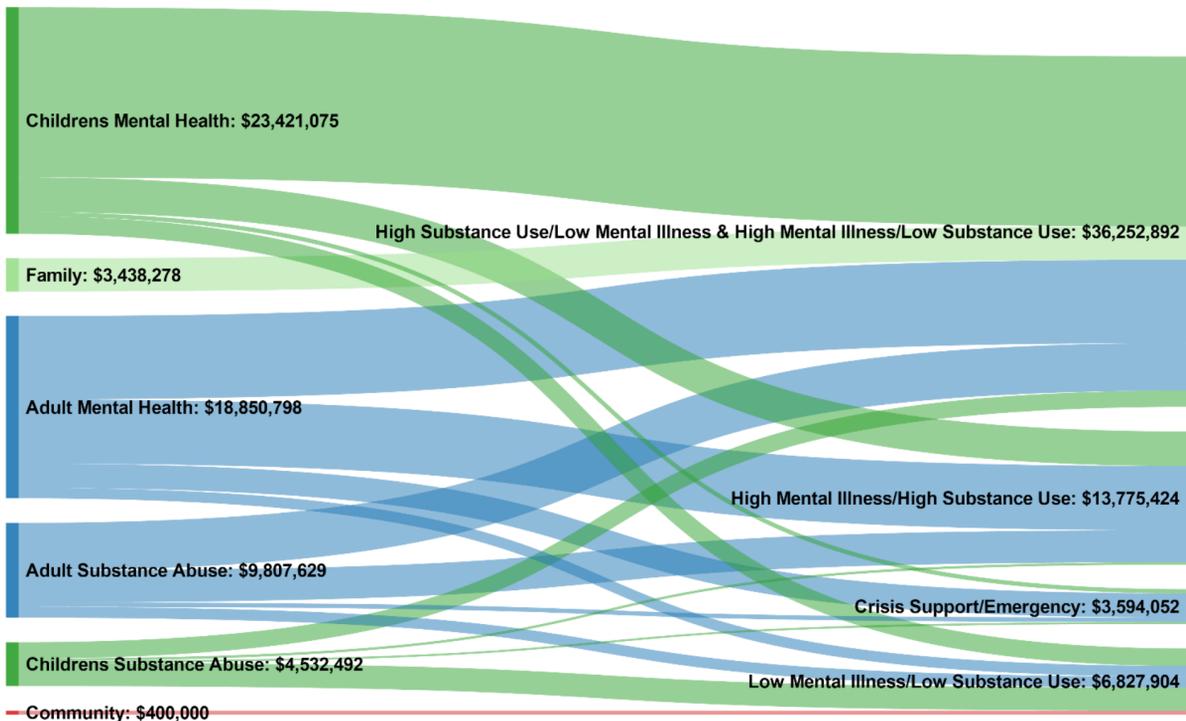- Under 15.1 (Low Disparity)
- No Data or Data Suppressed

Behavioral Health Funding Allocations *in* Palm Beach

Over $60 million

List not inclusive of all funding

SEFBHN: $30,481,887
County: $5,607,347
United Way: $132,167
CSC: $6,258,721
Farris: $563,121
Palm: $440,000
Quantum: $1,679,086
HUD: $708,059
ChildNet: $1,554,138
School Board: $6,648,139
DJJ: $1,162,570
Youth Services: $5,215,037

Total Funding: $60,450,272

Childrens Mental Health: $23,421,075
Family: $3,438,278
Adult Mental Health: $18,850,798
Adult Substance Abuse: $9,807,629
Childrens Substance Abuse: $4,532,492
Community: $400,000

High Substance Use/Low Mental Illness & High Mental Illness/Low Substance Use: $36,252,892
High Mental Illness/High Substance Use: $13,775,424
Crisis Support/Emergency: $3,594,052
Low Mental Illness/Low Substance Use: $6,827,904
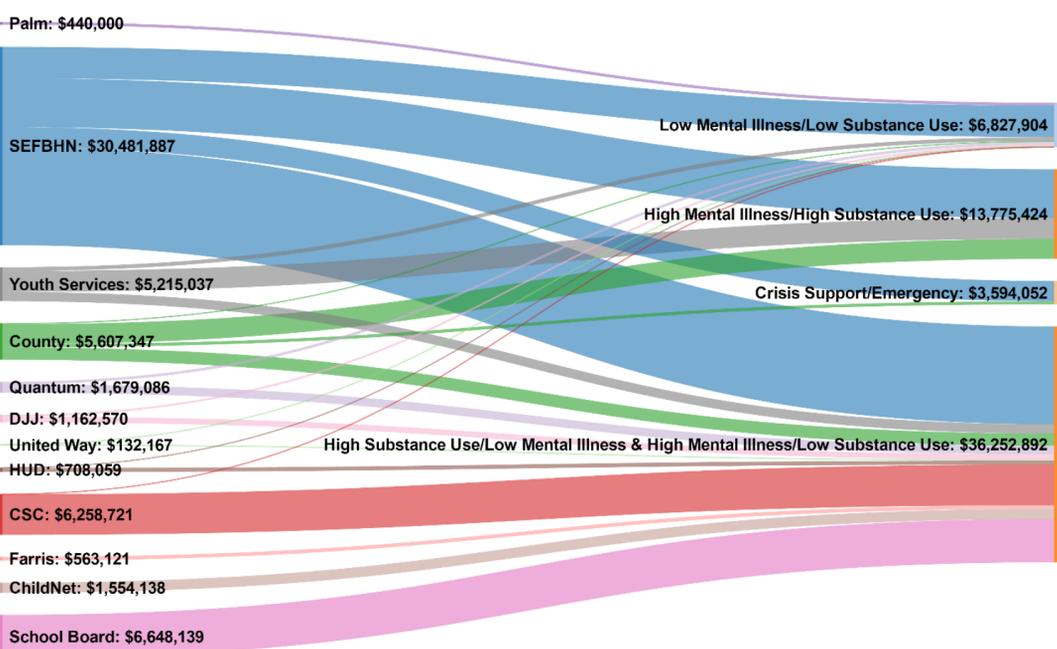
~60% High MI/Low SA
& High SA/Low MI
~23% High MI/High SA
~11% Low MI/Low SA

~39% Children's MH
~31% Adult MH
~16% Adult SA
~7% Children's SA

Palm: $440,000
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Youth Services: $5,215,037
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Housing and Supports *in* Palm Beach County

Supportive Housing
290 ▭ 20,394
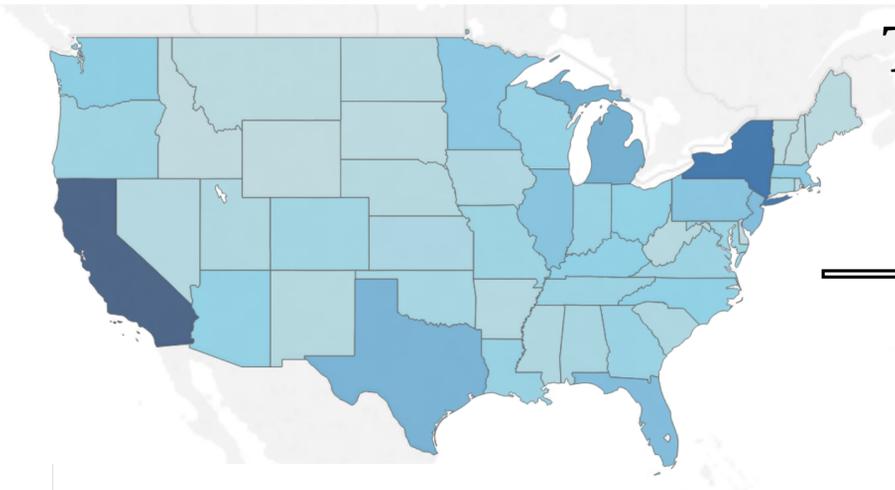
The #1 need identified through surveys, interviews, and focus groups: *housing with supports*

Supportive Housing Needs

According to the Corporation for Supportive Housing the total need for supportive housing in Florida is 6,864 beds. The Human and Veterans Services Division has commissioned a report reflecting the supportive housing needs specific to Palm Beach County. This report will be available in April 2017.
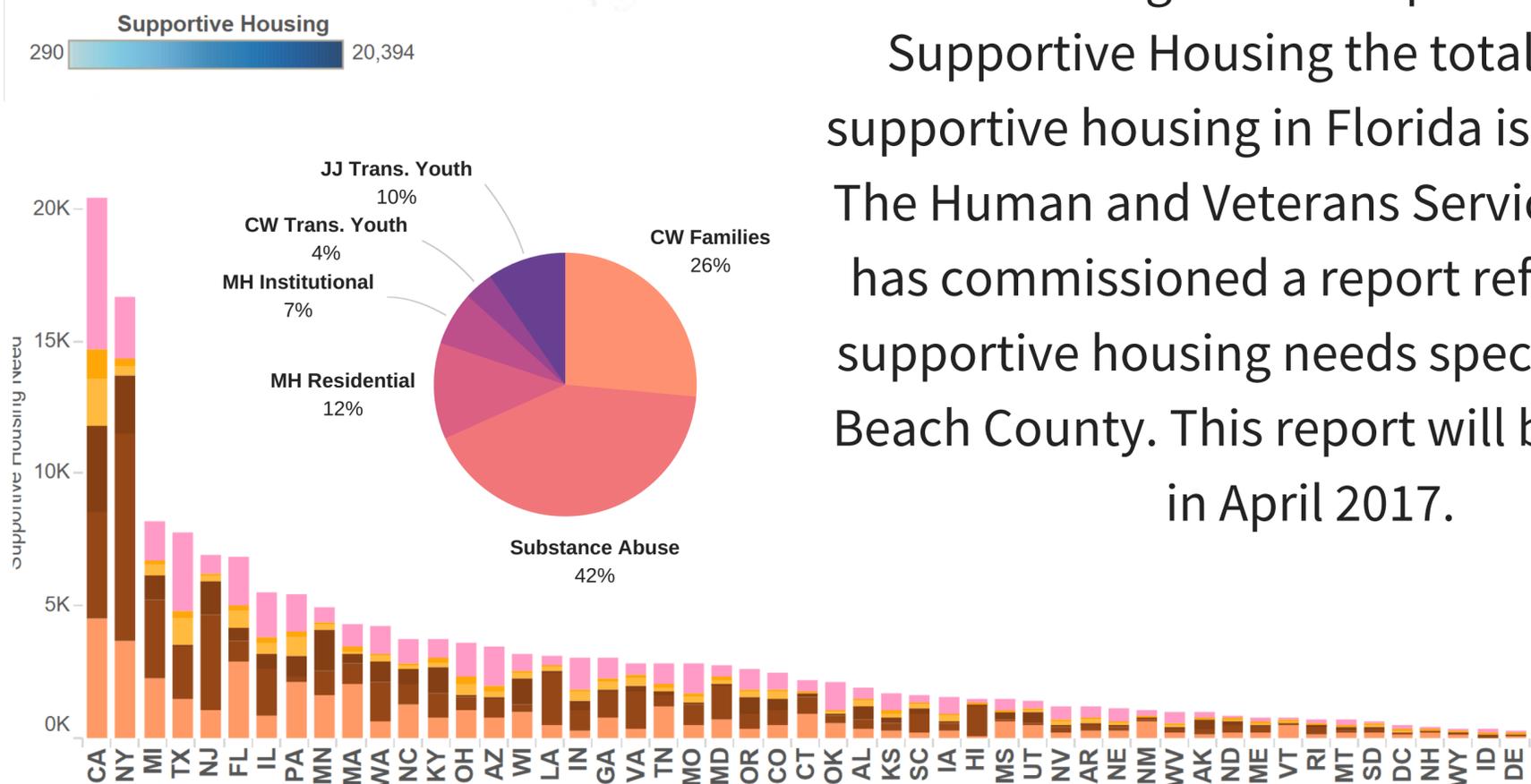
Current **Housing Inventory** in Palm Beach County:

Households with Children: 1,487

Single Male or Female: 595

Transition Age Youth: 10

SEFBHN/FAA funded **Residential Treatment** beds:

Youth: 20

Adult: 455

"Homelessness is about not having a home."-Stakeholder interviewee

Prevention and Early Intervention *in* Palm Beach County

For every $1 spent per youth on substance abuse prevention, society would save $18 in future treatment costs.

SAMHSA, 2009

Community-based prevention/early intervention

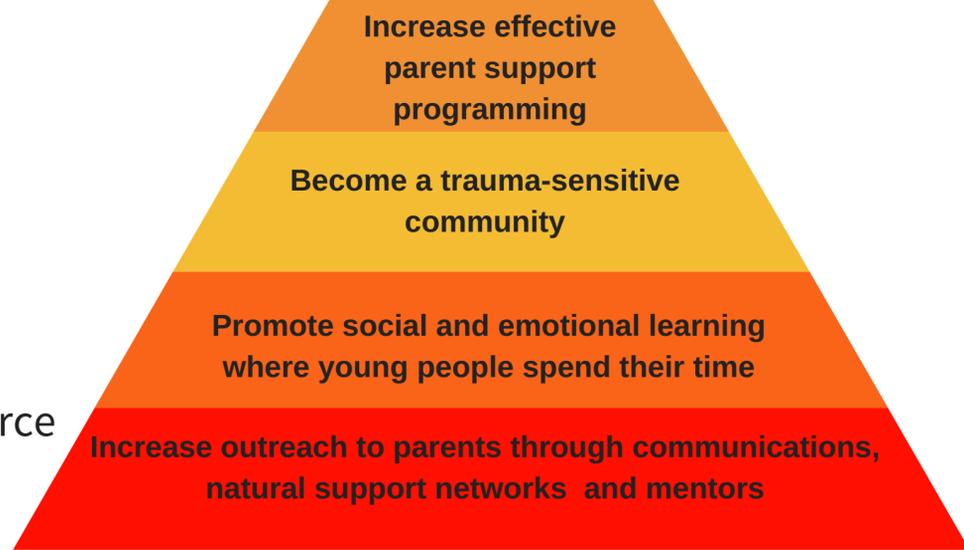Mental Health First Aid~Children's Behavioral Health Collaborative~Healthier Together~Family to Family OK2Talk/OK2Act~Peer Place~Action Alliance Gay Straight Alliance~Diversion~Aging and Disability Resource Center~211
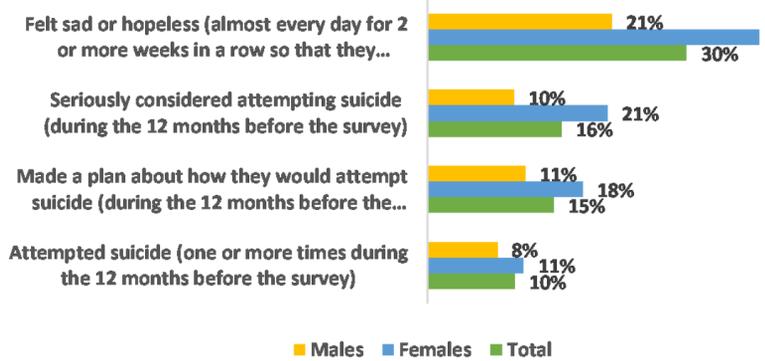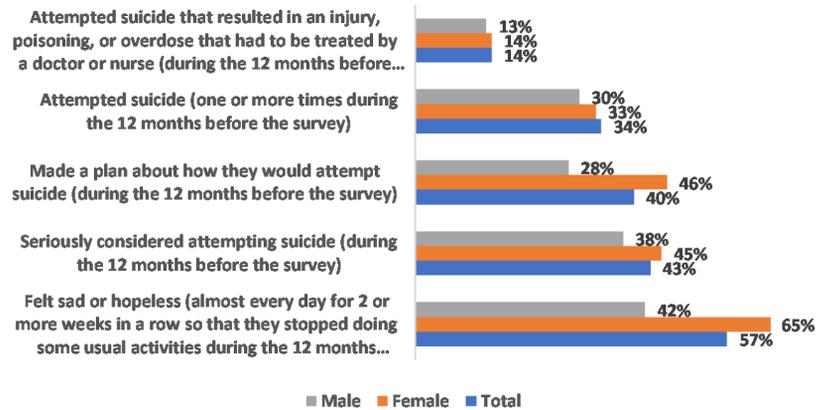
List is not all-inclusive

Birth TO 22
United For Brighter Futures

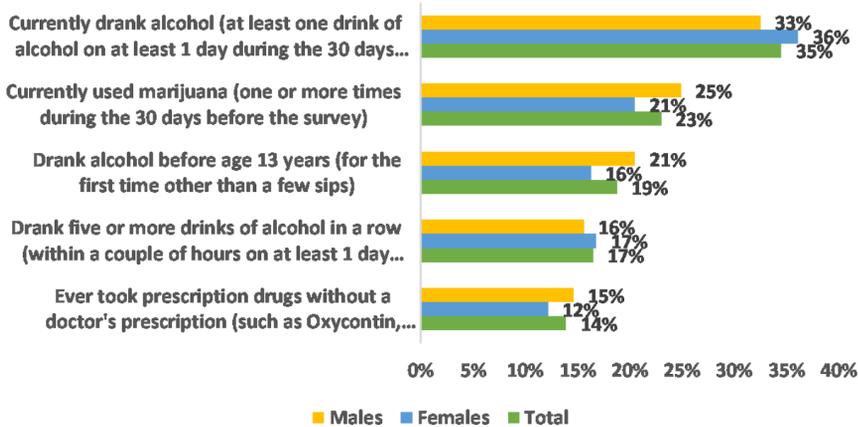- Increase effective parent support programming
- Become a trauma-sensitive community
- Promote social and emotional learning where young people spend their time
- Increase outreach to parents through communications, natural support networks and mentors

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YOUTH RISK BEHAVIOR SURVEILLANCE REPORT — 2015 RESULTS

Youth Risk Behavior Surveillance Survey, 2015
Palm Beach County High School Students

- Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they… — Males 21%, Total 38, Females 30%
- Seriously considered attempting suicide (during the 12 months before the survey) — Males 10%, Females 21%, Total 16%
- Made a plan about how they would attempt suicide (during the 12 months before the… — Males 11%, Females 18%, Total 15%
- Attempted suicide (one or more times during the 12 months before the survey) — Males 8%, Females 11%, Total 10%

■ Males ■ Females ■ Total

Youth Risk Behavior Surveillance Survey, 2015
Palm Beach County LGBTQ High School Students

- Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before… — Male 13%, Female 14%, Total 14%
- Attempted suicide (one or more times during the 12 months before the survey) — Male 30%, Female 33%, Total 34%
- Made a plan about how they would attempt suicide (during the 12 months before the survey) — Male 28%, Female 46%, Total 40%
- Seriously considered attempting suicide (during the 12 months before the survey) — Male 38%, Female 45%, Total 43%
- Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months… — Male 42%, Female 65%, Total 57%

■ Male ■ Female ■ Total

Youth Risk Behavior Surveillance Survey, 2015
Palm Beach County High School Students

- Currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days… — Males 33%, Females 36%, Total 35%
- Currently used marijuana (one or more times during the 30 days before the survey) — Males 25%, Females 21%, Total 23%
- Drank alcohol before age 13 years (for the first time other than a few sips) — Males 21%, Females 16%, Total 19%
- Drank five or more drinks of alcohol in a row (within a couple of hours on at least 1 day… — Males 16%, Females 17%, Total 17%
- Ever took prescription drugs without a doctor's prescription (such as Oxycontin,… — Males 15%, Females 12%, Total 14%

0% 5% 10% 15% 20% 25% 30% 35% 40%

■ Males ■ Females ■ Total

Youth Risk Behavior Surveillance Survey, 2015
Palm Beach County LGBTQ High School Students

- Ever used inhalants (sniffed glue, breathed the… — Total 14%, Female 25%, Male 41%
- Ever took prescription drugs without a doctor's… — Total 24%, Female 29%, Male 34%
- Ever used methamphetamines (also called… — Total 11%, Female 18%, Male 21%
- Ever used heroin (also called "smack," "junk," or… — Total 10%, Female 21%, Male 33%
- Ever used ecstasy (also called "MDMA," one or… — Total 13%, Female 21%, Male 29%
- Ever used cocaine (any form of cocaine, such as… — Total 11%, Female 20%, Male 30%
- Ever used synthetic marijuana (also called "K2",… — Total 21%, Female 29%, Male 36%
- Currently used marijuana (one or more times… — Total 29%, Female 33%, Male 36%
- Drank five or more drinks of alcohol in a row… — Total 25%, Female 27%
- Drank alcohol before age 13 years (for the first… — Total 27%, Female 35%, Male 44%

■ Male ■ Female ■ Total

Primary Exceptionalities
ESE Student Count as of November 2, 2015
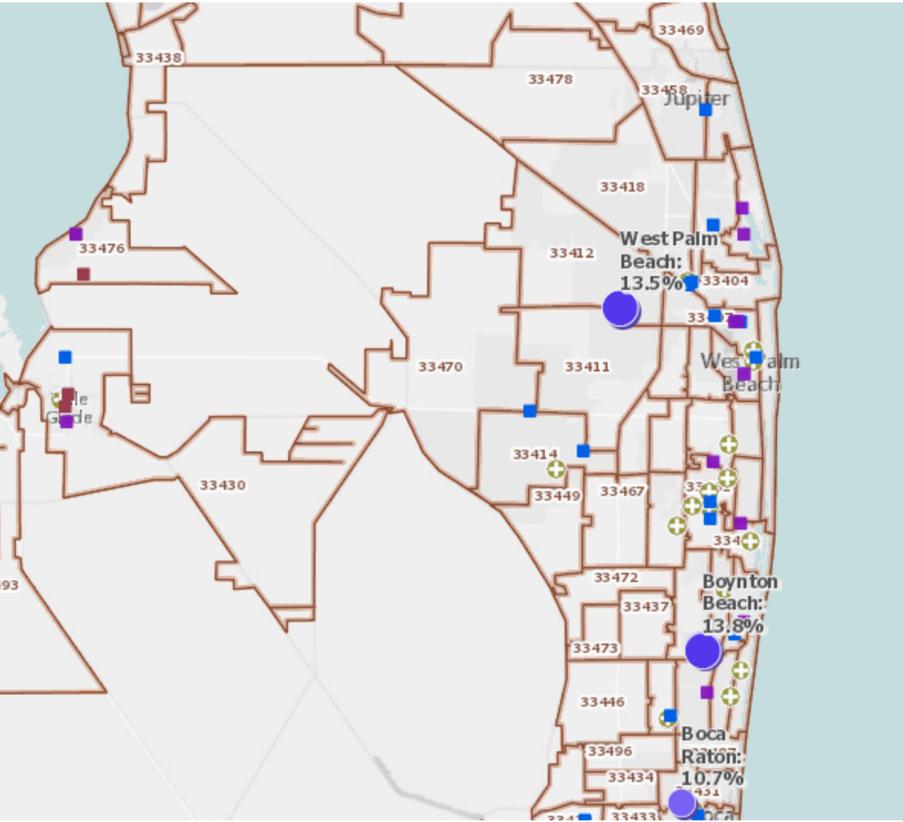
www.PalmBeachSchools.org
Your BEST Choice!

The School Board of Palm Beach County maintains **32** cooperative agreements with community-based organizations who provide prevention and early intervention on-site, as well as **1** FTE psychiatrist who is a School Board employee.
The Healthcare District funds **257** School Nurses on **180** school campuses throughout Palm Beach County.
The Drug Abuse Treatment Association provided substance abuse prevention services to **2,734** students in SY15-16.

Psychiatric Emergencies in Palm Beach County

Map Legend

✛ Substance Abuse Facilities - Detox Services, SAMHSA Nov. 2014 ◼ Federally Qualified Health Centers, POS Jun. 2016
◼ All Hospitals, POS Jun. 2016 ◼ Rural Health Clinics, POS Jun. 2016
Poor Mental Health, Prevalence Among Adults Age 18+ by City, BRFSS 2014
● Over 14.0%
● 12.1% - 14.0%
● 10.1% - 12.0%
● Under 10.1%
● No Data or Data Suppressed

Community Commons, 2/7/2017

System Capacity

Adult (total-271 beds)

Delray Medical: 53

JFK: 31

JFK North: 60

South County MHC: 35

St. Mary's: 40

Jerome Golden CBH Glades: 8
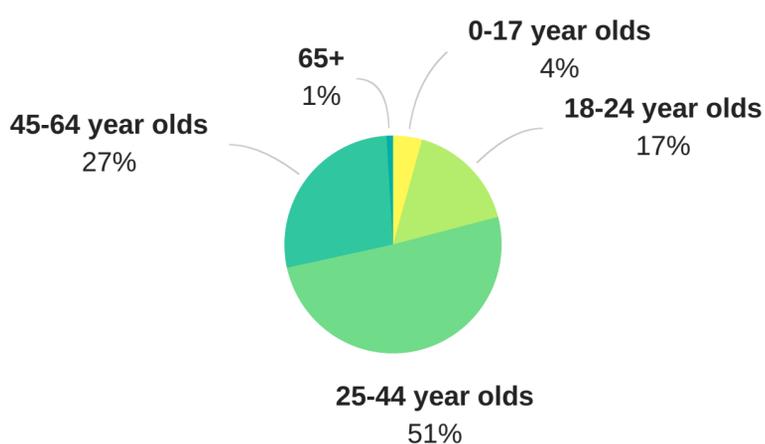
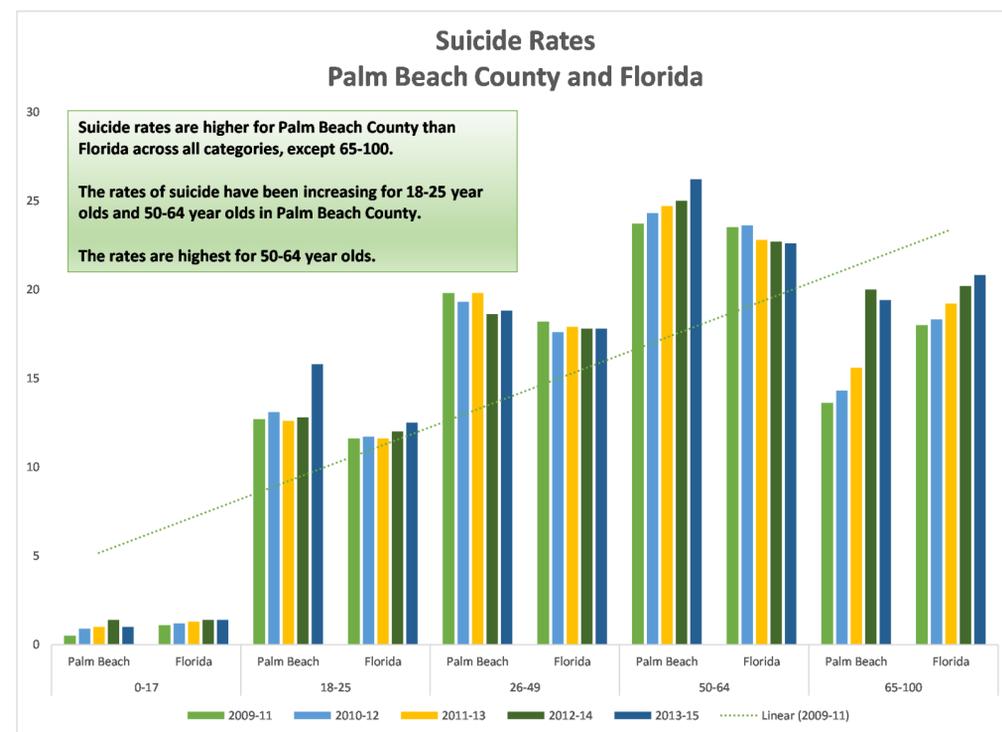Jerome Golden CBH WPB: 44

Youth (total-22 beds)

JFK: 20 beds

Jerome Golden CBH Glades: 2
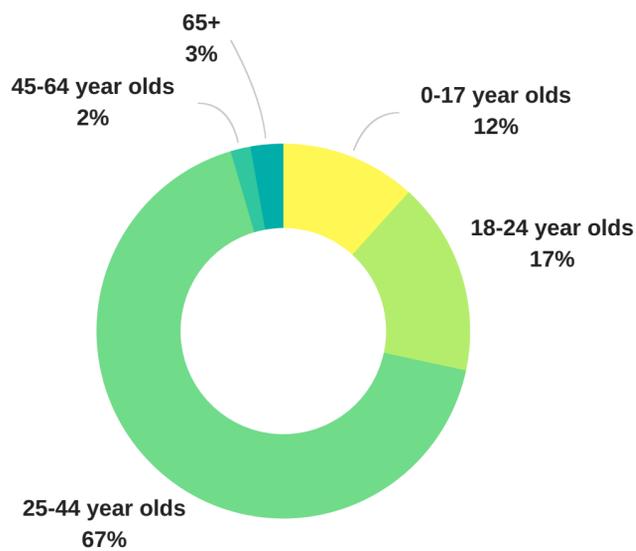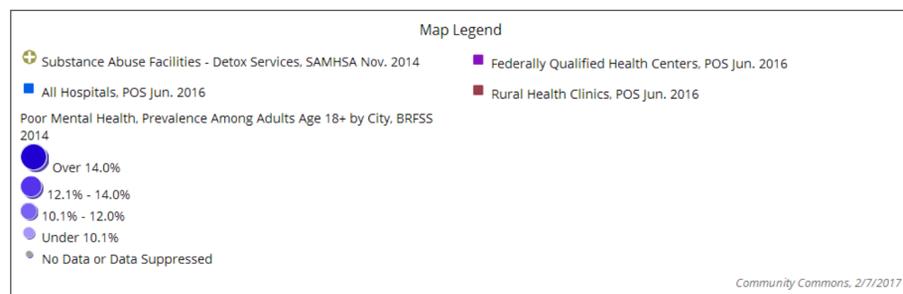
2,834 received

Mobile Crisis services FY15-16

2,730 individuals received SEFBHN and FAA funded **Crisis Stabilization** services FY15-16

# Expected vs. Receipt of Behavioral Health Services in Palm Beach County

Substance Abuse	High	High Substance Abuse/Low Mental Illness	High Substance Abuse/High Mental Illness
	Low	Low Substance Abuse/Low Mental Illness	High Mental Illness/Low Substance Abuse
		Low	High
		Mental Illness	

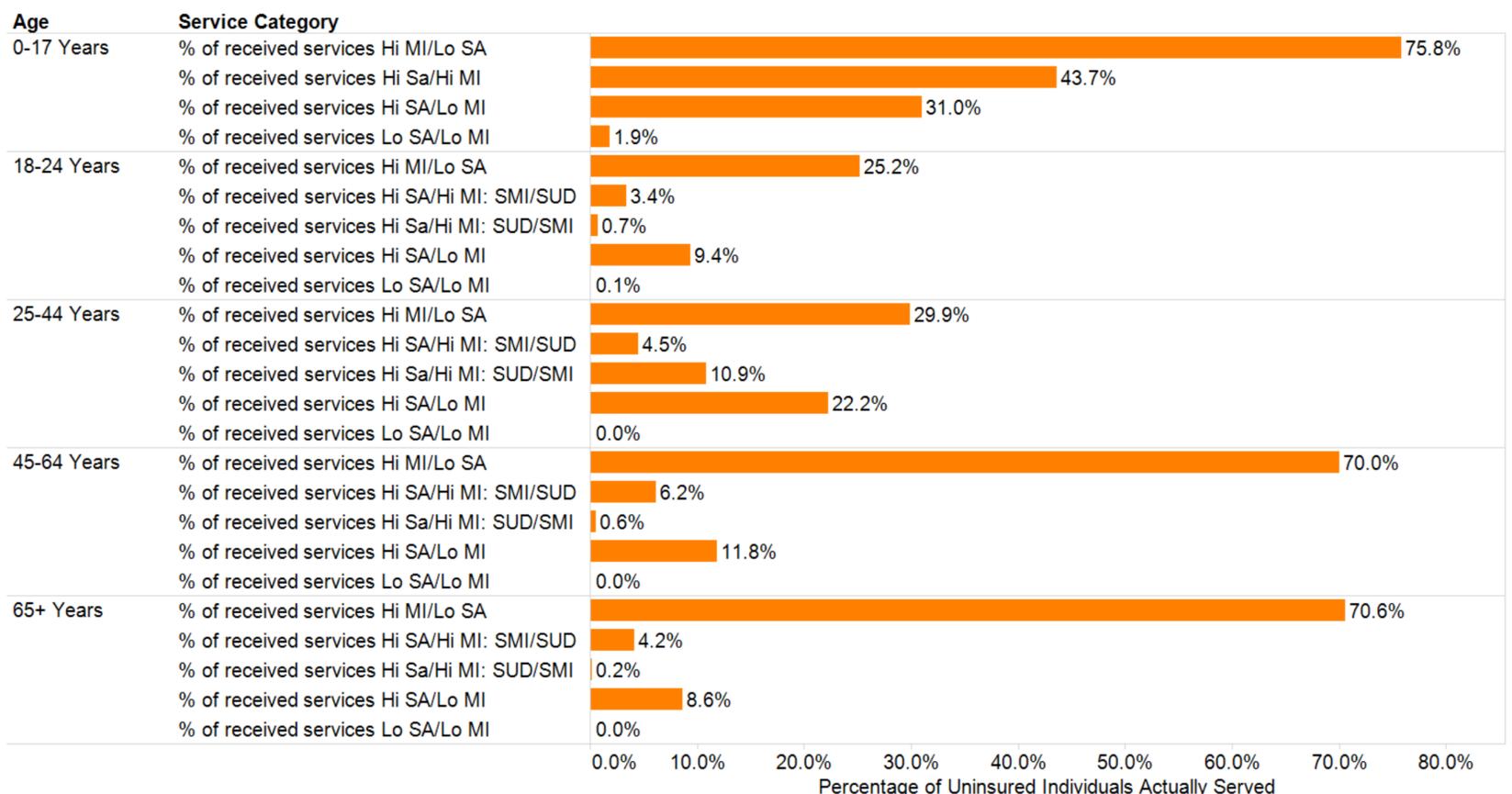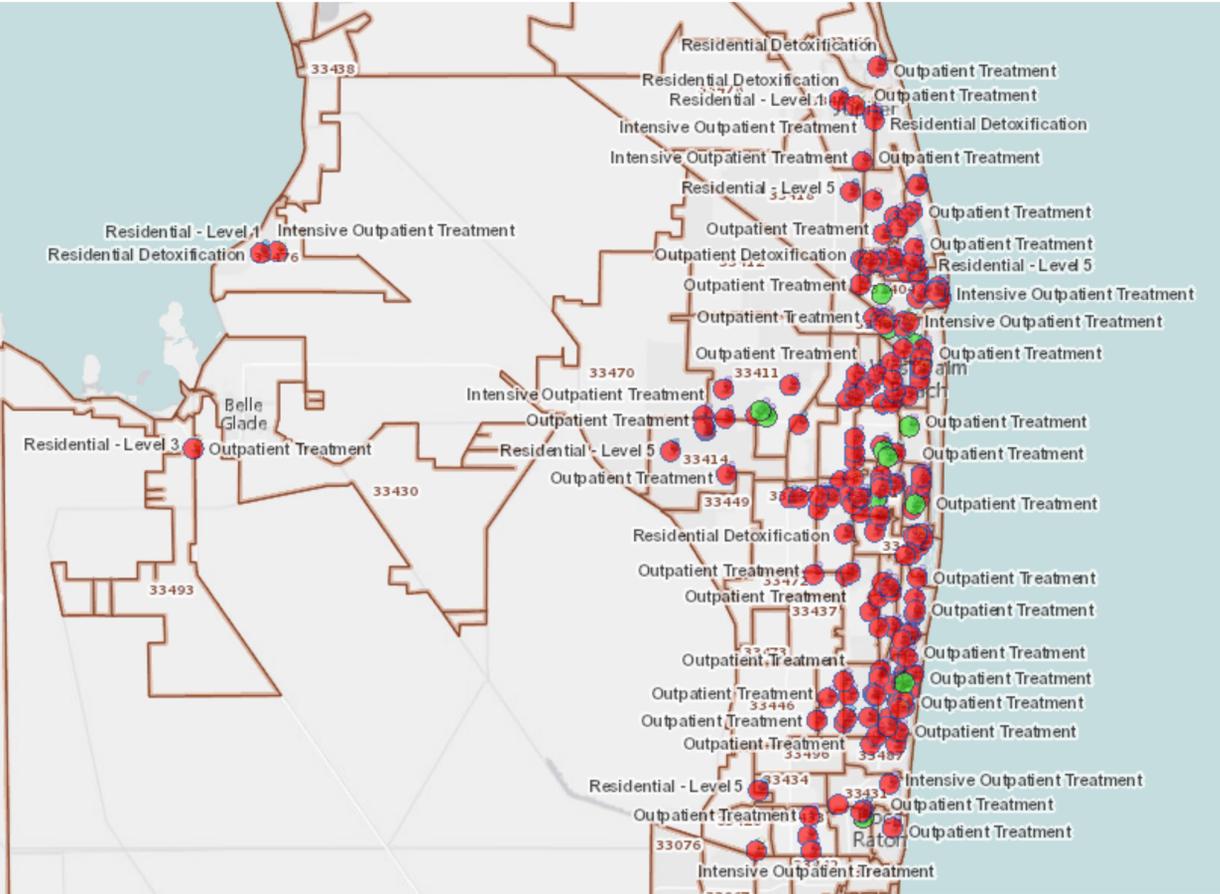| High Substance Abuse/Low Mental Illness | Outpatient, Day Treatment, Medical, Supportive Housing, Supported Employment | High Substance Abuse/High Mental Illness | Detox, Crisis Stabilization, Inpatient, Residential |
| Low Substance Abuse/Low Mental Illness | Prevention | High Mental Illness/Low Substance Abuse | Outpatient, Day Treatment, Medical, Supportive Housing, Supported Employment |

Total uninsured by age group

Age group	Total uninsured
0-17	31572
18-24	34426
25-44	100430
45-64	68510
65+	4753
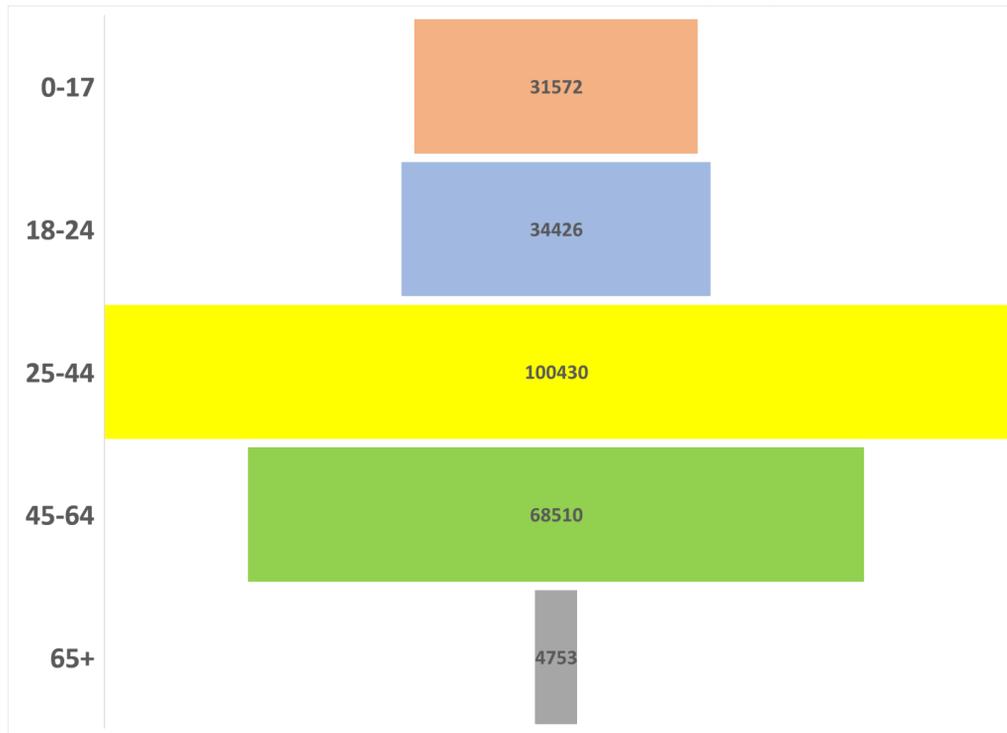
Percentage of age group who received services in High/High and High/Low Quadrants

Age group	Percentage
0-17	68%
18-24	8%
25-44	15%
45-64	11%
65+	14%
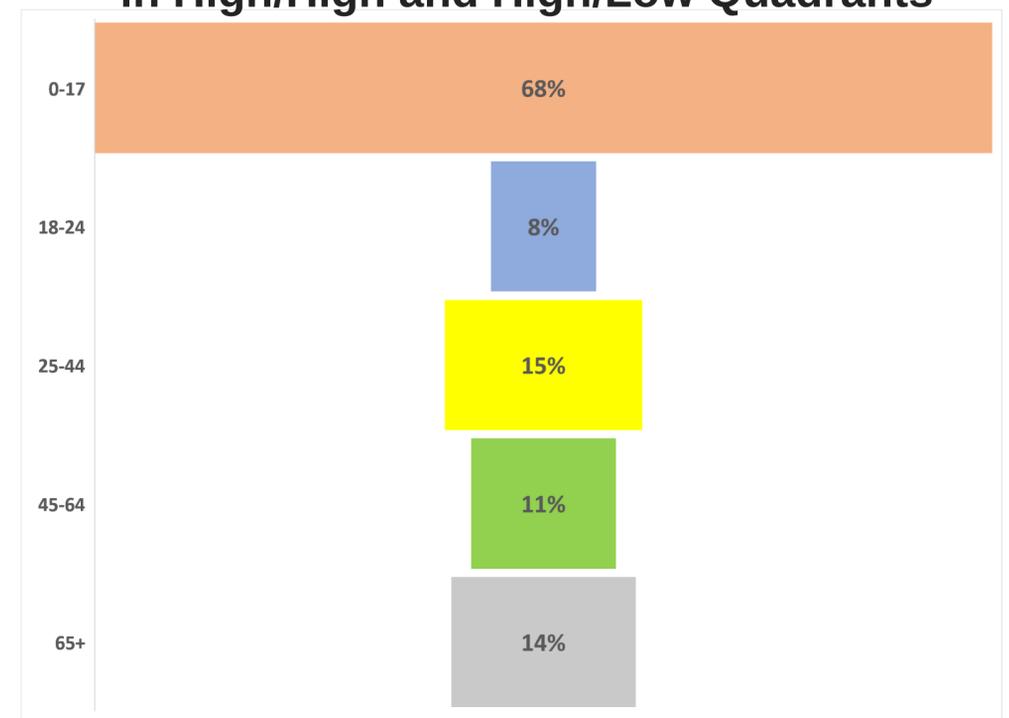
% of those uninsured expected to need services compared to those who received services by age group by severity of need

Age	Service Category	Percentage
0-17 Years	% of received services Hi MI/Lo SA	75.8%
	% of received services Hi Sa/Hi MI	43.7%
	% of received services Hi SA/Lo MI	31.0%
	% of received services Lo SA/Lo MI	1.9%
18-24 Years	% of received services Hi MI/Lo SA	25.2%
	% of received services Hi SA/Hi MI: SMI/SUD	3.4%
	% of received services Hi Sa/Hi MI: SUD/SMI	0.7%
	% of received services Hi SA/Lo MI	9.4%
	% of received services Lo SA/Lo MI	0.1%
25-44 Years	% of received services Hi MI/Lo SA	29.9%
	% of received services Hi SA/Hi MI: SMI/SUD	4.5%
	% of received services Hi Sa/Hi MI: SUD/SMI	10.9%
	% of received services Hi SA/Lo MI	22.2%
	% of received services Lo SA/Lo MI	0.0%
45-64 Years	% of received services Hi MI/Lo SA	70.0%
	% of received services Hi SA/Hi MI: SMI/SUD	6.2%
	% of received services Hi SA/Hi MI: SUD/SMI	0.6%
	% of received services Hi SA/Lo MI	11.8%
	% of received services Lo SA/Lo MI	0.0%
65+ Years	% of received services Hi MI/Lo SA	70.6%
	% of received services Hi SA/Hi MI: SMI/SUD	4.2%
	% of received services Hi Sa/Hi MI: SUD/SMI	0.2%
	% of received services Hi SA/Lo MI	8.6%
	% of received services Lo SA/Lo MI	0.0%

0.0%   10.0%   20.0%   30.0%   40.0%   50.0%   60.0%   70.0%   80.0%
Percentage of Uninsured Individuals Actually Served

Substance Use in Palm Beach County

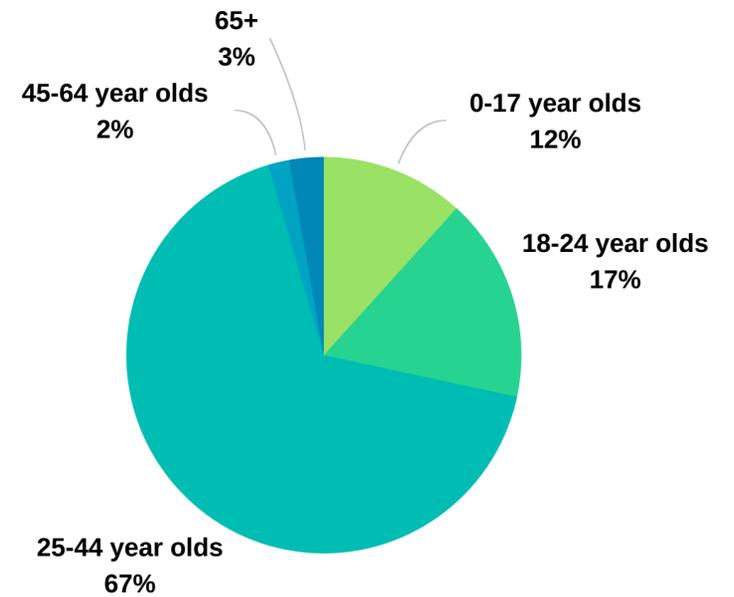Source: www.myflfamilies.com October 2016; SEFBHN Catalogue of Care, August 2016
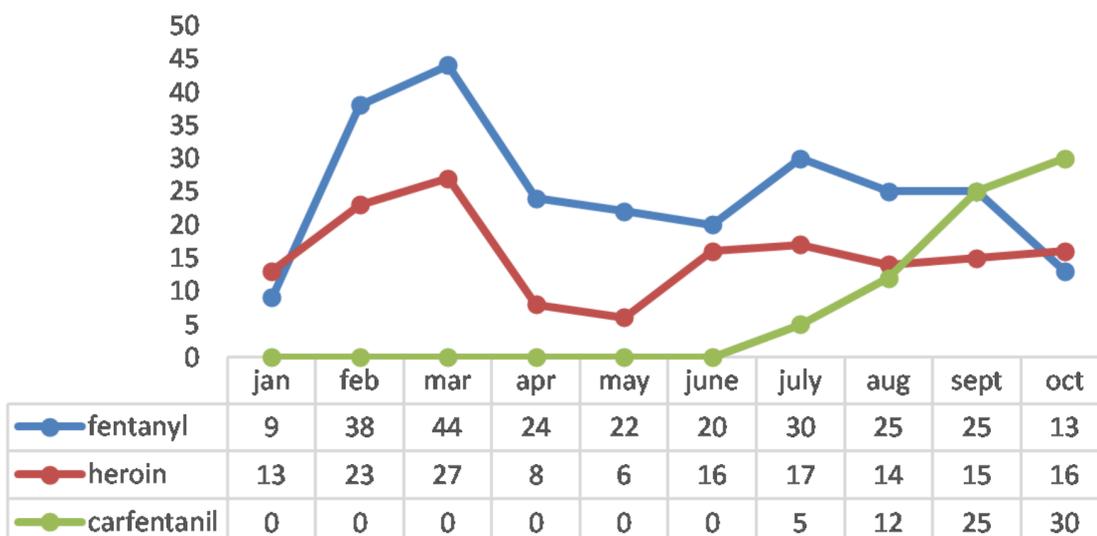
687 **For-profit**

52 **Publicly Funded** locations

Publicly Funded Bed Capacity:

1 Children's Detox

12 Children's Residential

24 Adult Detox

288 Adult Residential

2,206 individuals received SEFBHN and FAA funded Residential and Detox services FY15-16

65+
3%

45-64 year olds
2%

0-17 year olds
12%

18-24 year olds
17%

25-44 year olds
67%

Accidental Overdoses January - October 2016 Palm Beach County

	jan	feb	mar	apr	may	june	july	aug	sept	oct
fentanyl	9	38	44	24	22	20	30	25	25	13
heroin	13	23	27	8	6	16	17	14	15	16
carfentanil	0	0	0	0	0	0	5	12	25	30

Source: Palm Beach County Medical Examiner's Office

Rates per 100,000 of Heroin-Related Deaths by Florida Management Regions: 2015

Region	Rate
Northwest	2.59
Northeast	2.27
Central	7.51
Suncoast	3.71
Southeast	10.13
Broward	5.21
Southern	4.06
State of Florida	4.68

Rate per 100,000 population
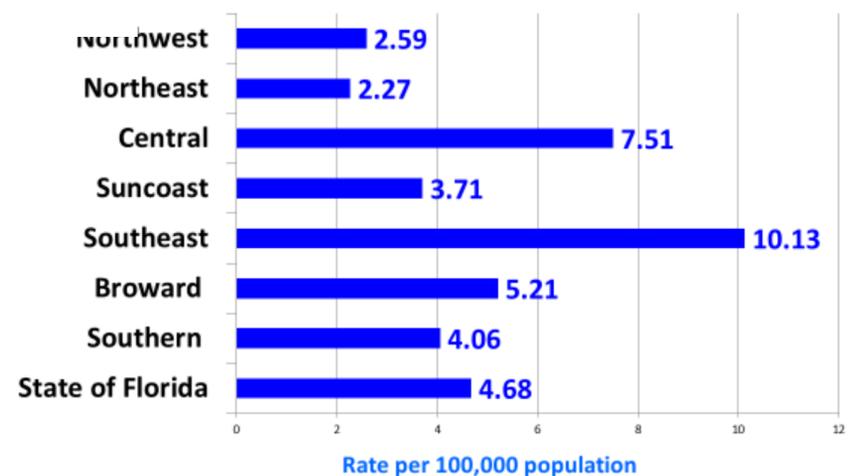
Source: FDLE – Drugs Identified In Deceased Persons by Florida Medical Examiners 2015 Annual Report

Behavioral Health Workforce in Palm Beach County

Palm Beach County has a *higher rate* of shortages of mental health professionals than
Broward
Miami-Dade
Hillsborough

HRSA, 2016

Reported Challenges:
access to psychiatrists
reported wait time for initial appointments 4-6 weeks
lack of qualified bilingual clinicians
high rates of turnover
high caseloads
"The War for Talent" competing with for-profit providers for salary

Availability of BH Professionals in Palm Beach County:
Total: 2,281
Ratio: 604:1
Peer Support: The BH system has embraced the use of peers and continues to support training and education to enhance the workforce

FLORIDA 41

Workforce Availability

ranks out of 51   690:1
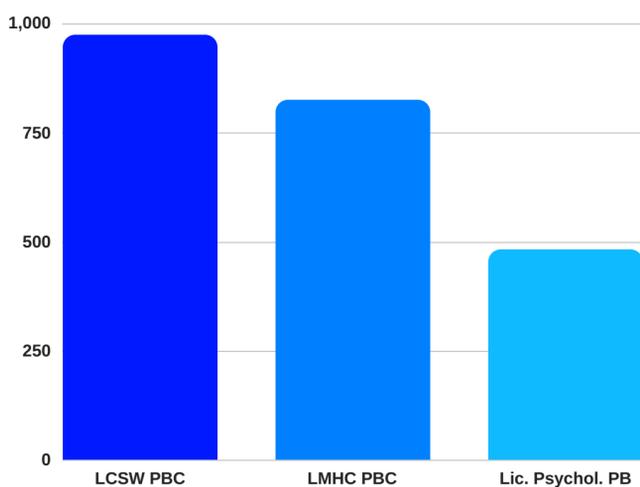
1 IN 5 ADULTS HAVE A MENTAL HEALTH CONDITION

THAT'S OVER 40 MILLION AMERICANS

MORE THAN THE POPULATIONS OF NEW YORK & FLORIDA COMBINED

YOUTH MENTAL HEALTH IS WORSENING

RATES OF YOUTH DEPRESSION

8.5% IN 2011   11.1% IN 2014

EVEN WITH SEVERE DEPRESSION, 80% ARE LEFT WITH NO OR INSUFFICIENT TREATMENT.

MORE AMERICANS HAVE ACCESS TO SERVICES

ACCESS TO INSURANCE INCREASED

SO DID ACCESS TO TREATMENT

Healthcare reform has reduced the **rates of uninsured adults** with mental health conditions; **HOWEVER,**

19% REMAINED UNINSURED IN STATES THAT **DID NOT** EXPAND MEDICAID.

13% REMAINED UNINSURED IN STATES THAT **DID** EXPAND MEDICAID.

MOST AMERICANS LACK ACCESS TO CARE

56% of American adults with a mental illness **DID NOT** receive treatment

Even in Vermont, the state with the best access

43% of adults with a mental illness **did not** receive treatment.

CLOSED

THERE IS A SERIOUS MENTAL HEALTH WORKFORCE SHORTAGE

In states with the lowest workforce, there's only **1 mental health professional per 1,000 individuals**

This includes psychiatrists, psychologists, social workers, counselors and psychiatric nurses **COMBINED.**

LESS ACCESS TO CARE MEANS MORE INCARCERATION

Arkansas, Mississippi, and Alabama

had the **least** access to care and **highest** rates of imprisonment

There are over **57,000 people** with mental health conditions in prison and jail in those states alone **that's enough to fill Madison Square Garden**

3 times

Source: Mental Health America, 2017

LCSW PBC   LMHC PBC   Lic. Psychol. PB

Four Quadrant Model: Co-Occurring Disorders by Severity

(taken from the Florida Department of Children and Families Policy Paper on Co-occurring Mental Health and Substance Abuse Disorders)

Commonly called the "Four Quadrant Model" or "New York Model" (NASMHPD/NASADAD, 1998), the framework outlined in the figure below is based on the assumption that persons with co-occurring disorders vary in the degree of severity of their co-occurring mental health and substance use disorders. Some persons will be affected by mental disorders to a greater degree than their co-occurring substance use disorders. Others may be affected by their substance use disorders to a greater degree than by their mental disorders and still others may be greatly affected by both. The present model places individuals in four major categories based on severity:

- Quadrant I: Less severe mental disorder/Less severe substance use disorder. Persons in Quadrant I are those individuals who may or may not already be involved in the mental health or substance abuse service systems. Those who are involved may generally be found in outpatient settings with problems such as anxiety, depression, or family problems or in substance abuse treatment programs with substance abuse problems (not usually clear cut substance dependence). In many instances, the problems may not be severe enough to bring them to the attention of either system. This category may include children, adolescents and adults at-risk for developing mental or substance use disorders who will frequently be found in **primary health care settings, school or community programs or receiving no care at all.** Programs may have the greatest impact on this group by minimizing the future impact of these disorders through **prevention** and **early intervention** programs.

- Quadrant II: More severe mental disorder/Less severe substance abuse disorder. Persons in Quadrant II are likely to be or have been involved with the mental health system due to a more readily apparent mental disorder. This group often includes persons with a **severe mental illness** complicated by substance abuse (whether or not the person sees their use as a problem).

- Quadrant III: Less severe mental disorder/More severe substance use disorder. Persons in Quadrant III are more likely to be or have been involved with the substance abuse system due to a more readily apparent **substance use** disorder. Individuals in this group are more likely to have a diagnosis of **substance dependence** with psychiatric symptoms but do not have a severe and persistent mental illness. Included within this group will be persons with substance-induced and substance exacerbated psychiatric disorders.

- Quadrant IV: More severe mental disorder/More severe substance abuse disorder. Persons in Quadrant IV are those with a **severe and persistent mental illness** who have an accompanying problem of **substance dependence.** These individuals typically need **integrated treatment** for both disorders. Individuals in this group often are found in settings that are largely inappropriate for their needs (e.g., jails, homeless shelters, the streets, state hospitals). This group tends to be the most chronic and severe, uses the most resources, is the most difficult to serve, and tends to have the worst outcomes in fragmented systems of care. However, integrated comprehensive, continuous services provided to this group can improve long-term outcomes for these individuals.

Figure 1

Co-occurring Disorders by Severity

| | III | IV |
| Less severe mental disorder/ More severe substance use disorder | More severe mental disorder/ More severe substance use disorder |

| I | II |
| Less severe mental disorder/ Less severe substance use disorder | More severe mental disorder/ Less severe substance use disorder |

High Severity

Low Severity

Substance Use Disorder

High Severity

Mental Disorders