

BEHAVIORAL HEALTH CARE EXPENDITURES AND SERVICES FOR CHILDREN AND ADOLESCENTS

The Center for Financing Reform & Innovations (CFRI), under contract with the Substance Abuse and Mental Health Services Administration (SAMHSA), developed a series of issue briefs to highlight information on key topics from the 2013, *Funding and Characteristics of Single State Agencies for Substance Abuse Services and State Mental Health Agencies (State Profiles)* project. This series focuses on the organizational structure, major policy initiatives, services provided, and financing of single state agencies (SSAs) for substance abuse services and state mental health agencies (SMHAs). The goal of this series is to allow readers to identify common national trends in services for individuals with mental and substance use disorders (SAMHSA, 2013a). The information was collected and integrated from federal, state,¹ and other data systems. This issue brief is based on the latest information about and from states compiled and analyzed in 2013. States may have changed their intended services, plans, and policies since this report was written.

The State Profiles 2013 report was created with guidance from an expert panel of federal officials, SSA and SMHA leaders, and stakeholder groups such as national mental and substance use disorder provider associations, consumers, and other potential data users. It was developed using existing information sources whenever possible, and those sources were supplemented by information compiled directly from SSAs and SMHAs by the National Association of State Mental Health Program Directors Research Institute, Inc. (NRI) and the National Association of State Alcohol/Drug Abuse Directors (NASADAD).

Information collected as part of the State Profiles 2013 project included breakouts of expenditures and services by age group. This issue brief focuses on

state expenditures on and services provided for mental and substance use disorder prevention and treatment for children and adolescents.

Mental and substance use disorders pose a significant challenge for children and adolescents. In any given year, 5 percent to 9 percent of youths between the ages of 9 and 17 have a serious emotional disturbance that significantly impairs their ability to function (SAMHSA, 1998). Incidence of depression has been found in children as young as 3 years, and studies suggest that early treatment of young children may be a key to affecting long-term change (Luby, 2013). Early detection of mental and behavioral health issues is critical. Although behavior and specific anxiety disorders tend to appear during childhood, major mental and substance use disorders are more likely to be diagnosed during adolescence and early adulthood. Increasing evidence suggests that early intervention can reduce the severity and persistence of mental disorders (de Girolamo, Dagani, Purcell, Cocchi, & McGorry, 2012). Early mental disorders may also be a precursor to subsequent drug use problems, suggesting an additional rationale for early intervention (Liang, Chikritzhs, & Lenton, 2011).

Despite this evidence of the need for intervention, about 60 percent of children and adolescents with mental disorders do not receive mental health services. In 2013, only 38.1 percent of adolescents who had a major depressive episode in the past year received treatment or counseling for depression. There were 2.2 million adolescent illicit drug users in 2013, and only 11 percent of illicit drug users aged 12 years and older received treatment (SAMHSA, 2014a). It is important to describe the services that states are currently providing and their associated expenditures to examine ways to meet the present treatment needs.

Expenditures for Children and Adolescents

Mental Health Services, Fiscal Year 2012

Of the \$39.5 billion SMHAs spent on mental health prevention and treatment services in fiscal year (FY) 2012, \$9.9 billion (24.8 percent) was spent for children aged 0 through 17 years. Annual per capita expenditures for children's mental health services averaged \$132.5 per child in the United States, compared with \$99.4 for adults (see Appendix A).

Expenditures for children's community mental health services were \$9.3 billion, representing 33 percent of total community mental health spending (see Appendix B). Spending for children was much lower in state psychiatric hospitals, where many states no longer serve individuals younger than 18 years. Total expenditures for children in state psychiatric hospitals were \$567.4 million, which represented 6 percent of state psychiatric hospital expenditures (see Appendix C). Note that at the federal level, there are other programs that support mental health services for children.

Substance Use Disorder Prevention and Treatment, Fiscal Year 2012

Data for expenditures on substance use disorder prevention and treatment gathered for the State Profiles 2013 project covered expenditures on individuals aged 12 years and older and were not categorized by age group. Therefore, it was not possible to perform the age comparisons that were provided for mental health expenditures. SSA expenditures were \$4.9 billion in FY 2012, or about \$19 per person aged 12 years and older.

Services for Children and Adolescents

Mental Health Services

Responsibility

There is an SMHA in each of the 50 states and the District of Columbia responsible for organizing, funding, and providing mental health services for children and adolescents. Responsibility for providing

Key Terms

State Mental Health Agency: SMHAs organize, coordinate, and directly operate some mental health services and reimburse community providers for other mental health services. They provide direct psychiatric treatment and medication as well as housing, employment, education, and primary care coordination to help consumers recover and live in their own communities.

Single State Agency for Substance Abuse Services: Each SSA is the single state authority for substance use disorder for the state. It is responsible for providing and refining a statewide network of providers. These providers offer a continually improving continuum of primary prevention, intervention, treatment, and recovery services for individuals, families, and communities. In addition, most SSAs testify before the legislature, provide technical assistance, administer discretionary grants, monitor service quality, convene community coalitions, and regulate programs.

Serious Emotional Disturbance: Individuals with a serious emotional disturbance are defined as "persons from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R that results in functional impairment which substantially interferes with or limits that child's role or functioning in family, school, or community activities" (SAMHSA, 2014b). In some states, only children with serious emotional disturbances are eligible for mental health services from SMHA-funded or SMHA-operated providers.

mental health services for children and adolescents lies solely within the same agency as the adult SMHAs in 32 states (64 percent), is shared by the SMHA with another agency in 17 states (33 percent), and resides in a separate state agency from the Adult SMHA in Connecticut and Delaware.

Eligibility

Mental Health Block Grant (MHBG) funds can be spent only for children with serious emotional disturbance (SED) or those who are at risk of SED. States may develop their own definitions of SED if those definitions are more restrictive than SAMHSA’s definition. A total of 29 states, the District of Columbia, and 7 U.S. territories have adopted the federal SED definition; 21 states have their own definition.

In 2012, 73 percent of all children served by SMHAs had SED. In 10 states, all children served had SED. These SMHAs have strict service eligibility requirements whereby state funds may be used only for adults with a serious mental illness and children with SED.

Some states have eligibility criteria that restrict who can receive mental health services from SMHA-operated or SMHA-funded providers. In 28 states, all children with any mental illness are eligible for services from mental health providers that are operated or funded by an SMHA when the services are funded by state general or special funds; in 19 states, only children with SED are eligible.

In some states, restrictions on eligibility for services from SMHA-operated or SMHA-funded providers also apply to Medicaid and other funding sources. In 29 states, all children with any mental illness are eligible for services funded by Medicaid, whereas in 17 states only children with SED are eligible. In 19 states, all children with a mental illness are eligible for services

funded through other funding sources, whereas in 13 states only children with SED are eligible.

Treatment Settings for Children Receiving Mental Health Services

Twenty-eight percent of the 7.2 million individuals who received treatment services provided or funded by the SMHAs in 2012 were children. These children received services in a variety of treatment settings including community centers (96 percent), state psychiatric hospitals (1 percent), residential treatment centers (1 percent), and other psychiatric inpatient settings (4 percent).²

Prevention Services

Forty-five SMHAs collaborate with other systems or stakeholder groups on initiatives to prevent risk factors related to mental health issues and to foster resilience. Some states noted collaborations and partnerships within the states; these groups are partnering with planning councils, child welfare programs and services, disability councils, local school boards, the military, juvenile justice, public health agencies, System of Care services and supports, primary care services, peer support services, and legislatures.

Early Intervention

Early intervention programs—designed to provide screening tests and get individuals into treatment at the first sign of symptoms of mental illness—can reduce the severity and duration of some mental illnesses. A number of SMHAs reported early intervention programs for children and adolescents with mental illness either statewide (17 states) or in parts of the state (19 states). Twenty-nine states have partnerships to increase the early identification and treatment of depression. These include partnering with school mental health programs.

Table 1. Early Intervention Initiatives for Children, by State, 2013

State	Statewide	Description of Early Intervention Initiatives for Children
Alaska	No	Signs of Suicide is offered as a school-based program.
California	Yes	California implements the Prevention and Early Intervention (PEI) program.
Colorado	Yes	Colorado implements the System of Care (SOC) and early childhood programs.
Connecticut	Yes	Connecticut uses Child First (Child and Family Interagency Resource, Support, and Training). This is an innovative, home-based, early childhood intervention. It is embedded in a system of care that works to decrease the incidence of serious emotional disturbance, developmental and learning problems, and abuse and neglect among the most vulnerable young children and families.

Table 1. Early Intervention Initiatives for Children, by State, 2013—continued

State	Statewide	Description of Early Intervention Initiatives for Children
District of Columbia	Yes	<p>Prevention Programs</p> <ol style="list-style-type: none"> Botvin Life Skills Training Program is used in the DC public schools (elementary only) and the DC charter schools (elementary, middle, and high schools). It is a SAMHSA-approved, evidence-based substance use disorder prevention program that addresses the most important factors leading children and adolescents to use drugs. The program teaches a combination of drug resistance skills, self-management skills, and general social skills and can be implemented with children in grades 3 through 12. Connect with Kids is used in DC elementary, middle, and high schools. It is an evidence-informed program that improves student behavior in significant and important ways across multiple character skills, including teasing and bullying behaviors, cheating and lying, respect for classmates and teachers, violence prevention, and academic perseverance. The What Works Clearinghouse selected the program as an effective results-oriented curriculum. The Adventures Series can be implemented with students in grades pre-K through 3, and the character education series targets elementary, middle, and high school students. Connect with Kids also produces videos on specific topics (e.g., bullying and depression) that can be used with middle and high school students. Good Touch/Bad Touch is used in elementary and middle schools. The program has an evidence-based primary prevention and education curriculum developed for students in preschool through grade 6. It teaches children the skills needed to prevent or interrupt abuse. Good Touch/Bad Touch is endorsed by The National Mental Health Association Clearinghouse. Healthy Boundaries is available for students in grades 7 and 8. It focuses on teaching students about abuse, sexual harassment, and bullying. Signs of Suicide (SOS) is used in middle and high schools. It is a SAMHSA-approved, evidence-based program developed for middle school and high school students. SOS is a depression-awareness and suicide-prevention program that teaches students how to ACT (acknowledge, care, and tell) when they (or a friend) experience symptoms of depression or suicide. Students are screened for depression and suicide risk and referred to appropriate services if needed. Too Good for Violence is used in elementary, middle, and high schools. It is a SAMHSA-approved, evidence-based violence prevention program that reduces aggression and improves student behavior. Too Good for Violence emphasizes four areas: conflict resolution, anger management, respect for self and others, and effective communication. <p>Early Intervention Programs</p> <ol style="list-style-type: none"> Chicago Parent Program is used in elementary, middle, and high schools. It is a parenting program for parents with children aged 2 through 5 years. The program aims to increase parenting self-efficacy and positive parent behavior, promote positive and consistent discipline strategies, and reduce child behavior problems. Effective Black Parenting Program is used in elementary, middle, and high schools. It is a parenting program for parents with children aged 0 through 18 years. This program focuses on reducing parental rejection, increasing positive parenting practices, and reducing delinquent, withdrawn, and hyperactive behavior among children. Incredible Years (Parenting Program) is used in elementary, middle, and high schools. It is a SAMHSA-approved, evidence-based program for parents with children aged 0 through 12 years. It focuses on increasing parent involvement in the child’s school environment and on providing parents with the tools and knowledge necessary to parent effectively. This program helps promote children’s academic, social, and emotional competencies as well as reduce conduct problems. Parenting Wisely is used in elementary, middle, and high schools. It is a SAMHSA-approved, evidence-based program for parents with children aged 3 through 18 years. Parents can use a CD-ROM or online format to learn parenting skills that help reduce behavior problems in their children. The program can also be implemented by a clinician in a live group format. Primary Project was available in 16 identified elementary schools in school year 2011–2012. It is a SAMHSA-approved, evidence-based program targeting students in grades pre-K through 3 who display early school adjustment difficulties and may be at risk for additional socioemotional difficulties. Students who are screened and meet specific criteria meet with a paraprofessional who provides direct services for the children.

Table 1. Early Intervention Initiatives for Children, by State, 2013—continued

State	Statewide	Description of Early Intervention Initiatives for Children
Florida	No	A Project Linking Actions for Unmet Needs in Children’s Health (LAUNCH) Grant provides early intervention services in five high-risk areas in Tampa, FL. A System of Care Expansion Grant provides early intervention services for children and their families.
Idaho	Yes	Idaho has a first-responder training package to educate law enforcement.
Illinois	No	The Department of Mental Health Child and Adolescent Services (DMH C&A), in partnership with the Illinois State Board of Education and the Illinois Children’s Mental Health Partnership, developed the Interconnected Systems Model of School Based Mental Health (ISM). This three-tiered model is designed to meet the universal (promotion and prevention), early intervention, and treatment needs of Illinois students through the development of a partnership between systems. In fiscal year (FY) 2012, DMH C&A initiated the Reaching Out to Help initiative. This is a three-tiered public health model consisting of universal health promotion and prevention activities that target an entire population to promote and enhance emotional wellness by increasing developmentally appropriate mental health skills (Tier 1). Tier 2 is early intervention targeting children at greater risk of developing risky behaviors and mental health issues. Tier 3 is treatment activities targeting children identified as having significant mental health issues that require referral and linkage to clinical mental health treatment.
Indiana	Yes	The SMHA contracts with the Indiana Association for Infant and Toddler Mental Health to increase the workforce of clinically trained professionals to work with this group.
Kentucky	Yes	Kentucky has a statewide Early Childhood Mental Health Program that has been in place since FY 2003. It provides consultation, training, and clinical services for children from birth through 5 years and their families. Kentucky is also the recipient of a SAMHSA Children’s Mental Health Initiative cooperative agreement. This initiative is focused on enhancing and expanding Kentucky’s existing system of care to better provide services and supports to children from birth through 5 years who are experiencing social, emotional, and/or behavioral concerns and their families. This effort is known as Kentucky’s System to Enhance Early Development (KY SEED). The KY SMHA collaborates with other state departments (e.g., public health, education, child welfare, courts, statewide family organizations) on efforts aimed at promotion of mental health, prevention of mental illness, and early intervention into identified areas of concern for children and adolescents.
Massachusetts	Parts of State	The Cedar Clinic, operated by the Massachusetts Mental Health Center, runs an early intervention program for adolescents and young. The goal is to provide intervention before a first psychotic break. The program was funded solely by the Baer Foundation through 9/30/11. Effective 10/1/11, the Department of Mental Health is funding this project, which is located in Boston but is available through outreach to a larger geographic area.
Maryland	Yes	Mental health consultation is available to all child care programs statewide. This program is focused on early identification and intervention for children from birth to 5 years who show early signs of mental health needs.
Maine	Yes	Maine has the following programs or supports: Children’s THRIVE initiative, Children’s Mental Health Awareness Day, and the System of Care Social Marketing Committee.
Minnesota	No	The state mental health agency (SMHA) is following two demonstration projects: one through the University of Minnesota and the other through a mental health provider in Minneapolis and Duluth. These projects focus on identifying adolescents and young adults experiencing their first episodes of serious mental illness. The projects provide support and care coordination services for these individuals.
Mississippi	No	Mississippi has two programs: Teen Screen and Operation Safe Kids.

Table 1. Early Intervention Initiatives for Children, by State, 2013—continued

State	Statewide	Description of Early Intervention Initiatives for Children
North Carolina		The University of North Carolina-Chapel Hill runs Outreach and Support Intervention Services (OASIS). This is a multicounty program to identify and treat early onset schizophrenia in individuals aged 14 to 27 years. North Carolina would like to expand this program statewide. It is funded by a Mental Health Block Grant.
Nebraska	Yes	Nebraska provides school intervention programs, a statewide parents helpline, family navigator and family peer support services, training for nurses, and mobile response. Some providers offer pilot programs.
New Mexico	Parts of State	The University of New Mexico has a program for early intervention initiatives for children, including participation in the NIMH-RAISE (Recovery After an Initial Schizophrenia Episode) study.
Nevada	Yes	The Department of Children and Family Services Early Childhood Mental Health Services has a grant with the Technical Assistance Center for Social and Emotional Intervention (TACSEI) for implementing the Pyramid Model for Supporting Social Emotion Competency in Infants and Young Children. Many of Nevada’s counties also have implemented the Teen Screen at local schools to identify adolescents with suicidal ideation and other mental health concerns.
New York	No	The OnTrackNY initiative will provide enhanced early intervention services for children (aged 15–18 years) and young adults (19–30 years) who are within 1 year of experiencing the onset of psychotic symptoms. The program will be available at 4 sites: 3 in New York City and 1 in Westchester County. Individuals will be provided up to 2 years of recovery-oriented, team-based services informed by the recent Reproductive Health Access, Information, and Services in Emergencies (RAISE) initiative, which is coming to a close. Outreach to individuals in the community in schools, medical facilities, and community programs will be conducted to identify and recruit individuals in need. Other sites and agencies wishing to implement early intervention services will be provided with technical assistance.
Ohio	Yes	Ohio has the Mental Health Early Childhood Training/Consultation, Race To The Top Federal initiative.
Oklahoma	Yes	The Oklahoma Youth Suicide Prevention and Early Intervention project funds several public health approaches to prevention. The project is designed to improve the community environment or culture that supports poor mental health, including the school and community climates.
Oregon	Parts of State	Oregon has an Early Assessment and Support Alliance.
Pennsylvania	Yes	Pennsylvania uses an Early Child Mental Health initiative with the Office of Child Development and Early Learning to identify young children in early care and learning centers in need of services.
Tennessee	No	Tennessee’s Regional Intervention Program (RIP) is a parent-implemented program in which parents learn to work directly with their own children. It is designed for early intervention for children from birth to 6 years who have moderate to severe behavior disorders. Parents serve as primary teachers and behavior change agents for their own child as well as daily operators of the overall program. The goal of this program is a reduction in the number of problem behaviors.
Utah	Yes	Utah uses Mental Health Early Intervention \$3.5 Million for Family Peer Support, School Based Mental Health Services, and Mobile Crisis Teams in Urban Areas.
Virginia	Yes	The Infant & Toddler Connection of Virginia provides early intervention supports and services for infants and toddlers from birth through age 2 years who are not developing as expected or who have a medical condition that can delay normal development. Early intervention supports and services focus on increasing the child’s participation in family and community activities that are important to the family. In addition, supports and services focus on helping parents and other caregivers know how to find ways to help the child learn during everyday activities. These supports and services are available for all eligible children and their families regardless of the family’s ability to pay. Services include the Office of Special Education Programs and IDEA Act Part C Early Intervention Programs. DBHDS is the lead agency for Part C in Virginia.

Table 1. Early Intervention Initiatives for Children, by State, 2013—continued

State	Statewide	Description of Early Intervention Initiatives for Children
Vermont	No	The Children’s Upstream Services Program is an early intervention program used in Vermont.
Wisconsin	No	Wisconsin provides training and certification in infant mental health.
West Virginia	Parts of State	West Virginia uses the Adolescent Suicide Prevention and Early Intervention (ASPEN) Project (a Garret Lee Smith Grant); Expanded School Mental Health; Youth Violence Prevention Program; and Screening, Brief Intervention, and Referral for Treatment (SBIRT).
Wyoming	No	Wyoming does not list any programs.

Subicide Prevention

Most SMHAs operate, fund, or participate in suicide prevention programs for children and adolescents, and 43 SMHAs supported crisis hotlines to ensure that individuals at risk for suicide (including those who had made a suicide attempt) could readily access high-quality crisis support services. Forty states have programs for children younger than 12, and 47 states have programs for adolescents aged 13 through 17 years. These states indicated that they either operate or fund the suicide prevention programs.

The suicide prevention programs include (1) staffing crisis hotlines, (2) training mental health professionals in evidence-based treatments that reduce rates of suicidal behaviors, (3) improving continuity of care after discharge from emergency departments for suicide attempts and inpatient psychiatric hospitalization, (4) reducing access to lethal means of suicide, and (5) providing postsuicide support for the surviving families of suicide victims.

Substance Use Disorder Prevention and Treatment

Prevalence of Substance Misuse

The SAMHSA National Survey on Drug Use and Health (NSDUH) surveys individuals aged 12 through 17 years in each state about their consumption of alcohol, illicit drugs, as well as marijuana in the last 30 days. Results revealed that across states an average of 13.5 percent of adolescents consumed alcohol, 10.1 percent used illicit drugs, and 7.6 percent used marijuana (SAMHSA, 2012).

Substance Use Disorder Treatment Recipients, by Age

Children and adolescents aged 17 years or younger make up a small percentage of people entering SSA-supported treatment. Most people (71 percent) entering SSA-supported treatment were between the ages of 25 and 64 years, 19 percent were adults aged 18 through 24 years, and 1 percent were adults aged 65 years and older. Individuals aged 17 years and younger represented only 9 percent (SAMHSA, 2014b).

Some perspective can be gained by comparing these values with the proportion of people with substance use disorders who needed treatment but were not receiving it, based on data from the National Survey on Drug Use and Health. Adolescents younger than 18 years made up about 7 percent of individuals with substance use disorders who needed treatment but were not receiving it, which was marginally less than their share of the treatment population (9 percent) (SAMHSA, 2012).

Individual and Population Prevention Service Recipients, by Age

Substance use disorder prevention services provided by SSAs reach individuals of all ages. These prevention services are primarily provided to children aged 5–11 years (16 percent) and adolescents aged 12–14 years (13 percent) and 15 and 16 years (11 percent). Population-based prevention services also mainly are provided to children aged 5–11 years (3 percent) and adolescents aged 12–14 years (19 percent) and 15–17 years (19 percent). Young adults aged 18–24 years also receive about 11 percent of personal and 15 percent of population-based prevention programs and activities.

Most first-time use of alcohol and drugs occurs among adolescents aged 12–17 years, and individuals in this age group make up a disproportionately large share of the population that receives primary prevention services (SAMHSA, 2012). Individuals aged 12–14 years make up only 4 percent of the U.S. population (U.S. Bureau of Census), but they constitute 13 percent of those reached by individual prevention efforts and 19 percent of those reached by population prevention efforts. Similar ratios apply to adolescents aged 15–17 years. Data on individuals served by personal and population prevention programs and strategies were reported by states in the Annual Substance Abuse Block Grant reports for 2013 (SAMHSA, 2014b).

Limitations

The State Profiles report includes voluntary submission of information from SMHAs and SSAs. There was a high overall response rate, but some states did not provide answers to all questions. As a result, some information presented in this report is based on responses from fewer than the total number of reporting states.

Although this report includes expenditures controlled by SMHAs and SSAs, it should not be assumed that the revenues and expenditures reported here include all expenditures for mental health and substance use disorder services within a state government. State governments expend considerable resources for these services for children and adolescents through other state government agencies that are not included in this report, such as child and family services and juvenile justice.

A large proportion of the mental health data in the profiles of individuals with substance use disorders pertains only to public-sector services and to individuals who are medically indigent and lack adequate insurance coverage and/or those who have low income. It should be noted that states have different standards regarding eligibility for subsidized public-sector treatment services. To a large extent, these eligibility differences are reflected in the wide range of funds dedicated to public treatment and prevention across states. Finally, very few SSAs capture Medicaid-related data on spending or services delivered, thereby limiting this aspect of the data.

Conclusions

Information gleaned from the State Profiles 2013 project sheds light on the relative emphasis that SMHAs and SSAs place on prevention and treatment services for children and adolescents. Per capita spending on mental health services for individuals younger than 17 years was 32 percent higher than that for adults. Although other factors such as residential and inpatient treatment affect overall expenditures, the bulk of these expenditures for younger individuals are for community mental health services. Those services include an emphasis on early intervention and suicide prevention and on community-based care. Prevention efforts are further supported by SAMHSA initiatives. One such prevention effort is the Garrett Lee Smith (GLS) State Suicide Prevention Program, which provides funding for prevention activities such as education, training programs (including gatekeeper training), screening activities, infrastructure for improved linkages to services, crisis hotlines, and community partnerships.

Data from the *2013 National Survey on Drug Use and Health* (NSDUH) revealed that in 2013, 2.2 million adolescents used illicit drugs in the past month and 1.6 million adolescents were past month binge drinkers. Only 11 percent of individuals who needed treatment for an illicit drug or alcohol use problem received treatment at a specialty facility (SAMHSA, 2014a).

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Notes

- ¹ In this brief, the term *state* is used to refer to the 50 states, the District of Columbia, the U.S. Territories and Freely Associates States.
- ² Percentages total to over 100 percent because children may be served in more than one treatment setting during the year.

Appendix A

FY 2012 Mental Health Expenditures Controlled by State Mental Health Agencies, by Age Group (in millions)

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Alabama	32.6	29.0	9	154.9	42.0	42	179.5	37.3	49	366.9	76.3
Alaska ^(a)	103.0	550.5	43	129.4	247.4	54	5.7	8.1	2	238.2	335.4
Arizona	432.2	266.6	32	918.2	186.9	67	NA	NA	NA	1,368.3	209.4
Arkansas ^(a)	11.7	16.4	9	82.7	37.1	62	38.2	13.0	29	132.6	45.1
California ^(ac)	2,020.0	218.6	31	3,782.0	132.0	59	625.5	16.5	10	6,427.4	169.7
Colorado ^(a)	142.9	116.1	29	346.6	88.4	71	NA	NA	0	489.5	95.0
Connecticut ^(ac)	0.0	0.0	0	713.2	255.7	93	51.5	14.4	7	764.7	213.4
Delaware ^(ac)	NA	NA	NA	89.0	125.7	97	2.3	2.5	3	91.3	100.0
District of Columbia	35.4	323.6	18	126.2	242.6	66	30.7	48.7	16	192.3	305.4
Florida	88.6	22.1	12	608.8	39.9	85	20.3	1.1	3	717.6	37.3
Georgia ^(b)	105.3	42.3	19	447.1	60.8	81	NA	NA	0	552.4	56.1
Hawaii	30.7	101.2	17	133.7	127.9	76	12.5	9.3	7	176.9	131.2
Idaho	10.7	25.1	21	38.5	33.0	74	2.6	1.6	5	51.8	32.5
Illinois	233.8	76.3	24	705.8	72.2	73	22.3	1.7	2	961.9	74.9
Indiana	106.9	67.2	23	348.1	70.4	75	6.2	1.0	1	461.2	70.6
Iowa	155.3	214.8	35	281.7	119.9	64	4.9	1.6	1	441.9	143.8
Kansas	141.9	195.9	37	211.5	98.9	55	31.6	11.0	8	385.0	134.5
Kentucky	54.4	53.4	23	175.2	52.5	73	10.2	2.3	4	239.8	55.1
Louisiana	40.9	36.6	14	227.5	65.7	76	31.8	6.9	11	300.1	65.5
Maine ^(b)	192.6	724.2	43	245.5	231.2	55	11.1	8.4	2	449.2	338.2
Maryland ^(b)	308.2	229.4	29	670.6	148.6	62	102.5	17.5	9	1,081.3	184.6
Massachusetts ^(a)	89.2	63.7	12	612.6	116.9	85	19.5	2.9	3	721.3	108.6
Michigan	201.3	88.8	17	978.9	128.6	83	6.3	0.6	1	1,186.5	120.1
Minnesota	271.4	212.6	30	626.8	152.9	69	5.9	1.1	1	904.1	168.2
Mississippi	98.4	132.1	31	214.6	96.5	68	3.6	1.2	1	316.6	106.6
Missouri	77.8	55.5	14	454.8	98.9	82	21.1	3.5	4	553.6	92.2
Montana	95.4	429.7	48	98.8	126.7	50	4.0	4.0	2	198.2	197.9
Nebraska	11.7	25.2	7	142.6	102.9	91	2.6	1.4	2	156.8	84.8
Nevada	27.0	40.7	17	116.8	56.1	72	19.4	7.1	12	163.2	59.4
New Hampshire	43.6	158.7	24	133.9	128.2	75	2.1	1.6	1	179.6	136.1
New Jersey ^(b)	306.0	151.0	16	1,442.5	211.3	77	116.1	13.1	6	1,864.6	210.6
New Mexico	143.4	278.8	53	129.0	82.8	47	NA	NA	0	272.4	131.4
New York ^(b)	262.7	61.6	5	1,590.0	104.1	30	3,415.7	174.8	65	5,268.4	269.6
North Carolina ^(b)	656.3	287.0	50	626.8	85.2	48	16.9	1.8	1	1,300.0	134.8
North Dakota	3.5	22.7	6	56.0	104.1	94	0.2	0.3	0	59.6	86.2
Ohio ^(a)	367.7	138.1	34	673.7	75.9	63	28.6	2.5	3	1,070.0	92.8

Appendix A, continued

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Oklahoma	20.9	22.3	10	181.4	63.6	85	10.8	2.9	5	213.1	56.2
Oregon	148.7	172.8	21	535.9	176.5	77	8.2	2.1	1	692.8	177.8
Pennsylvania ^(a)	2,021.7	738.0	54	1,694.7	169.2	45	48.1	3.8	1	3,764.5	295.1
Puerto Rico ^(a)	11.2	13.2	13	74.3	26.4	87	NA	NA	0	85.6	23.3
Rhode Island	0.0	0.0	0	109.0	131.4	98	2.3	2.2	2	111.3	106.4
South Carolina	66.8	61.9	25	186.5	51.8	70	14.0	3.0	5	267.3	57.1
South Dakota	14.0	68.6	20	35.1	56.1	49	21.9	26.4	31	71.0	85.6
Tennessee	180.5	120.8	32	378.7	76.7	66	12.4	1.9	2	571.6	88.9
Texas	121.1	17.3	12	837.9	44.2	85	27.5	1.1	3	986.5	38.1
Utah ^(b)	55.7	62.7	30	126.7	64.6	69	1.1	0.4	1	183.5	64.4
Vermont	72.6	585.7	46	79.4	158.3	50	6.4	10.2	4	158.4	253.3
Virginia ^(b)	123.3	66.4	17	601.5	96.8	81	21.8	2.7	3	746.6	92.5
Washington	132.2	83.4	17	500.2	95.0	65	141.5	20.7	18	773.9	113.0
West Virginia ^(ac)	3.6	9.4	2	95.0	64.6	61	56.9	30.7	37	155.5	83.9
Wisconsin ^(b)	7.1	5.4	1	194.9	44.2	33	387.0	67.6	66	589.0	102.9
Wyoming ^(a)	1.4	10.7	2	60.1	137.4	94	2.3	4.0	4	63.9	111.5
Total	9,883.2	132.5	25	24,025.1	99.4	61	5,613.5	19.4	14	39,539.7	125.0
Average(Mean)	190.1			462.0			108.0			760.4	
Median	98.4	76.3		221.0	97.8		16.9	3.0		413.5	104.6

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible of providing mental health services to children.

^a Medicaid revenues for community programs are not included in expenditures controlled by state mental health agencies (SMHAs).

^b Expenditures controlled by SMHAs include funds for mental health services in jails or prisons.

^c Children’s mental health expenditures are not included in expenditures controlled by SMHAs.

Appendix B

FY 2012 Mental Health Expenditures Controlled by State Mental Health Agencies, for Community-Based Programs, by Age Group (in millions)

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Alabama	32.6	29.0	14	154.9	42.0	69	38.4	8.0	17	225.8	46.9
Alaska (a)	98.4	526.1	49	101.8	194.6	51	0.0	0.0	0	200.2	281.9
Arizona	432.2	266.6	34	848.0	172.6	66	NA	NA	NA	1,280.2	196.0
Arkansas (a)	4.4	6.1	11	3.7	1.7	9	31.9	10.9	80	40.0	13.6
California (ac)	2,020.0	218.6	40	2,465.1	86.1	49	580.4	15.3	11	5,065.5	133.7
Colorado (a)	138.5	112.5	36	242.3	61.8	64	0.0	0.0	0	380.8	73.9
Connecticut (ac)	0.0	0.0	0	518.8	186.0	100	0.0	0.0	0	518.8	144.8
Delaware (ac)	NA	NA	NA	50.2	70.9	100	0.0	0.0	0	50.2	55.0
District of Columbia	35.4	323.6	45	43.5	83.7	55	0.0	0.0	0	79.0	125.4
Florida	88.6	22.1	23	289.3	19.0	77	0.0	0.0	0	377.9	19.6
Georgia (b)	105.3	42.3	31	229.5	31.2	69	0.0	0.0	0	334.8	34.0
Hawaii	30.7	101.2	29	74.3	71.1	71	0.0	0.0	0	105.0	77.8
Idaho	9.2	21.6	41	13.5	11.6	59	0.0	0.0	0	22.7	14.3
Illinois	233.8	76.3	35	438.8	44.9	65	0.0	0.0	0	672.6	52.4
Indiana	96.9	60.9	32	204.5	41.4	68	0.0	0.0	0	301.4	46.1
Iowa	148.4	205.3	38	245.0	104.3	62	0.0	0.0	0	393.4	128.0
Kansas	141.9	195.9	49	118.2	55.3	41	30.3	10.6	10	290.4	101.5
Kentucky	54.4	53.4	47	61.1	18.3	53	0.1	0.0	0	115.6	26.6
Louisiana	26.6	23.8	22	93.4	27.0	78	0.0	0.0	0	120.1	26.2
Maine (b)	192.6	724.2	50	193.5	182.2	50	0.0	0.0	0	386.1	290.7
Maryland (b)	282.0	209.9	36	432.5	95.8	55	71.2	12.2	9	785.7	134.2
Massachusetts (a)	75.6	54.0	13	526.9	100.6	87	0.0	0.0	0	602.5	90.7
Michigan	178.4	78.7	19	770.7	101.2	81	NA	NA	NA	949.1	96.1
Minnesota	266.0	208.4	34	516.3	125.9	66	0.0	0.0	0	782.3	145.5
Mississippi	69.8	93.7	41	100.6	45.2	59	0.0	0.0	0	170.4	57.4
Missouri	59.5	42.4	21	230.7	50.2	79	0.0	0.0	0	290.2	48.3
Montana	95.4	429.7	58	69.3	88.9	42	NA	NA	NA	164.7	164.5
Nebraska	9.1	19.6	9	96.2	69.4	91	0.0	0.0	0	105.2	56.9
Nevada	18.1	27.3	19	60.2	28.9	65	14.7	5.4	16	93.0	33.9
New Hampshire	39.9	145.2	38	65.7	62.9	62	0.0	0.0	0	105.6	80.0
New Jersey (b)	306.0	151.0	24	892.6	130.7	69	93.9	10.6	7	1,292.5	146.0
New Mexico	143.4	278.8	63	85.1	54.6	37	0.0	0.0	0	228.5	110.3
New York (b)	0.0	0.0	0	0.0	0.0	0	3,176.5	162.6	100	3,176.5	162.6
North Carolina (b)	631.6	276.2	65	332.2	45.2	34	4.5	0.5	0	968.3	100.4
North Dakota	3.3	21.3	9	34.2	63.7	91	0.0	0.0	0	37.5	54.2
Ohio (a)	367.7	138.1	44	462.4	52.1	56	NA	NA	NA	830.1	72.0

Appendix B, continued

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Oklahoma	15.1	16.1	10	134.6	47.2	90	0.0	0.0	0	149.7	39.5
Oregon	148.7	172.8	31	333.6	109.9	69	0.0	0.0	0	482.3	123.8
Pennsylvania (a)	2,021.7	738.0	60	1,338.0	133.6	39	35.1	2.8	1	3,394.8	266.1
Puerto Rico (a)	9.3	11.0	19	40.1	14.2	81	0.0	0.0	0	49.4	13.5
Rhode Island	0.0	0.0	0	72.2	87.1	100	0.0	0.0	0	72.2	69.0
South Carolina	51.3	47.5	34	99.0	27.5	66	0.0	0.0	0	150.3	32.1
South Dakota	8.5	41.8	32	17.4	27.7	65	0.8	1.0	3	26.7	32.2
Tennessee	180.5	120.8	43	237.4	48.1	57	0.0	0.0	0	417.9	65.0
Texas	86.8	12.4	15	504.1	26.6	85	0.0	0.0	0	590.9	22.8
Utah (b)	44.7	50.3	34	85.9	43.8	66	0.0	0.0	0	130.6	45.8
Vermont	72.6	585.7	55	60.6	120.9	45	0.0	0.0	0	133.2	213.0
Virginia (b)	113.7	61.2	29	281.8	45.3	71	0.0	0.0	0	395.5	49.0
Washington	122.2	77.1	22	293.7	55.8	54	127.4	18.6	23	543.3	79.3
West Virginia (ac)	3.6	9.4	3	44.1	30.0	42	56.4	30.4	54	104.1	56.2
Wisconsin (b)	0.0	0.0	0	0.0	0.0	0	386.1	67.5	100	386.1	67.5
Wyoming (a)	1.4	10.7	5	28.5	65.2	95	0.0	0.0	0	30.0	52.3
Total	9,315.7	124.9	33	14,636.2	65.9	51	4,647.7	36.5	16	28,599.6	90.4
Average(Mean)	179.2			281.5			89.4			550.0	
Median	88.6	77.1		144.7	55.5		38.4	10.6		290.3	68.3

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible of providing mental health services to children.

^a Medicaid revenues for community programs are not included in expenditures controlled by state mental health agencies (SMHAs).

^b Expenditures controlled by SMHAs include funds for mental health services in jails or prisons.

^c Children’s mental health expenditures are not included in expenditures controlled by SMHAs.

Appendix C

FY 2012 Mental Health Expenditures Controlled by State Mental Health Agencies, for State Psychiatric Hospitals, by Age Group (in millions)

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Alabama	0.0	0.0	0	0.0	0.0	0	132.7	27.6	100	132.7	27.6
Alaska ^(a)	4.6	24.5	14	27.6	52.8	86	0.0	0.0	0	32.2	45.4
Arizona	NA	NA	NA	70.2	14.3	100	NA	NA	NA	70.2	10.8
Arkansas ^(a)	7.3	10.3	8	79.0	35.4	92	0.0	0.0	0	86.3	29.3
California ^(ac)	0.0	0.0	0	1,316.8	46.0	100	0.0	0.0	0	1,316.8	34.8
Colorado ^(a)	4.4	3.6	4	104.3	26.6	96	0.0	0.0	0	108.7	21.1
Connecticut ^(ac)	0.0	0.0	0	194.4	69.7	100	0.0	0.0	0	194.4	54.3
Delaware ^(ac)	NA	NA	NA	38.8	54.8	100	0.0	0.0	0	38.8	42.5
District of Columbia	0.0	0.0	0	82.6	158.9	100	0.0	0.0	0	82.6	131.2
Florida	0.0	0.0	0	319.4	21.0	100	0.0	0.0	0	319.4	16.6
Georgia ^(b)	0.0	0.0	0	217.7	29.6	100	0.0	0.0	0	217.7	22.1
Hawaii	0.0	0.0	0	59.4	56.8	100	0.0	0.0	0	59.4	44.1
Idaho	1.5	3.5	6	25.0	21.5	94	0.0	0.0	0	26.5	16.7
Illinois	0.0	0.0	0	267.0	27.3	100	0.0	0.0	0	267.0	20.8
Indiana	10.0	6.3	7	143.6	29.1	93	0.0	0.0	0	153.6	23.5
Iowa	6.9	9.5	16	36.7	15.6	84	0.0	0.0	0	43.6	14.2
Kansas	NA	NA	NA	93.3	43.6	100	NA	NA	NA	93.3	32.6
Kentucky	0.0	0.0	0	114.1	34.2	100	0.0	0.0	0	114.1	26.2
Louisiana	14.2	12.7	8	134.1	38.7	79	20.7	4.5	12	169.0	36.9
Maine ^(b)	0.0	0.0	0	52.0	49.0	100	0.0	0.0	0	52.0	39.2
Maryland ^(b)	26.2	19.5	10	238.1	52.8	90	0.8	0.1	0	265.1	45.3
Massachusetts ^(a)	13.6	9.7	14	85.7	16.4	86	0.0	0.0	0	99.3	15.0
Michigan	22.9	10.1	10	208.2	27.4	90	NA	NA	NA	231.1	23.4
Minnesota	5.4	4.2	5	110.5	27.0	95	0.0	0.0	0	115.9	21.6
Mississippi	28.6	38.4	20	114.0	51.3	80	0.0	0.0	0	142.7	48.0
Missouri	18.3	13.0	8	224.0	48.7	92	0.0	0.0	0	242.3	40.4
Montana	NA	NA	NA	29.4	37.8	100	NA	NA	NA	29.4	29.4
Nebraska	2.6	5.7	5	46.4	33.5	95	0.0	0.0	0	49.0	26.5
Nevada	8.9	13.4	14	56.6	27.2	86	NA	NA	NA	65.5	23.8
New Hampshire	3.7	13.5	5	68.2	65.3	95	0.0	0.0	0	71.9	54.5
New Jersey ^(b)	0.0	0.0	0	549.9	80.5	100	0.0	0.0	0	549.9	62.1
New Mexico	0.0	0.0	0	43.9	28.2	100	0.0	0.0	0	43.9	21.2
New York ^(b)	262.7	61.6	14	1,590.0	104.1	86	0.0	0.0	0	1,852.7	94.8
North Carolina ^(b)	24.7	10.8	8	294.6	40.0	92	0.0	0.0	0	319.3	33.1
North Dakota	0.2	1.4	1	21.7	40.5	99	0.0	0.0	0	22.0	31.7
Ohio ^(a)	NA	NA	NA	211.3	23.8	100	NA	NA	NA	211.3	18.3

Appendix C, continued

State	Children and Adolescents			Adults Aged 18 years and Older			Unallocated by Age			Total	
	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Total \$	Per Capita \$	%	Expenditure \$	Per Capita \$
Oklahoma	5.8	6.2	11	46.8	16.4	89	0.0	0.0	0	52.6	13.9
Oregon	0.0	0.0	0	202.3	66.6	100	0.0	0.0	0	202.3	51.9
Pennsylvania ^(a)	0.0	0.0	0	356.7	35.6	100	0.0	0.0	0	356.7	28.0
Puerto Rico ^(a)	1.9	2.3	5	34.2	12.1	95	0.0	0.0	0	36.1	9.9
Rhode Island ^(c, d)	0.0	0.0	0	36.8	44.3	100	0.0	0.0	0	36.8	35.2
South Carolina	15.5	14.4	15	87.5	24.3	85	0.0	0.0	0	103.0	22.0
South Dakota	5.5	26.8	13	17.7	28.3	42	19.5	23.5	46	42.7	51.5
Tennessee	0.0	0.0	0	141.3	28.6	100	0.0	0.0	0	141.3	22.0
Texas	34.3	4.9	9	333.8	17.6	91	0.0	0.0	0	368.1	14.2
Utah ^(b)	11.0	12.4	21	40.8	20.8	79	0.0	0.0	0	51.8	18.2
Vermont	0.0	0.0	0	18.8	37.5	100	0.0	0.0	0	18.8	30.1
Virginia ^(b)	9.6	5.2	3	319.7	51.4	97	0.0	0.0	0	329.3	40.8
Washington	10.0	6.3	5	206.5	39.2	95	NA	NA	NA	216.5	31.6
West Virginia ^(ac)	0.0	0.0	0	50.9	34.6	100	0.0	0.0	0	50.9	27.5
Wisconsin ^(b)	7.1	5.4	4	194.9	44.2	96	0.0	0.0	0	202.0	35.3
Wyoming ^(a)	NA	NA	NA	31.6	72.2	100	NA	NA	NA	31.6	55.1
Total	567.4	7.6	6	9,389.0	39.4	93	173.7	10.8	2	10,130.1	32.0
Average(Mean)	10.9			180.6			3.3			194.8	
Median	9.3	9.9		93.3	35.6		20.1	14.0		105.9	29.4

Note: In some states (Connecticut, Delaware, and Rhode Island), a separate state agency is responsible of providing mental health services to children.

^a Medicaid revenues for community programs are not included in expenditures controlled by state mental health agencies (SMHAs).

^b Expenditures controlled by SMHAs include funds for mental health services in jails or prisons.

^c Children’s mental health expenditures are not included in expenditures controlled by SMHAs.

In Brief

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