CIVITAS SOLUTIONS

Bank of America Merrill Lynch 2015 Healthcare Conference

May 12-14, 2015

Safe Harbor

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INFORMATION

This presentation contains statements about future events and expectations that constitute forward-looking statements. Forward-looking statements are based on our beliefs, assumptions and expectations of industry trends, our future financial and operating performance and our growth plans, taking into account the information currently available to us. These statements are not statements of historical fact. Forward-looking statements involve risks and uncertainties that may cause our actual results to differ materially from the expectations of future results we express or imply in any forward-looking statements and you should not place undue reliance on such statements. Factors that could contribute to these differences include, but are not limited to, the factors described in “Risk Factors” in Civitas’ Registration Statement on Form S-1. Words such as "anticipates", "believes", "continues", "estimates", "expects", "goal", "objectives", "intends", "may", "opportunity", "plans", "potential", "near-term", "long-term", "projections", "assumptions", "projects", "guidance", "forecasts", "outlook", "target", "trends", "should", "could", "would", "will" and similar expressions are intended to identify such forward-looking statements. We qualify any forward-looking statements entirely by these cautionary factors. We assume no obligation to update or revise any forward-looking statements for any reason, or to update the reasons actual results could differ materially from those anticipated in these forward-looking statements, even if new information becomes available in the future. Comparisons of results for current and any prior periods are not intended to express any future trends or indications of future performance, unless expressed as such, and should only be viewed as historical data.

NON-GAAP FINANCIAL MEASURES

This presentation includes disclosures of Adjusted EBITDA which is defined as net income before equity in earnings of unconsolidated subsidiary, income tax expense, loss on early debt extinguishment, interest and other (expense) income, realized gain (loss) on investments, interest expense, equity-based compensation expense, related party management fees, restructuring charges, depreciation and amortization expense and net income attributable to noncontrolling interest. EBITDA and Adjusted EBITDA are not determined in accordance with GAAP and should not be considered in isolation or as an alternative to net income, income from operations, net cash provided by operating, investing or financing activities or other financial statement data presented as indicators of financial performance or liquidity, each as presented in accordance with GAAP. Neither EBITDA nor Adjusted EBITDA should be considered as a measure of discretionary cash available to us to invest in the growth of our business. While EBITDA and Adjusted EBITDA are frequently used as measures of operating performance and the ability to meet debt service requirements, they are not necessarily comparable to other similarly titled captions of other companies due to potential inconsistencies in the method of calculation. Our presentation of EBITDA and Adjusted EBITDA should not be construed as an inference that our future results will be unaffected by unusual items.

Our Mission

- To offer adults, children, young people and their families innovative and high-quality services and support that lead to growth and independence, regardless of the physical, intellectual or behavioral challenges they face

- Our philosophy emphasizes partnerships – with those we serve, their families, our employees, Mentors, payors and the communities in which we work – in an effort to help people shape the direction of their own lives and thrive in less restrictive settings

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Who We Are

- Leading provider of home- and community-based health and human services
  - Individuals with intellectual, developmental, physical or behavioral disabilities and other special needs
  - Customized solutions delivered in less restrictive, non-institutional settings
  - We serve over 12,600 clients in residential settings and more than 17,400 clients in non-residential settings
  - Over 21,500 full-time equivalent employees and 5,600 independently-contracted host home caregivers
- 35-year history of providing services to must-serve populations
- FY2014 revenues of $1.256 billion and adjusted EBITDA margin of 10.3%[1]
  - YTD Q2 FY2015: revenues of $669.8 million and adjusted EBITDA of $77.6 million[1]

1. *For definition and reconciliation of Adjusted EBITDA please see page 25.*

Investment Highlights

Large and Expanding "Must Serve" Markets

Diversified Payor Base and Stable Reimbursement

Strong and Stable Cash Flows

Multiple Growth Drivers: Organic expansion, Acquisitions, Adjacent Markets

First Mover Advantage in SRS

Leader and Consolidator in Large Fragmented Market

Proven Management Team with Average of 23 years in Human Services Industry

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Leading Provider of Home- and Community-Based Health and Human Services

The MENTOR Network

	Human Services		Post-Acute Specialty Rehabilitation Services ("SRS")
Currently Served Markets	**Intellectual and/or Developmental Disabilities ("I/DD")**	**At-Risk Youth ("ARY")**	**Acquired Brain Injury ("ABI")**
	65% of total revenue [1] ($861 million)	*15% of total revenue [1] ($197 million)*	*19% of total revenue [1] ($248 million)*
	$61 billion market [2]	*$29 billion market [3]*	*$10 billion market [4]*
Individuals Served	*16,700*	*10,800*	*1,600*

With September 2014 acquisition of Massachusetts Adult Day Health, we entered $6.2 billion market for elder day services (serving ~1000 individuals)

1. *Represents percent of total net revenue for the LTM period as of 3/31/2015.*
2. *Based on data from the Braddock report; represents size for 2013.*
3. *Based on data from Child Trends; represents size for 2010.*
4. *Based on data from the CDC; represents annual spend.*

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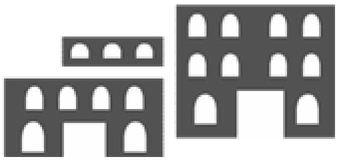
Our Value Proposition

The services we offer provide higher quality care to clients at a lower cost to payors

Clients and Families

- Less restrictive care settings that promote client independence
- Integration into the community
- Unique and customized care delivery
- Supports a range of special needs populations



Payors

- Customized service plans across the continuum of care to address payor and client needs
- Lower cost of care than traditional institutional settings
- Best practices from a national network of clinicians
- Support from advocacy groups and clients
- National scale facilitates billing and other administration efficiencies

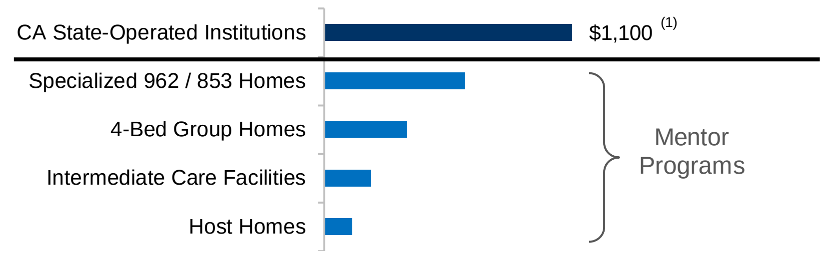
Driving Value for Clients, Families and Payors

	Our Customized Approach	Results

Saving Payors Money: California Case Study

Aggressively market our cost efficient and high quality models; achieved 60%+ increase in host home census from FY10-FY14

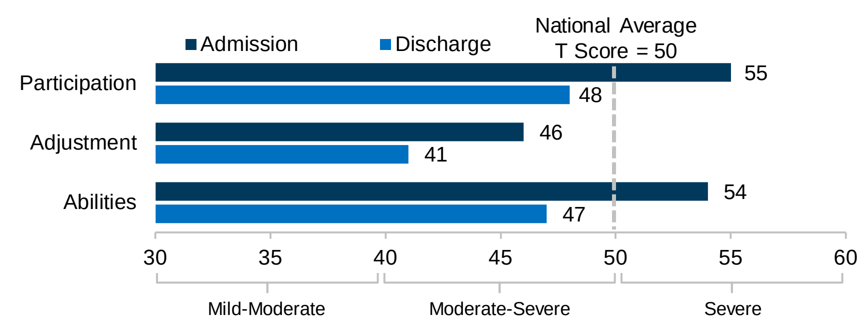
Average Daily Rates – State Institutions vs. Mentor Programs



Driving Better Outcomes: NeuroRestorative Difference

Leverage our clinical expertise to measure and drive better outcomes for individuals served

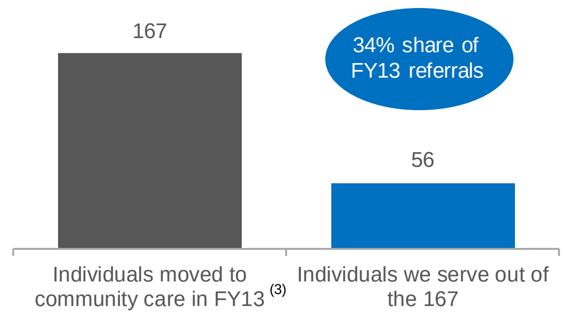
Reduction in Measured Deficiencies[2]



Rapid Response: New Jersey Expansion

Utilize our scale and experience to rapidly deploy resources and meet NJ's needs and save the state money

New Jersey Deinstitutionalization Project



1. *Based on data from The Press Democratic news article, published June 6, 2014.*
2. *Represents Mayo-Portland Adaptability Inventory-4 summary results.*
3. *Based on data from the New Jersey Department of Human Services, Division of Developmental Disabilities.*

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Our Service Models – A Continuum of Care

Our home- and community-based models can be applied across a range of markets

Setting	Service Model	Markets
Residential	**Neighborhood Group Homes** Residences for six or fewer individuals	**I/DD** $61bn [1]
	Host Homes ("Mentor" Model) The "Mentor" model, in which a client lives in the private home of a licensed caregiver	**ARY** $29bn [2]
	Specialized Community Facilities Specialized to support individuals with complex medical, physical and behavioral challenges	**SRS** $10bn [3]
Periodic	**In-Home Settings** Support for clients' independent living with services in their own homes	**Adult Day Health** $6bn [4]
Day / Vocational Programs	**Center- and Community-Based Programs** Continuum of structured activities, skill-building, vocational support, and medication management	

1. *Based on data from the Braddock report; represents size for 2013.*
2. *Based on data from Child Trends; represents size for 2010.*
3. *Based on data from the CDC; represents annual spend.*
4. *IBISWorld estimates for spending on adult day care in 2010.*

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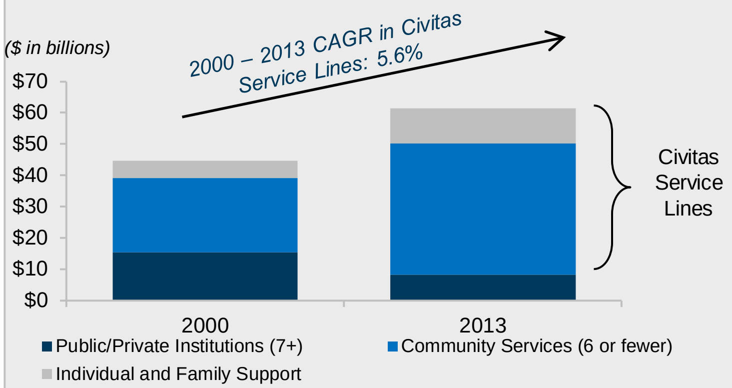
I/DD Market Growth Drivers

Trends in U.S. I/DD Spending [1]



Favorable Demographics

- Average lifespan of individual with I/DD is ~66 years *(up from 59 year in the 1970s)* [1]
- >860k individuals with I/DD living with a caregiver age 60 or older [1]

Relative Value for Payors

- Compelling cost advantage
  - Group home average annual cost of ~$94k vs. institutional average of ~$255k [1]

Long Waiting Lists

- ~110k individuals with I/DD waiting for residential services [1]
  - ~77k on formal waiting lists in 31 states [1]

Deinstitutionalization

- Significant population still in institutional settings
  - >24k remained in public institutions as of 2013 [1]
  - ~26k in nursing homes [1]

Key drivers of historical I/DD growth remain in place, future growth could accelerate

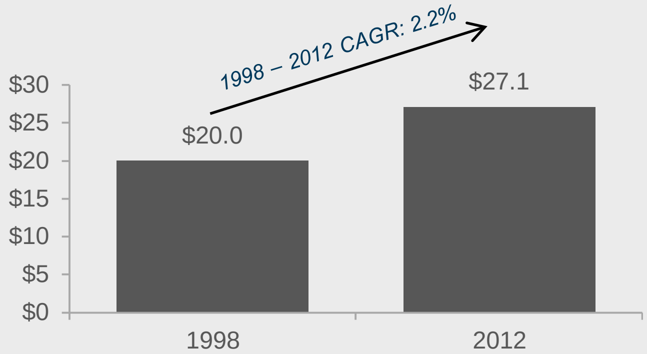
1. *Based on data from the Braddock report.*

ARY Market Growth Drivers

Trends in U.S. ARY Spending [1]

($ in billions)

Total Child Welfare Spending, SFY98-SFY10



Foster Care is a Must-Serve Market

- 641k children and adolescents served by the foster care system during 2013 [2]

Periodic Services Gaining Favor

- Federal and state governments favor solutions that promote and preserve family environments

Shifting Demographics

- Increasing number of children living below the poverty line
- Increased by approximately 3.1 million from 2000 to 2013 [3]

Underserved Population

- Only ~60% of referrals of alleged mistreatment of children receive services [4]

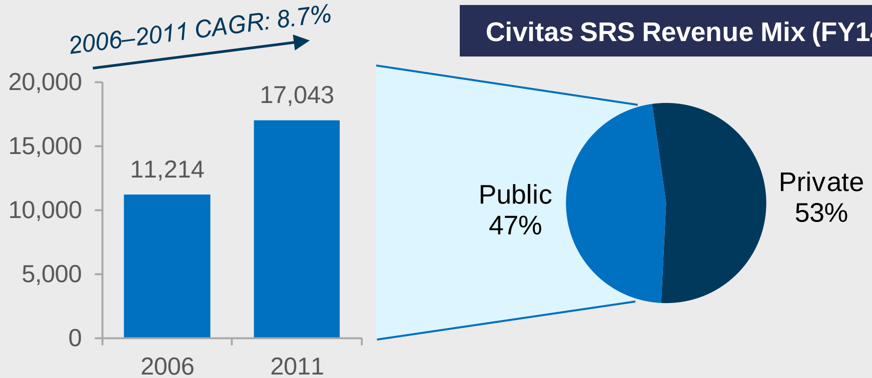
Payors continue to seek more effective and less expensive services for at-risk youth

1. *Based on data from Child Trends.*
2. *Based on data from the Children's Bureau, the U.S. Department of Health and Human Services, Administration on Children and Families.*
3. *Based on data from the U.S Census Bureau*
4. *Based on data from the U.S. Department of Health and Human Services, Administration on Children and Families.*

SRS Market Growth Drivers

Individuals Served by State Waiver Programs [1]

Civitas SRS Revenue Mix (FY14)



Advances in Medical Care

- Extended lifespans
- Care can be a life-long necessity
- ~5.3 million individuals with permanent disability living in the U.S. as a result of an ABI

Increasing Public Awareness

- Traumatic brain injury increasingly in focus
- ER visits for TBI increased by ~30% from 2006 – 2010 [2]

Increasing Demand for Specialized Care

- Key demand drivers
  - Growing advocacy
  - Changes in public policy
  - Legal precedents

Increasing Funding

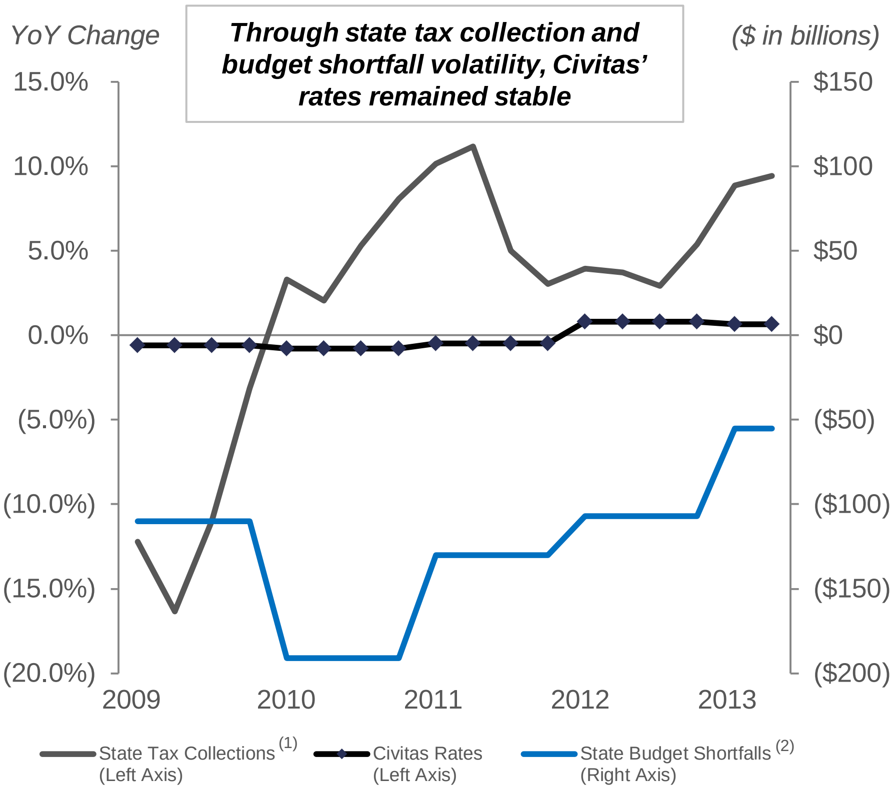
- Payor preference for cost effective and appropriate community-based settings of care
- VA pilot program extended through October 6, 2017

Extended lifespans and increased public awareness of traumatic brain injury are driving both increased funding and demand for specialized care

1. *Based on data from the Henry J. Kaiser Family Foundation.*
2. *Based on data from the Journal of American Medical Association.*

Protected and Growing Reimbursement for Our Services

YoY State Tax Collection Changes & State Budget Shortfalls



Highlights

- "Must serve" population:
  - Strong advocacy support
  - Litigation risk for state and local governments
- Strong value proposition to payors and states
- Medicaid matching increases funds available to states and amplifies impacts of cuts
- Budget Control Act (sequestration) exempted Medicaid and Foster Care from automatic across-the-board budget cuts
- For FY14, the in-year impact of across-the-board pricing adjustments was nearly $12 million or more than 0.9% of annual revenue; the positive pricing trend has continued into FY15
- In addition to a stable public payor base, we have a growing non-public payor base in our SRS segment

Protected and growing funding with limited "stroke of the pen" reimbursement risk

1. *Based on data from the Nelson A. Rockefeller Institute of Government.*
2. *Based on data from the Henry J. Kaiser Family Foundation.*

Our Growth Strategy

Robust revenue growth from current business with further growth driven by potential adjacent market expansion opportunities

1 Drive Organic Growth

- Nearly $135mm organic net revenue growth from FY11-FY14

2 Continue to Invest in New Starts

- $8mm of investment from FY07-FY10 generated $71mm revenue and $16mm EBITDA in FY14
- $16mm invested in FY12-FY13

3 Expand SRS Platform

- Achieved 19% net revenue CAGR in SRS from FY09-FY14, more than doubling segment size and contribution

4 Target Opportunistic Acquisitions

- ~$53.7 million of acquisition capital deployed in FY14
- Maintain robust acquisition pipeline and execute on a disciplined, opportunistic plan

5 Pursue Opportunities in Adjacent Markets and Complementary Service Lines

- Closed acquisition of Massachusetts Adult Day Health Alliance 9/14 for up to $37.1mm ($17m in revenue), entering ~$6bn adult day care market (1)

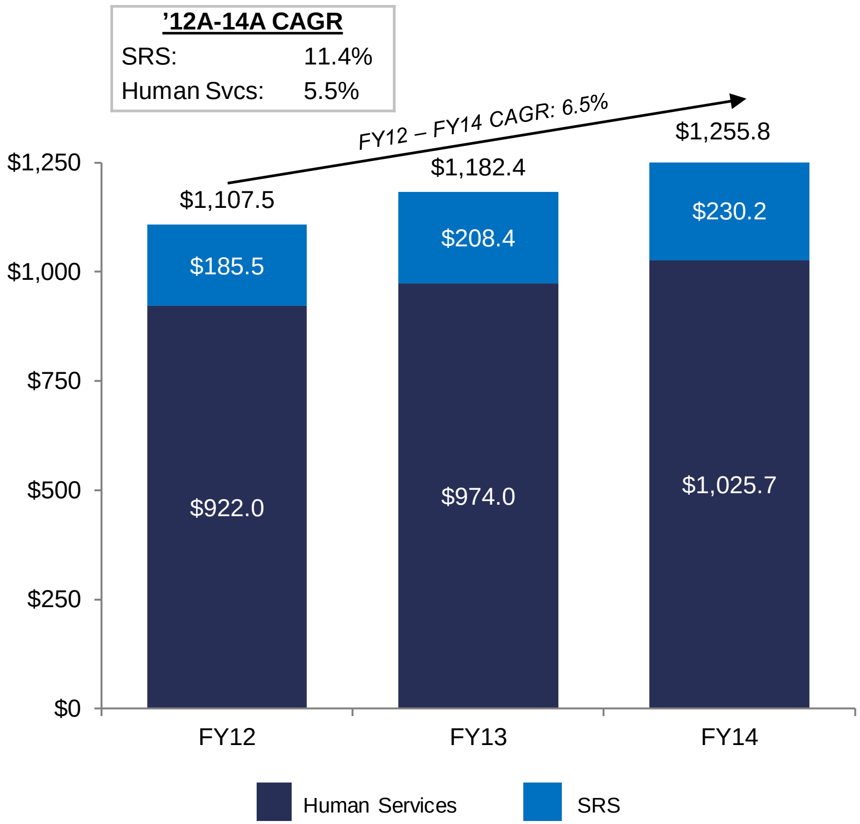
1. *IBISWorld estimates for spending on adult day care in 2010.*

Historical Financial Performance

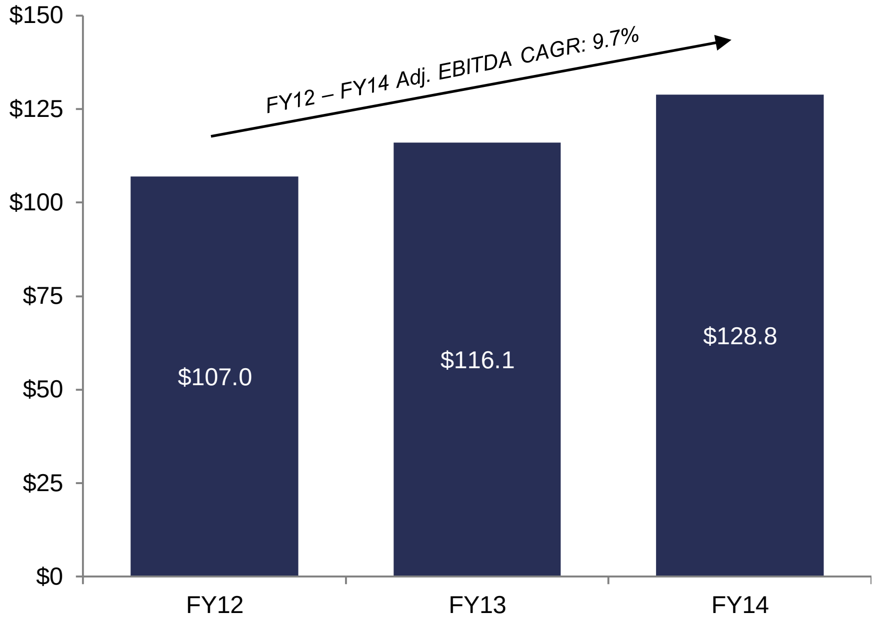
($ in millions)

Strong Net Revenue and Adj. EBITDA growth driven by disciplined investment in organic and acquisition growth opportunities

Net Revenue



Adjusted EBITDA[1]



Adj. EBITDA Margin:		
9.7%	*9.8%*	*10.3%*

1. For definition and reconciliation of Adjusted EBITDA please see page 25.

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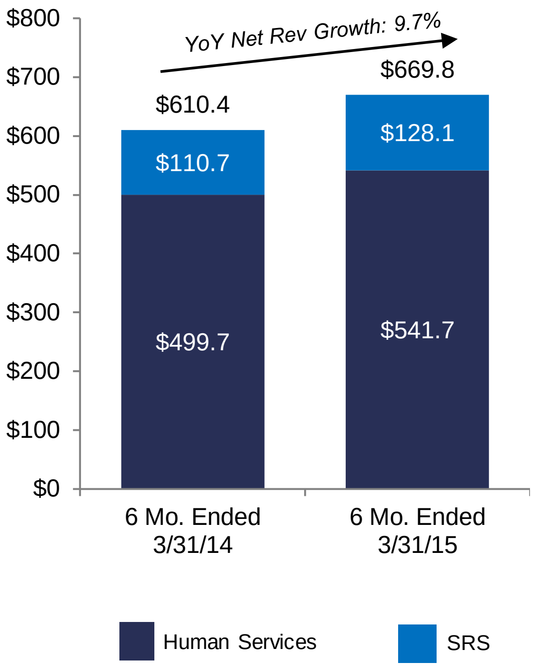
Financial Results for YTD Q2 FY15

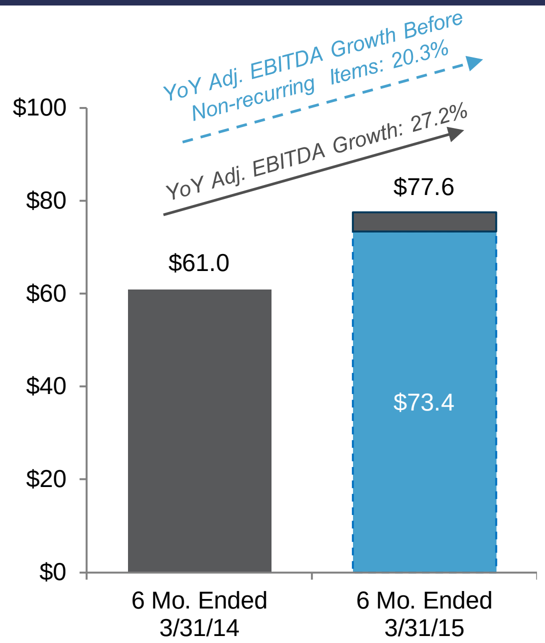
($ in millions)

Net Revenue



Q2 FY15 YTD YoY Net Revenue Growth:	
Human Services:	*8.4%*
SRS:	*15.7%*

Adjusted EBITDA[1]



Adj. EBITDA Margin:	
10.0%	*11.6%*

Key Highlights

- 9.7% increase in Net Revenue
- 27.2% increase in Adjusted EBITDA
- Performance driven by:
  - $32.7 million of organic revenue growth, including growth related to new programs, and $26.7 million of revenue from acquisitions
  - Margin expansion, excluding new starts, was the result of leveraging direct labor and other G&A functions

1. *For definition and reconciliation of Adjusted EBITDA please see page 25.*

New Start Investments Drive Organic Growth

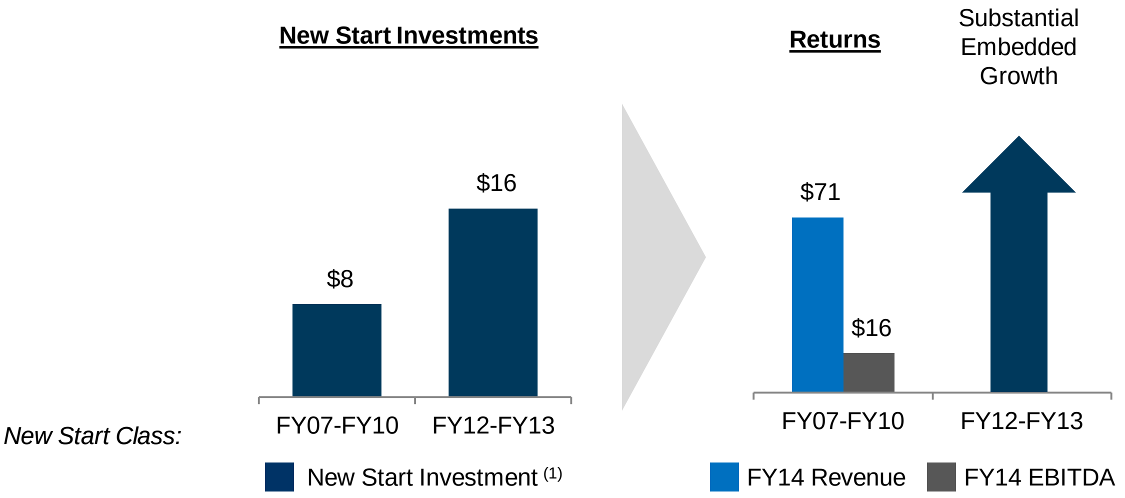
($ in millions)

New Start Overview

- New start program is our *de novo* build-out platform
- More than 100 investments from FY09 through FY13
- Typical time to profitability is 18-24 months
- Flexibility to accelerate or slow investments based on market conditions
- Investments from FY07-FY10 of $8.2mm drove $71mm of revenue and $16mm of EBITDA in FY14

New Start Investments and Returns Profile

$16 million of investments from FY12-FY13 represent substantial embedded growth (with another $6 million invested in FY14)



1. *New Start Investment is defined as revenue less direct expenses but not including allocated overhead costs incurred 18 months after a new start begins operations.*

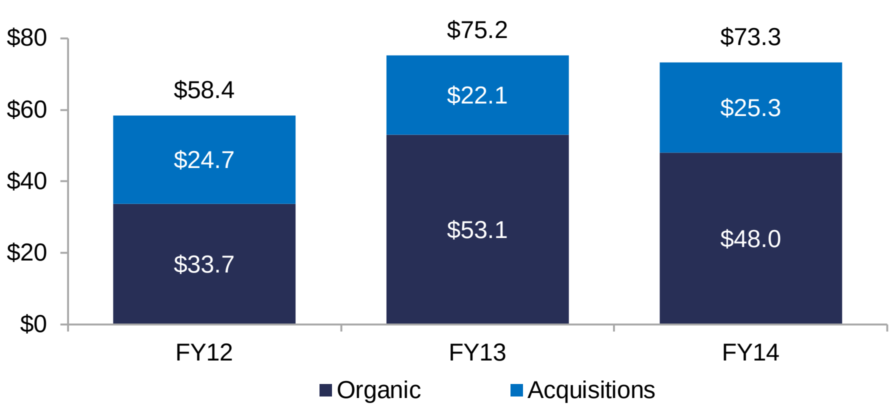
Robust Landscape of Acquisition Opportunities in Fragmented Markets

($ in millions)

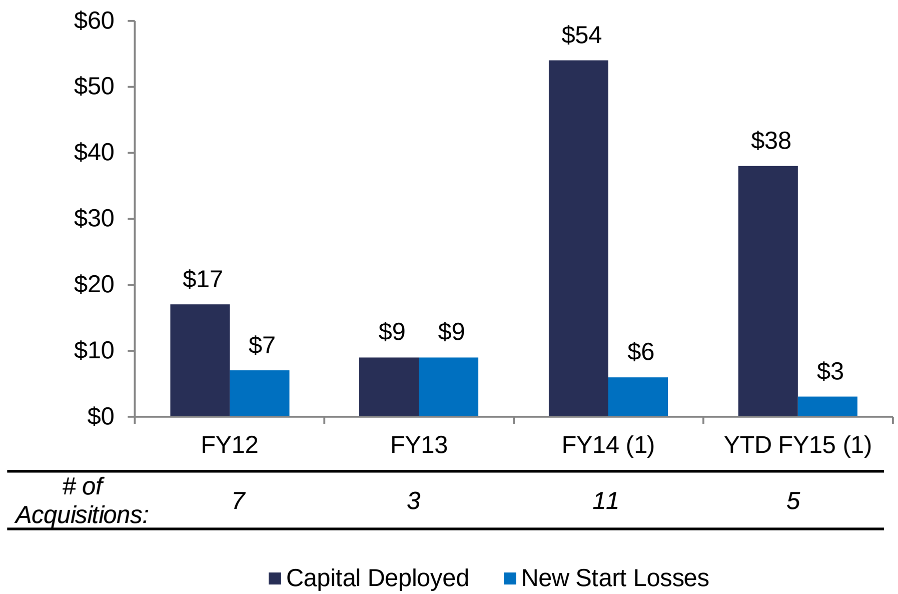
Acquisition Overview

- One of two scale players in highly-fragmented markets
  - Offer exit opportunities to small providers
  - Executed 45 acquisitions from 2009 through Q2 FY15 with total capital deployment of approximately $201 million (1)
- Demonstrated ability to integrate and enhance operations, a clear competitive advantage in acquisition-focused growth
- Acquisitions often serve as platforms for expanding New Start initiatives
- Robust pipeline of acquisition targets; YTD FY15 have announced 5 acquisitions with total LTM revenues of ~$24.2 million
- Initial public offering has enhanced free cash flow and the capital structure to further support future acquisition activity

Revenue Growth over Prior Year, FY11 – FY14



Acquisition Capital Deployed & New Start Losses



1. *Includes contingent considerations of $2.4M in FY14 and $6.1M in FY15*

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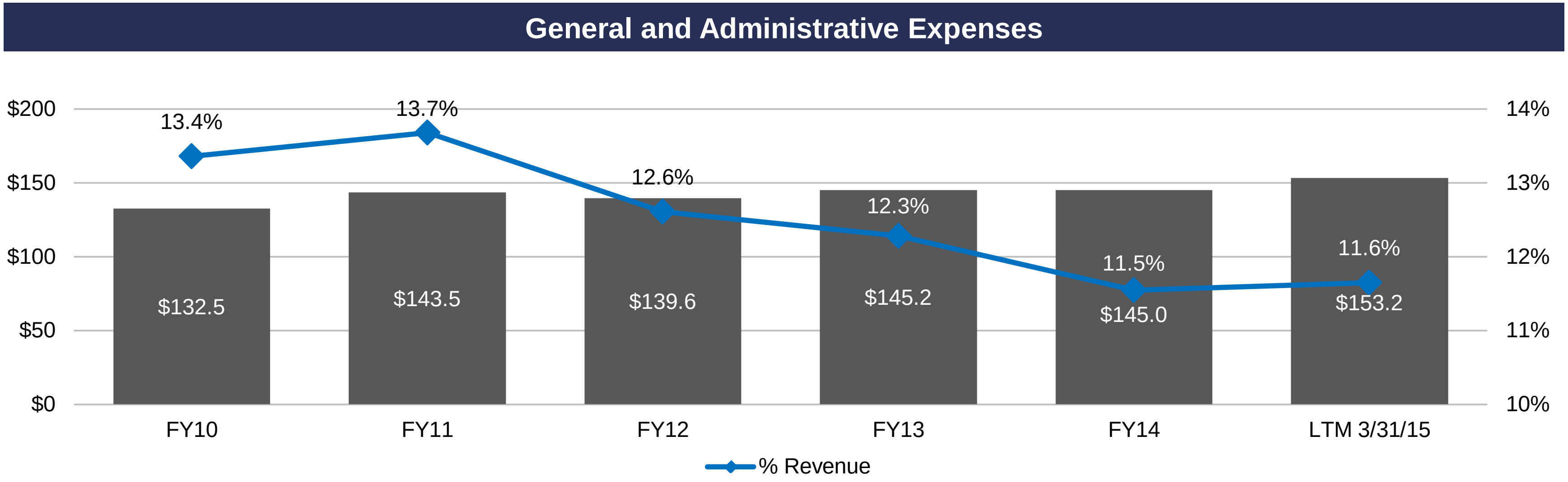
Effective General & Administrative Expense Leveraging

($ in millions)



- Total G&A overhead at Regional, State, Operating Group and Corporate
- Also includes:
  - Shared Service Center
  - HR and IT Infrastructure
- Operating leverage allows us to reduce overhead costs as a percent of revenue

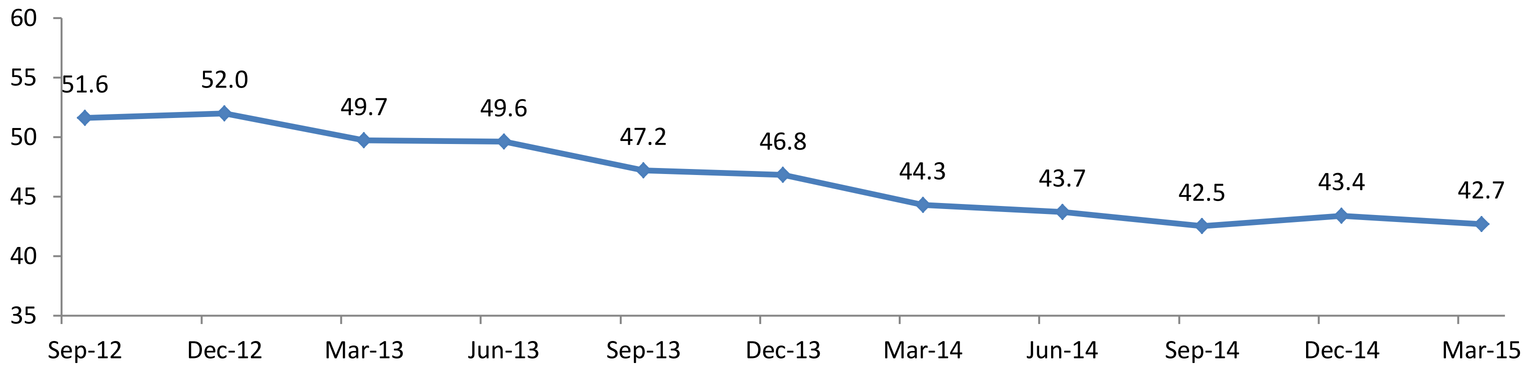
Our overhead costs are leveraged as we expand organically, tuck acquisitions into our platform and consolidate back office functions into our Shared Service Center

Free Cash Flow

The redemption of our Senior Notes and the favorable January 2014 senior debt refinancing increased free cash flow by $38 million annually.

FREE CASH FLOW ($ in millions)	FY13	FY14	LTM 3/31/2015	Pro Forma (1) LTM 3/31/2015
Cash Flow from Operations	$55.7	$83.9	$81.0	$119.3
Capital Expenditures	(31.9)	(35.3)	(40.7)	(42.7)
Free Cash Flow	$23.8	$48.6	$40.3	$76.6

DAYS SALES OUTSTANDING



(1) Pro Forma assumptions:

- Incremental Term Loan increase of $55M occurred on 3/31/2014.
- All $250M of the Senior Notes were redeemed on 3/31/2014.
- The interest spread on the Term Loans qualified for the 50 bps reduction due to the IPO starting on 3/31/2014.
- The $375 million notional interest rate swaps were the only swaps in effect as of 3/31/2014
- Senior Notes premium of $11.7 million related to the redemptions in October 2014 and March 2015 is added back.
- Transaction advisory fee to sponsor of $8.0 million is added back.
- Long Term Compensation plan payment of $2.5 million to Care Meridian as a result of the IPO is added back.
- Capital expenditures are estimated at 3.25% of Net Revenue

Investment Highlights

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Strong and Stable Cash Flows

Multiple Growth Drivers: Organic expansion, Acquisitions, Adjacent Markets

First Mover Advantage in SRS

Leader and Consolidator in Large Fragmented Market

Proven Management Team with Average of 23 years in Human Services Industry

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Appendix

Summary Financials

($ in millions)	Fiscal Year Ending September 30,			Six-Months Ending March 31,	
	2012	2013	2014	2014	2015
Human Services	921.9	974.1	1,025.7	499.7	541.7
SRS	185.5	208.4	230.2	110.7	128.1
Net Revenue	**$1,107.4**	**$1,182.5**	**$1,255.8**	**$610.4**	**$669.8**
Gross Profit	**$245.7**	**$260.9**	**$272.8**	**$132.2**	**$152.1**
Less: General and Administrative	139.6	145.2	145.0	$71.7	$79.8
Less: Depreciation and Amortization	60.0	63.6	67.5	$32.4	$37.9
Income From Operations	**$46.0**	**$52.1**	**$60.3**	**$28.1**	**$34.5**
EBITDA	**$105.0**	**$115.3**	**$103.8**	**$45.5**	**$55.3**
Adjusted EBITDA [(1)]	**$107.0**	**$116.1**	**$128.8**	**$61.0**	**$77.6**
% Margin	*9.7%*	*9.8%*	*10.3%*	*10.0%*	*11.6%*
G&A as % of Revenue	**12.6%**	**12.3%**	**11.5%**	**11.7%**	**11.9%**
Capital Expenditures	**$ 30.0**	**$ 31.9**	**$ 35.3**	**$14.4**	**$19.7**
% of Revenue	*2.71%*	*2.70%*	*2.81%*	*2.35%*	*2.94%*
Cash Paid for Acquisitions	**$16.5**	**$9.3**	**$53.7**	**$11.8**	**$38.0**
Days Sales Outstanding	**52**	**47**	**43**	**44**	**43**

1. *For a reconciliation of EBITDA to Adjusted EBITDA please see page 25.*

Summary Capitalization

($ in millions)	March 31, 2015 Actual
Cash and cash equivalents:	
Available cash	$0.0
Restricted cash (1)	50.0
Total cash and cash equivalents	$50.0
Debt:	
Senior revolver (2)	-
Term loan facility (3)	648.9
Senior notes	-
Total long-term debt (4)	$648.9
Stockholders' equity:	
Preferred stock	-
Common stock	0.4
Additional paid-in-capital	275.9
Accumulated gain on derivatives	0.2
Accumulated deficit	(159.5)
Total stockholders' (deficit) equity	$117.0
Total capitalization	$765.9
LTM Adj. EBITDA	$145.4
Credit statistics:	
Total debt / Adj. EBITDA	4.5x
Net debt / Adj. EBITDA	4.1x

1. *Represents cash deposited in a cash collateral account in support of the issuance of undrawn letters of credit.*
2. *As of March 31, 2015, we had $119.1 million of availability under our senior revolver. Availability was reduced due to $0.9 million of Revolving Letters of Credit*
3. *Excludes the impact of original issue discount, net of accumulated amortization.*
4. *Includes current portion but excludes $6.3 million in obligations under capital leases.*

Adjusted EBITDA Reconciliation

($ in millions)	Fiscal Year Ending September 30,			Six-Months Ending March 31,	
	2012	2013	2014	2014	2015
EBITDA	**$105.0**	**$115.3**	**$103.8**	**$45.5**	**$55.3**
Adjustments:					
Sponsor Management Fee (1)	1.3	1.4	9.5	0.7	0.2
Stock-based compensation	0.7	0.3	0.9	0.1	2.4
Predecessor provider tax reserve adjustment (2)		(2.1)			
Extinguishment of debt and related costs (3)			14.7	14.7	17.3
One-time transaction bonus (4)					2.5
Non-cash impairment charges (5)		1.3			
Adjusted EBITDA	**$107.0**	**$116.1**	**$128.8**	**$61.0**	**$77.6**

1. *Represents management fees and reimbursable expenses incurred under our management agreement with our private equity sponsor that was terminated in September 2014.*
2. *Represents an adjustment to a reserve for a provider tax that is not required to be paid.*
3. *Represents the costs associated with the redemption of the $162.0 million and $50.0 million of senior notes in October 2015 and March 2015, respectively, and the write-off of the associated deferred financing costs and original issue discount.*
4. *Represents payments associated with the termination of an equity-like plan for employees of the CareMeridian business unit made in connection with the IPO.*
5. *Impairment charges associated with indefinite lived intangible assets and goodwill related to the closure of certain businesses.*

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