Mental Health and Substance Use Report on Expenditures and Services

District of Columbia Department of Behavioral Health
Tanya A. Royster, M.D., Director

Mental Health and Substance Use Report on Expenditures and Services (MHEASURES)
January 15, 2018

Overview

The mission of the DBH is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high quality, integrated services. DBH serves children and youth with a diagnosis of severe emotional disturbance (SED) and adults with severe mental illness, as well as youth and adults with substance use disorders. District residents who meet the enrollment criteria are eligible to receive the full range of behavioral health services and supports. Integrated services are available for individuals who have co-occurring disorders.

Mental Health

DBH provides an array of mental health services and supports through a Mental Health Rehabilitation Services (MHRS) option. This includes: (1) Diagnostic and Assessment, (2) Medication/Somatic Treatment, (3) Counseling, (4) Community Support, (5) Crisis/Emergency, (6) Rehabilitation/Day Services, (7) Intensive Day Treatment, (8) Community Based Intervention, (9) Assertive Community Treatment, (10) Transition Support Services, and (11) Health Homes. In addition, a variety of evidence-based services and promising practices are offered to those enrolled in the system of care. These include wraparound support, trauma-informed care, school mental health services, early childhood services, suicide prevention, forensic services, peer support, and supported employment.

DBH contracts with 21 core service agencies and 10 sub-and specialty providers to carry out the majority of mental health services. In addition, DBH operates adult and child clinics that provide urgent care and crisis emergency services. Outreach and treatment services are also provided through the Homeless Outreach Program.

Substance Use

The Department supports four Prevention Centers that conduct community education and engagement activities related to substance use prevention across all eight wards. This includes training young people to support the Prevention Centers' capacity-building efforts focused on youth leadership and outreach to the youth population. DBH has developed the Prevention Policy Consortium made up of more than 15 District agencies and national leaders to bolster the substance use prevention infrastructure and system.

DBH also contracts with 22 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Individuals who want to obtain services go through the Access and Referral Center (ARC) and other intake sites. During the intake process, clients participate in a comprehensive assessment and evaluation to determine the appropriate level of treatment and maintenance care. A comprehensive continuum of substance abuse treatment services, including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy is available within the system of care. Clients may also receive recovery support services, either concurrently with or subsequent to treatment. Recovery services include care coordination services, recovery coaching/mentoring, education support services, transportation, and limited housing (up to 6 months) to help foster a stable recovery environment.

SUD services for adolescents are provided through the Adolescent Substance Abuse Treatment Expansion Program (ASTEP). Four certified substance use disorder treatment providers offer these specialized services. Screening, assessment, out-patient and in-patient treatment, and recovery services and supports are provided.

Contents

The Mental Health and Substance Use Report on Expenditures and Services (MHEASURES) provides a summary of key agency measures related to service cost, utilization and access to the public behavioral health system. Specifically, the following information is contained within this document:

- Gender and race distribution for individuals receiving mental health and substance use services is presented in *Figures 1 and 2;*
- Individuals receiving services from both mental health and substance use providers is shown in *Figure 3;*
- Medicaid penetration information is shown in *Figure 4;*
- Mental health enrollment data is presented in *Figures 5, 6, and 7*;
- Mental health funding sources are shows in *Figures 8 and 9*;
- Mental health cost and utilization data based upon claims expenditures for the first two quarters of Fiscal Year 2015 is presented in *Figures 10-17;*
- Substance use clients served by treatment and recovery programs are shown in *Figure 18;*
- Clients receiving both treatment and recovery substance use services are presented in *Figure 19;*
- Substance use assessment and admissions data is shown in *Figures 20 and 21;*
- Substance use services by Level of Care are shown in *Figure 22;*
- Substance use expenditure breakouts are presented in *Figure 23 and 24; and*
- Primary drug of choice is presented in *Figure 25.*

Reports are published January 15th and July 15th of each fiscal year.

MHEASURES contains information regarding mental health services paid for through Medicaid claims and local dollars, and substance use services paid for through the Substance Use Block Grant, Medicaid, and local dollars. This report reflects services provided to individuals participating in the District's public behavioral health system.

Limitations of the Report

1. **Mental health findings are based solely on the public mental health system's claims data**. Individuals in care receive a wider array of services than what is reflected through DBH claims data. Many of these services are delivered through other arrangements. For example, approximately seventy percent of all Medicaid recipients are enrolled in a managed care plan, through which they may receive mental health or behavioral health services outside of the public mental health system. Individuals who are not enrolled in managed care may also access other mental health or behavioral health services delivered through non-MHRS providers such as free-standing mental health clinics, independent psychiatrists or other qualified professionals that would also not be captured in the DBH mental health claims data set.

2. Only those mental health services that are paid through claims are included in the data set of information summarized for this report. DBH provides a robust array of additional contracted services that are supported with local dollars that enhance the quality of care provided to individuals with mental illness and their families, which are not reflected in this report. This includes prevention and intervention services provided through school based mental health, homeless outreach services, early childhood services, wraparound support, forensic services, housing, transition-age youth services, portions of supported employment services, and suicide prevention services.

3. Due to the way information is tracked in the electronic data system being used by DBH, there is still a need for data cleanup. For example, newly enrolled consumers and consumers transferring providers are indistinguishable. When a provider closes, large numbers of consumers are transferred to new providers and enrollment data appears skewed.

Summary of Findings

The Department of Behavioral Health continues to develop a robust array of services to meet the mental health and substance use service needs of the people receiving care. Findings based upon the current analysis of data shows:

The Department of Behavioral Health served a total of 25,191 mental health consumers in Fiscal Year 2017. This is a slight increase from the 25,132 served in Fiscal Year 2016.

DBH served 5,711 substance use clients in FY17, an 18% decrease from the 6,940 served in FY16. This is the second year in a row the number of clients served has decreased.

The total expenditures for mental health services decreased by $9 million between FY16 and FY17, after increasing by over $18 million between FY15 and FY16. Spending had consistently increased each year for the past four years, by between 7% and 18%. CBI and Supported Employment expenditures decreased most significantly. Two CBI providers either closed or stopped providing the service, and new providers were not added. Supported Employment payment was shifted to an external source for consumers' first 90 units, which accounted for the decrease in expenditures for that service.

The highest cost driver per consumer within the mental health system is intensive community based services (Assertive Community Treatment, Community Based Intervention, Multi-systemic Therapy and Functional Family Therapy). The average annual cost per consumer for this service cluster was comparable to FY16 for adults ($10,395 versus $10,146) and lower for children ($5,906 versus $8,275).

Proportionally, the most costly substance use service was residential (inpatient) treatment, which represented 50% of all expenditures; 25% of episodes were for this level of care. The second highest percentage of expenditures was for medication assisted treatment (26%); these episodes made up 23% of the total.

The most frequently used level of care for substance use clients for FY17 was medication assisted treatment. In previous years, outpatient was the most frequently-used level of care, but there was a significant drop in FY17.

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FY 17 data is based on mental health claims submitted and substance use data entered for dates of service between October 1, 2016 and September 30, 2017.

MH Data Source: *iCAMS, claims data (Run Date: 2/1/2018)*

SUD Data Source: *WITS, iCAMS (Run Date: 1/9/2018)*

Report prepared by the DBH Data and Performance Management Branch

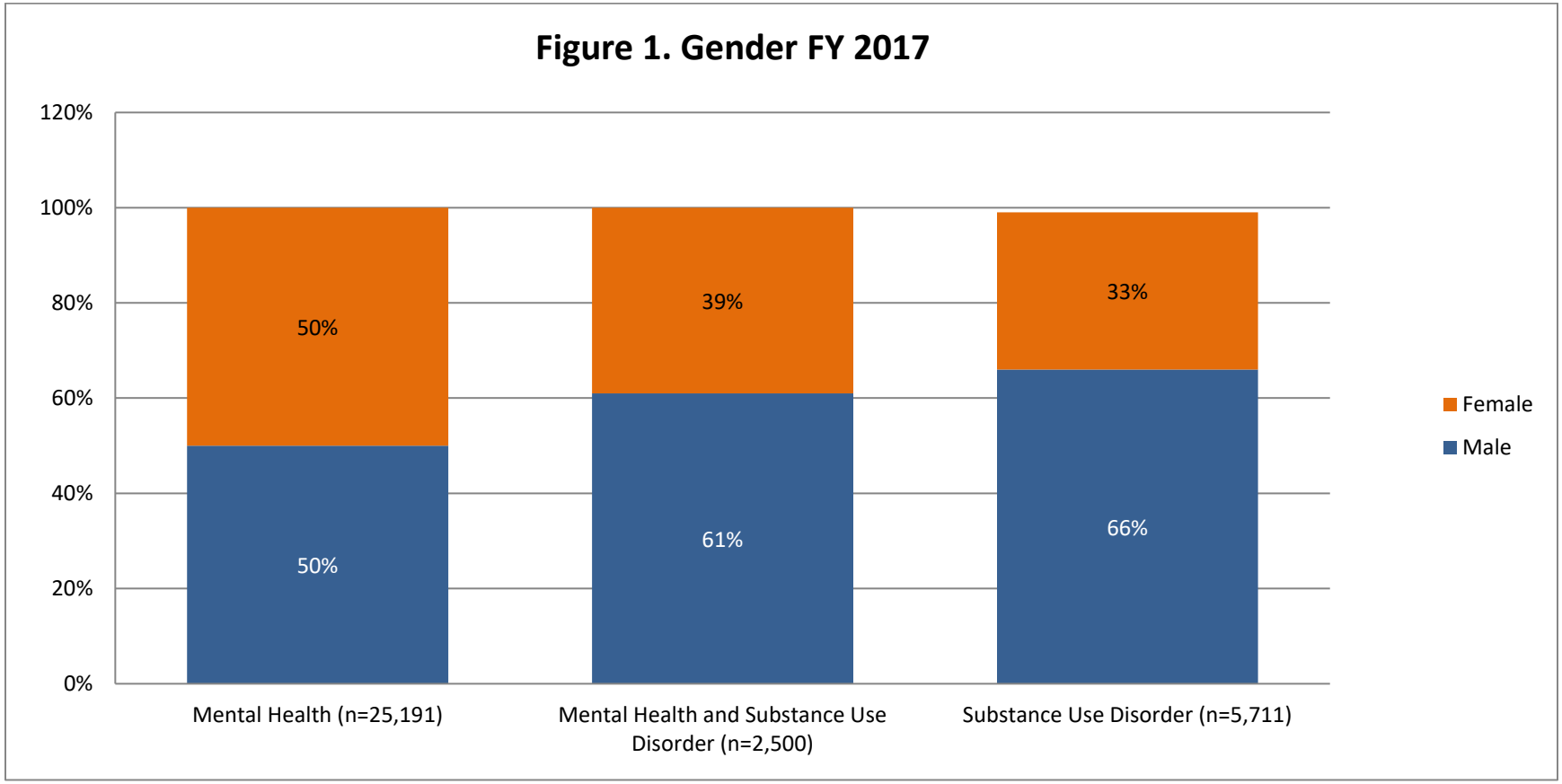


Figure 1. Gender FY 2017
120%
100%
80%
60%
40%
20%
0%
50%
50%
39%
61%
33%
66%
Female
Male
Mental Health (n=25,191)
Mental Health and Substance Use Disorder (n=2,500)
Substance Use Disorder (n=5,711)

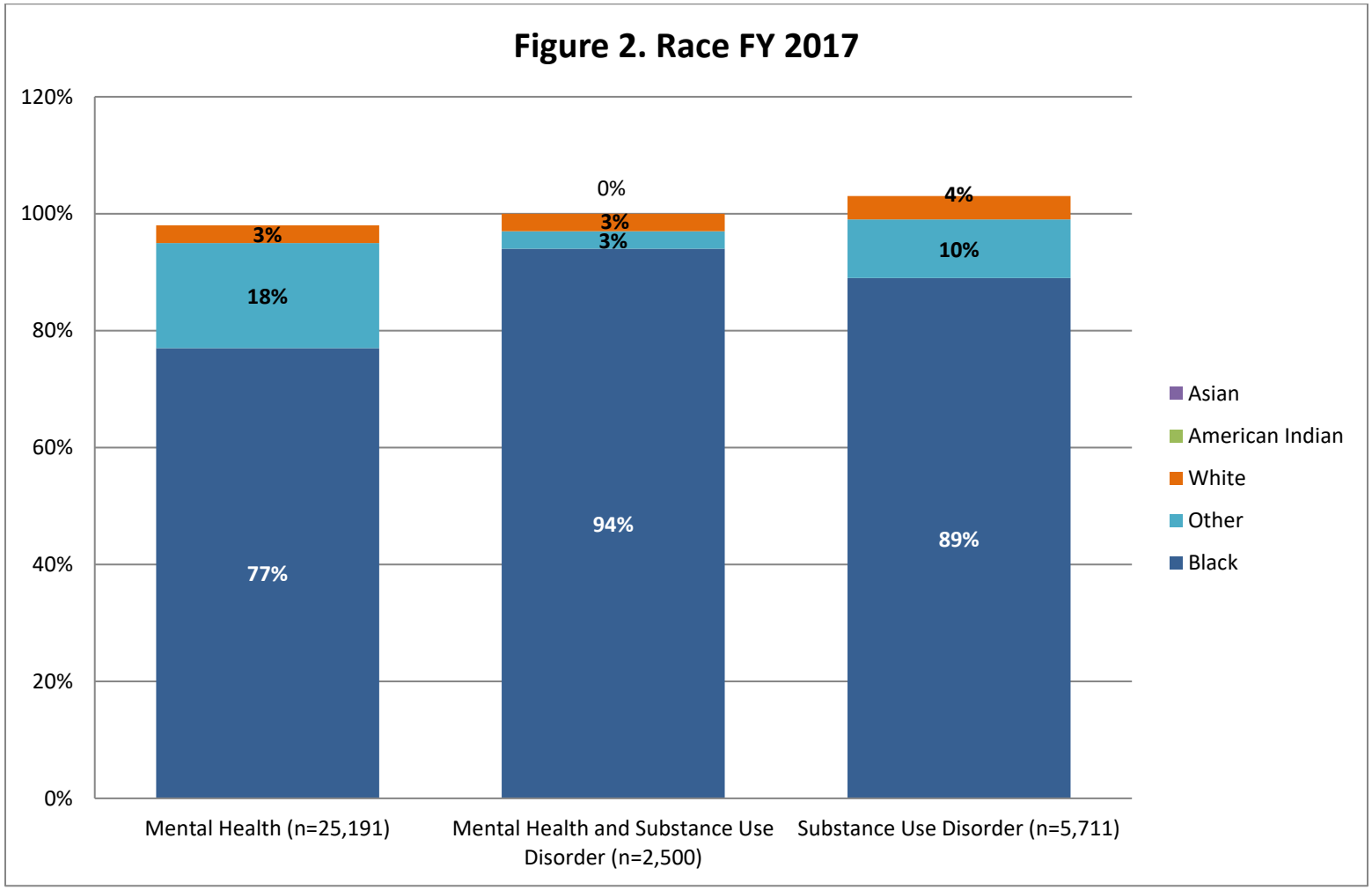


Figure 2. Race FY 2017
120%
100%
80%
60%
40%
20%
0%
3%
18%
77%
0%
3%
3%
94%
4%
10%
89%
Asian
American Indian
White
Other
Black
Mental Health (n=25,191)
Mental Health and Substance Use Disorder (n=2,500)
Substance Use Disorder (n=5,711)

Figure 3. Individuals Who Received Mental Health and Substance Use Services – FY 17

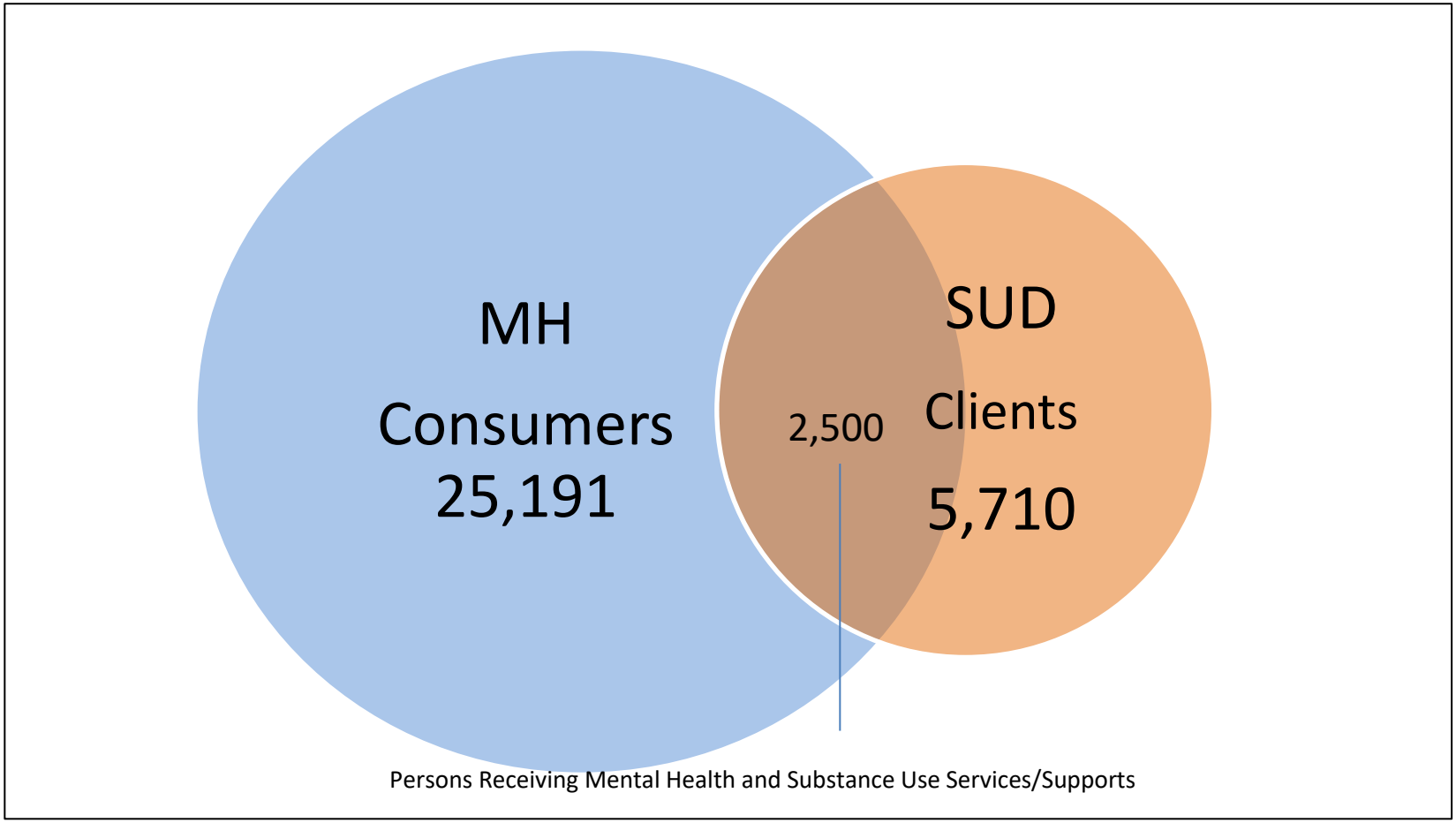
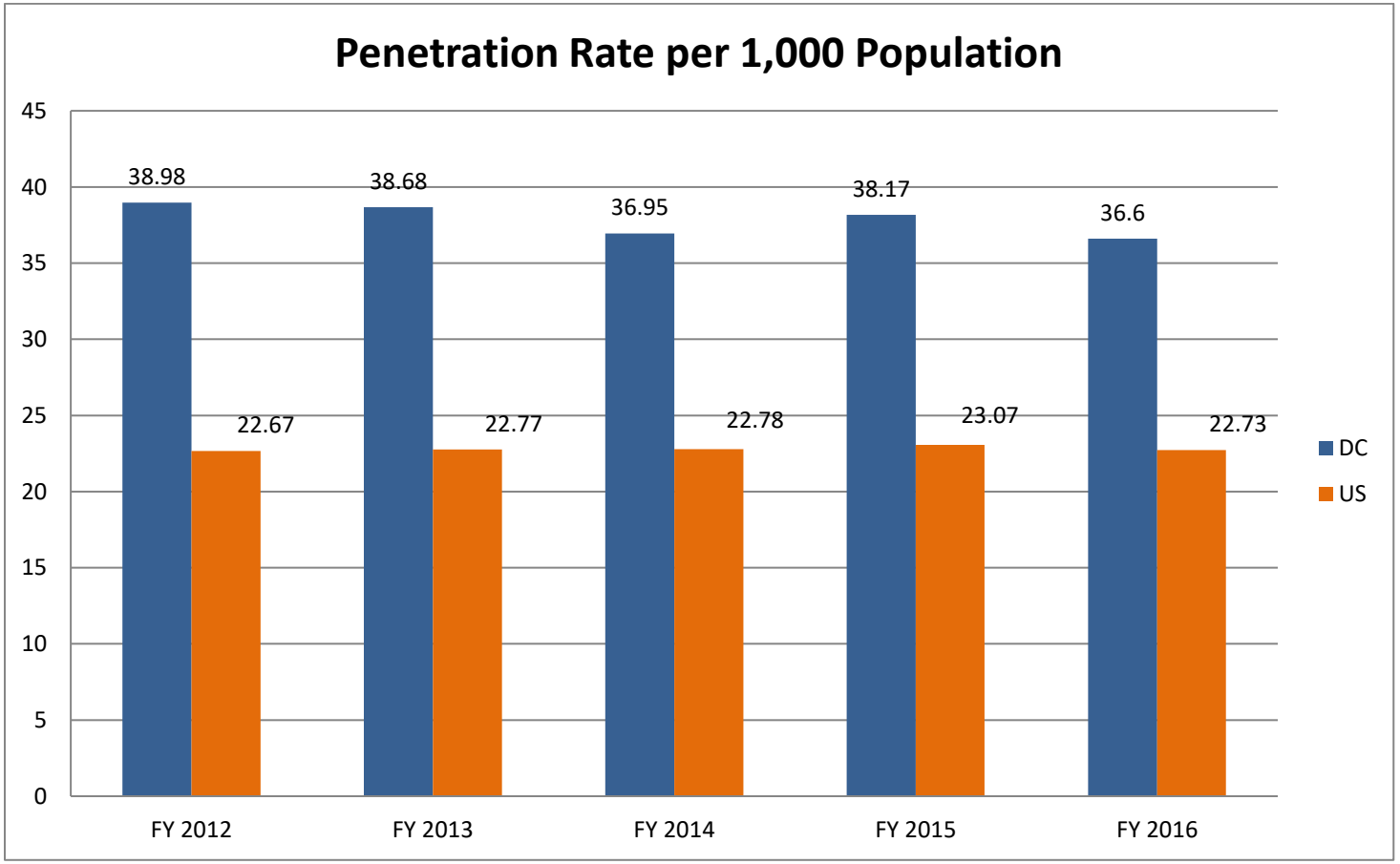
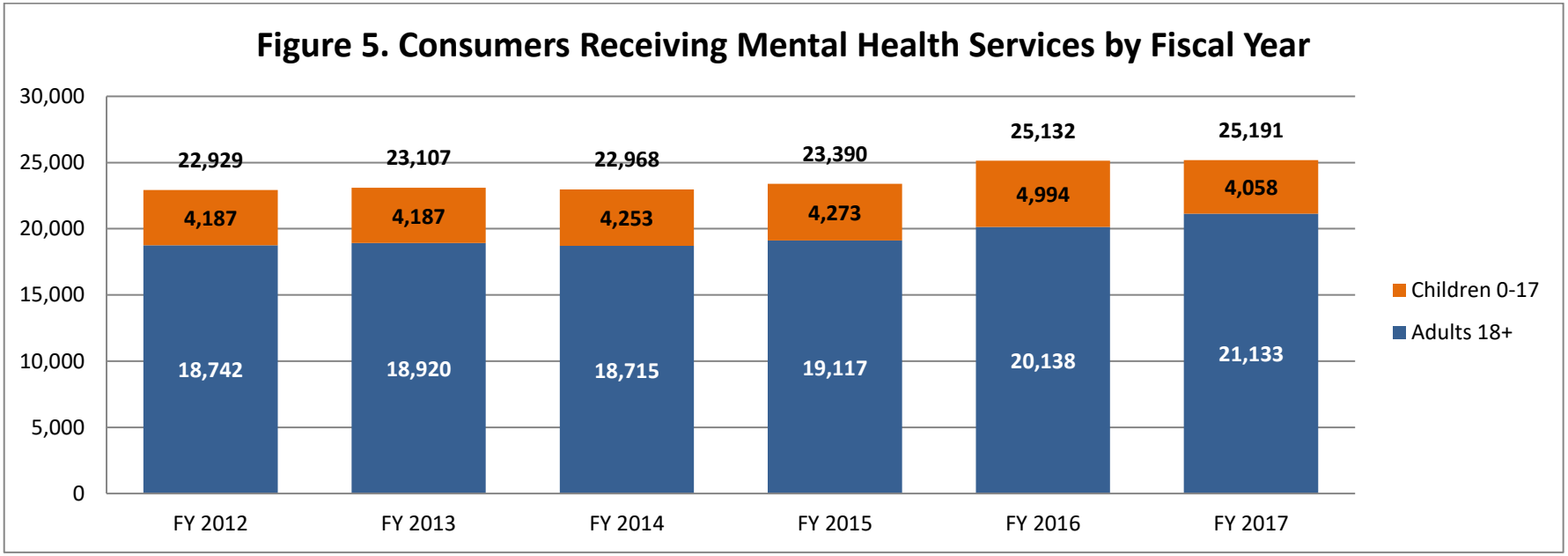


Figure 4. Mental Health Population Penetration Scope



Penetration rate is calculated by the Substance Abuse and Mental Health Services Administration (SAMHSA). http://wwwdasis.samhsa.gov/dasis2/urs.htm. FY17 data was not available at the time of publication.

Figure 5. Consumers Receiving Mental Health Services by Fiscal Year



Children (Age 0-17)

0% Change from 2012 to 2013
2% Increase from 2013 to 2014
0% Change from 2014 to 2015
14% Increase from 2015 to 2016
-23% Decrease from 2016 to 2017

Adults (Age 18+)

1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014
2% Increase from 2014 to 2015
5% Increase from 2015 to 2016
5% Increase from 2016 to 2017

Children & Adults Combined

1% Increase from 2012 to 2013
-1% Decrease from 2013 to 2014
2% Increase from 2014 to 2015
7% Increase from 2015 to 2016
0% Change from 2016 to 2017

Figure 5 displays the total number of consumers who received mental health services from Fiscal Year 2012 to Fiscal Year 2017. Each number represents an individual consumer who received at least one service within the public mental health system during the specified timeframe.

Figure 6. Adult (18+) Mental Health Consumers Enrolled & Served

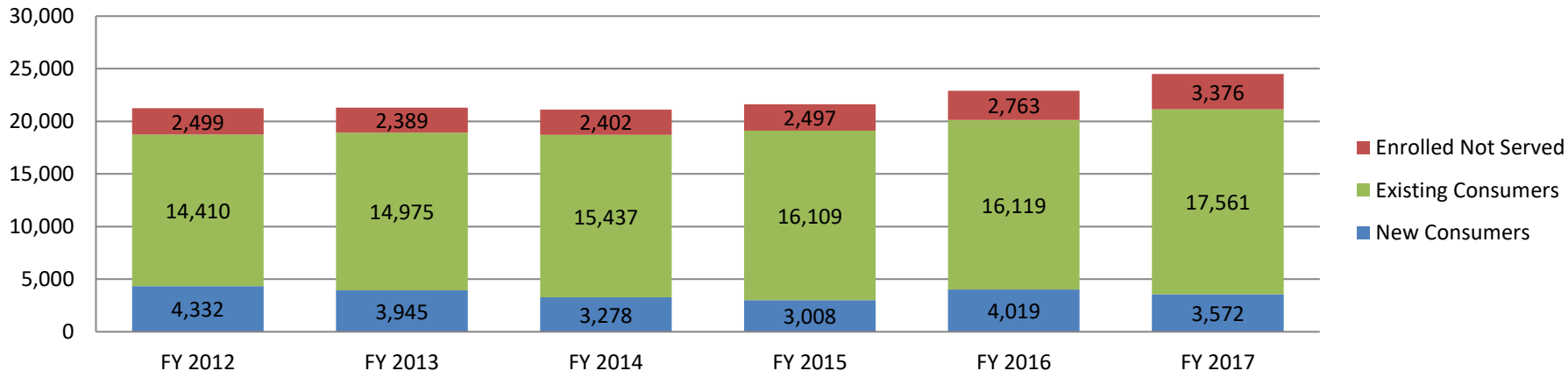
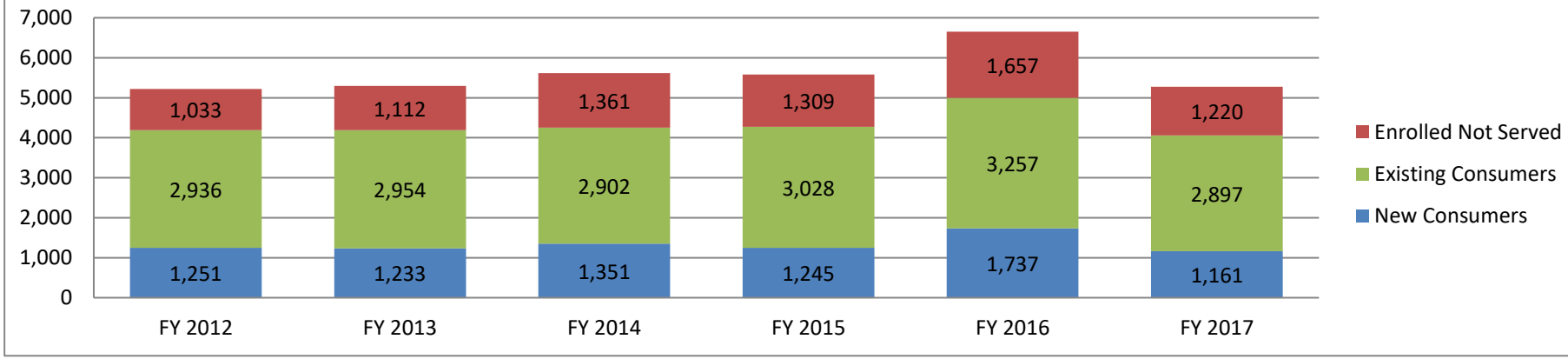


Figure 7. Child (0-17) Mental Health Consumers Enrolled & Served



Figures 6 & 7 display the number of consumers who were either: 1) consumers who were enrolled prior to this reporting period (Existing Consumers), 2) new to the public mental health system (New Consumers), and 3) consumers who were enrolled but did not receive a paid MHRS service during this reporting period (Enrolled Not Served). For the purposes of this report enrollment is defined as linkage to a Core Service Agency (CSA) in the public mental health system.

Figure 8. Adult (18+) Mental Health Consumers Insurance Type

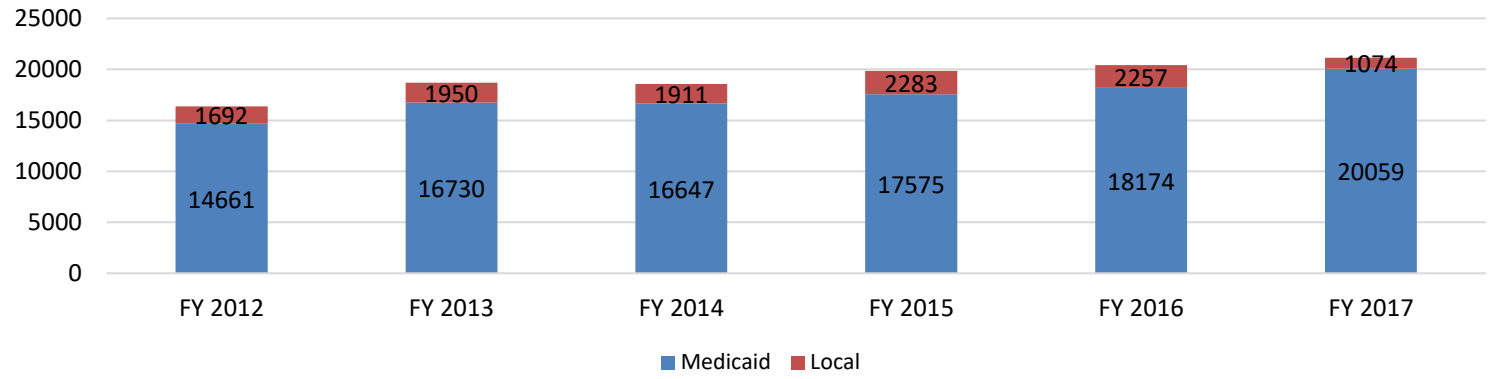
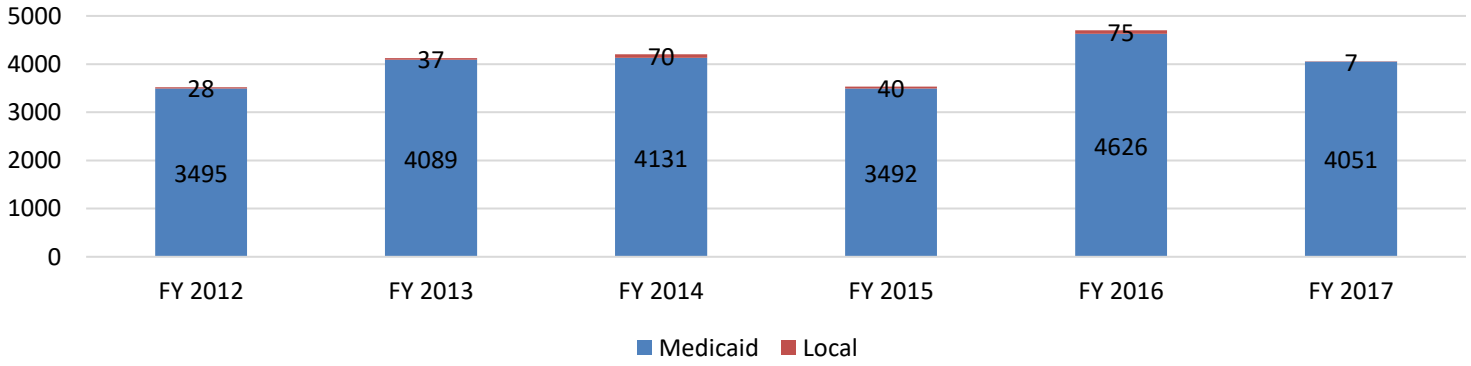


Figure 9. Child (0-17) Mental Health Consumers Insurance Type



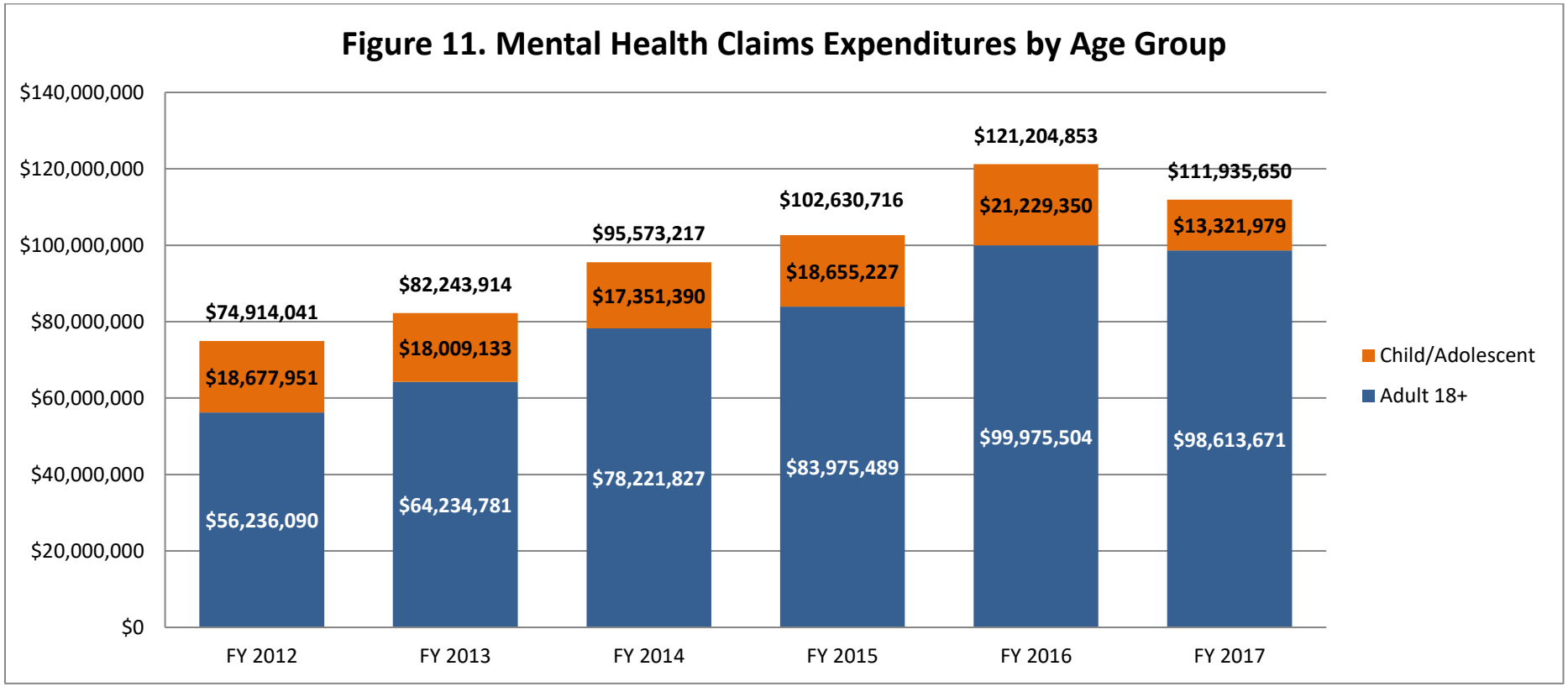
Figures 8 and 9 show the number of consumers who received services that were paid for via Medicaid and those whose services were exclusively paid with local dollars. Consumers who had Medicaid may have had some services paid with local dollars.

Figure 10. FY17 Utilization and Expenditure Details

Service Group	Child Total	Adult Total	Child & Adult Total	Avg Units	Avg Cost Per Consumer	Paid Amount	$ Change from FY16
ACT	**3**	**2228**	**2231**	**292**	**$10,423**	**$23,253,523**	**-$111,169**
CBI	**635**	**22**	**657**	**160**	**$5,942**	**$3,903,713**	**-$3,714,797**
Level I - MST	58	0	58	120	$4,972	$288,365	-$867,626
Level II & III - 90/180 Day Auth	532	18	550	179	$6,257	$3,441,422	-$2,270,158
Level IV - FFT	4	76	80	41	$2,174	$173,926	-$577,013
Community Support	**3363**	**16,991**	**20,354**	**146**	**$2,871**	**$58,429,742**	**-$3,969,636**
Counseling	**1020**	**2811**	**3831**	**27**	**$637**	**$2,439,227**	**-$1,109,160**
CPP-FV	15		15	61	$1,524	$22,866	$16,737
TF-CBT	18	1	19	49	$1,768	$33,595	$33,309
Crisis Services	**435**	**1997**	**2432**	**14**	**$521**	**$1,266,930**	**$393,569**
Crisis Stabilization	0	111	111	18	$3,660	$406,209	$370,094
Emergency - Home	6	1796	1802	14	$354	$637,615	$82,538
Emergency - CMHF	243	9	252	10	$288	$72,494	-$83,020
Emergency - Mobile Unit	3	319	322	16	$192	$61,688	$1,301
Emergency - Other/Not Identified	278	35	313	10	$284	$88,924	$22,657
Day Services	**0**	**1204**	**1204**	**80**	**$9,824**	**$11,827,700**	**-$1,819,027**
D&A	**982**	**6675**	**7657**	**1**	**$113**	**$868,757**	**-$59,606**
Brief	799	6035	6834	1	$84	$570,896	$34,240
Comprehensive	939	199	1138	1	$261	$297,008	-$94,699
Jail Diversion	**0**	**4**	**4**	**11**	**$224**	**$896**	**-$43,389**
Medication Somatic	**793**	**9427**	**10,220**	**9**	**$333**	**$3,402,538**	**-$521,643**
Supported Employment	**0**	**714**	**714**	**35**	**$607**	**$433,591**	**-$1,001,764**
Therapeutic	0	155	155	14	$144	$22,273	-$31,102
Vocational	0	669	669	38	$615	$411,319	-$970,661
Transition Support Services	**59**	**969**	**1028**	**22**	**$562**	**$577,907**	**-$343,562**

Figure 10. FY17 Utilization and Expenditure Details							
Service Group	**Child Total**	**Adult Total**	**Child & Adult Total**	**Avg Units**	**Avg Cost Per Consumer**	**Paid Amount**	**$ Change from FY16**
Inpatient Discharge Planning ACT	26	299	325	18	$317	$103,118	-$63,638
Continuity of Care Tx Planning	15	412	427	22	$319	$136,190	-$72,543
Cont. of Care Tx Planning (Non-ACT/CBI)	26	486	512	25	$661	$338,599	-$128,383
Health Homes	**0**	**2187**	**2187**	**7**	**$2,529**	**$5,531,096**	**$3,031,039**
Low Acuity	0	2037	2037	7	$2,273	$4,630,183	$4,128,981
High Acuity	0	374	374	7	$2,409	$900,913	-$1,097,942
Team Meeting	**0**	**2**	**2**	1	**$15**	**$30**	**-$60**
Total	**4058**	**21,133**	**25,191**	**164**	**$4,443**	**$111,935,650**	**-$9,269,204**

Figure 11. Mental Health Claims Expenditures by Age Group



10% Increase from 2012 to 2013
16% Increase from 2013 to 2014
7% Increase from 2014 to 2015
18% Increase from 2015 to 2016
-8% Decrease from 2016 to 2017

Figure 11 displays the aggregate cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2012 to Fiscal Year 2017.

Figure 12. Mental Health Claims Expenditures by Medicaid & Non-Medicaid Funds

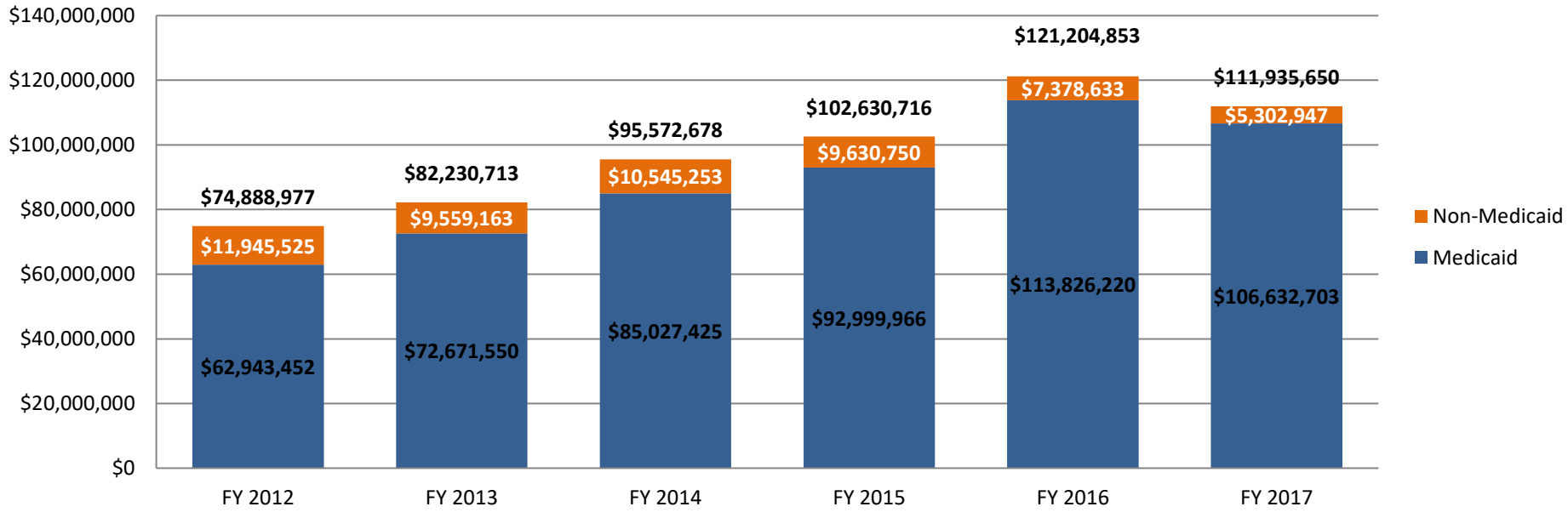


Figure 12 displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2012 to Fiscal Year 2017.

Figure 13. Average Cost per Consumer by Fiscal Year

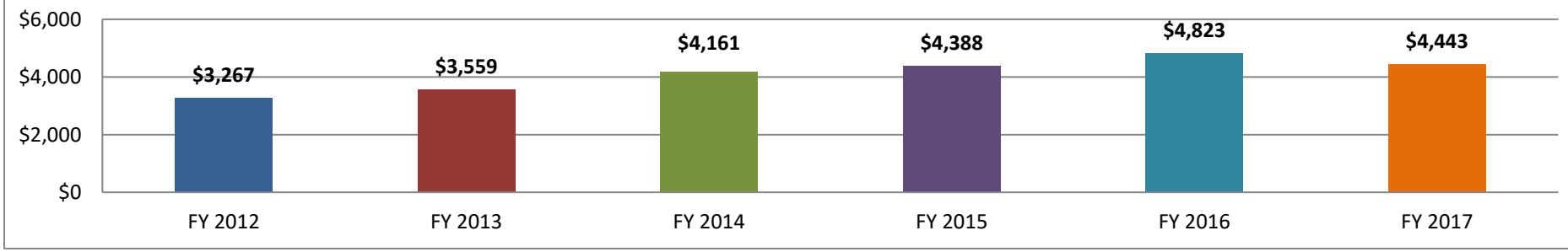
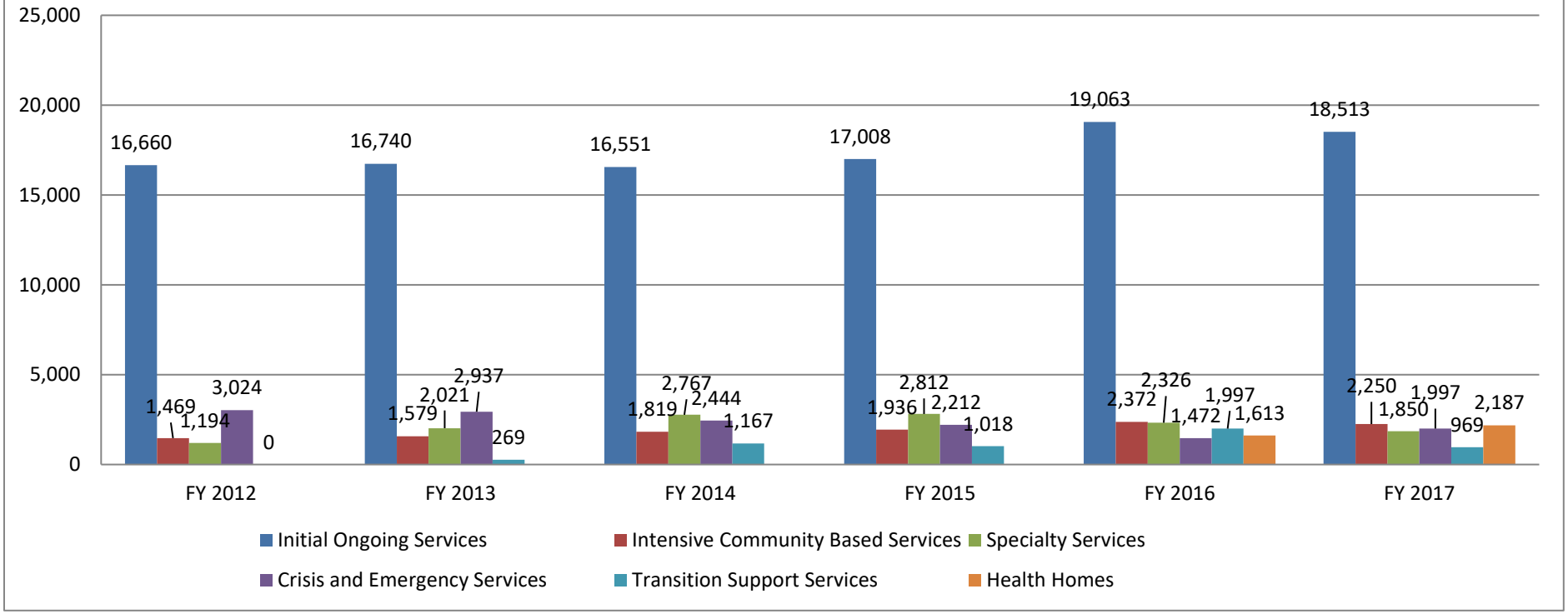


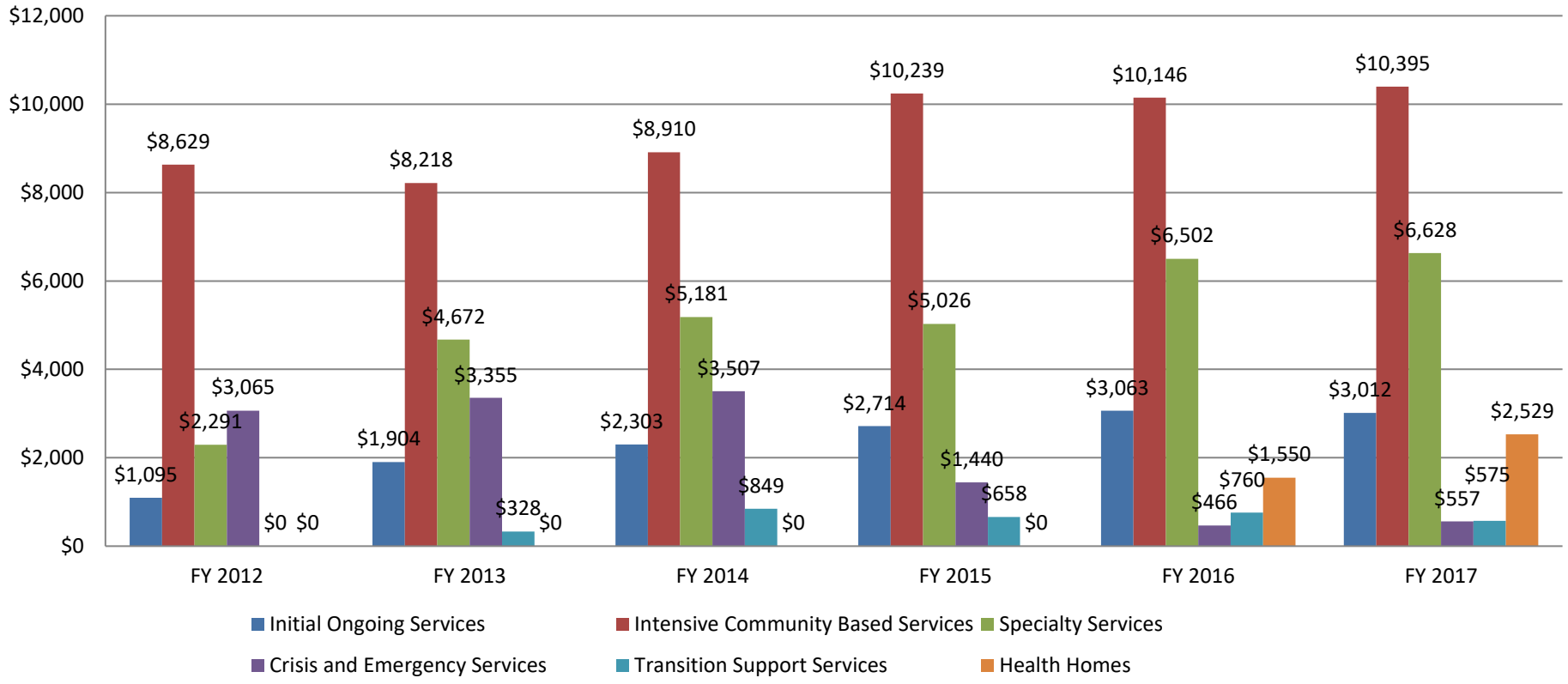
Figure 14. Adult (18+) Mental Health Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program
Health Homes includes high and low acuity Health Homes services

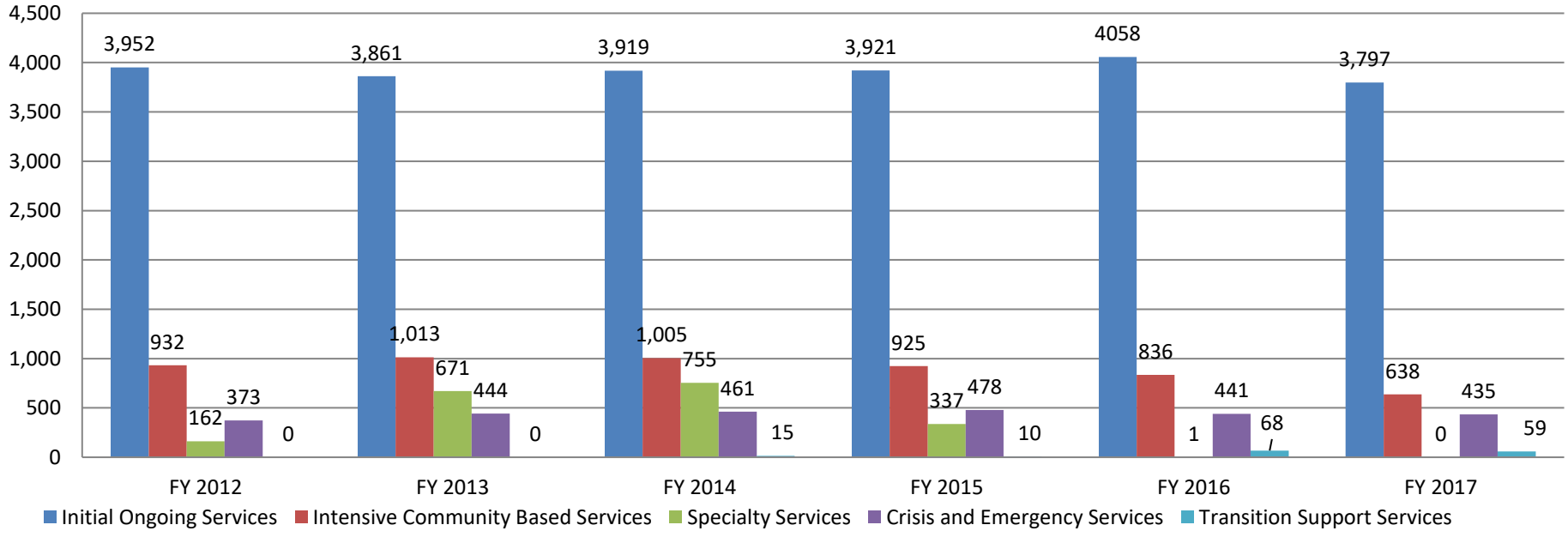
The DC public mental health system provides a variety of different mental health services to support the needs of the populations it serves. These services are categorized as 1) Initial and On-going Services; 2) Intensive Community-Based Services; 3) Specialty Services, 4) Crisis and Emergency Services, 5) Transition Support Services, and 6) Health Homes. Figures 14 and 15 describe the different services that fall within each category, the number of consumers served within each cluster from FY 2012 to FY 2017 and the average cost per consumer. Please note that a consumer can be included in multiple service categories. The category of Transition Support Services was created in FY 2013, and the category of Health Homes was created in FY 2016.

Figure 15. Adult (18+) Average Annual Cost per Mental Health Consumer



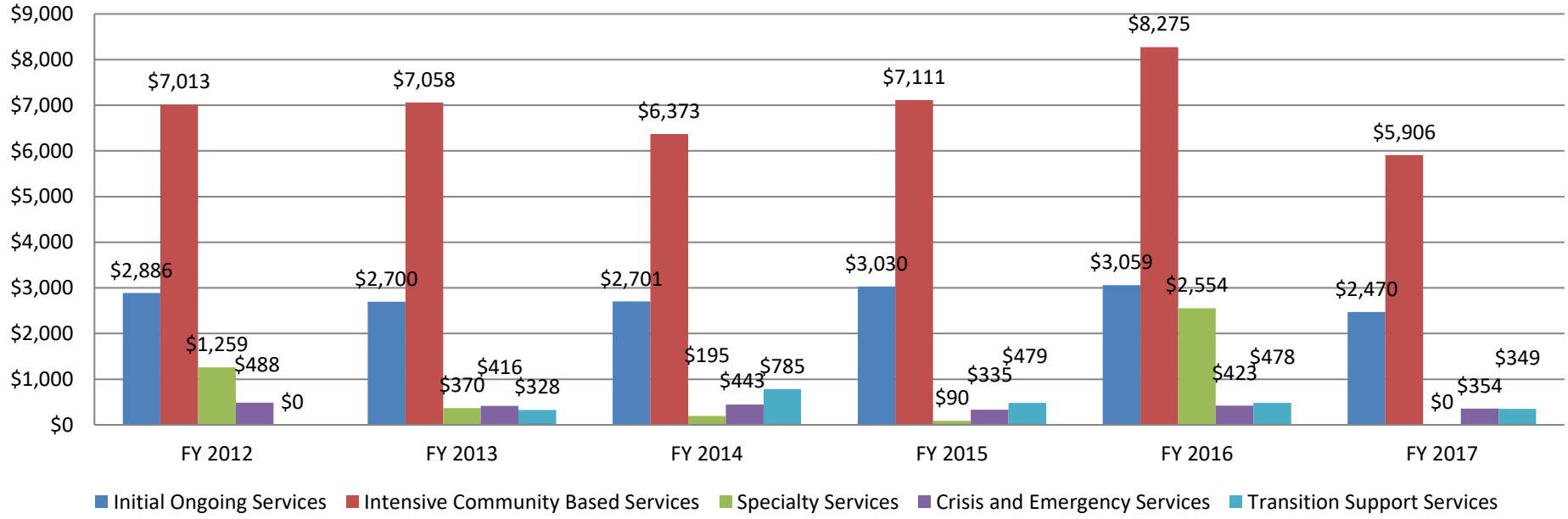
Initial & Ongoing Services	Intensive Community Based Svc	Specialty Services	Crisis & Emergency Services	Transition Support Services
0% Decrease from 2012 to 2013	-5% Decrease from 2012 to 2013	104% Increase from 2012 to 2013	9% Increase from 2012 to 2013	N/A
21% Increase from 2013 to 2014	8% Increase from 2013 to 2014	11% Increase from 2013 to 2014	5% Increase from 2013 to 2014	159% Increase from 2013 to 2014
18% Increase from 2014 to 2015	15% Increase from 2014 to 2015	-3% Decrease from 2014 to 2015	-59% Decrease from 2014 to 2015	-23% Decrease from 2014 to 2015
13% Increase from 2015 to 2016	1% Increase from 2015 to 2016	29% Increase from 2015 to 2016	-68% Decrease from 2015 to 2016	16% Increase from 2015 to 2016
-2% Decrease from 2016 to 2017	1% Increase from 2016 to 2017	2% Increase from 2016 to 2017	20% Increase from 2016 to 2017	-24% Decrease from 2016 to 2017

Figure 16. Child/Adolescent (0-17) Mental Health Consumer Count by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program

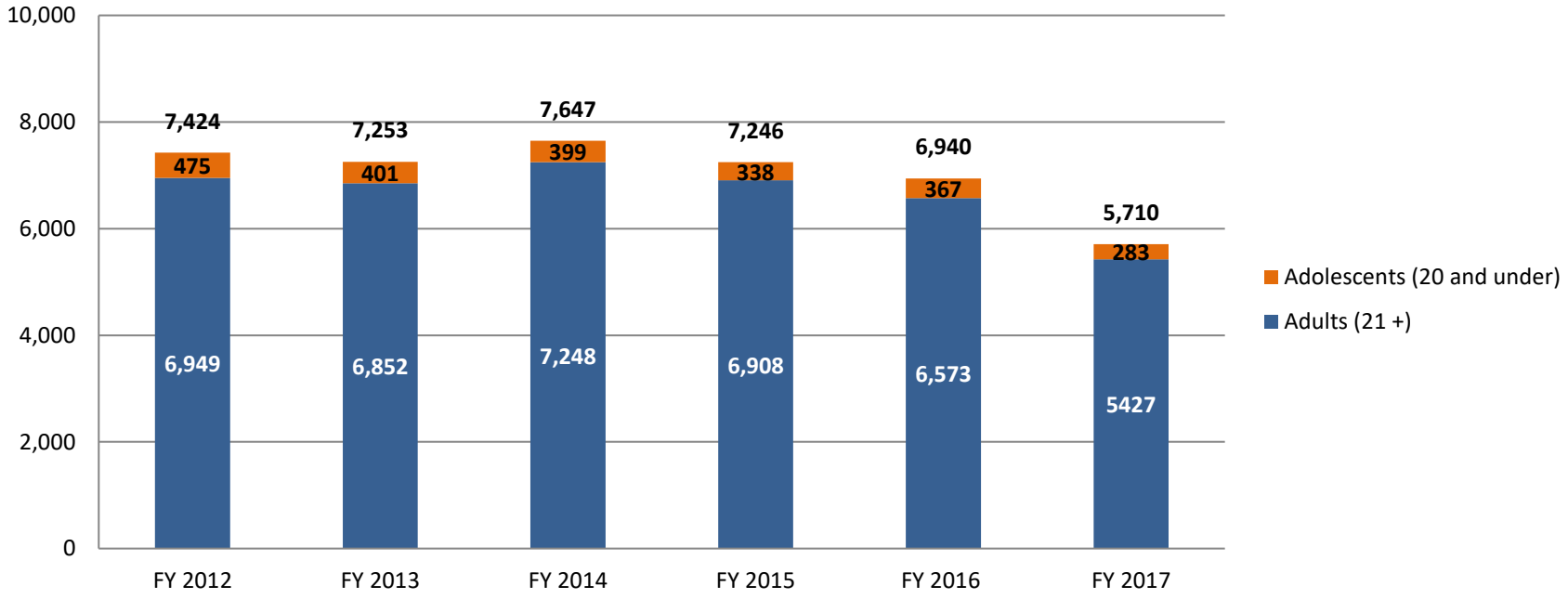
Figure 17. Child/Adolescent (0-17) Average Annual Cost per Mental Health Consumer



Initial & Ongoing Services	Intensive Community Based Svc	Specialty Services	Crisis & Emergency Services	Transition Support Services
2% Decrease from 2012 to 2013	3% Decrease from 2012 to 2013	66% Increase from 2012 to 2013	7% Increase from 2012 to 2013	N/A
16% Increase from 2013 to 2014	3% Increase from 2013 to 2014	14% Increase from 2013 to 2014	2% Increase from 2013 to 2014	-159% Decrease from 2013 to 2014
17% Increase from 2014 to 2015	15% Increase from 2014 to 2015	9% Increase from 2014 to 2015	-59% Decrease from 2014 to 2015	-23% Decrease from 2014 to 2015
1% Increase from 2015 to 2016	16% Increase from 2015 to 2016	2738% Increase from 2015 to 2016	26% Increase from 2015 to 2016	0% Change from 2015 to 2016
-19% Decrease from 2016 to 2017	-29% Decrease from 2016 to 2017	-100% Decrease from 2016 to 2017	-16% Decrease from 2016 to 2017	-27% Decrease from 2016 to 2017

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic
Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy
Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services
Transition Support Services include Inpatient Discharge Planning, Continuity of Care Treatment Planning and Community Psych Supportive Treatment Program.

Figure 18. Total Number of Substance Use Clients Served (Treatment and Recovery)



Substance use clients are individuals who moved from one level of care to another during the fiscal year, those who had a new assessment and referral during the fiscal year, those who remained at the same level of care throughout the fiscal year, and those who received recovery services.

Figure 19. Substance Use Clients Receiving Treatment and Recovery Services in FY2017

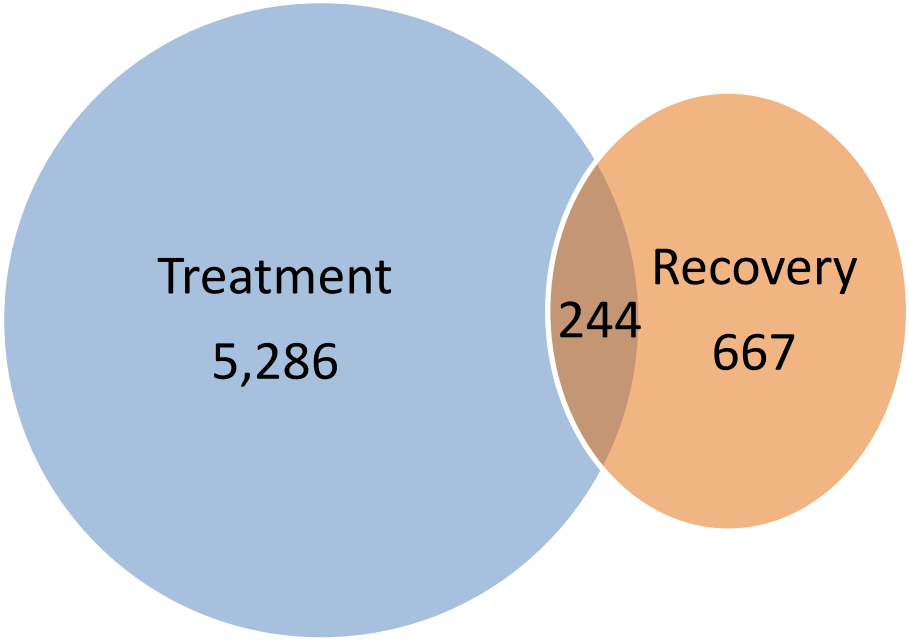
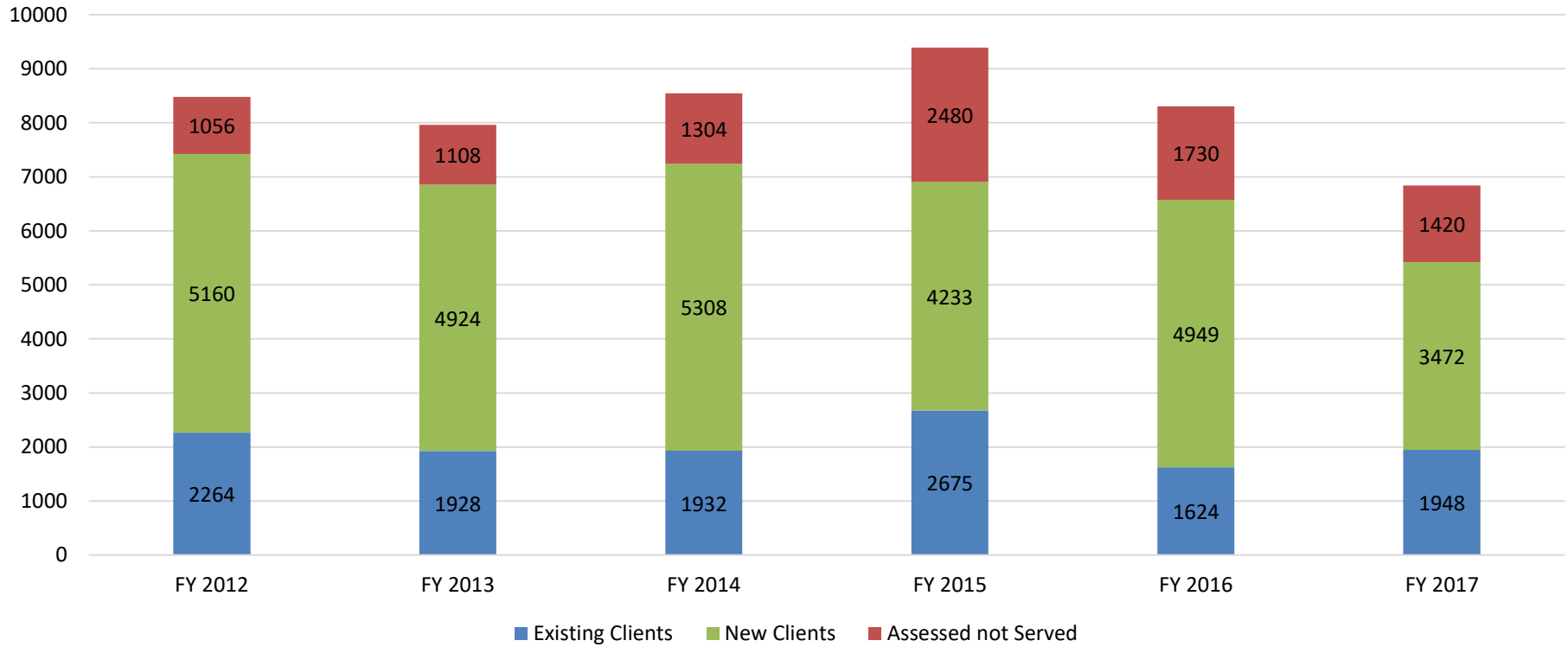


Figure 19 shows the overlap between clients receiving treatment and recovery services in FY 2017. A client can either be admitted directly to recovery services or transition once treatment is completed. Some clients receive treatment and recovery services simultaneously.

Figure 20. Adults Referred and Served for Substance Use Services



Once clients are assessed at the ARC or another assessment site, the appropriate referrals are made to the network of SUD providers. Those who were assessed but not served were not admitted for various reasons (client did not meet criteria for treatment, client did not agree to participate in services, or client only needed an assessment for legal reasons). After being accepted, the client is then admitted to the facility and their treatment begins. Depending on the initial level of care, a client can be admitted to multiple providers sequentially (i.e. a client is admitted to withdrawal management and then sent to residential treatment and upon completing that program is sent to intensive outpatient). Some clients receive services (predominantly MAT) across multiple years and do not have a referral for that year. Those who are assessed but not admitted fall into the categories of either the program rejecting referral, client refusing treatment, referral rejected and status pending.

Figure 21. Youth Referred and Served for Substance Use Services

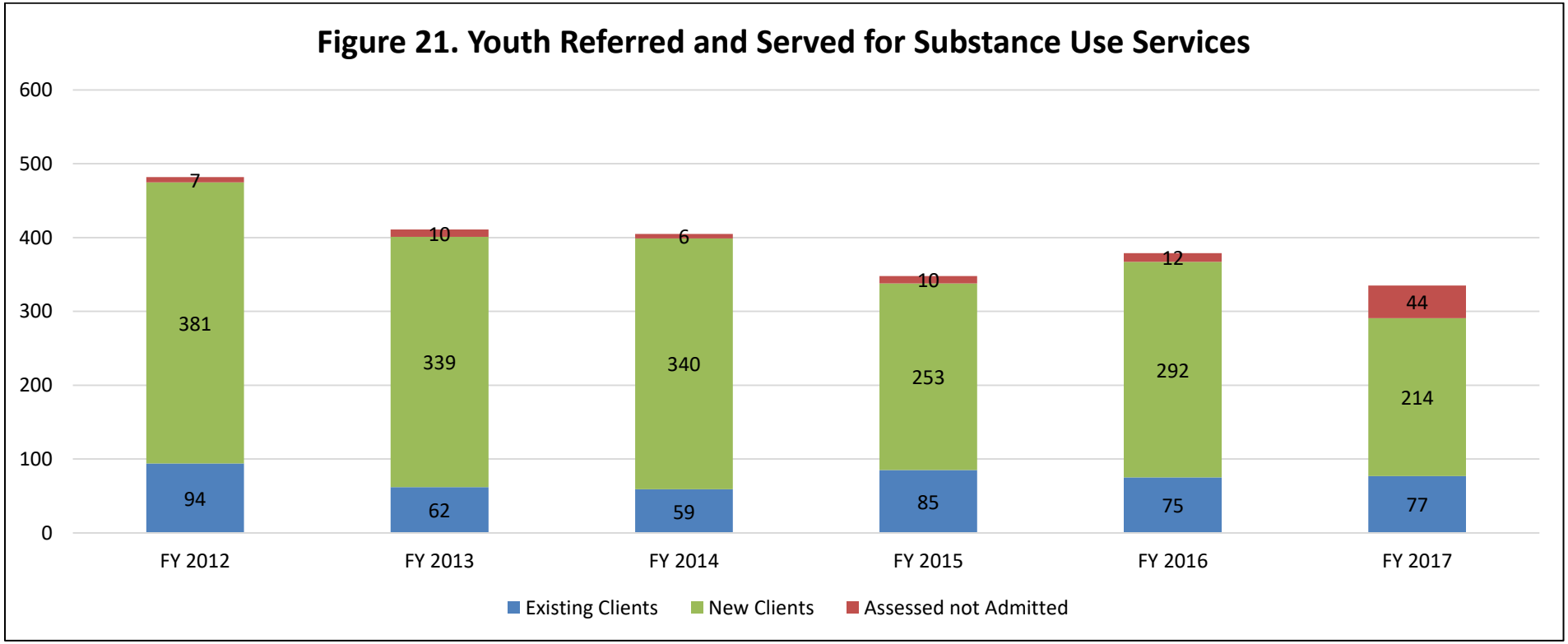
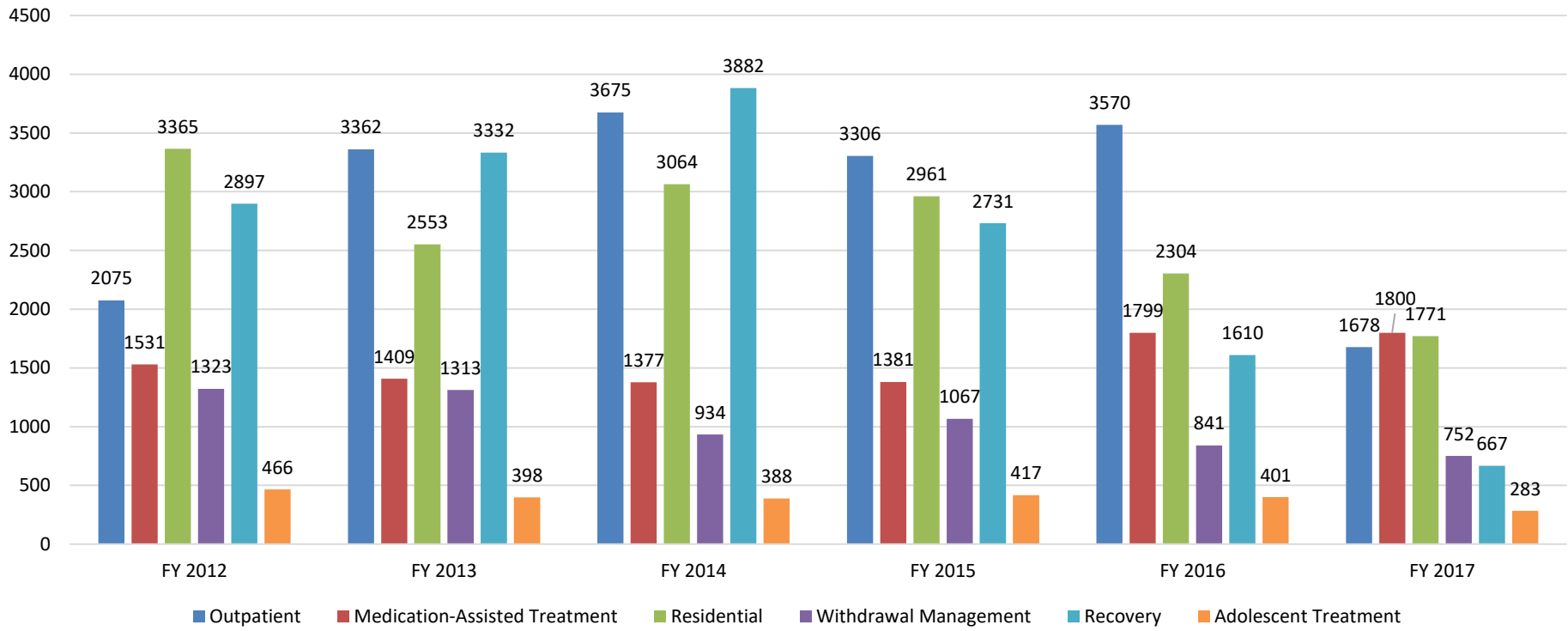
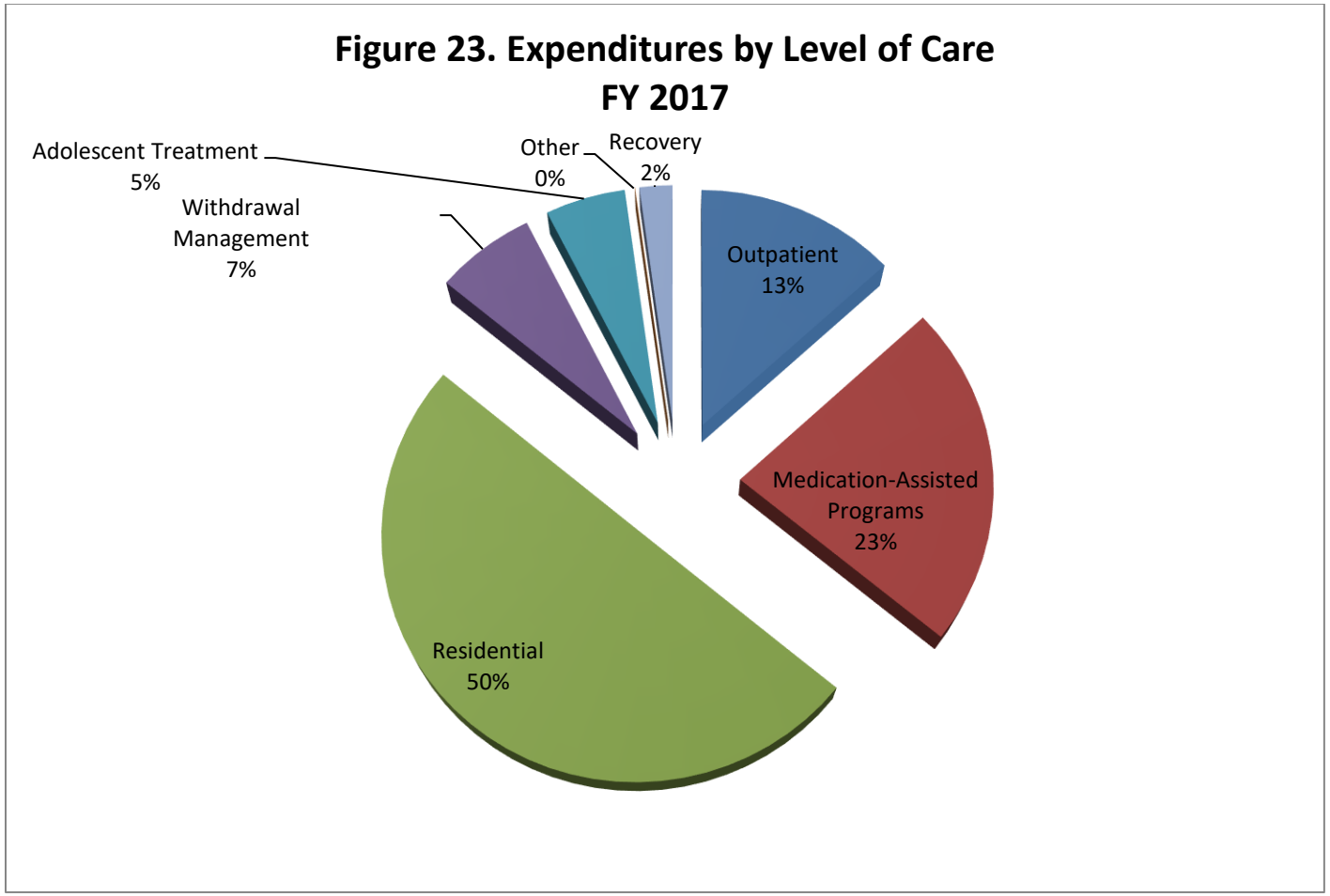


Figure 22. Substance Use Episodes by Level of Care



There is a continuum of levels of care for substance use clients. **Withdrawal Management** (detoxification) is the recommended treatment option for clients who struggle withdrawing from substances on their own due to medical complication related to abruptly stopping use. **Residential Treatment** (inpatient) programs focus on helping individuals change their behaviors in a highly structured setting. Shorter term residential treatment is much more common, providing initial intensive treatment, and preparation for a return to community-based settings. **Outpatient** services are designed to meet the needs of individuals who suffer from a substance use disorder and need more than weekly counseling, but do not need residential care. The program provides monitoring several times a week in a supportive group setting. **Medication-Assisted Treatment** involves the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. There is a similar continuum for adolescents as adults. Figure 18 shows the number of episodes at each level. Not only can one client enter multiple levels of care, but the same client may re-enter the same level of care, which explains the higher number of episodes than consumers served.



"Other" spending includes working with veterans (housing and SUD services) and individuals with HIV (education, medical and SUD services).

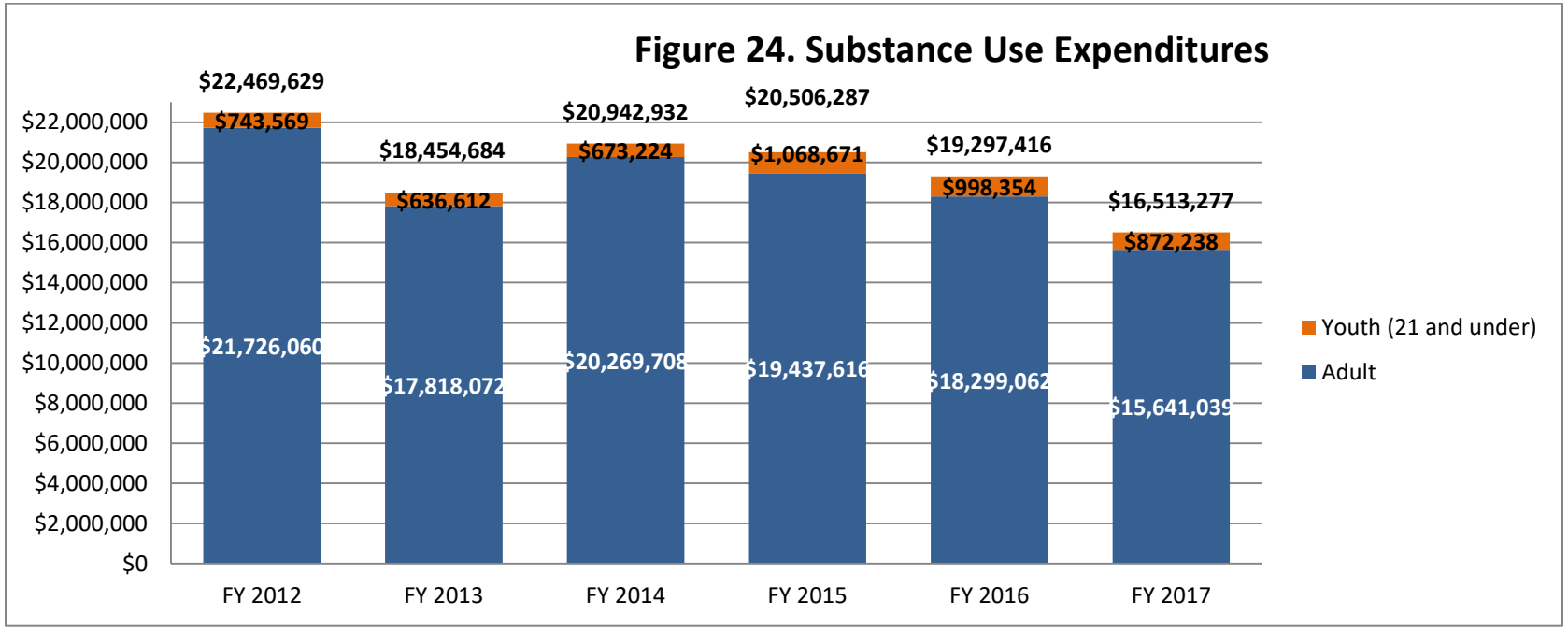
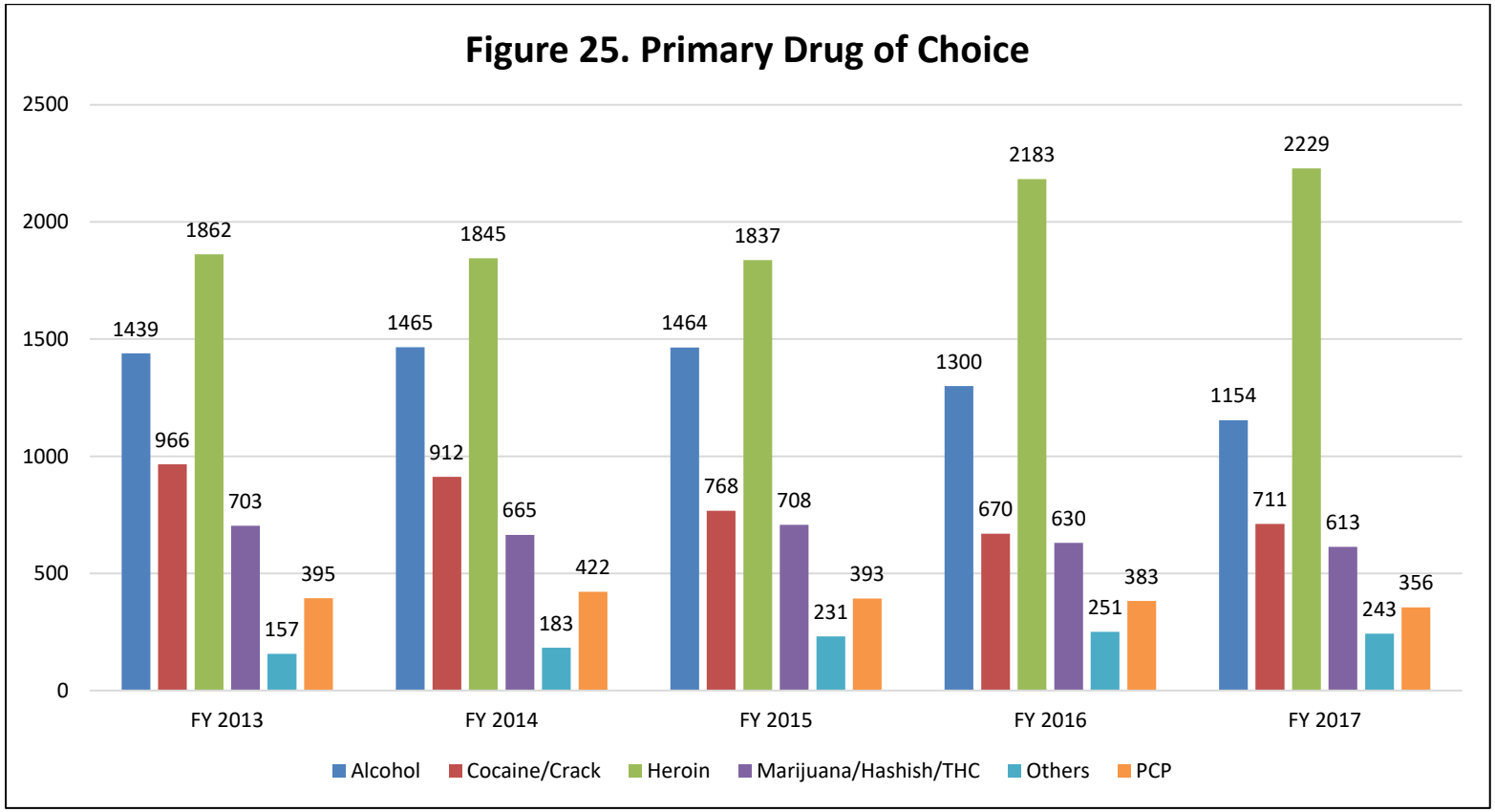


Figure 24. Substance Use Expenditures
$22,469,629
$743,569
$21,726,060
$18,454,684
$636,612
$17,818,072
$20,942,932
$673,224
$20,269,708
$20,506,287
$1,068,671
$19,437,616
$19,297,416
$998,354
$18,299,062
$16,513,277
$872,238
$15,641,039
$22,000,000
$20,000,000
$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016
FY 2017
Youth (21 and under)
Adult



The counts for each substance come from the most recent admission for each client being served. Not included are the primary substances for clients who only received recovery services. Clients who had more than one admission are only counted once.