



ACADIA

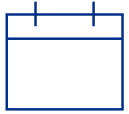
H E A L T H C A R E

41st Annual J.P. Morgan Healthcare Conference

Tuesday, January 10, 2023

Safe Harbor

- Some of the statements made in this presentation constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include any statements that address future results or occurrences. In some cases, you can identify forward-looking statements by terminology such as “may,” “might,” “will,” “should,” “could” or the negative thereof. Generally, the words “anticipate,” “believe,” “continues,” “expect,” “intend,” “estimate,” “project,” “plan” and similar expressions identify forward-looking statements. In particular, statements about our expectations, beliefs, plans, objectives, assumptions or future events or performance contained in this are forward-looking statements.
- We have based these forward-looking statements on our current expectations, assumptions, estimates and projections. While we believe these expectations, assumptions, estimates and projections are reasonable, such forward-looking statements are only predictions and involve known and unknown risks, uncertainties and other factors, many of which are outside of our control, which could cause our actual results, performance or achievements to differ materially from any results, performance or achievements expressed or implied by such forward-looking statements.
- Given these risks and uncertainties, you are cautioned not to place undue reliance on such forward-looking statements. These risks and uncertainties may cause our actual future results to be materially different than those expressed in our forward-looking statements. Additional risks and uncertainties are described more fully in “Risk Factors” in our periodic reports and other filings with the Securities and Exchange Commission. These forward-looking statements are made only as of the date of this presentation. We do not undertake and specifically decline any obligation to update any such statements or to publicly announce the results of any revisions to any such statements to reflect future events or developments.



Agenda

Introduction to Acadia and our industry

Overview of our strategy

Deep dive on growth and financial projections

Acadia is the leader in Behavioral Health in a moment of unparalleled need in the country

#1 Pure-play Behavioral Health (BH) provider in the US

75k Patients treated daily across our 4 service lines

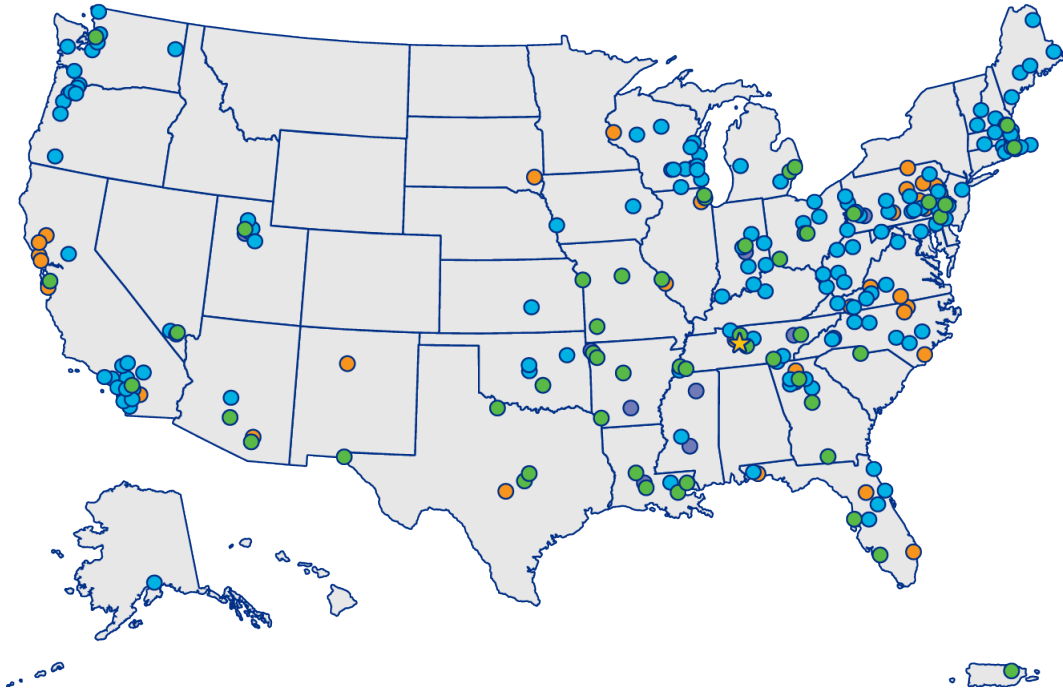
246 Facilities across the nation

**Strong
foundation
for growth**

**Positioned to serve the large unmet needs in the country:
commitment to clinical excellence, integration across the
continuum of care and strong financial performance**

Acadia at a glance: the largest BH-focused provider nationally

● Acute ● Specialty ● CTCs ● RTCs ★ Corporate Office



Strong regional density across large parts of the country, generating strategic and revenue upside

~\$2.5B in revenue and
~\$586M in adjusted EBITDA¹

Acute – 51 facilities

Stabilize and treat individuals who are at high risk of imminent danger to themselves or others in inpatient facilities

Specialty services – 37 facilities

Treat substance use, eating disorders, or co-occurring disorders in inpatient, residential, partial hospitalization, intensive outpatient and outpatient settings

Comprehensive Treatment Centers (CTCs) – 148 facilities

Treat opioid use disorder (OUD) with medication and therapy in outpatient settings

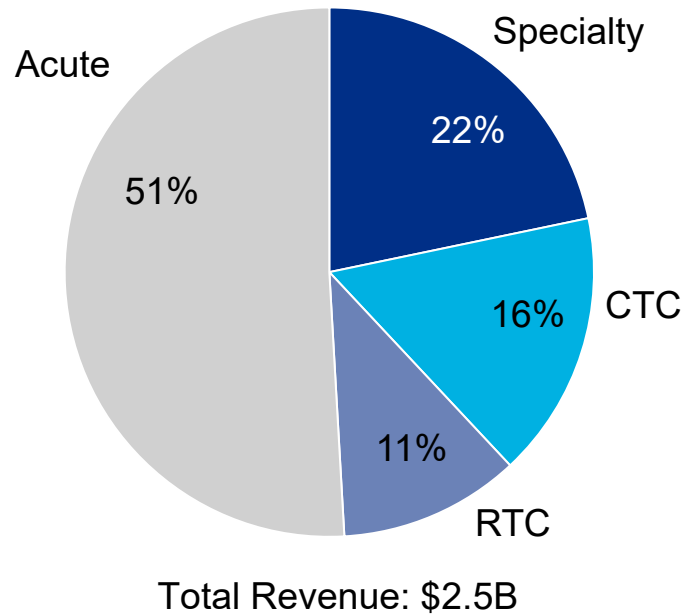
Residential Treatment Centers (RTCs) – 10 facilities

Treat children and adolescents with behavioral health disorders in a nonhospital setting

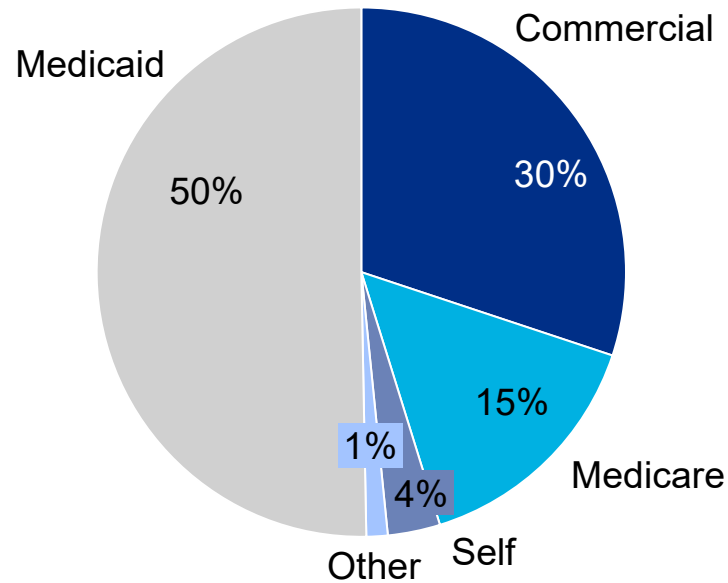
1. Total US revenue TTM 9/30/22, and adjusted EBITDA excluding income from provider relief fund. See appendix for a reconciliation of this non-GAAP financial measure to the most directly comparable GAAP financial measure

Strong diversification across service lines, payors and geography

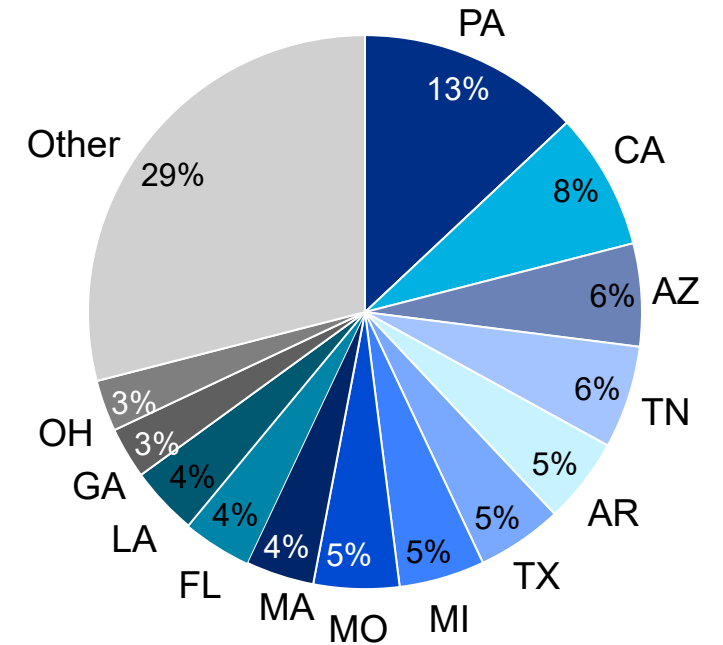
Revenue by service lines, 2022¹



Revenue by payors, 2022¹



Revenue by geography, 2022¹

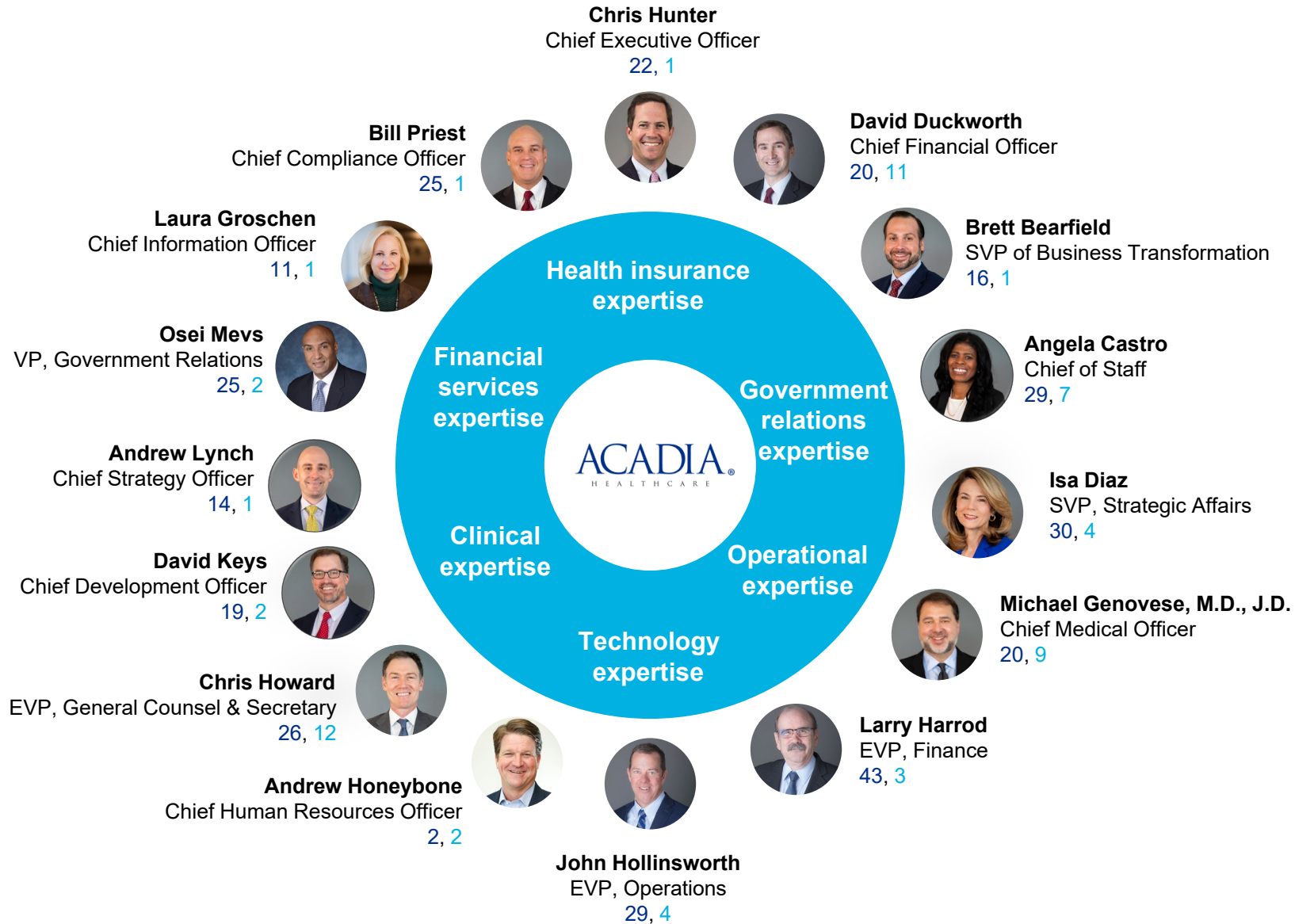


1. The charts above present the percentage of our total US revenue TTM 9/30/22, attributed to each category

Overview of the Acadia Executive Team

300+ Combined years of experience in healthcare

~60 Years experience at Acadia



The Behavioral Health market: underserved population with large unmet need and low industry maturity

Large, recognized unmet need

>30M

Americans with mental illness receive no mental health treatment¹

~75k

Additional beds required across the US to meet estimated needs²

3x

Increase in depression symptoms among US adults during the COVID-19 pandemic³

~30%

Increase in deaths by suicide between 2009 and 2021⁴ with exacerbation of risk factors by COVID-19

Low industry maturity

Fragmentation

Most operators across Acute, substance use disorder (SUD) and opioid treatment programs (OTP) services are small-scale (e.g., 70% of the freestanding IP psychiatric beds are in small facilities, of the ~1.9k OTPs in the US the top 3 providers combined operate <15%)

Integration

Few providers offering whole-person care, integrating treatments for mental health and physical co-morbidities and meaningfully addressing social determinants of health

Technology

Historic underinvestment in BH technology and services (e.g., BH exclusion from \$25B+ HITECH Act of 2009⁵ which incentivized and expanded the adoption of health information technology)

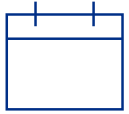
1. SAMHSA Results from the 2020 National Survey on Drug Use and Health, October 2021

2. Based on most cited estimate of psychiatric bed need in the US which is 50 beds per 100k (Treatment Advocacy Center, 2008; JAMA Psychiatry, 2022); American Hospital Association Annual Survey, 2011-20

3. The Journal of the American Medical Association, 2020

4. CDC's National Center for Health Statistics

5. U.S. Department of Health and Human Services



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Introduction to Acadia and our industry

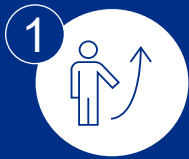
Overview of our strategy

Deep dive on growth and financial projections

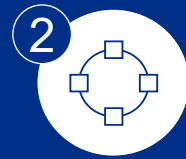
Our strategy...

Become the indispensable behavioral health provider for high-acuity and complex needs patient populations

Our core strategic priorities



Fuel facility growth through accelerated JV partnerships and de novo builds and launching programmatic M&A



Accelerate expansion across the care continuum, particularly for patients with opioid use and other substance use disorders

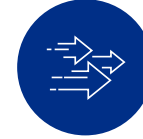


Strengthen capabilities and selectively leverage technology to increase access, improve care delivery and increase clinical integration

Acadia is uniquely positioned to execute against a broad range of growth opportunities across service lines



Historical track record



Formula for success

Facility expansions	~ 2,600 organic beds added 2015-2022	Lower marginal bed cost Experienced team with leading expertise 300+ beds annually projected
Joint ventures	Opened 8 JVs with ~ 760 beds since 2015 and 1 expected to open later this year	Acceleration of our JV activity; 2 openings in 2023, 4 in 2024, 4 in 2025, >20 JVs in pipeline
De novo facilities	~ 530 beds opened since 2015 16 new CTC facilities and 2 new Acute facilities in 2021-2022	Accelerating market entry with plan for ~ 190 new Acute beds, ~ 80 new specialty beds, and ~ 14 CTC facilities starting in 2024
M&A	6 inpatient facilities and 13 CTCs acquired 2019-2022	Proactively pursuing M&A of Acute, substance use disorder (SUD) and CTC opportunities
Continuum of care	54 PHP/IOP programs added since 2019 Virtual care offerings extended to all service lines during COVID pandemic	Continue to fill service gaps Scale cross-referral programs Expand virtual care offerings

Acadia's integrated and complementary portfolio...

	Service line			
	Acute	Specialty	Comprehensive Treatment Center	Residential Treatment Center
Highest ↓ Treatment acuity ↓ Moderate	Inpatient ¹	✓	✓	
	Residential			✓
	Partial hospital	✓	✓	
	Intensive outpatient	✓	✓	
	Outpatient		✓	
	Virtual	✓	✓	✓

... allows us to meet complex patients where they are

#1

Priority among referring clinicians is the breadth of BH conditions that can be treated²

85%

Of referring providers want integrated care and diversity of offerings²

35%

Of total costs of behavioral healthcare after an IP stay are from post-acute services (e.g., residential treatment, outpatient services)³

1. Includes detox services for treatment of substance withdrawal (e.g., benzodiazepines)
 2. Based on a survey with 176 referring providers
 3. Analysis based on a 6-month period following IP stay using 3rd-party 2021 claims data (Medicare LD, DRG, SAMHSA 2021, Truven)



We are continuing to enhance our capabilities to drive clinical excellence and financial results



Clinical integration that focuses on whole-person care (e.g., collaborations with our health system partners)



Innovative clinical treatments that differentiate us from other BH providers (e.g., early adoption of transcranial magnetic stimulation and esketamine)



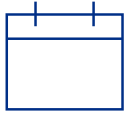
Operational efficiencies that elevate our ROIC above our cost of capital



Our people that ensure our clinical offerings remain best-in-class by recruiting, training and elevating talented clinicians and support staff



Technology that ensures we remain at the forefront of the BH industry



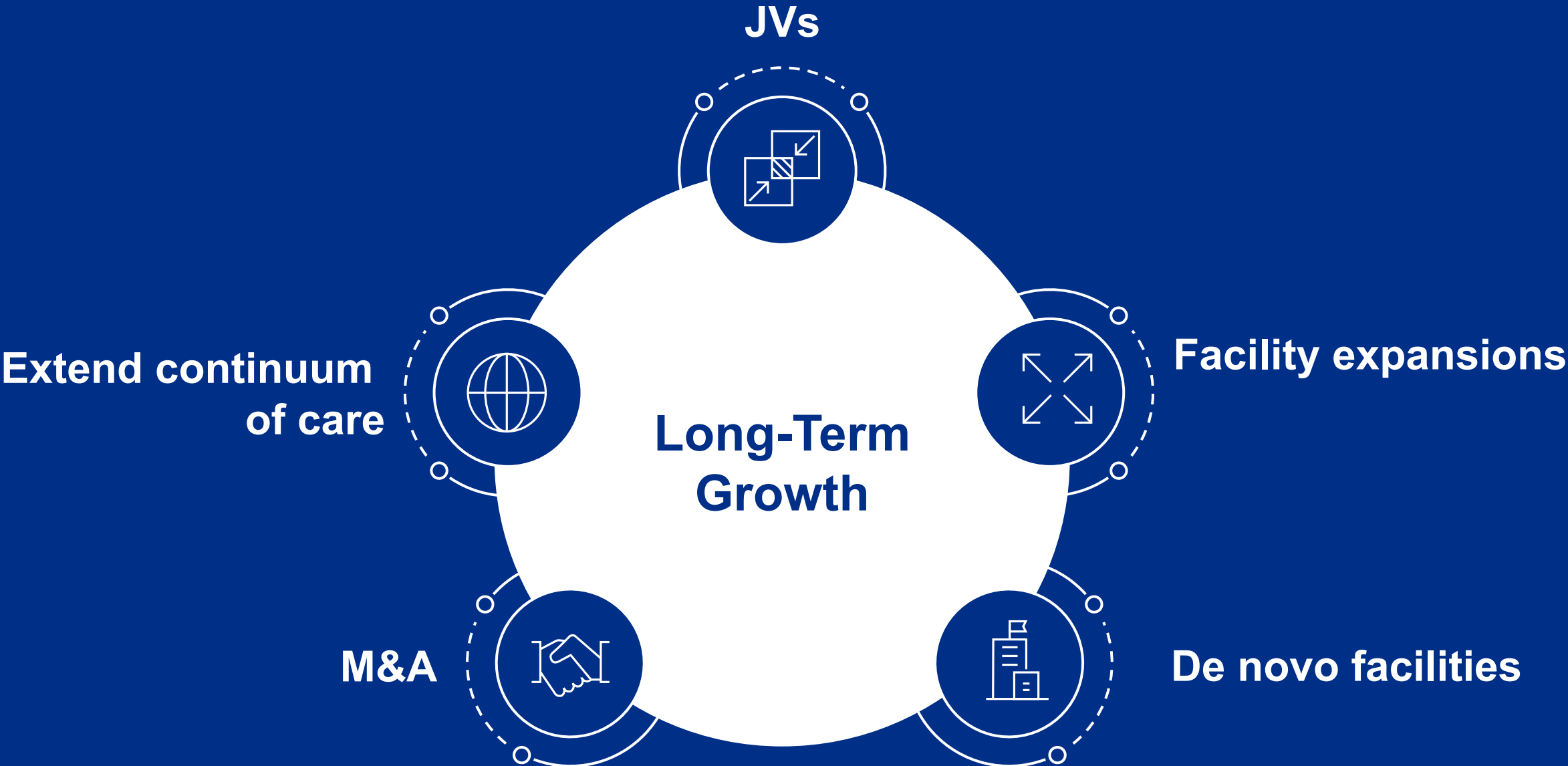
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Acadia leverages multiple attractive growth pathways

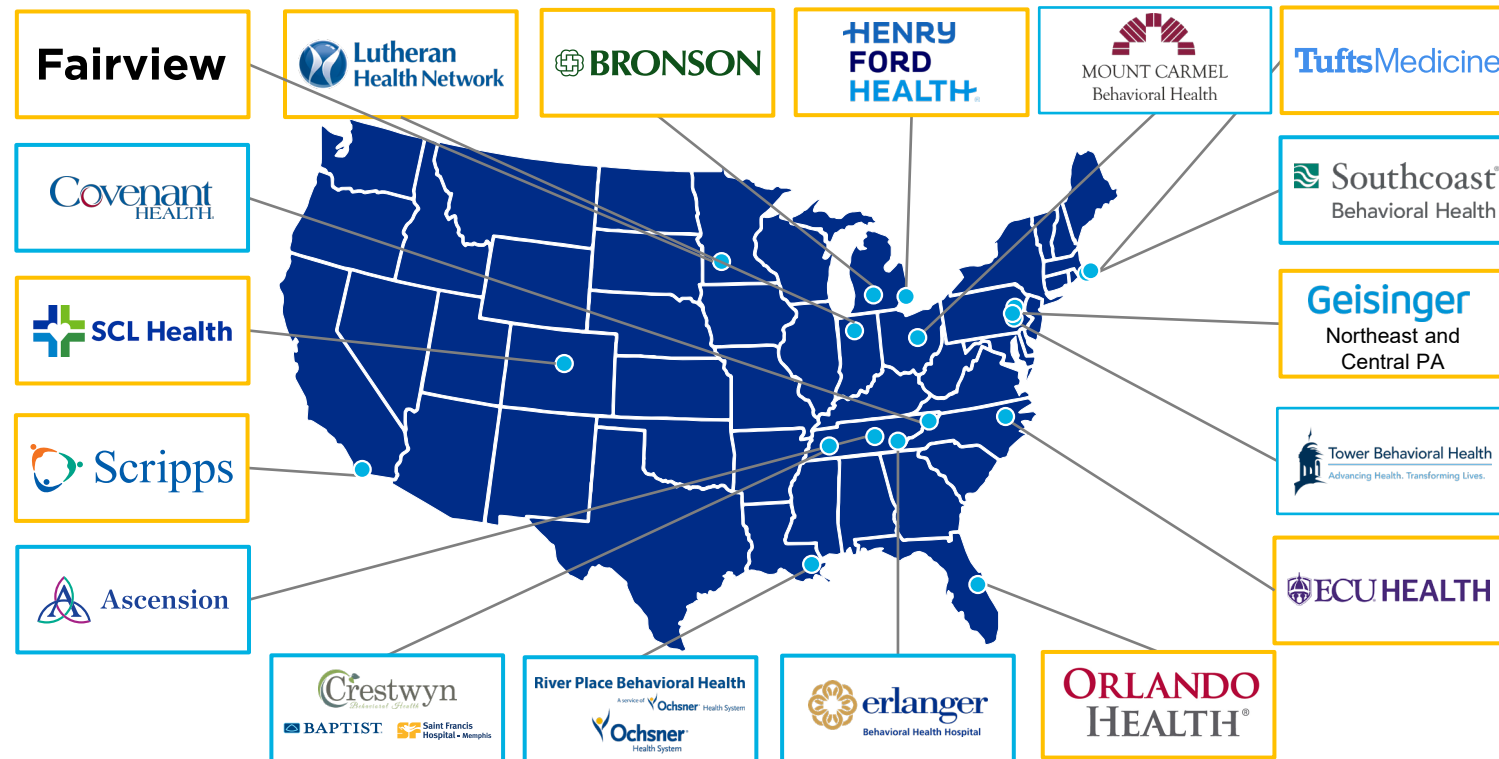




Acadia has a strong track record of JVs with leading health systems

Landscape of our 18 existing partnerships

Signed JVs Operational JVs



Acadia delivers significant value to health systems

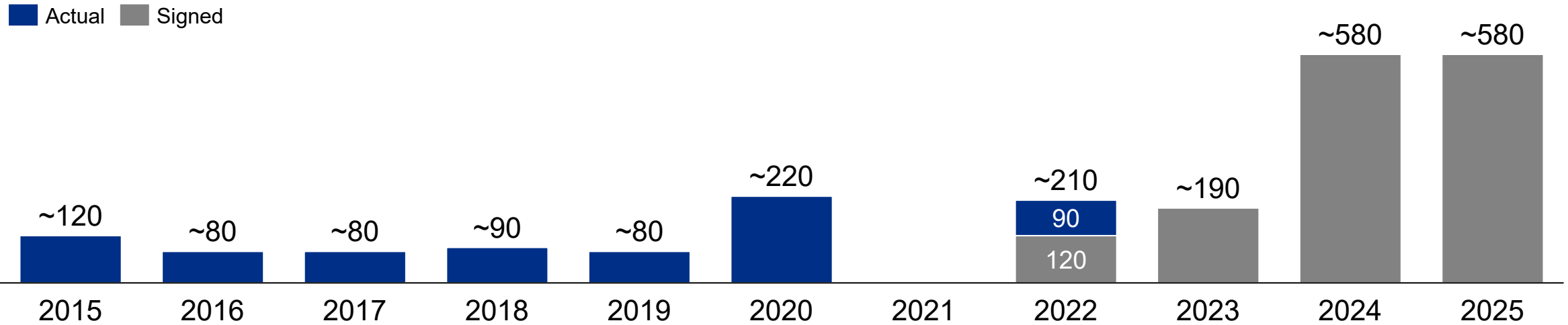
- Behavioral health expertise with long experience of operating acute care BH hospitals
- Proven track record of partnering with medical health systems
- Help health systems meet the unmet needs in the population (e.g., addressing special needs of children and adolescents) and free capacity for medical patients

JVs are equity partnerships with medical health systems that have a shared purpose of improving the mental and physical outcomes of high-acuity patients



And we have strong confidence in our joint venture growth outlook

Number of JV beds added per year, 2015-2025



2022 JVs

2023 JVs

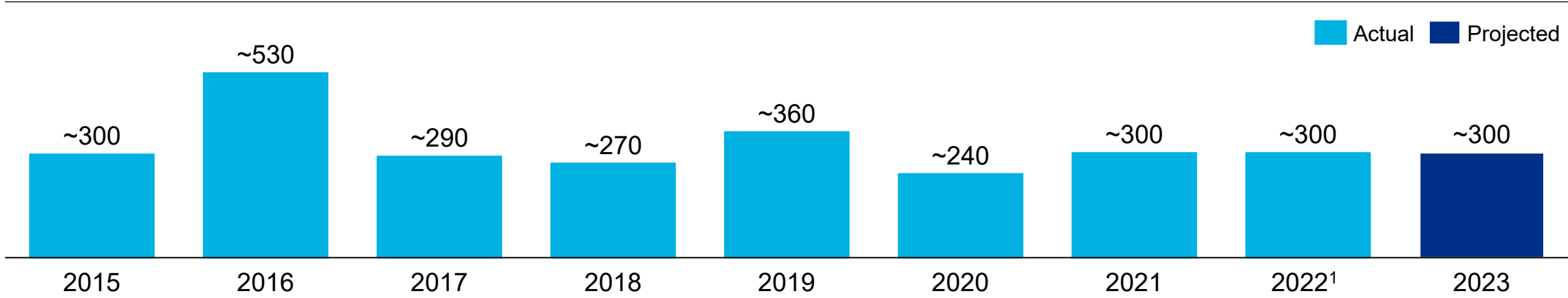
2024 JVs

2025 JVs



We have a strong track record of expanding existing facilities and are confident in the future outlook

Number of beds added per year across our existing IP facilities, 2015-2023



Sample inpatient hospitals with recent bed additions



Acute facility

Opened in 2016

Expected to add 53 beds in 2022



Specialty facility

Acquired in 2015

Opened a 6-bed addition in early 2022



Acute facility

Opened in 2019

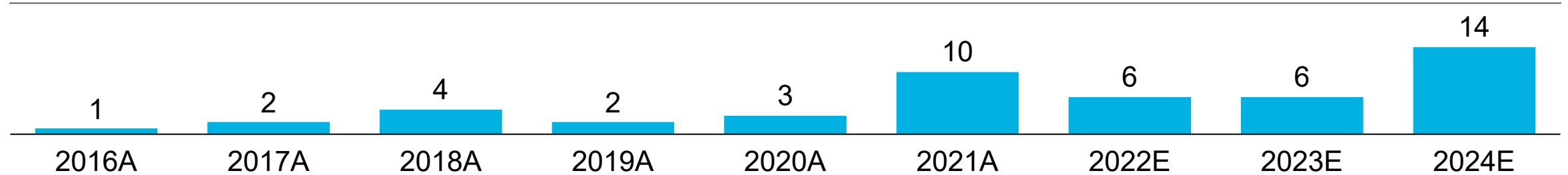
Expected to add 52 beds over 2022 and 2023

1. Estimated additions as of end of year 2022

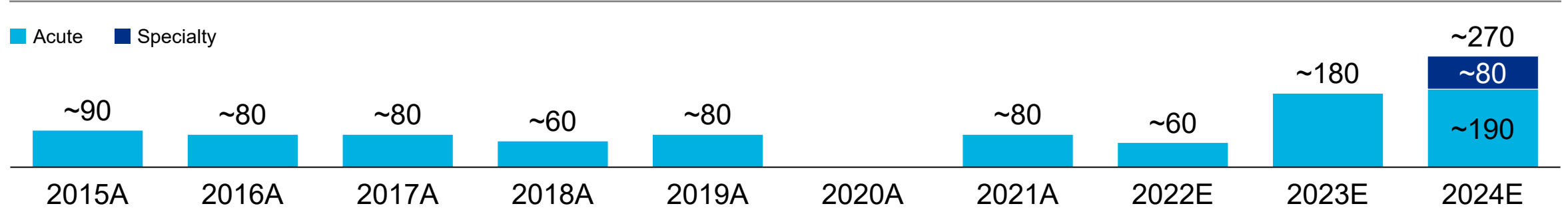


Going forward, we expect to expand our de novo across CTC, Acute and Specialty

Number of CTC de novo locations, 2016-2024



Number of de novo beds per year, 2015-2024

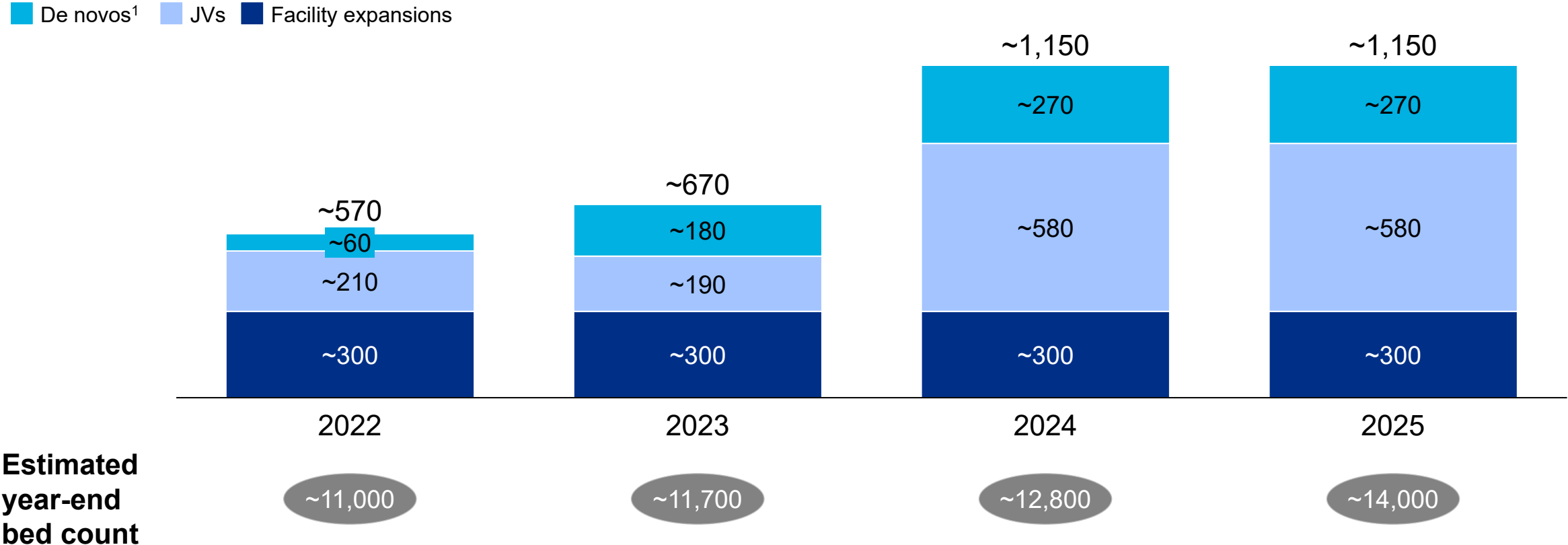


Example de novo openings in 2023:



Our combined growth pathways are expected to generate 1,000+ beds annually starting in 2024

Estimated bed additions by growth pathway, 2022-2025



1. De novo in specialty and acute

On December 7th, we laid out our clear path to continue our strong organic revenue and EBITDA trajectory in the near-to-long-term

EBITDA growth

Key investments to fuel go-forward growth

Near-term growth (2023)

9-10%

Estimated EBITDA growth (2022-23)

- Investments in the **expansion of our existing facilities**, primarily through bed additions (~300 beds per year)
- Expansion in high-need markets through **de novo and JV facilities**
- Ongoing focus on **operational efficiencies and cost-management**

Mid- to long-term growth (2024-28)

10-12%

Estimated annual EBITDA growth (2024-28)

- Continued investments in the **expansion of our existing facilities**, primarily through bed additions
- Accelerated **de novos, JV facilities and facility expansions** (1,000+ beds per year)
- Expanded **focus on substance use disorder (SUD)** for increased de novo opportunities in attractive markets
- **Stronger foundational improvements** through select investments in our infrastructure (e.g., technology infrastructure, analytics, automation, care navigation)



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