Mental Health and Substance Use Report on Expenditures and Services

District of Columbia Department of Behavioral Health
Barbara J. Bazron, Ph.D., Director

MHEASURES Annual Report
FY20 (Oct 1, 2019-Sept 30, 2020)

Section 1: Overview

Overview

The mission of the Department of Behavioral Health (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. Services are provided by a combination of contracted providers and DBH staff and are paid via Medicaid and locally-funded claims, as well as contracts and grants.

This report contains data on the number of individuals served, their demographics, the types of services used, and expenditures (i.e., based on Medicaid payments and/or DBH locally funded claims) for the period of Oct 1, 2019-September 30, 2020. Previous versions of this report contained data only for services documented and paid by Medicaid and DBH via fee-for-service claims. This report contains data for a more comprehensive set of services, including behavioral health services provided by Medicaid Managed Care Organizations (MCOs).

Mental Health

DBH provides an array of mental health services and supports through Health Homes and the Mental Health Rehabilitation Services (MHRS) options. This report also includes data on services offered by Free Standing Mental Health (FSMH) Clinics. For reporting purposes, FSMH services were incorporated into three existing MHRS categories: Diagnostic and Assessment, Counseling, and Medication.

DBH contracts with 61 providers to deliver the majority of mental health services. Five of these providers are classified as FSMH clinics; 22 are classified as MHRS providers; and 34 are both MHRS and FSMH providers. Eleven providers are also certified to provide SUD treatment. In addition, DBH operates adult and child clinics that provide urgent care and crisis emergency services. Outreach and treatment services related to both mental health and substance use are also provided through the Community Response Team (CRT).

Substance Use

DBH also contracts with 28 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Eleven of these providers are also certified to provide mental health treatment. Individuals who want to obtain SUD services go through the Access and Referral Center (ARC) or community intake sites operated by treatment providers. In FY20, all SUD providers were required to begin providing intake services, unless approved for a waiver. During the intake process, clients receive an assessment to determine the appropriate level of treatment.

A comprehensive continuum of substance abuse recovery and treatment services, including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted treatment is available within the system of care.

SUD services for adolescents are provided through the Adolescent Substance Abuse Treatment Expansion Program (ASTEP). Three 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.

DBH supports four Prevention Centers that conduct community education and engagement activities related to substance use prevention across all eight wards. This includes youth empowerment trainings, social media outreach and supporting Prevention Centers' capacity-building efforts. 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.

Limitations

Since the FY20 MHEASURES annual report also includes data on behavioral health services provided by Medicaid MCOs, expenditure data are reported only at the aggregate level. Unlike previous years, this report does not include expenditure data disaggregated by service type or age groups. The report also does not include client-level data for services provided through MCOs, as such data cannot be integrated across programs to count a total unduplicated number of people served.

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Key Findings

- Community mental health services: District Medicaid and local funds paid $188.6 million for mental health services claims in FY20. There was an increase in both consumers served (6% increase) and expenditures (30% increase) from FY19 to FY20.
- Substance use treatment: District Medicaid and local funds paid $26.4 million for substance use services claims in FY20. There was a decrease in both clients served (13% decrease) and expenditures (3% decrease) from FY19 to FY20.
- The trend of increasing use of Medication Assisted Treatment (MAT) for opioid use disorder continued. In addition, more clients received buprenorphine or naltrexone than methadone in FY20.
- Fewer individuals were served at Saint Elizabeths Hospital than in the previous four years.

List of Figures

- Satisfaction survey data is presented in *Figures 1 and 2*;
- A summary of DBH operated services is presented in *Figures 3 and 4*;
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Section 2: System Changes and Consumer Feedback

Medicaid 1115 Behavioral Health Waiver

On November 6, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the District's Behavioral Health Transformation demonstration with an effective date of January 1, 2020. The demonstration allows the District's Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disturbance (SED) or substance use disorder (SUD) residing in an institution for mental disease (IMD). Additionally, the demonstration adds new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment. These community-based services include: Clubhouse services; Recovery support services; Supported employment for people with serious mental illness and substance use disorders; Trauma-targeted services; Crisis stabilization (including DBH's Comprehensive Psychiatric Emergency Program, psychiatric crisis stabilization programs; youth mobile crisis, and adult mobile crisis and behavioral health outreach); and transition planning services.

Certification of Free-Standing Mental Health Clinics

DBH began the process of certifying Free Standing Mental Health (FSMH) Clinics in October 2020. As of the publication of this report, five FSMH clinics have been certified. Previously, providers had enrolled with the Department of Health Care Finance (DHCF). DBH worked closely with FSMH clinics during FY20 to prepare for the integration. The services provided by FSMH clinics are similar to corresponding Mental Health Rehabilitative Services (MHRS) services, and a large proportion of providers and consumers are in both systems.

Public Health Emergency (COVID-19)

At the onset of the public health emergency, DBH's objectives were to maintain continuity of services and supports, provide clear guidance to providers around service delivery in the new environment, maximize telemedicine opportunities and online support, support providers with resources and increased technical assistance, and take advantage of the easing of federal regulations for innovative service options. DBH leadership monitored data trends in order to take action as needed. DBH, in collaboration with the Department of Health Care Finance (DHCF) successfully advocated for an enhanced rate to assist Adult Substance Abuse Rehabilitation Services (ASARS) providers in maintaining financial viability during the pandemic. DBH clinics provided Coronavirus testing, and direct staff ensured consumers and clients continued to receive services without interruption. DBH supported the expansion of the use of telemedicine.

Satisfaction Survey

Every year, DBH conducts surveys of consumers, clients, and individuals in care to better understand their satisfaction with services. It is an important opportunity to hear the voices of people served. The questions in the survey are grouped into domains and scored on a five-point Likert scale, ranging from Very Unsatisfied to Very Satisfied. The response options "Satisfied" and "Very Satisfied" were added together. Figure 1 shows the percent of respondents satisfied or very satisfied with the domains measured. Not all domains are applicable to all surveys, as a customized version of the survey is used for the following areas: adult mental health (MH), child and youth mental health, adult substance use, and Saint Elizabeths Hospital (SEH). Figure 2 shows the response rate, based on the number of contacts made to the people in the sample.

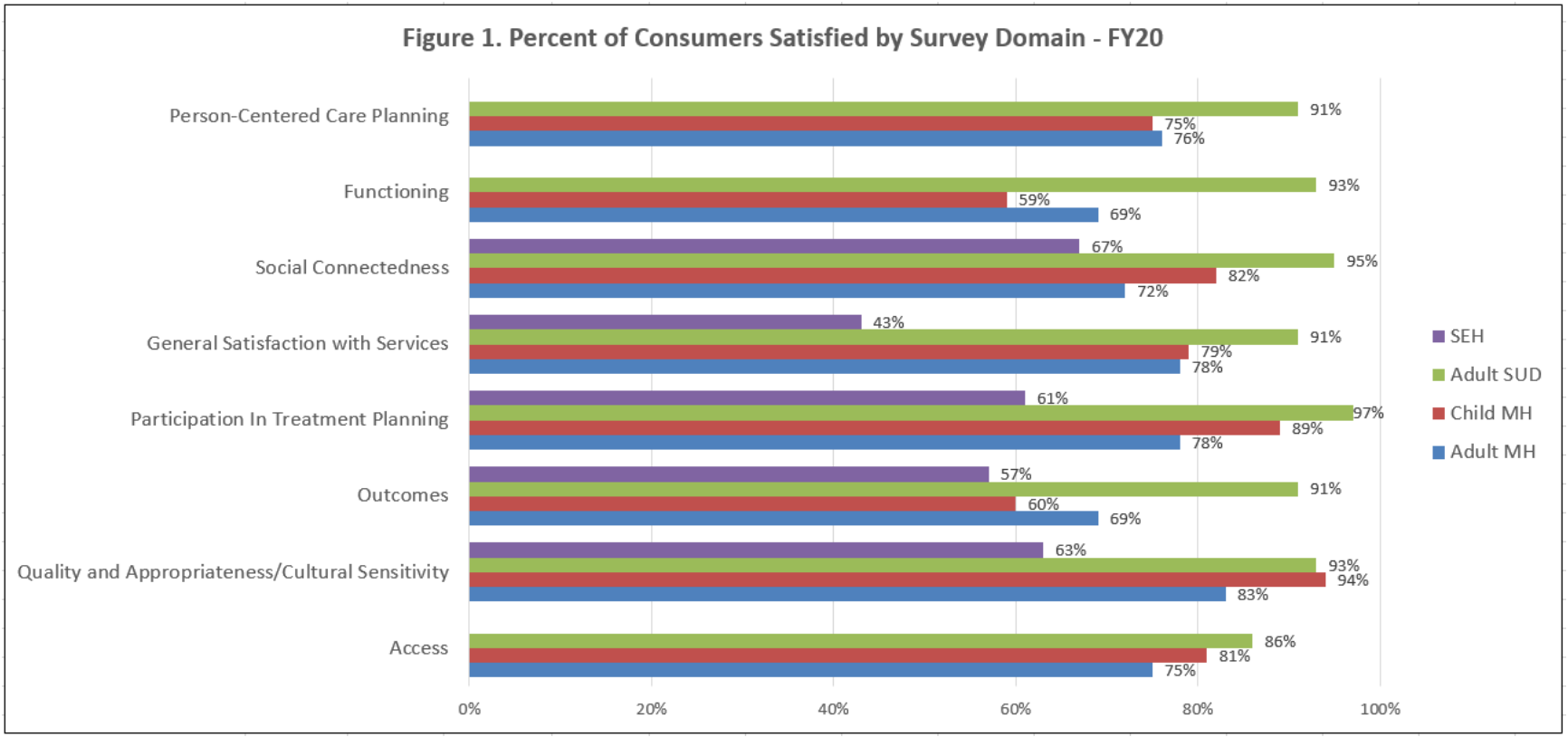


Figure 2. Satisfaction Survey Response Rate

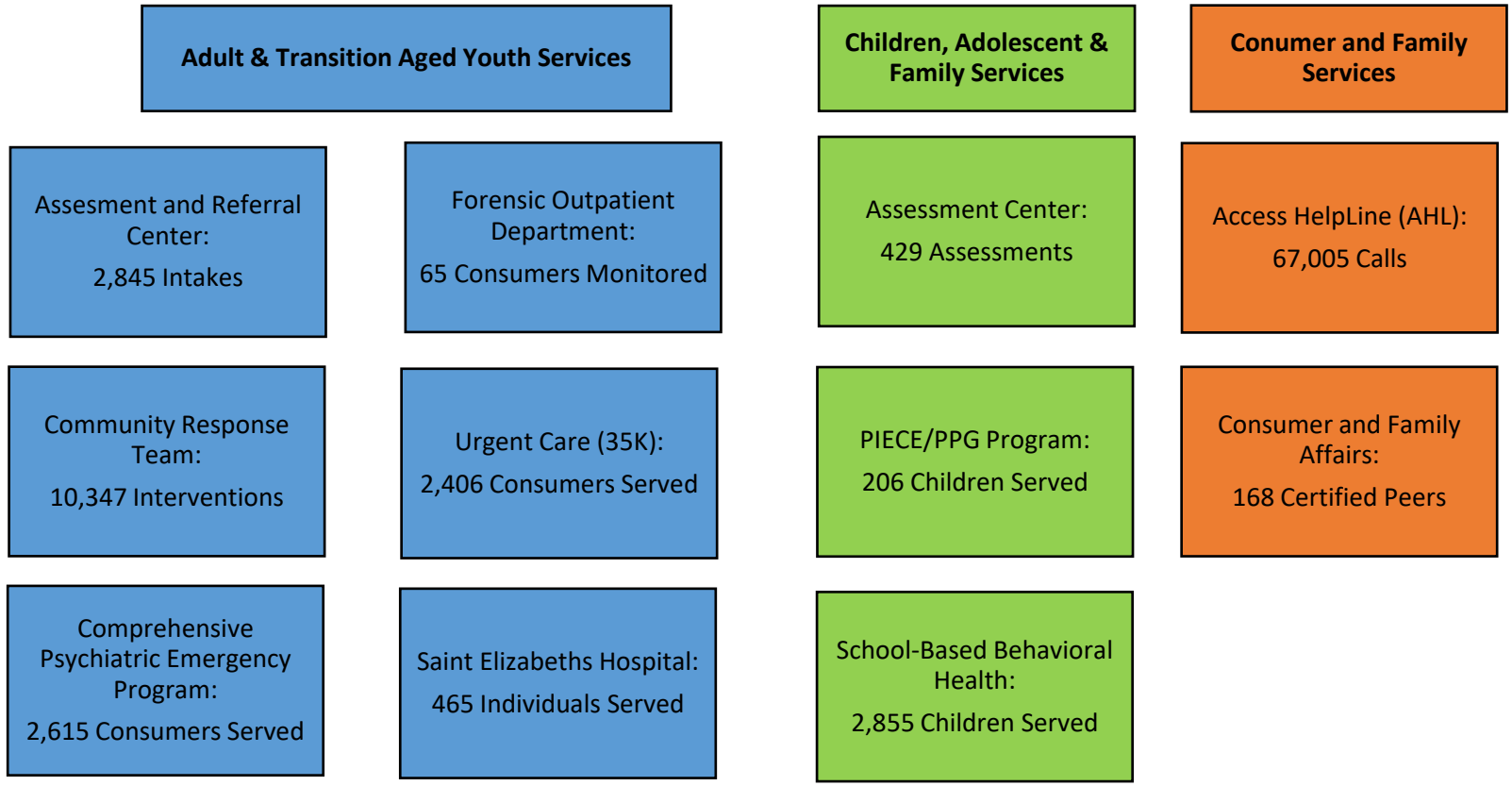
Survey	Contacts Made	Number of Responses (Completed Surveys)	Response Rate (number of completed surveys/number of contacts made)
Adult MH	1879	502	27%
Child/Youth MH	1032	437	42%
Adult Substance Use	129	69	53%
Saint Elizabeths Hospital	195	119	61%

Section 3: DBH Operated Services

Figure 3. Description of DBH Operated Services			
Program	**Metric**	**FY20 Data**	**Description**
Access HelpLine (AHL)	Number of answered calls	67,005	Residents can get immediately connected to services provided by the DBH and its certified behavioral health care providers by calling the AHL. This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller to immediate help to address crises or to ongoing care.
Assessment and Referral Center (ARC)	Number of intakes completed	2,845	The ARC provides same-day assessment and referral for individuals seeking treatment for substance use disorders.
Assessment Center	Number of assessments completed	429	The Assessment Center provides the Superior Court of the District of Columbia with court-ordered, comprehensive mental health consultations, and psychological and psychiatric evaluations for children and related adults with child welfare, juvenile justice or family court involvement.
Comprehensive Psychiatric Emergency Program (CPEP)	Unduplicated count of people served	2,615	CPEP is a twenty-four hour/seven day a week operation that provides emergency psychiatric services and extended observation beds for individuals 18 years of age and older.
Community Response Team (CRT)	Number of interventions	10,347	The DBH Community Response Team is a twenty-four hour/seven day a week multidisciplinary direct service team that expands our community based direct service efforts—including homeless outreach, mobile crisis, and pre-arrest diversion.
Consumer and Family Affairs (CFAA)	Count of actively certified peers	168	CFAA promotes and protects the rights of individuals with behavioral health disorders; encourages and facilitates consumer and client and family leadership of treatment and recovery plans, and ensures consumer and client voice in the development of the behavioral health system. CFAA also promotes consumer and client leadership, manages the peer certification training, and provides expertise on the consumer and client perspective.

Forensic Outpatient Department (FOPD)	Number of consumers monitored in the community	65	FOPD monitors forensic consumers assigned to outpatient mental health providers, to ensure consumers are safely treated in the community in the least restrictive environment. FOPD monitors the consumer's psychiatric conditions and compliance with the conditions of release. FOPD also provides psychoeducational trainings to core service agencies on the best practices for maintaining forensic consumers in an outpatient mental health setting.
The Parent Infant Early Childhood Enhancement Program (PIECE) and Physicians Practice Group (PPG)	Unduplicated count of children served	206	The PIECE program has two components: providing screening, assessment, individual, family, play art therapy, Parent Child Interaction Therapy and Child Parent Psychotherapy for Family Violence; and offering psycho-educational parenting groups, home visits, and maternal mental health services to families with children from birth to seven years old. The PPG mainly serves children and youth ages 6-21. Services include clinical assessment of safety, diagnostic evaluations, and recommendations for treatment. Additional services include court ordered evaluations, medication assessments and medication management.
Saint Elizabeths Hospital (SEH)	Unduplicated count of individuals served	465	Saint Elizabeths Hospital is the District's public psychiatric facility for individuals with serious and persistent mental illness who need intensive inpatient care to support their recovery. Saint Elizabeths also provides mental health evaluations and care to patients committed by the courts.
School Based Behavioral Health Program (SBBH)	Number of children served	2,855	Through the School-Based Behavioral Health Program, DBH collaborates with students, families, schools, community-based organizations and other partners to provide behavioral health prevention, early intervention and treatment services that reduce barriers to learning, foster resiliency and maximize students' potential to become successful learners and responsible citizens.
Urgent Care (35 K Street)	Number of people served	2,406	Urgent Care services include assessment, counseling, psychiatric evaluation and medication management. Consumers may also utilize the onsite pharmacy.

Figure 4: Number of Individuals Served by DBH Operated Services in FY20



Note: This chart of services does not align with DBH's organizational chart.

Section 4: Claims-based Services – Mental Health and Substance Use Disorder

This section describes behavioral health services documented and paid via claims. Most of these claims are paid by Medicaid, but for specific services that are not billable to Medicaid or for people who do not have Medicaid, local funding is used. Individuals covered by Medicaid may either be enrolled with a Managed Care Organization (MCO) and/or receive treatment on a Fee for Service (FFS) basis. In previous annual reports, only FFS claims for MHRS, ASARS, and ASTEP were included. DBH now has access to claims data for services billed by FSMH clinics and paid by MCOs, as well as data for those receiving buprenorphine and naltrexone for Opioid Use Disorder (OUD). This comprehensive universe of services is included in both the FY20 and historical data in this report.

Figures 5-7 show the universe of individuals receiving mental health and substance use services and the overlap of those who received both in FY20.

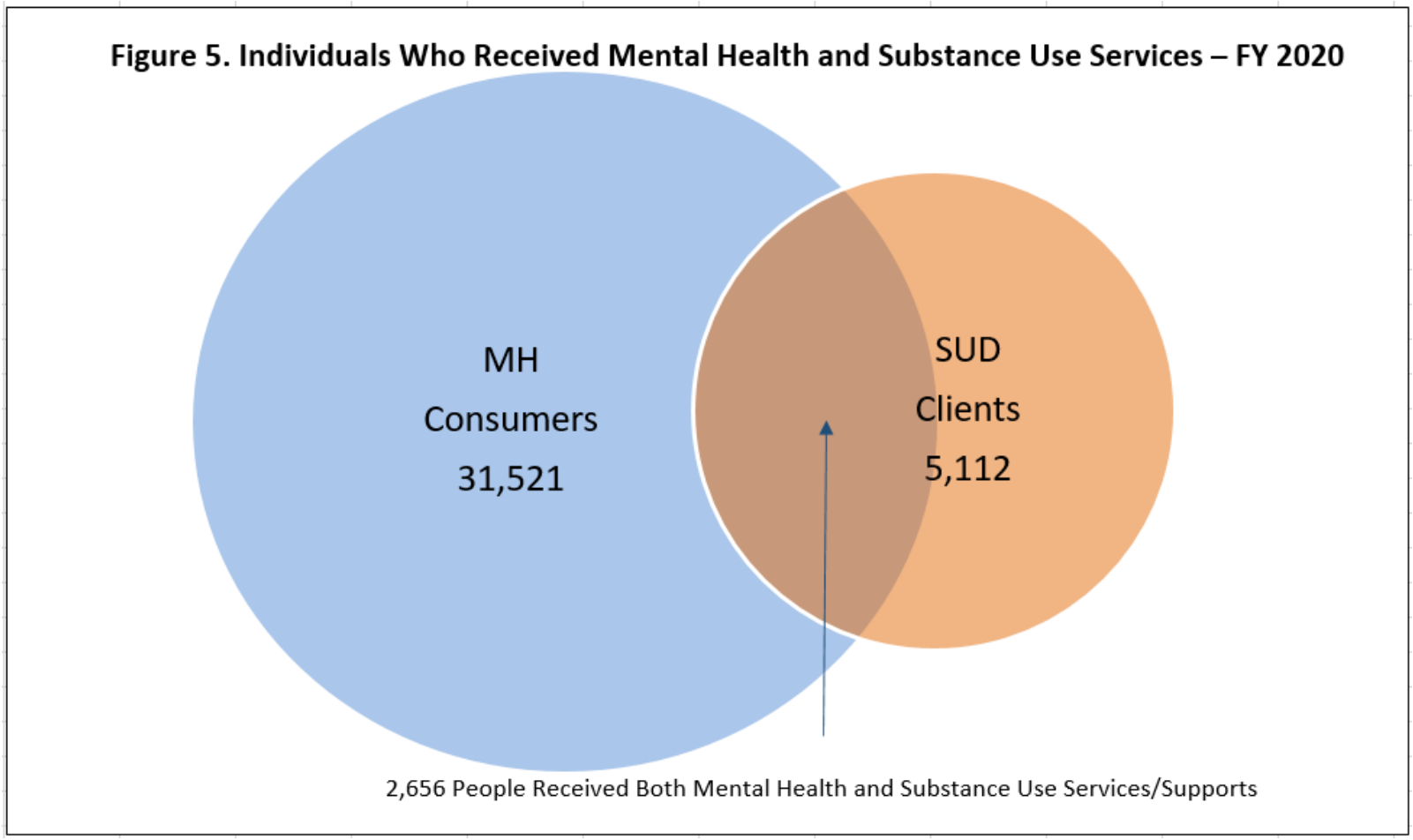


Figure 5 shows that 36,633 individuals obtained MH or SUD services in FY20. Of those individuals, 2,656 were served by both MH and SUD providers. Individuals receiving both MH and SUD services comprised 8% of all MH consumers and 52% of SUD clients.

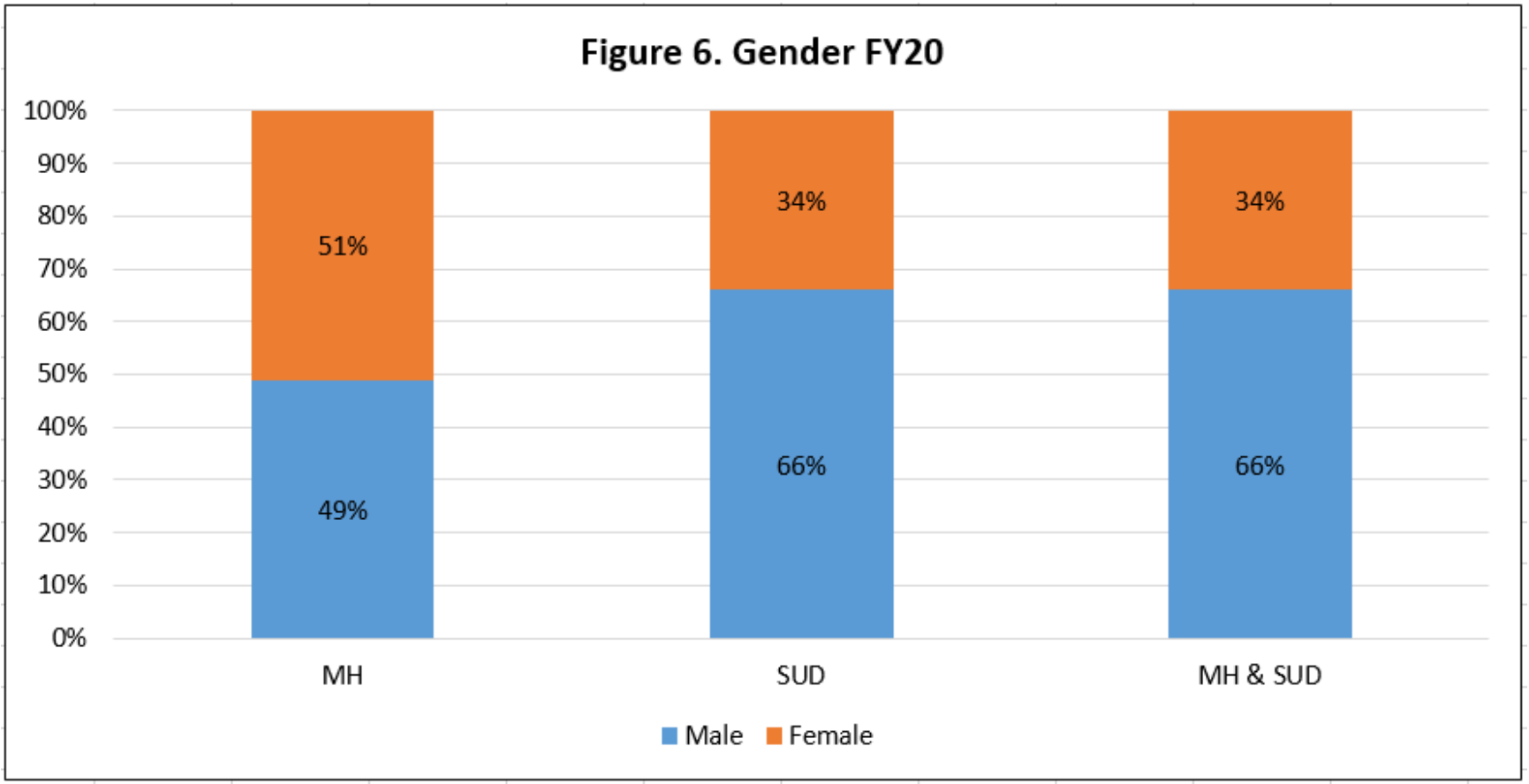


Figure 6 shows that a similar proportion of males and females received mental health services in FY20; however, males are a larger share (two-thirds) of consumers receiving substance use disorder services, and/or both mental health and substance use disorder services.

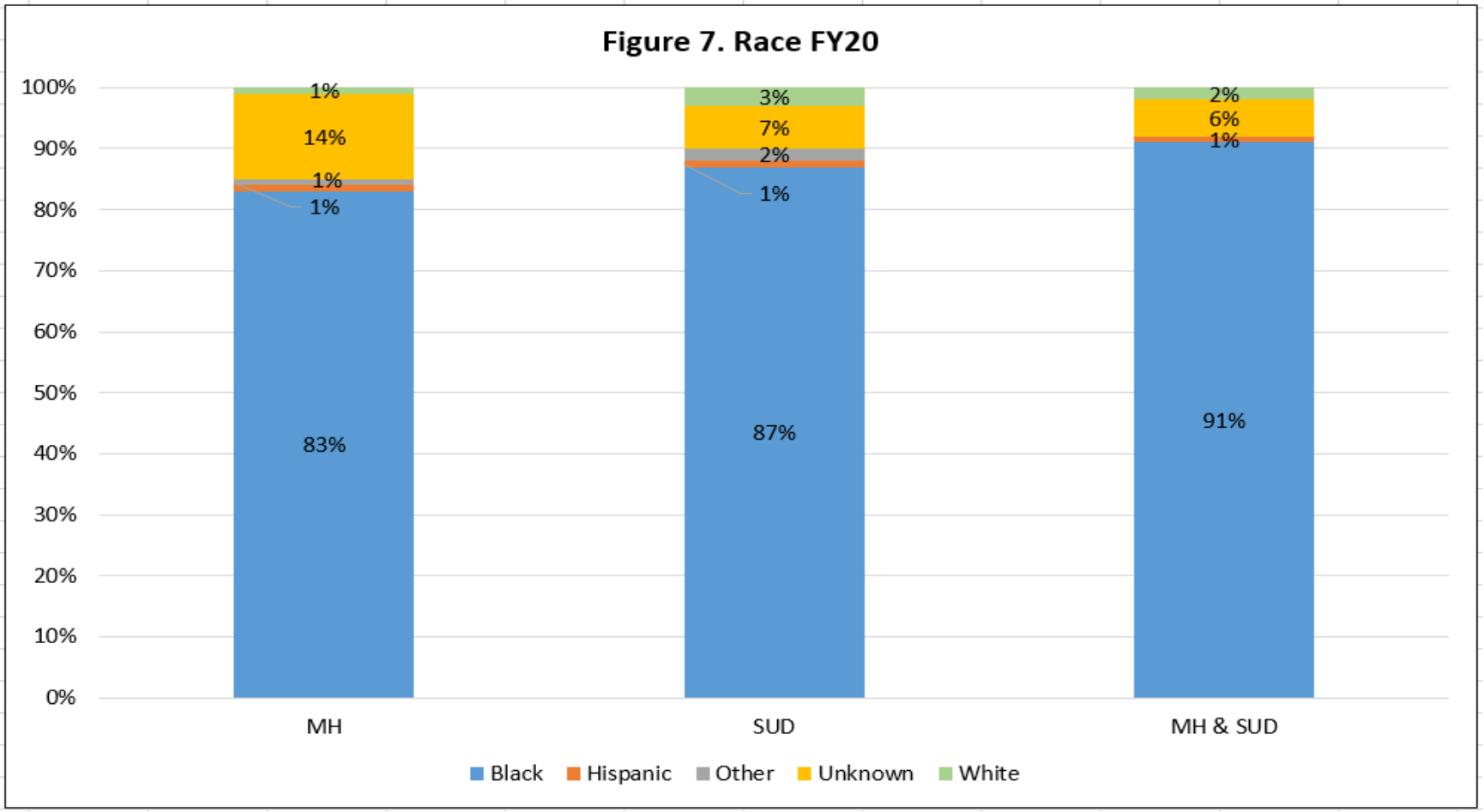
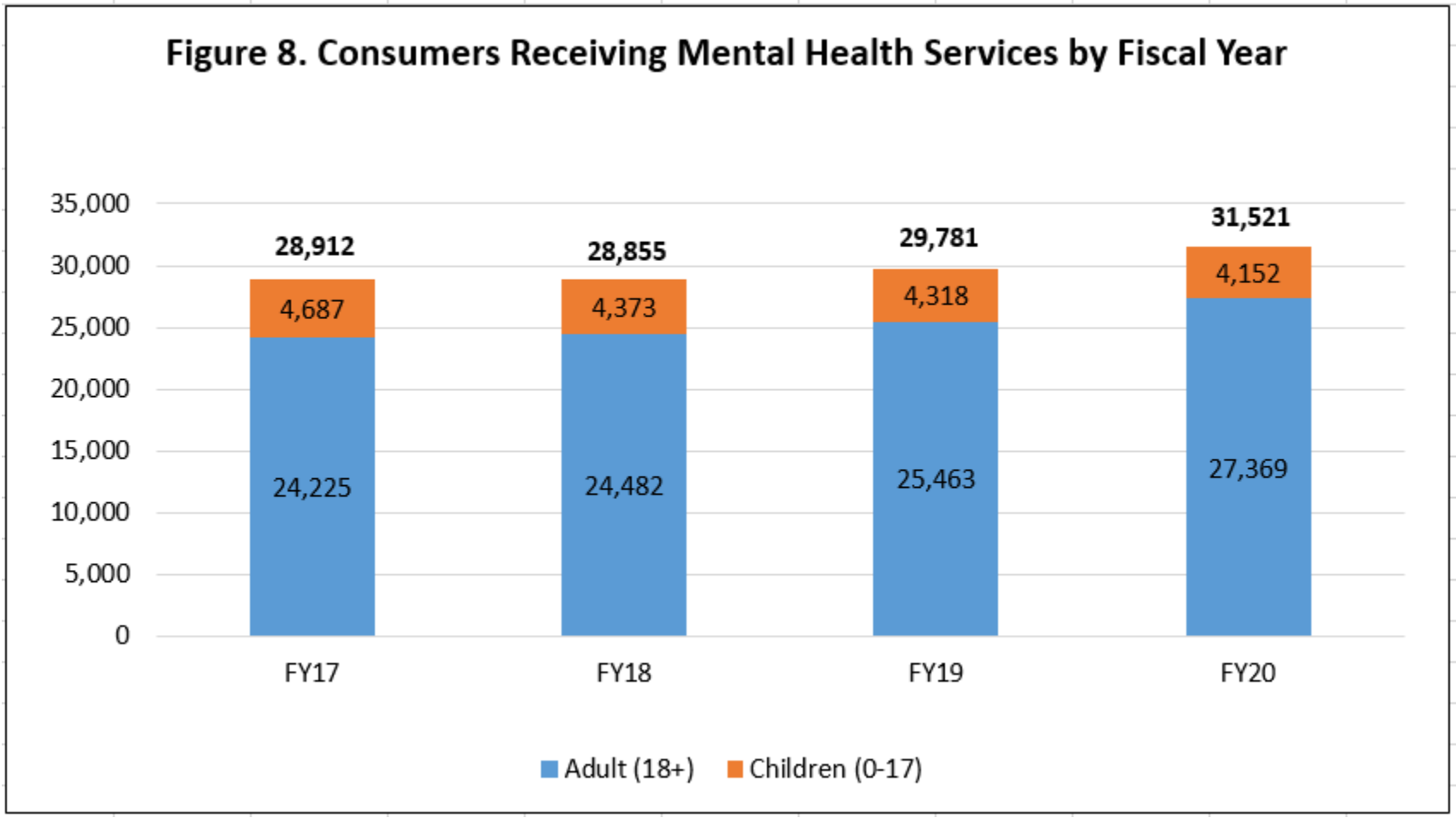


Figure 7 shows that the majority of residents receiving mental health services, substance use disorder services, and those receiving both mental health and substance use disorder services are Black.

MENTAL HEALTH SERVICES



NOTE: As the data now include a broader set of services and providers, the numbers for previous fiscal years differ from what has been reported in previous MHEASURES.

Figure 8 shows that the total number of consumers receiving community-based mental health services remained stable from FY17 to FY19, with a slight increase in FY20.

Figure 9. FY20 Utilization of Claims-Based Mental Health Services

Service Group	Children Served	Adults Served	Total Served	Average Number of Services per Consumer
Assertive Community Treatment (ACT)	0	2,756	2,756	291
Community Behavioral Intervention (CBI)	481	65	546	83
Clinical Care Coordination	293	1,167	1,460	1
Community Support	2,513	22,453	24,966	324
Crisis Intervention	319	2,323	2,642	5
Diagnostic & Assessment (D&A)	1,907	12,368	14,275	3
Day Rehabilitation	0	1,306	1,306	87
DBH Local Only Services*	38	499	537	15
Health Homes	0	1,285	1,285	15
Medication Management	1,281	15,103	16,384	15
Supported Employment	0	438	438	33
Therapy (e.g., individual/family/group)	2,240	8,760	11,000	43

NOTE: Free Standing Mental Health Clinic services were integrated into the service groups of diagnostic and assessment, therapy, and medication management.

*DBH Local Only Services are those that are not billable to Medicaid (i.e., Team Meeting, Jail Diversion, and Transition Planning).

Figure 9 shows that the three most frequently used services are community support (24,966 individuals), medication management (16,384 individuals), and diagnostic & assessment (14,275 individuals).

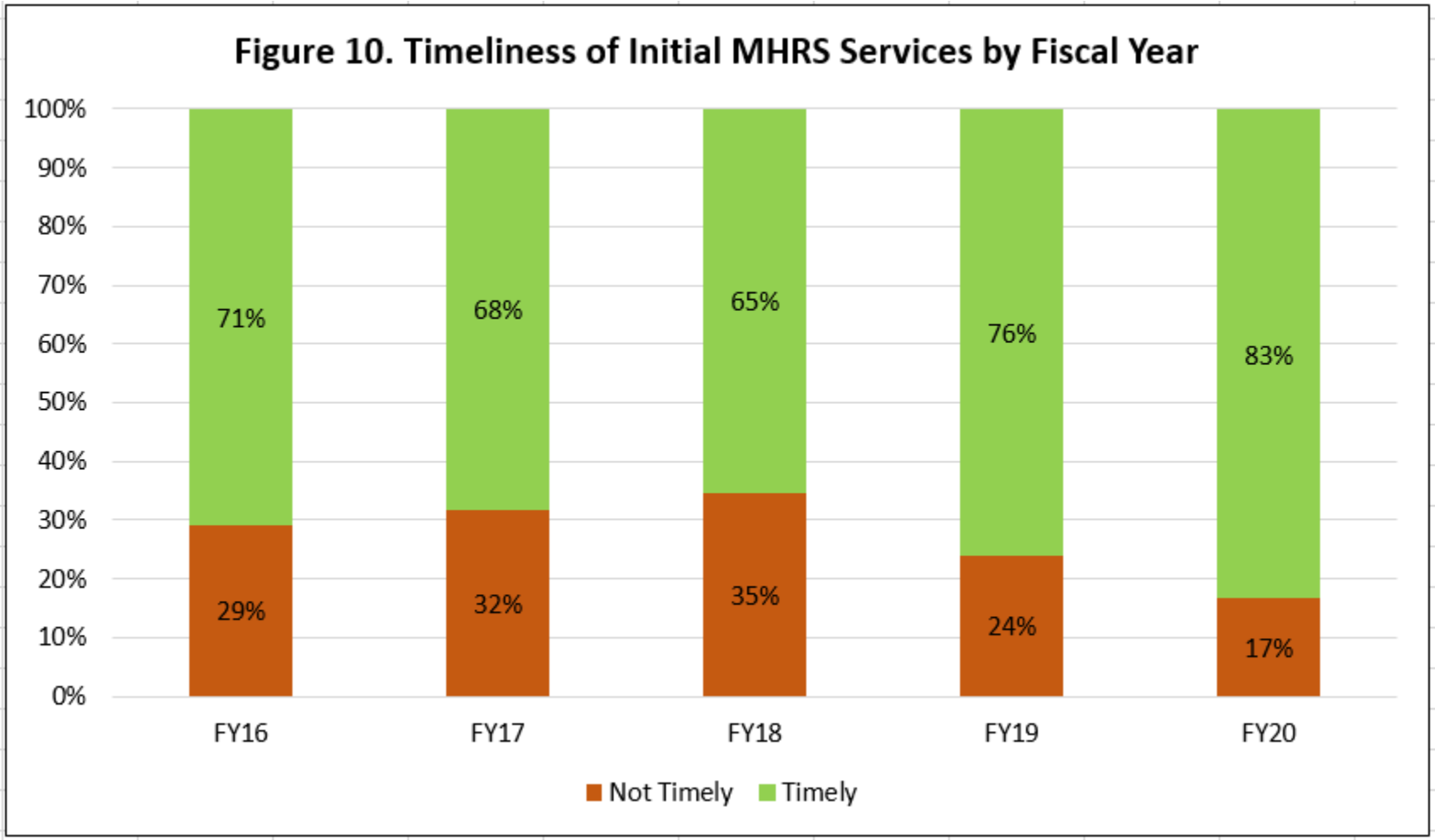
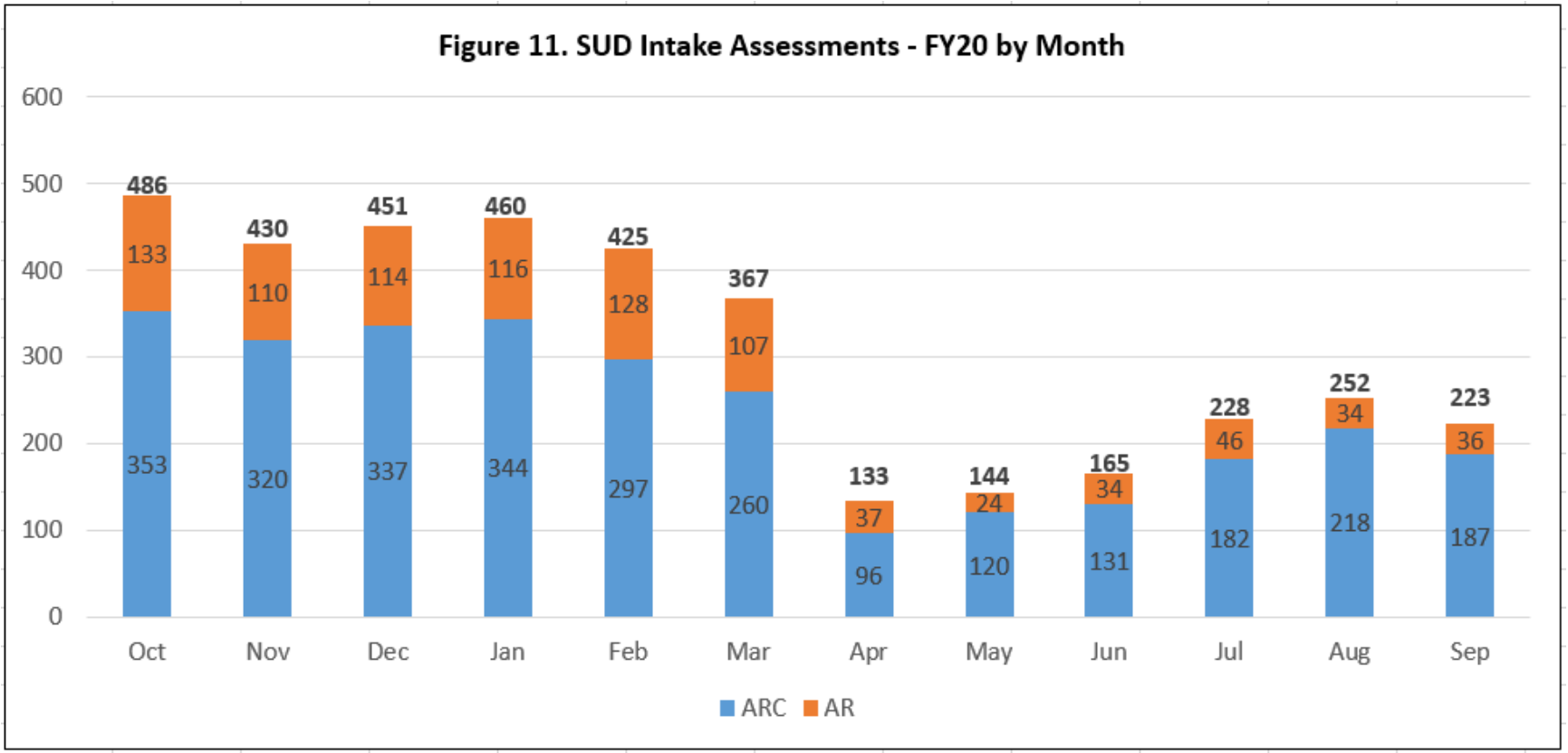


Figure 10 shows the proportion of consumers, both adults and children, who were newly-enrolled in mental health services or transferred to a new provider who had their first service within 30 days of assignment to a new provider. Performance has improved in the past two years, from 65% to 83% of consumers getting a timely first service.

SUBSTANCE USE SERVICES



NOTE: ARC (DBH's Assessment and Referral Center); AR (Community-Based Provider Assessment and Referral Sites)

Figure 11 shows there was a 60% decline in adult SUD intake assessments in the initial month following the start of the COVID 19 public health emergency. After April, SUD intakes gradually increased.

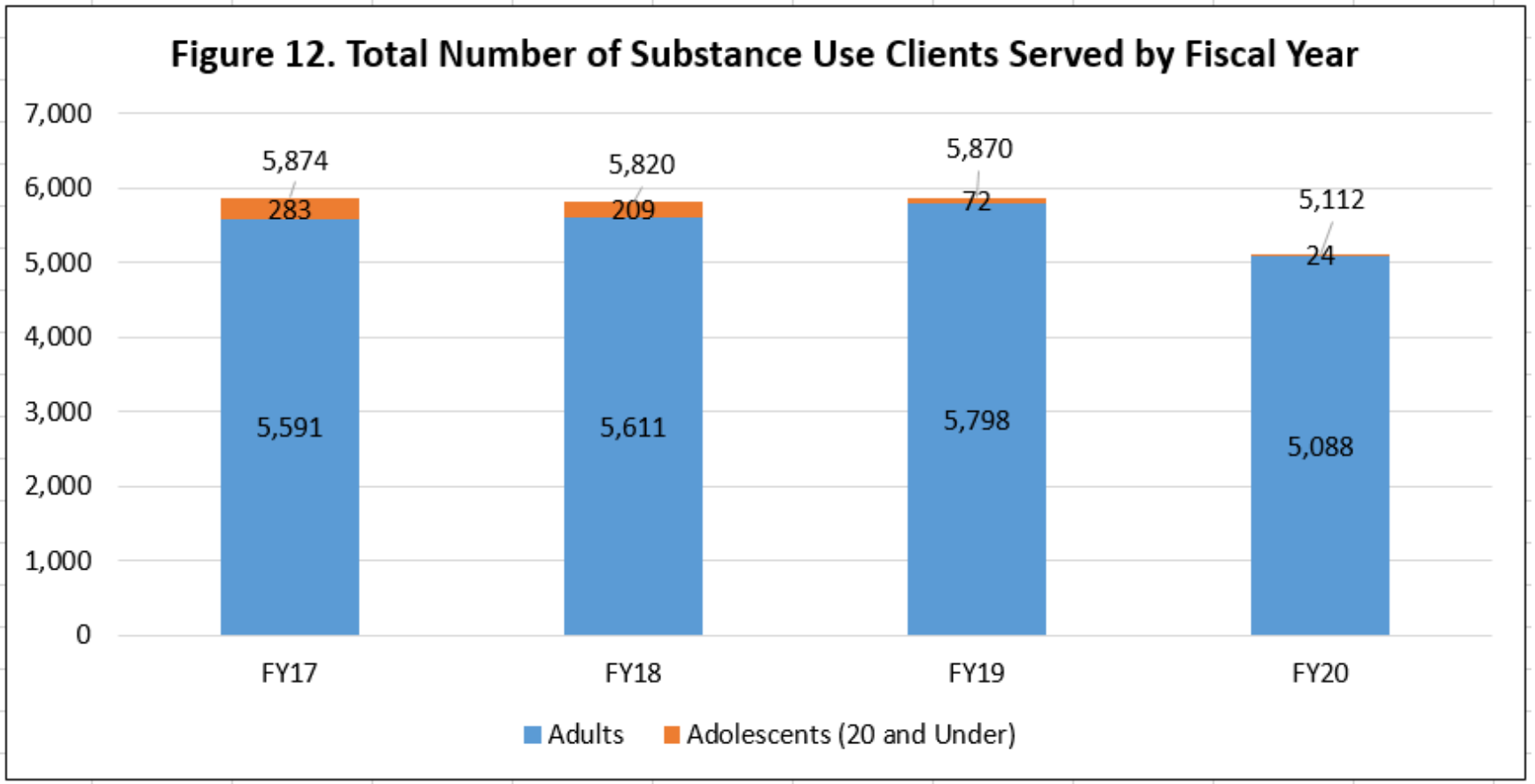
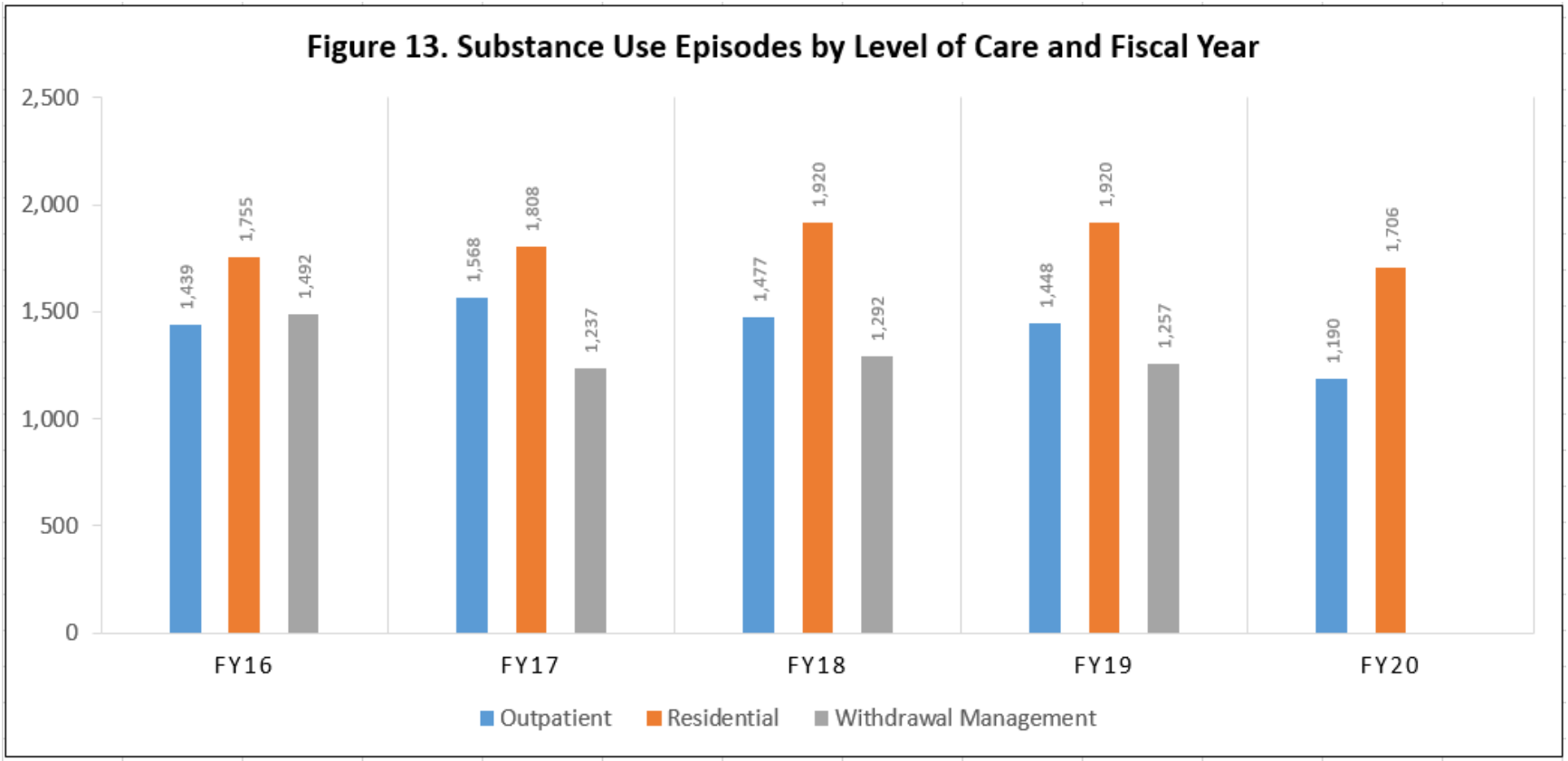


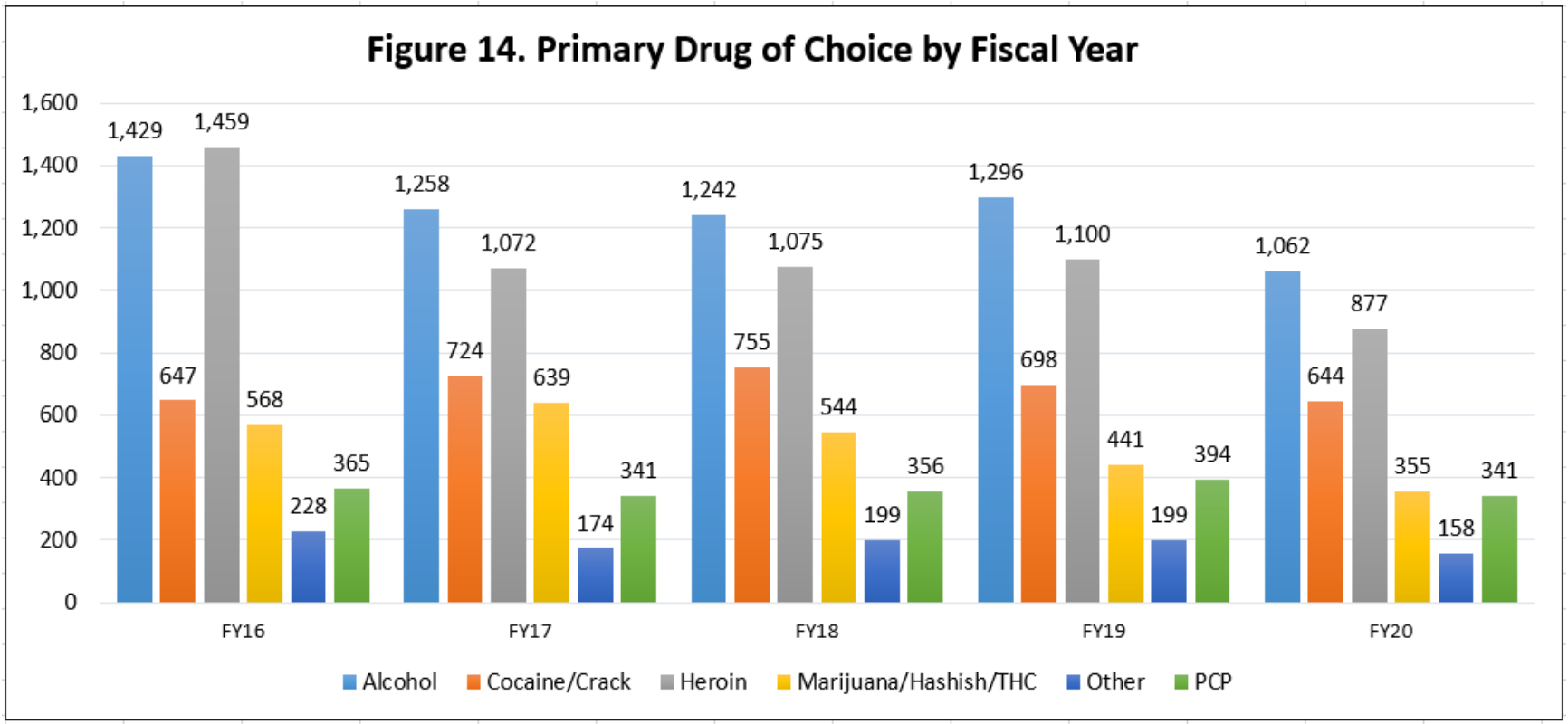
Figure 12 shows a fairly consistent number of people receiving SUD services in FY17-FY19, with a decline in FY20. This decline in FY20 appeared to be related to the public health emergency.



NOTE: Data are limited to enrollments that occur during the fiscal year. As a result of data quality issues, enrollments for withdrawal management are not available for FY20.

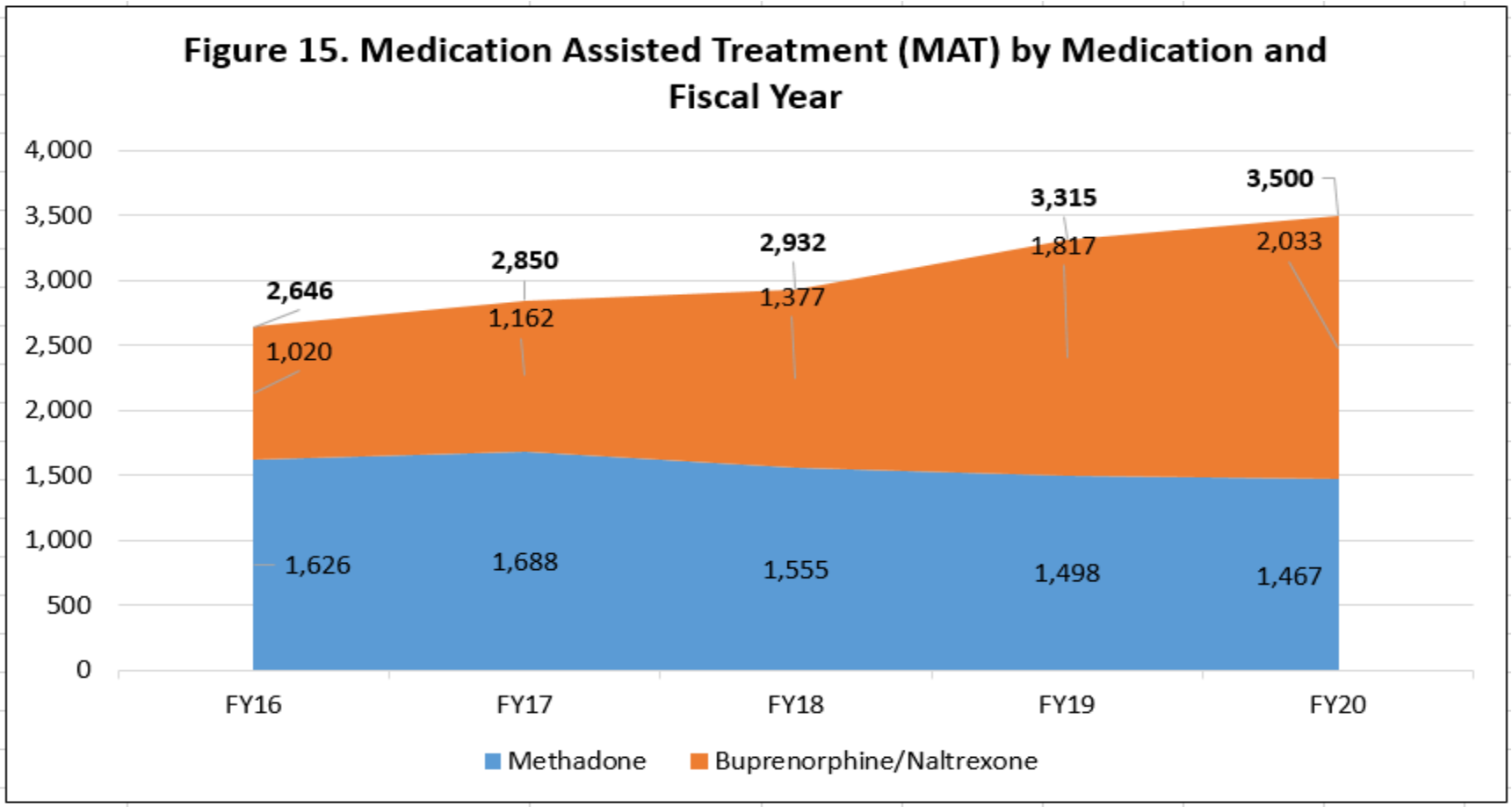
Figure 13 shows that the level of care with the highest number of enrollments each year has consistently been residential, followed by outpatient (with the exception of FY16).

Withdrawal Management (detoxification) is for clients with sufficiently severe signs and symptoms of withdrawal from psychoactive substances who require medical monitoring and nursing care, but for whom hospitalization is not indicated. **Residential Treatment** (inpatient) programs focus on helping individuals change their behaviors in a highly structured setting. **Outpatient** services provide counseling and monitoring several times a week in a supportive group setting.



NOTE: If a client received services from an Opioid Treatment Program across multiple fiscal years, their primary drug of choice is only reported for the year they were admitted.

Figure 14 shows that the primary drug of choice for individuals with an admission during the past four fiscal years was alcohol. Heroin was the second most frequently reported drug of choice in FY20 and in previous years.



NOTE: Methadone is administered in Opioid Treatment Programs (OTPs), while Buprenorphine and Naltrexone are prescribed in primary care settings. DBH certifies the OTP providers, and the Department of Health Care Finance monitors prescribers of Buprenorphine and Naltrexone.

Figure 15 shows the clients using one of the two forms of MAT increased steadily for the past five years. The number of clients prescribed buprenorphine and naltrexone has roughly doubled over the past five years (from 1,020 in FY16 to 2, 033 in FY 20), while the number of clients prescribed methadone declined slightly (from 1,626 in FY16 to 1,467 FY20).

CHILDREN'S CONTRACTED PROGRAMS

Figure 16. Description of Contracted Children's Programs

Program	Metric	FY20 Data	Program Description
The Children and Adolescent Mobile Psychiatric Service (ChAMPS)	Number of deployments	806	ChAMPS provides on-site immediate help to children facing a behavioral or mental health crisis whether in the home, school or community. Services are geared toward children and youth 6-21 years of age with the goal of stabilization to avert inpatient hospitalization or placement disruptions. The mobile crisis teams also make follow up visits and connect families to needed support services.
DC Mental Health Access to Pediatrics (DCMAP)	Number of screenings	41,845	DCMAP supports pediatric providers addressing mental health concerns, provides telephone consultation with clinicians, completes community resource referrals and face to face consultations as clinically indicated, and provides mental health education and training for primary care providers. In addition to the over 40,000 screenings, 957 consultations were completed in FY20.
Healthy Futures	Number of early childhood facilities	60	Healthy Futures is a program wherein clinical specialists provide consultation services to child development centers and home-based facilities in order to improve outcomes for children, parents, and staff; and ultimately eliminate early childhood expulsions and suspensions. Services include classroom observations, prevention/early intervention activities, modeling, and consultation with parents, teachers, and center directors.
High Fidelity Wraparound (HFW)	Number of children served	93	HFW is a collaborative team-based care coordination service where a family and service team plans, implements, tracks and adapts an individualized plan of care to meet complex needs; address risks of out of home placement, school disruption and high utilization of acute care; and achieve the youth and family's long term vision of positive outcomes in the home, school and community.
HOPE Court	Number of children served	46	Here Opportunities Prepare you for Excellence (HOPE) Court is a voluntary behavioral health diversion or "treatment" court wherein eligible youth are connected to behavioral health and other community-based supportive services. HOPE Court specializes in the support of youth who are at risk or are confirmed survivors of commercial sexual exploitation of children (CSEC). Youth may have their charges dismissed or probation shortened through successful completion of the program in the case of a juvenile matter and/or once permanency is achieved in the case of neglect.

Juvenile Behavior Diversion Program (JBDP)	Number of children served	60	JBDP is a voluntary behavioral health diversion court or "treatment court" wherein eligible youth are connected to behavioral health and other community-based supportive services. Youth may have their charges dismissed or probation shortened through successful completion of the program in the case of a juvenile matter and/or once permanency is achieved in the case of neglect.
Primary Project	Number of children served	163	Primary Project is an evidence-based early intervention and prevention program for children in pre-Kindergarten through third grade who have been identified with mild adjustment issues in the classroom. Through one-to-one, non-directive play sessions, the program reduces social, emotional and school adjustment difficulties to improve school-related competencies in task orientation, behavior control, assertiveness, and peer social skills. *NOTE: As a result of the pandemic, this program was suspended in March, 2020.*
Psychiatric Residential Treatment Facility (PRTF)	Unduplicated number of children served	95	A PRTF is an accredited facility that provides inpatient psychiatric services for individuals, typically under the age of 18 who have complex behavioral health needs and meet medical necessity requirements for inpatient rather than community-based services. DBH oversees enrollment and care; and collaborates with PRTFs, families and community-based service providers to ensure youth are able to successfully return to their home and community upon discharge.

Figure 17. Overview of Children's Contracted Programs in FY20

ChAMPS:
806 Deployments

DC Mental Health Access to Pediatrics:
41,845 Screenings

Healthy Futures:
60 Early Childhood Facilities Served

High Fidelity Wraparound:
93 Children Served

HOPE Court:
46 Children Served

Juvenile Behavioral Diversion Program:
60 Children Served

Primary Project: 163 Children Served

Psychiatric Residential Treatment Facilities:
95 Children Served

Figure 18. Evidence Based Practices

Model	Children Served FY20	Description
Child Parent Psychotherapy (CPP-FV)	67	CPP-FV is a therapeutic intervention for young children with a history of trauma exposure or maltreatment, and their caregivers. CPP-FV supports child development, restores the child-parent relationship and the overall feelings of safety, while reducing symptoms associated with the experience of trauma.
Functional Family Therapy (FFT)	162	CBI level IV, FFT, is a family focused intervention for at-risk and juvenile justice involved youth.
Multi-Systemic Therapy (MST)	46	CBI level I, MST, is an intensive community-based treatment for families and youth with antisocial behaviors putting them at risk of out of home placement, who are living with or returning to a parent/caregiver with whom the youth have a long-term relationship and who is willing to participate in treatment. Emphasis is on empowering parents/caregivers to assist youth in making and sustaining change in individual, family, peer, and school systems.
Parent Child Interaction Therapy (PCIT)	87	PCIT is a supported treatment for young children who are experiencing extreme behavioral difficulties. It places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	78	TF-CBT is an intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events and address feelings.
Trauma Systems Therapy (TST)	23	TST is a comprehensive model for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing the child's social environment and/or system of care. TST is designed to provide an integrated and highly coordinated system of services guided by the specific understanding of the nature of child traumatic stress. TST focuses on the interaction between the child's difficulties regulating their emotions and the deficits within the child's social environment.
Transition into Independence (TIP)	703	TIP is a practice model which prepares youth and young adults (ages 14-29) with emotional and behavioral challenges for the transition to adult roles by engaging them in their own futures planning while providing developmentally-appropriate supports. TIP involves youth/young adults, their families, and other key players in a process that facilitates movement towards greater self-sufficiency and successful achievement of their goals.

Section 5: Saint Elizabeths Hospital

Saint Elizabeths Hospital is the District's public psychiatric facility for individuals with serious and persistent mental illness who need intensive inpatient care to support their recovery. Saint Elizabeths also provides mental health evaluations and care to patients committed by the courts. The Hospital develops a personalized treatment plan to help each patient achieve the highest quality mental health outcomes.

Saint Elizabeths Hospital has implemented infection control practices guided by DC Health and the CDC to keep patients and staff safe while maintaining clinical care during this COVID-19 pandemic. Patients and employees are tested every 14 days to quickly isolate anyone who was COVID positive, including those without symptoms, to reduce the spread. All patients admitted to the hospital are quarantined for 14 days to ensure that they are not infected with the coronavirus.

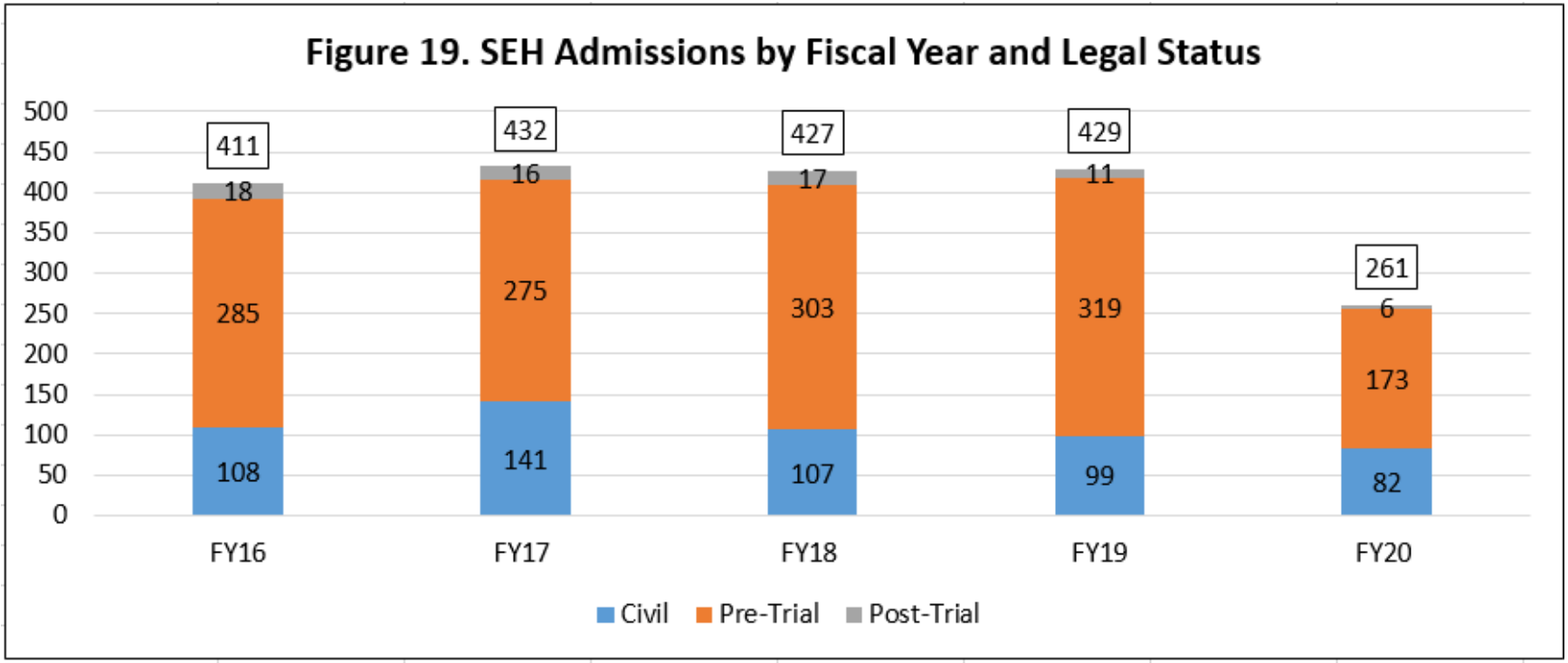


Figure 19 shows that while total admissions were relatively steady for FY16-19, the number of admissions declined by 39% in FY20 as result of efforts to minimize transmission of the coronavirus. In each year, the vast majority of admissions were for individuals with a pre-trial status, meaning they had not yet had their legal charges adjudicated.

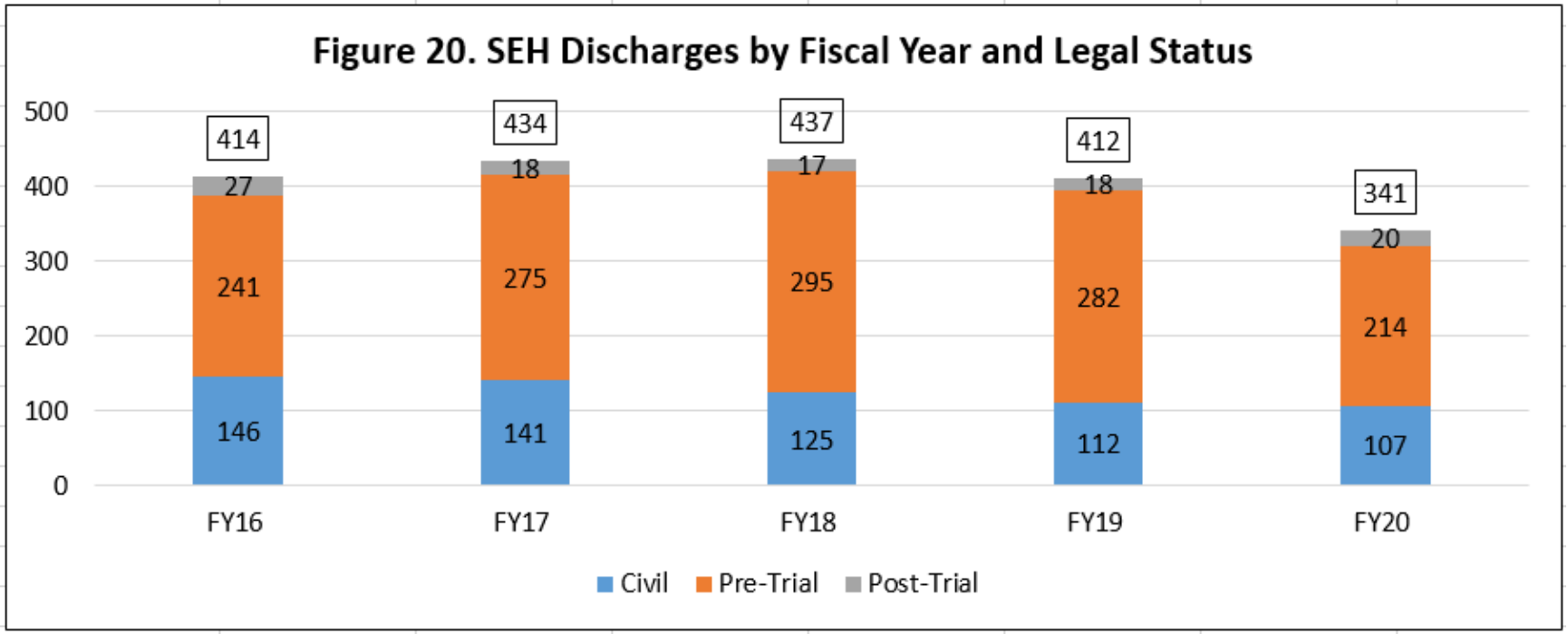


Figure 20 shows that discharges remained steady between FY16 and FY19, but fewer discharges occurred in in FY20 than in prior years.

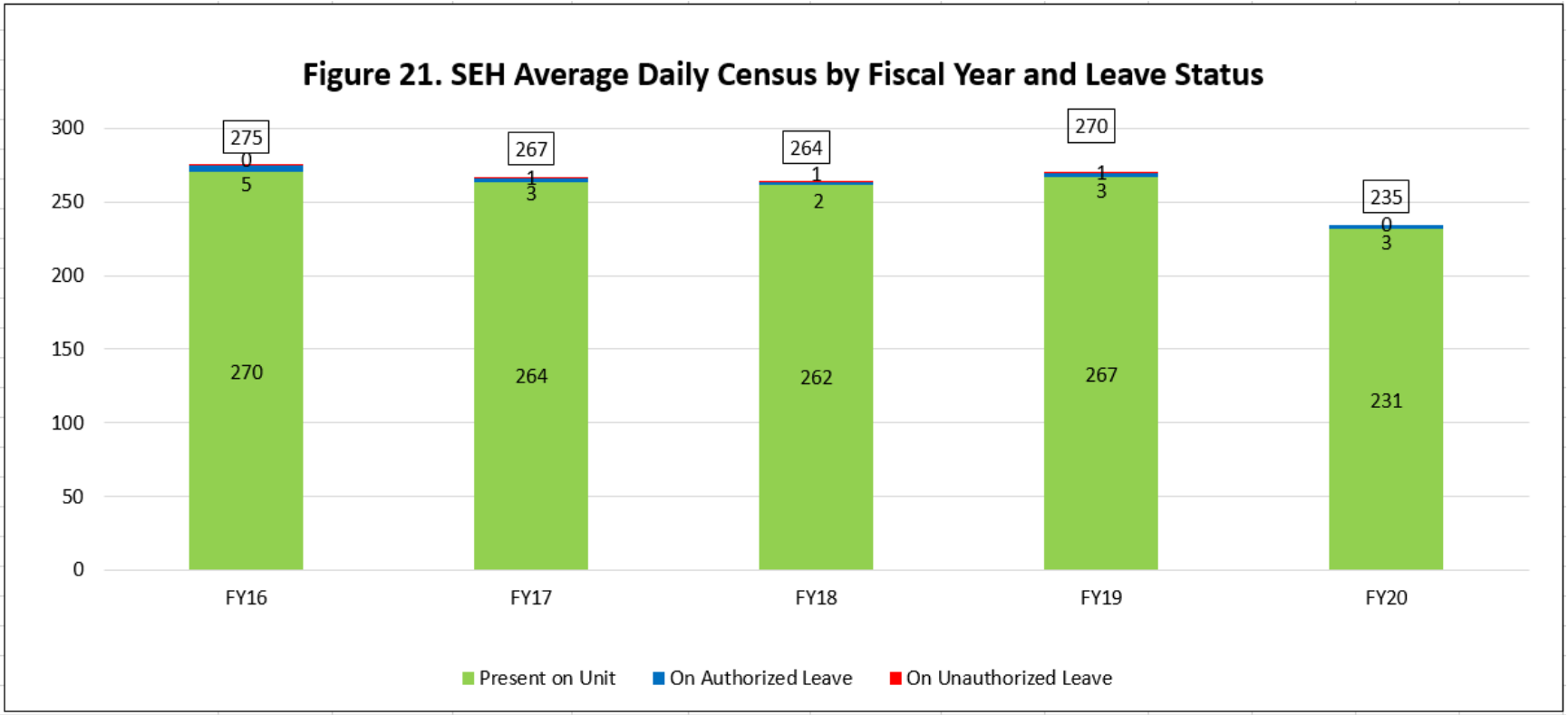


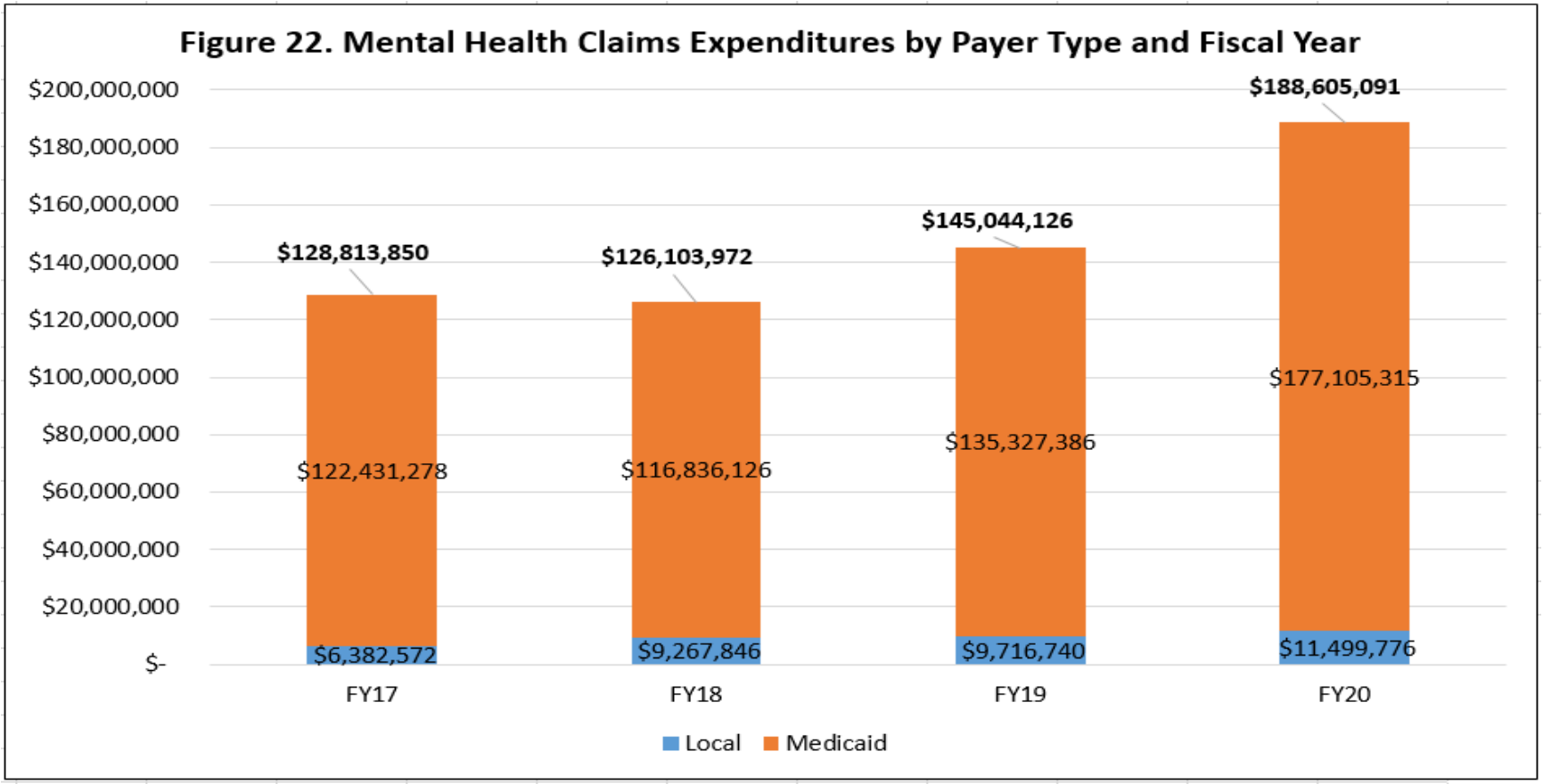
Figure 21 shows that, as with admissions and discharges, the number remained steady between FY16 and FY19. The average daily census at SEH declined in FY20 due to the District policy to reduce admissions during the pandemic.

Section 6: Expenditures

The expenditure data in this report include selected behavioral health services paid for by Medicaid (directly by DHCF under fee-for-service (FFS) and by managed care organizations (MCOs) on behalf of DHCF) and by DBH local programs. Medicaid is funded with a combination of local and federal dollars, while DBH programs are funded by District appropriated funds and grant dollars.

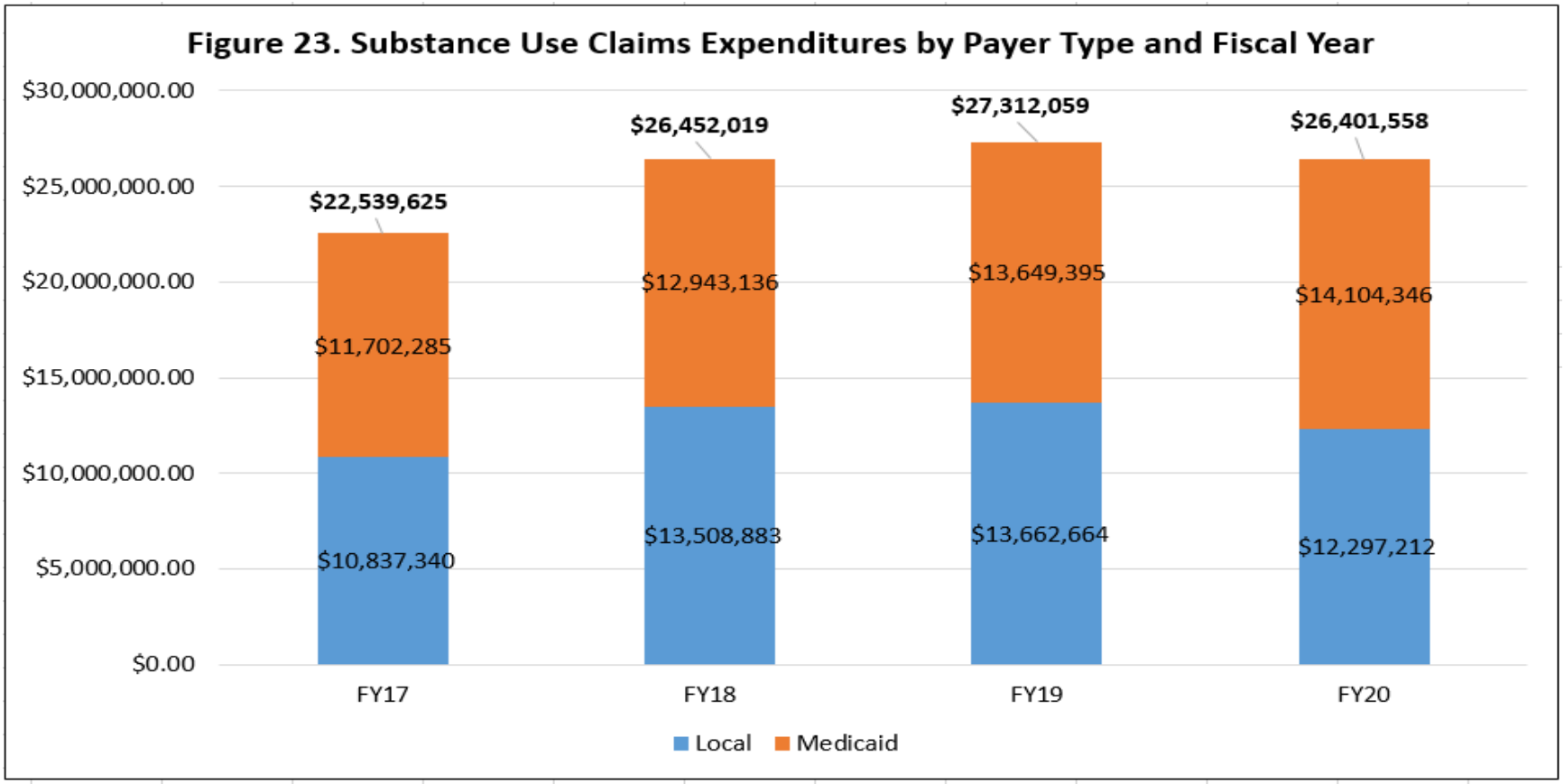
While this report continues to include payments to MHRS and ASARS providers, it reflects a broader Medicaid universe than in prior years due to the inclusion of: FFS payments to freestanding mental health clinics; FFS payments for MAT drugs beyond methadone (specifically those containing buprenorphine, buprenorphine/naloxone combinations, and naltrexone); and Medicaid MCO payments for MAT drugs and services with an MHRS or freestanding provider type. MCOs play a major role in the provision of reimbursement for lower acuity behavioral health services to Medicaid beneficiaries (e.g., diagnosis, counseling, and medication monitoring), but many behavioral health services (including MHRS and ASARS) are carved out of MCO contracts and paid by DHCF on a fee-for-service basis.

Expenditure totals for behavioral health services provided to Medicaid beneficiaries are based on aggregated Medicaid FFS claims and MCO encounter data. It is important to note that not all Medicaid behavioral health expenditures are reflected here; for example, services provided by federally qualified health centers (FQHCs), licensed practitioners billing independently (such as psychologists and social workers), and psychiatric and acute care hospitals are excluded.



NOTE: Medicaid data were provided by DHCF for mental health service claims paid as of 2/17/21. Local data were extracted from DBH's Procurement Automated Support System (PASS) for services paid as of 1/4/21. Payments to hospitals for mental health inpatient stays are not included in the expenditure data (see text for additional information on the universe of services reflected here). DHCF and DBH expenditures are for services provided through 9/30/20.

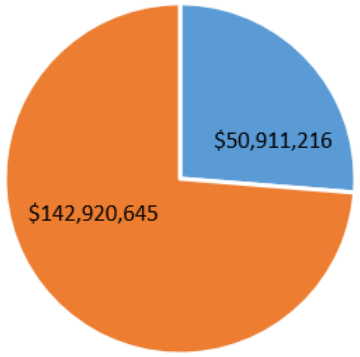
Figure 22 shows that $188.6 million was spent on claims-based mental health services in FY20. This amount reflected a 30% increase in spending on mental health services from FY19 to FY20. DBH local funds accounted for about 6% ($11.5 million) of FY20 spending on claims-based mental health services.



NOTE: Medicaid data were provided by DHCF for substance use service claims paid as of 2/17/21. Local data were extracted from DBH's Procurement Automated Support System (PASS) for services paid as of 1/4/21. Payments to hospitals for withdrawal management services are included in DBH's local data. There are no payments to hospitals included in the DHCF data (see text for additional information on the universe of services reflected here). DHCF and DBH expenditures are for services provided through 9/30/20.

Figure 23 shows $26.4 million was spent on claims-based substance use services in FY20. After two years of increases, overall expenditures on substance use services declined in FY20 by about 3%. DBH local funds accounted for about 47% ($12.3 million) of FY20 spending on claims-based substance use services.

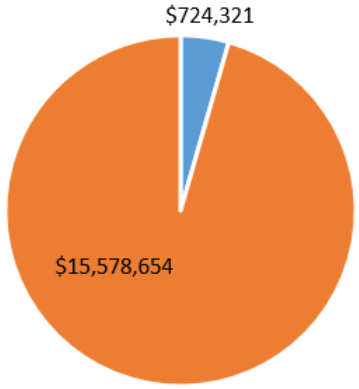
Figure 24. Medicaid Mental Health Telemedicine Expenditures - FY20



Total Mental Health Medicaid Expenditures: $193,831,861

Medicaid Telehealth Medicaid Non-telehealth

Figure 25. Medicaid Substance Use Telemedicine Expenditures - FY20



Total Substance Use Medicaid Expenditures: $16,302,975

Medicaid Telehealth Medicaid Non-telehealth

NOTE: Medicaid data were provided by DHCF for behavioral health services claims paid by 1/16/21. Data are for services provided through 9/30/20.

Figures 24 shows that about a one-quarter (26%) of Medicaid mental health expenditures were for services via telemedicine (i.e., use of telephonic or video telecommunications technology that met required standards of care). Figure 25 shows that 5% of Medicaid substance use expenditures were for services delivered via telemedicine.