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
Fiscal Year 22 (Oct 1, 2021-Sept 30, 2022)

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. Services are integrated for individuals who have co-occurring disorders. Whole person care is the goal. 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, 2021-September 30, 2022. 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) and medication assisted treatment (MAT) provided via prescriptions for buprenorphine and naltrexone.

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 50 providers to deliver the majority of mental health services. Four of these providers are classified as only a FSMH clinic; 30 are classified as MHRS-only providers; and 16 are both MHRS and FSMH providers. Ten mental health 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), outreach contractors funded through the District's State Opioid Response (SOR) grant and the locally funded Community Engagement Team.

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Substance Use

DBH also contracts with 24 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Thirteen 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 DBH certified treatment providers. Beginning in FY20, all SUD providers were required to provide assessment, intake and referral services, unless a waiver exemption is approved. 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). Two 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 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 of care.

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Key Findings

- Community mental health services: District Medicaid and local funds paid $294.1 million for mental health services claims in FY22. There was an increase in both consumers served (8% increase) and expenditures (22% increase) from FY21 to FY22.
- Substance use treatment: District Medicaid and local funds paid $25.6 million for substance use services claims in FY22. There was an increase in clients served (6% increase) and a decrease in expenditures (8% decrease) from FY21 to FY22.
- Use of Medication Assisted Treatment (MAT) for opioid use disorder increased by 2% between FY21 and FY22. Use of Methadone decreased by 8%; Buprenorphine utilization increased by 9%; Naltrexone utilization increased by 11%.
- Forty-eight percent of mental health expenditures were for services delivered via telehealth, and nine percent of substance use disorder expenditures were for telehealth.
- The average daily census at Saint Elizabeths Hospital remained nearly the same as in FY21.

List of Figures

- Satisfaction survey data are presented in *Figures 1 and 2*;
- A summary of DBH operated services is presented in *Figures 3 and 4*;
- Individuals receiving services from both mental health and substance use providers are shown in *Figure 5;*
- Gender and race distribution for individuals receiving services from both mental health and substance use providers is shown in *Figures 6 and 7;*
- Mental health consumers served are shown in *Figure 8*;
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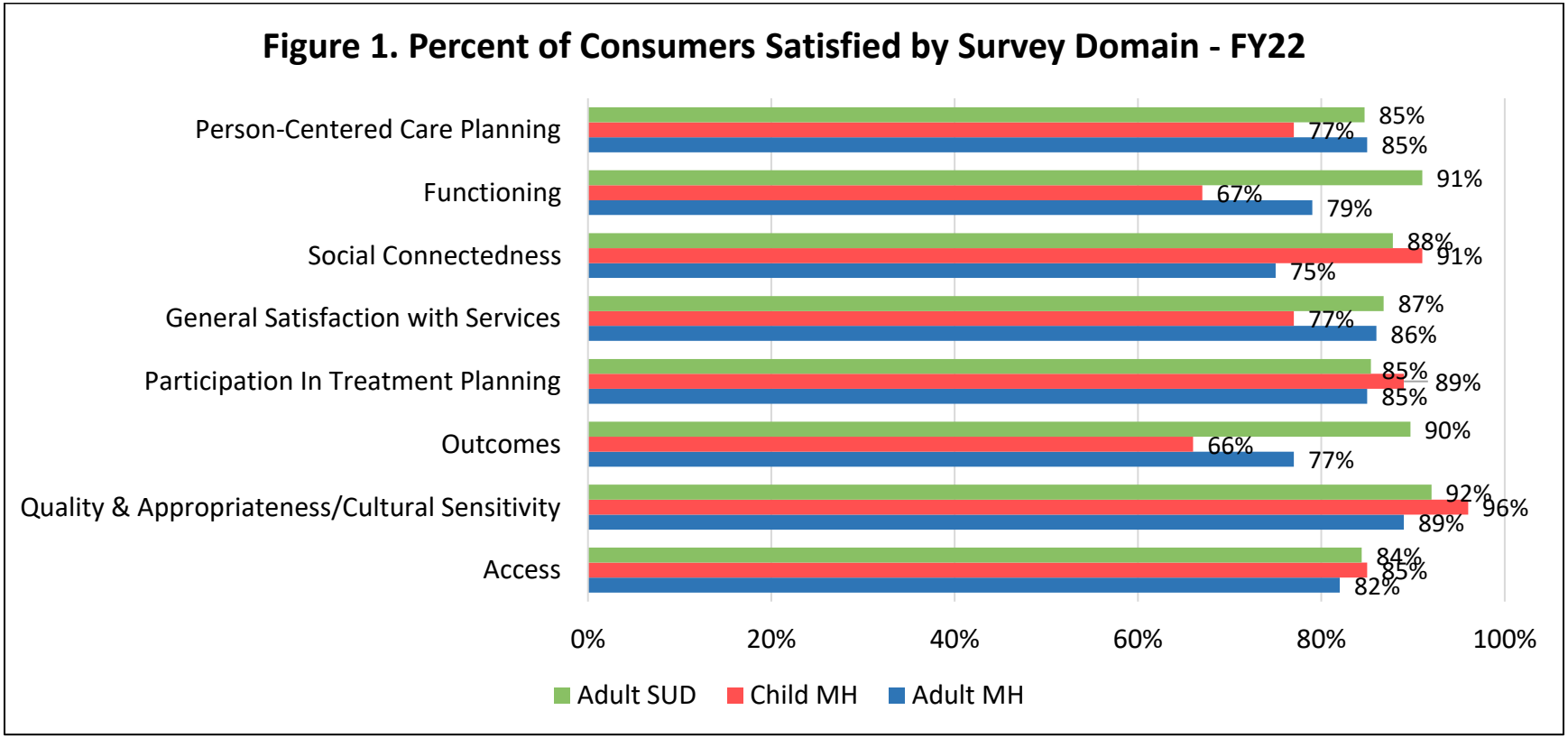
- Timeliness of initial services is shown in *Figure 10*;
- Substance use disorder intake data are shown in *Figure 11*;
- Substance use disorder clients served are shown in *Figure 12*;
- Substance use services by Level of Care are shown in *Figure 13;*
- Primary drug of choice is presented in *Figure 14;*
- Medication Assisted Treatment data are shown in *Figure 15*;
- Contracted children's services are summarized in *Figures 16-18*;
- Saint Elizabeths Hospital census data are shown in *Figures 19-22*;
- Expenditure data are shown in *Figures 23-28*.

Section 2: Consumer Feedback

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 the people served. The questions in the survey are grouped into domains and scored on a five-point Likert scale, ranging from Strongly Disagree (1) to Strongly Agree (5). Figure 1 shows the percent of respondents with scores greater than 3.5 (i.e., % satisfied per domain).* Saint Elizabeths Hospital data are shown in Figure 19. Figure 2 shows the response rate, based on the number of contacts made to the people in the sample.



**Note: For ADULT MH, the Likert Scale ranges from Strongly Agree (1) to Strongly Disagree (5) and satisfaction is indicated by scores less than 2.5.*

Figure 2. Satisfaction Survey Response Rate – FY22			
Survey	Contacts Made	Number of Responses (Completed Surveys)	Response Rate (number of completed surveys/number of contacts made)
Adult MH	1251	408	33%
Child/Youth MH	1634	392	24%
Adult Substance Use	570	205	36%

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Section 3: DBH Operated Services

Figure 3. Description of DBH Operated Services

Program	Metric	FY22 Data	Description
Access HelpLine (AHL)	Number of answered calls	76,173	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. The nationwide 988 initiative was implemented in FY22 and is managed by AHL for the District of Columbia.
Assessment and Referral Center (ARC)	Number of intakes completed	1,923	The ARC provides same-day assessment and referral for individuals seeking treatment for substance use disorders.
Assessment Center	Number of assessments completed	410	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	1,428	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	3,149	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	143	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.

Figure 3. Description of DBH Operated Services			
Forensic Outpatient Department (FOPD)	Number of consumers monitored in the community	62	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.
Intellectual and Developmental Disabilities (IDD) Program (35 K Street)	Number of people served	165	The IDD program provides services to individuals with intellectual and developmental disabilities who have a co-occurring psychiatric diagnosis to include diagnostic assessments, medication somatic services, community support and counseling.
The Parent Infant Early Childhood Enhancement Program (PIECE) and Physicians Practice Group (PPG)	Unduplicated count of children served	409	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	380	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	2,547	Through the School-Based Behavioral Health Program, DBH collaborates with students, families, schools, community-based organizations (CBOs) 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

Figure 3. Description of DBH Operated Services			
			and responsible residents. Data reported includes children served by DBH and CBO clinicians.
Pharmacy (35 K Street)	Number of people served	1,317	The pharmacy serves as a safety net by filling prescriptions of psychotropic medication to uninsured residents of the District of Columbia, acting as the outpatient pharmacy for CPEP, and filling prescriptions for discharge medication for St. Elizabeths Hospital.
Urgent Care (35 K Street)	Number of people served	1,709	Urgent Care services include assessment, counseling, psychiatric evaluation and medication management.

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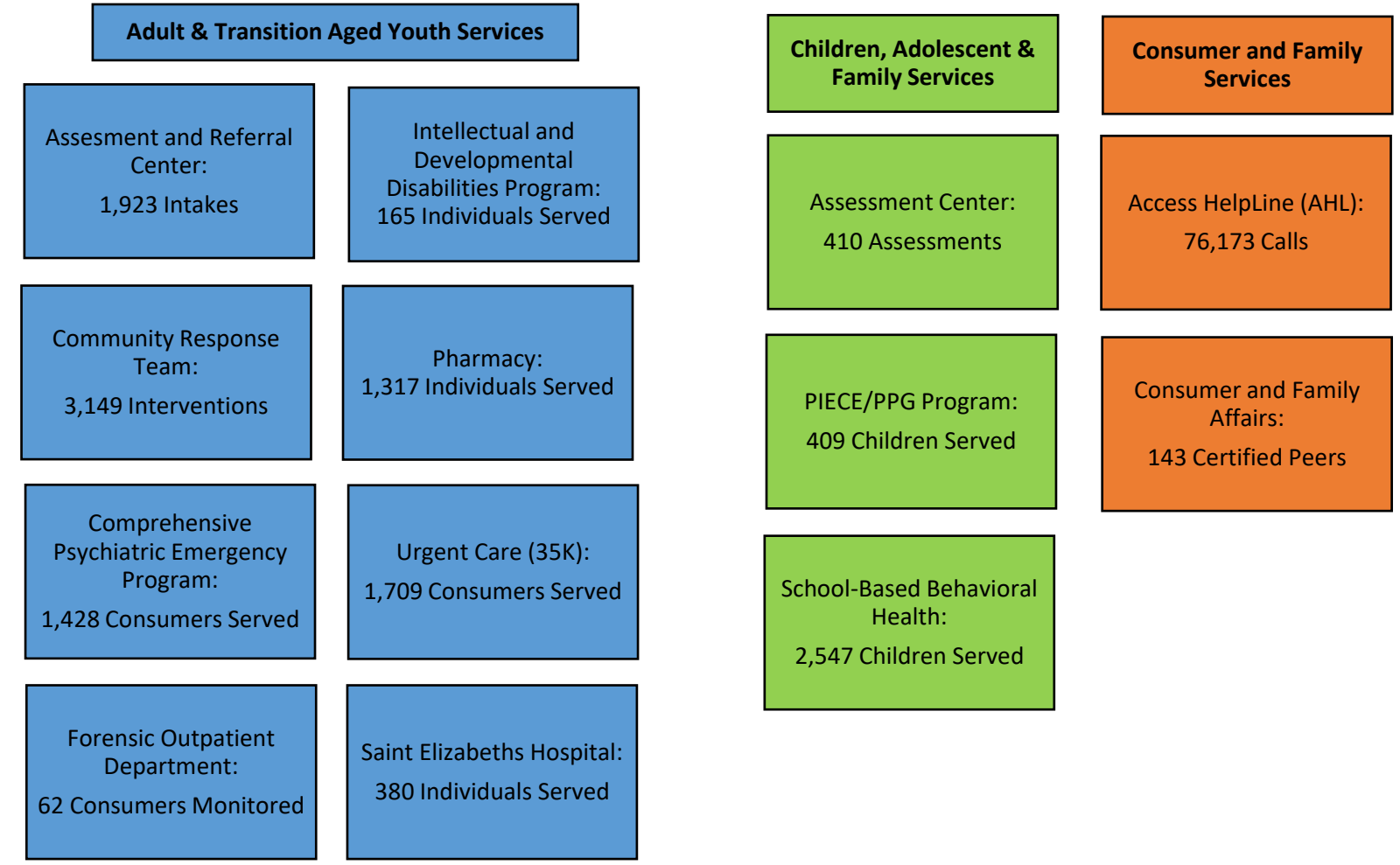
Figure 4: Number of Individuals Served by DBH Operated Services in FY22



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

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

This section describes behavioral health services documented and paid through 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. Many uninsured individuals are beneficiaries of the Alliance program, and their services are included. 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. The universe of services included in Section 4 is comprised of MHRS, FSMH, Crisis, ASARS, ASTEP, and buprenorphine and naltrexone for Opioid Use Disorder (OUD).

Figures 5-7 show the universe of individuals receiving mental health and substance use services and the overlap of those who received both in FY22.

Figure 5. Individuals Who Received Mental Health and Substance Use Services – FY 2022

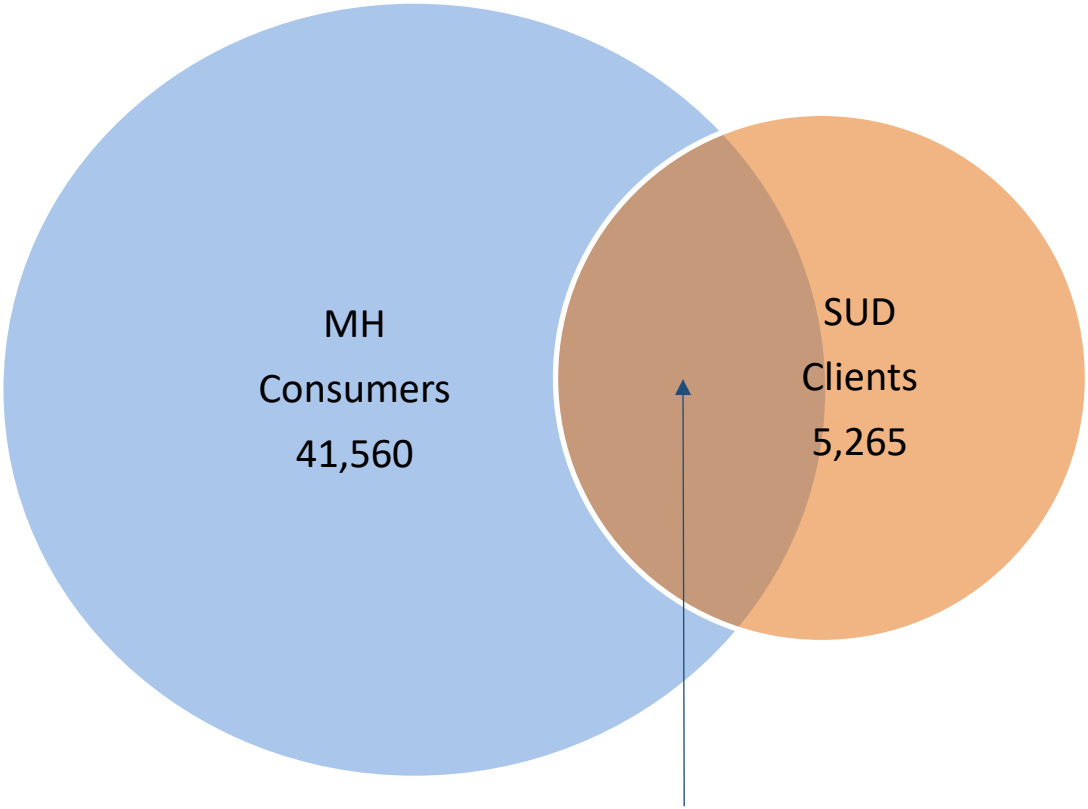

Figure 5 shows that 43,637 individuals obtained MH or SUD services in FY22. Of those individuals, 3,188 were served by both MH and SUD providers. Individuals receiving both MH and SUD services comprised 8% of all MH consumers and 61% of SUD clients.

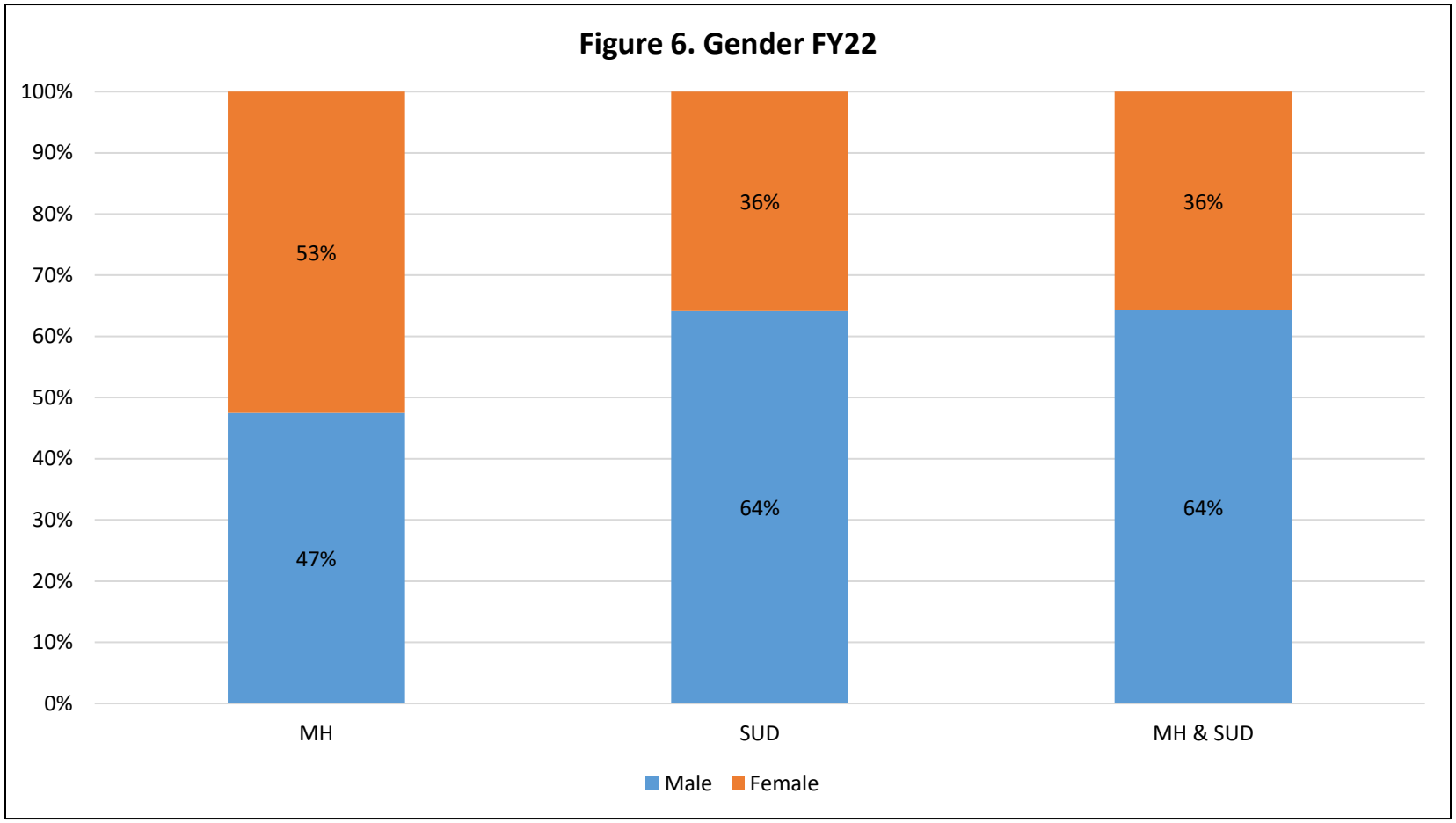

Figure 6 shows that a similar proportion of males and females received mental health services in FY22; however, males are a larger share (nearly two-thirds) of consumers receiving substance use disorder services, and/or both mental health and substance use disorder services.

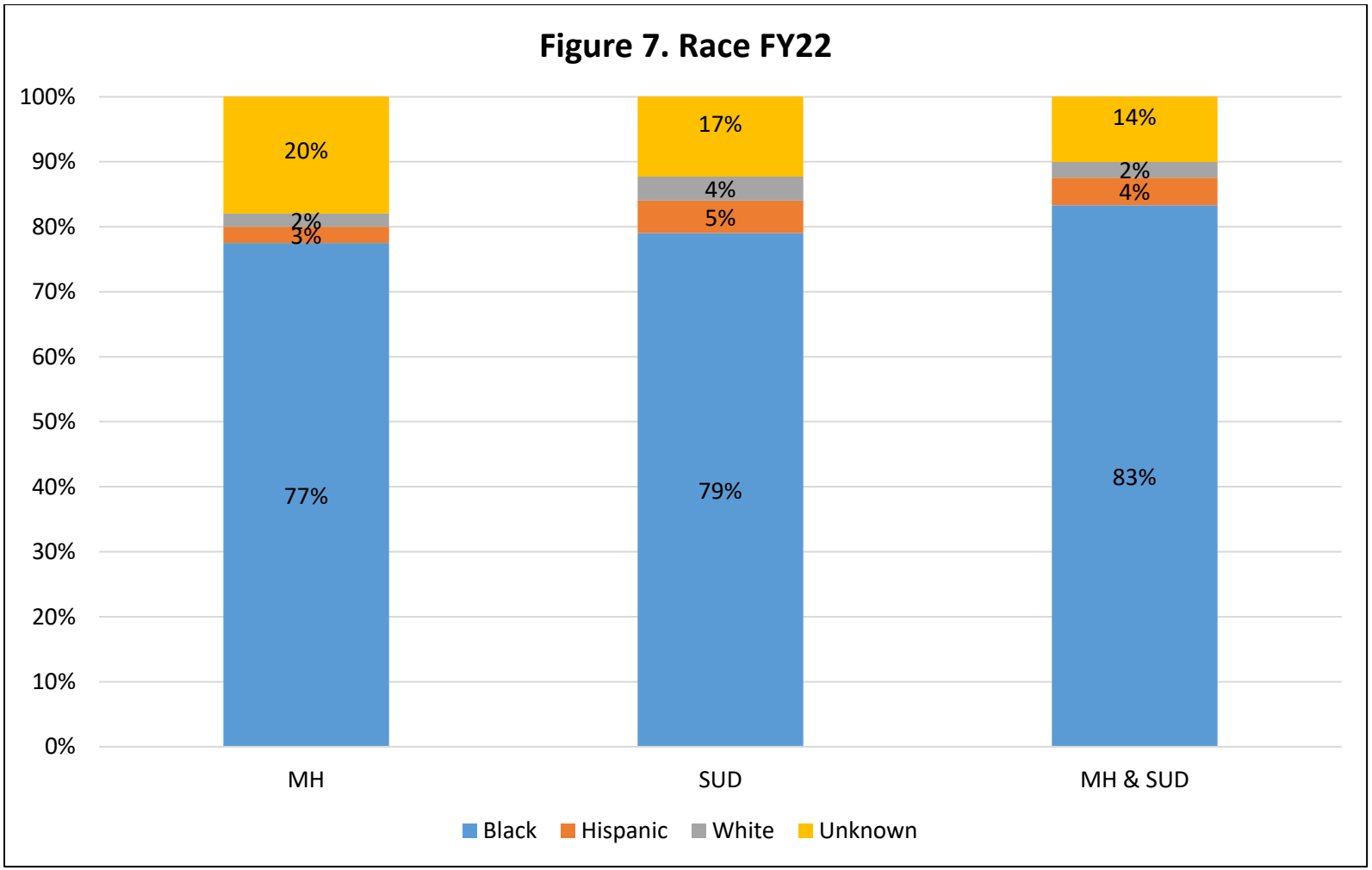

Figure 7 shows that the majority of residents receiving mental health services, substance use disorder services, and those receiving both mental health and substance use disorder services are Black.

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MENTAL HEALTH SERVICES

Figure 8. Consumers Receiving Mental Health Services by Fiscal Year

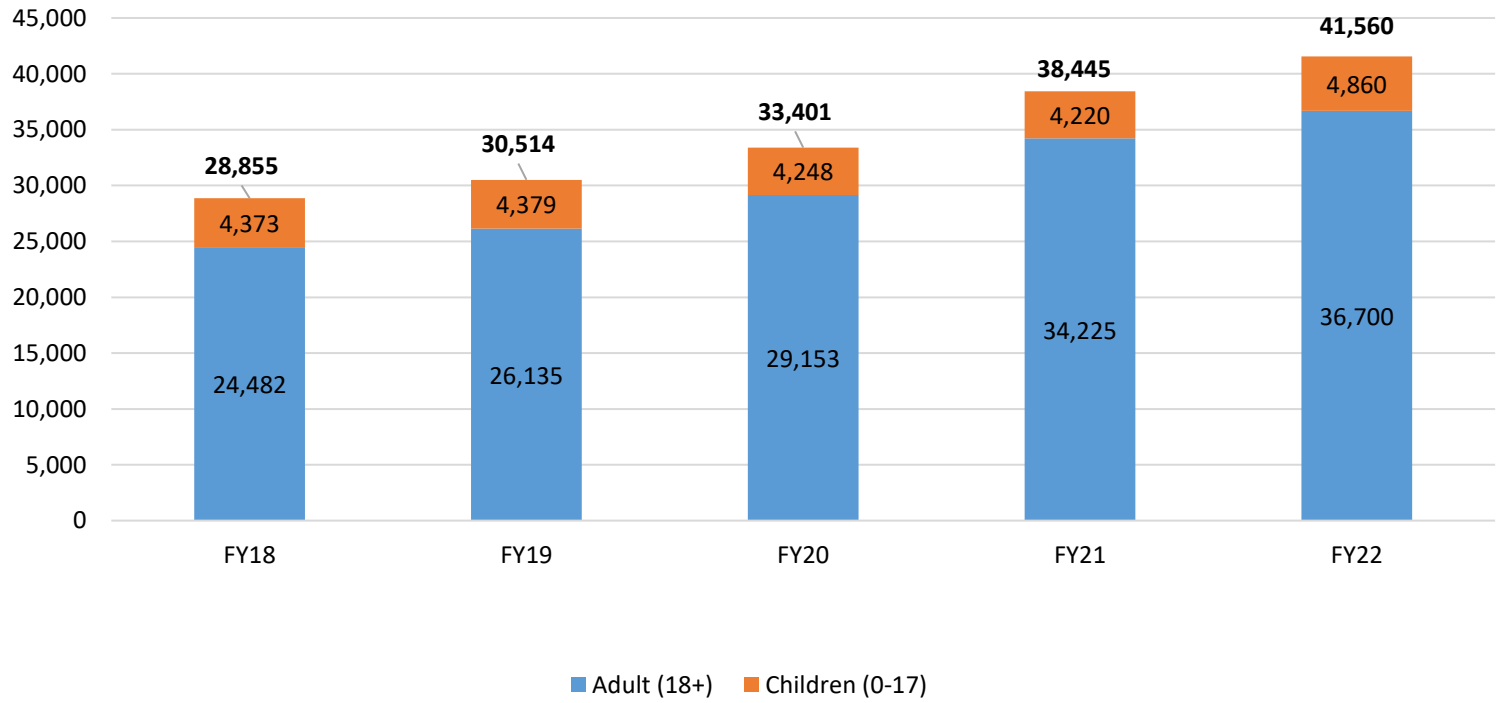

Figure 8 shows that the total number of consumers receiving community-based mental health services increased by 8% from FY21 to FY22.

Figure 9. FY22 Utilization of Claims-Based Mental Health Services

Service Group	Children Served	Adults Served	Total Served	Average Number of Services per Consumer	Expenditures	Percentage of Total Expenditures
Assertive Community Treatment (ACT)	0	2,646	2,646	83	$37,092,956	13%
Community Behavioral Intervention (CBI)	392	0	392	35	$4,012,119	1%
Community Support	3,095	30,772	33,867	54	$201,116,002	68%
Crisis Intervention	309	2,845	3,154	4	$5,322,388	2%
Diagnostic & Assessment (D&A)	2,761	18,468	21,229	1	$3,234,276	1%
Day Rehabilitation	0	909	909	79	$8,874,776	3%
Health Homes	0	461	461	6	$382,334	0%
Medication Management	1,363	22,281	23,644	6	$19,171,789	7%
Supported Employment	0	348	348	7	$193,749	0%
Therapy (e.g., individual/family/group)	2,482	10,401	12,883	10	$14,756,532	5%

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

Figure 9 shows that the three most frequently used services are community support (33,867 individuals), medication management (23,644 individuals), and diagnostic & assessment (21,229 individuals). Sixty-eight percent of expenditures were for community support.

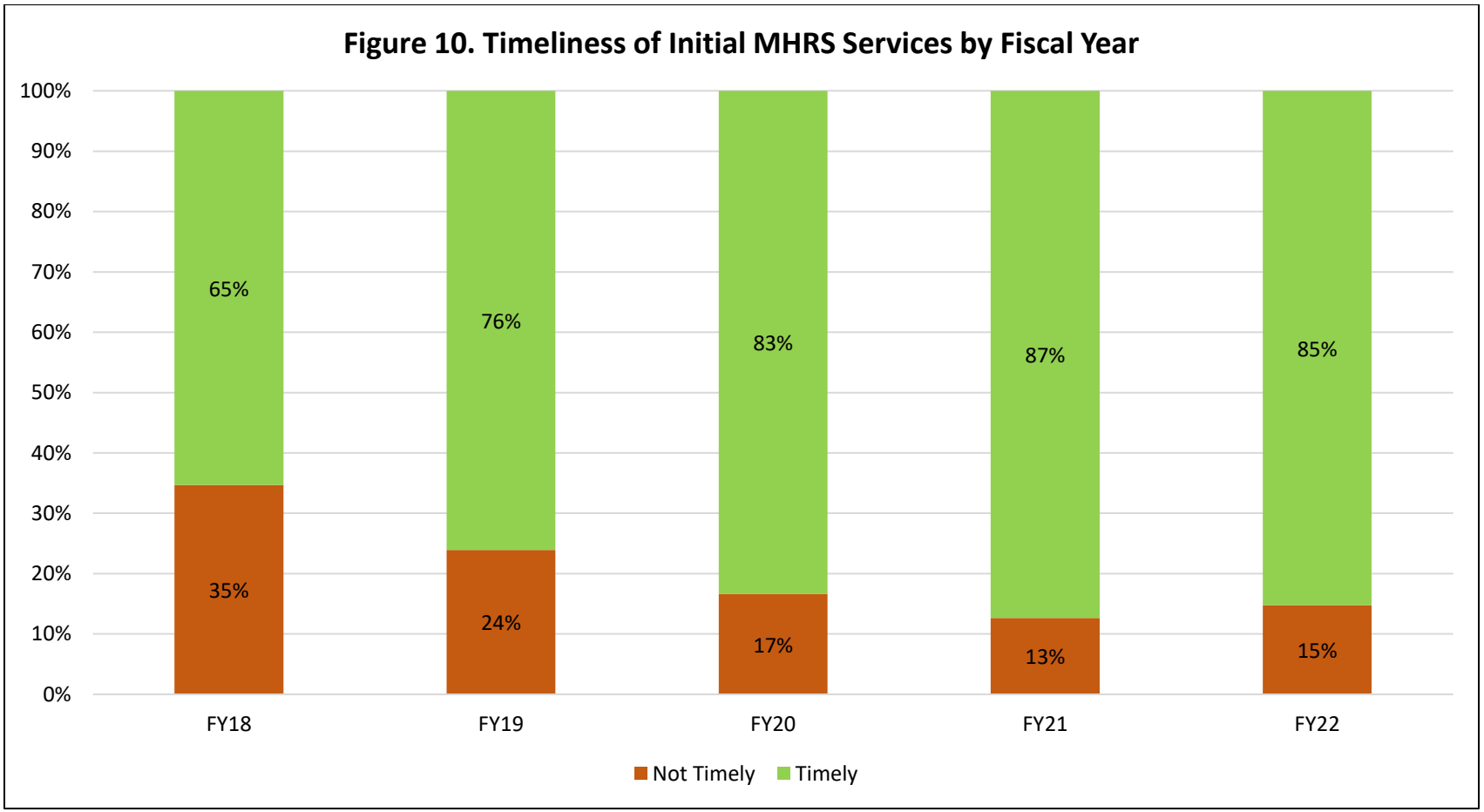

Figure 10 shows the proportion of consumers, both adults and children, who were newly-enrolled in mental health services or transferred to a new provider who had their first service within 30 days of assignment to a new provider. Performance improved for four years but declined slightly between FY21 and FY22.

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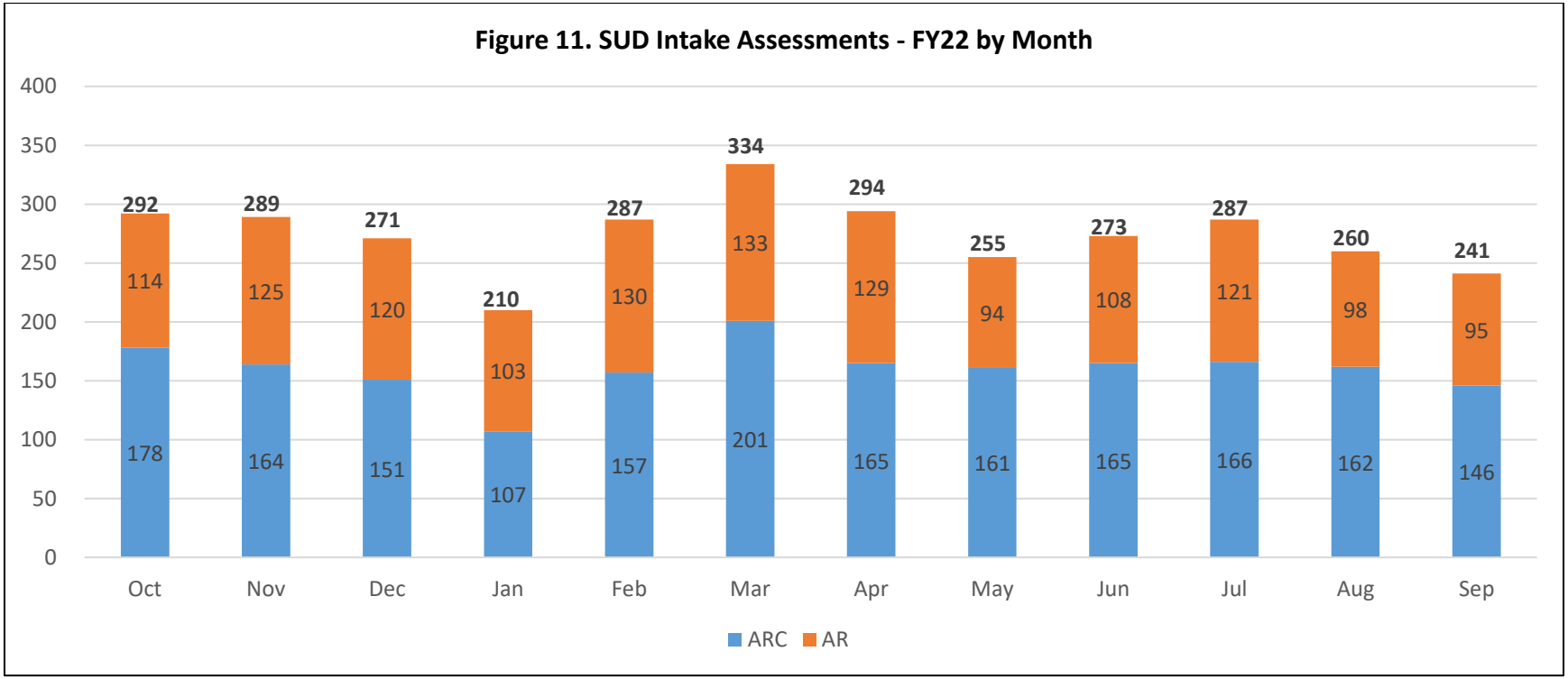
SUBSTANCE USE SERVICES



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

Figure 11 shows adult SUD intake assessments were generally consistent in FY22, with an average of 274 per month. There were a total of 3,293 intakes, a 14% increase compared to 2,895 in FY21.

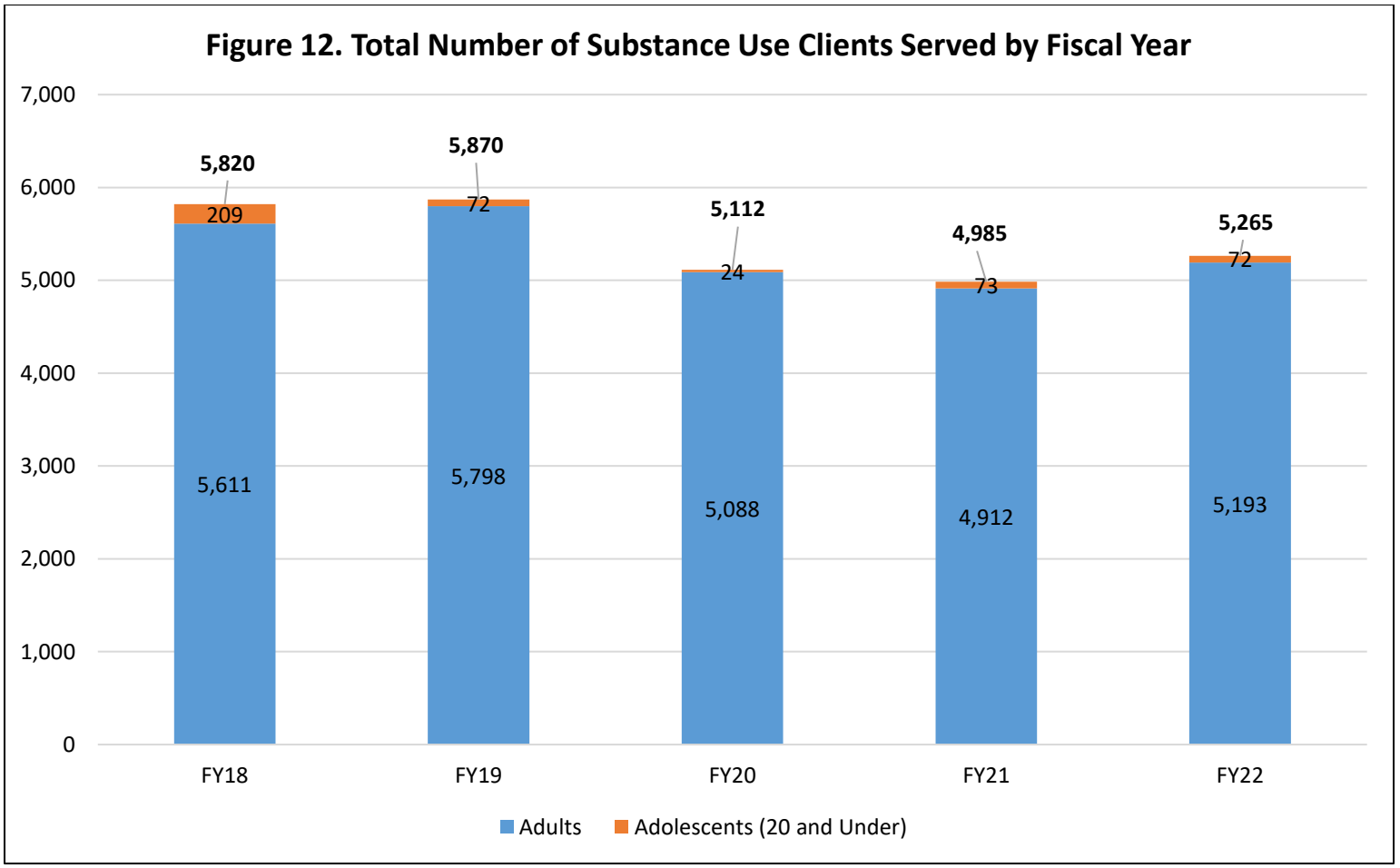
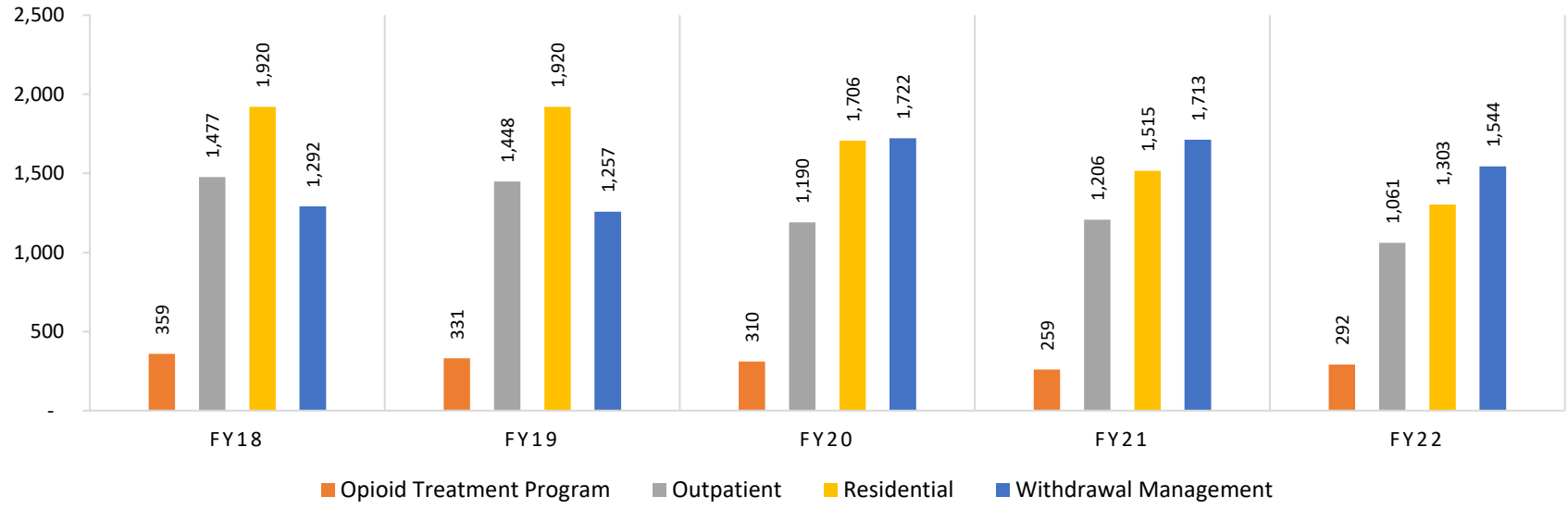


Figure 12 shows a 6% increase in clients served between FY21 and FY22. This is a reversal in the previous two-year decline.

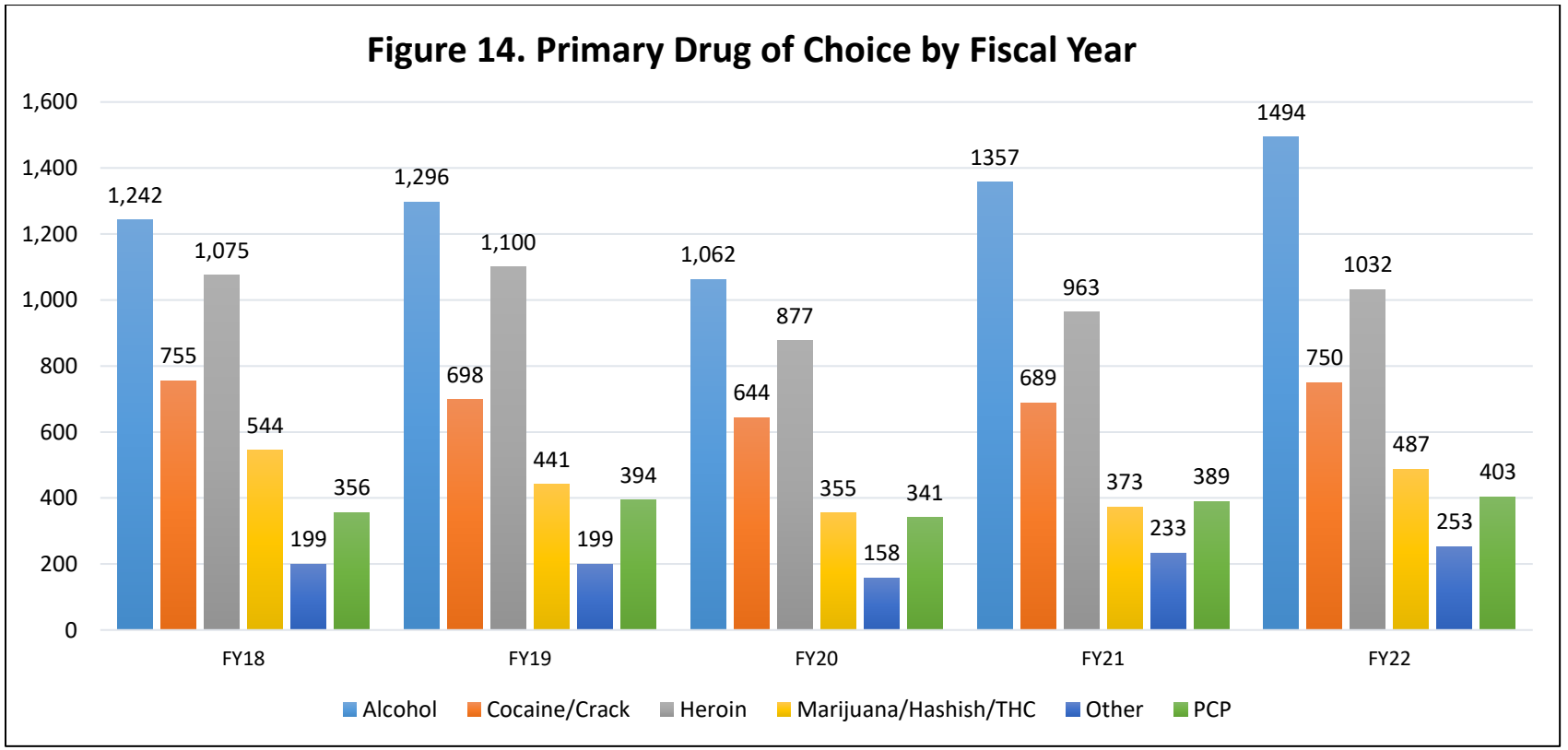
Figure 13. New Substance Use Program Enrollments by Level of Care and Fiscal Year



NOTE: Data are limited to enrollments that occur during the fiscal year. Individuals who have an enrollment in more than one level of care are counted once in each level of care. Individuals who were enrolled in a previous year but continued to receive services are only shown in the year of their program enrollment.

Figure 13 shows that the level of care with the highest number of enrollments for the past three years has been withdrawal management, followed by residential. A second withdrawal management provider began serving clients in FY20. Residential providers were under COVID-19 restrictions regarding capacity between June, 2020, and June, 2021.

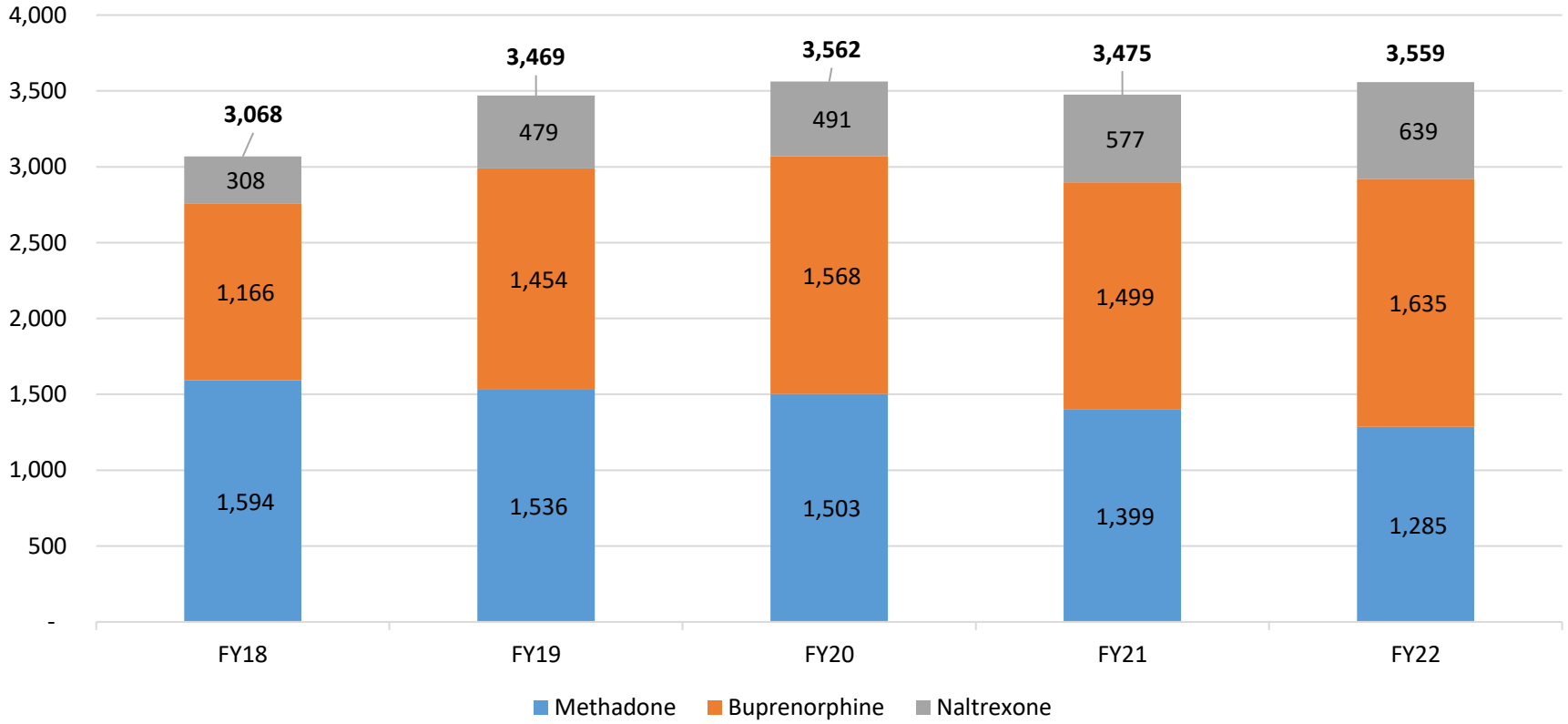
Opioid Treatment Programs involve the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of opioid use disorders. **Withdrawal Management** (detoxification) is for clients with sufficiently severe signs and symptoms of withdrawal 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 five fiscal years was alcohol. Heroin was the consistently the second-most frequently reported drug of choice.

Figure 15. Medication Assisted Treatment (MAT) by Medication and Fiscal Year



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 total clients receiving MAT increased by 2%. Clients receiving Methadone declined by 8%; those receiving Buprenorphine increased by 9%, and those receiving Naltrexone increased by 11%.

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CHILDREN'S CONTRACTED PROGRAMS

Figure 16. Description of Contracted Children's Programs

Program	Metric	FY22 Data	Program Description
The Children and Adolescent Mobile Psychiatric Service (ChAMPS)	Number of deployments	420	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	25,845	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	97	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	76	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	33	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.

Figure 16. Description of Contracted Children's Programs

Juvenile Behavior Diversion Program (JBDP)	Number of children served	46	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	686	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.
Psychiatric Residential Treatment Facility (PRTF)	Unduplicated number of children served	31	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 FY22

ChAMPS:
420 Deployments

DC Mental Health Access to Pediatrics:
25,845 Screenings

Healthy Futures:
97 Early Childhood Facilities Served

High Fidelity Wraparound:
76 Children Served

HOPE Court:
33 Children Served

Juvenile Behavioral Diversion Program:
46 Children Served

Primary Project:
686 Children Served

Psychiatric Residential Treatment Facilities:
31 Children Served

Figure 18. Evidence Based Practices

Model	Children Served FY22	Description
Child Parent Psychotherapy (CPP)	33	CPP is a therapeutic intervention for young children ages 0-6 with a history of trauma exposure or maltreatment, and their caregivers. CPP 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)	134	CBI level IV, FFT, is a family focused intervention for at-risk and juvenile justice involved youth ages 11-18.
Multi-Systemic Therapy (MST)	53	CBI level I, MST, is an intensive community-based treatment for families and youth ages 12-17 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)	38	PCIT is a supported treatment for young children ages 2-6 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)	57	TF-CBT is an intervention designed to help children and youth ages 3-18 and their parents overcome the negative effects of traumatic life events and address feelings.
Trauma Systems Therapy (TST)	14	TST is a comprehensive model for treating traumatic stress in children and adolescents ages 6-18 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.

Figure 18. Evidence Based Practices		
Transition into Independence (TIP)	430	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.

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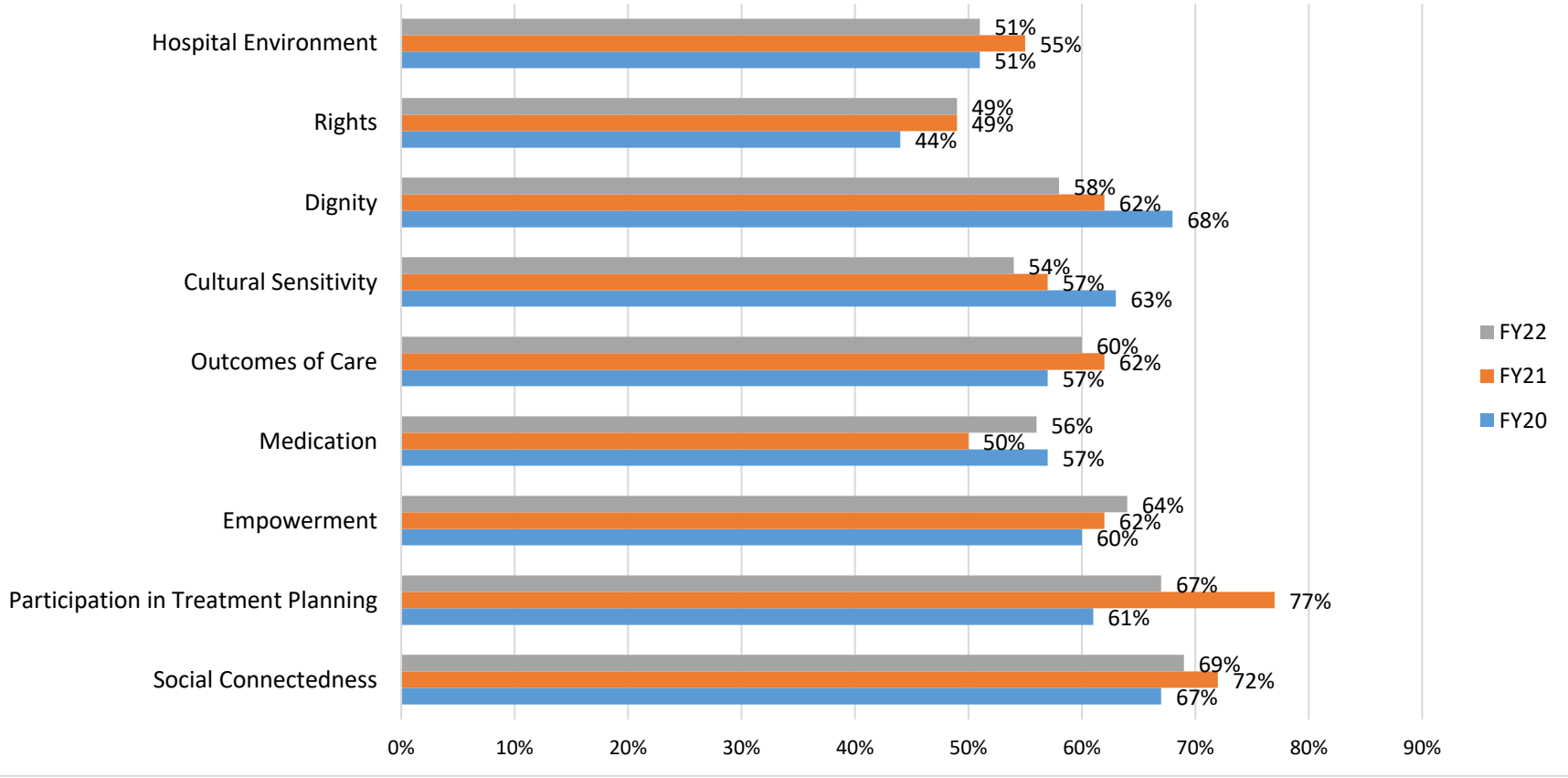
Section 5: Saint Elizabeths Hospital

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.

As of the writing of this report, 98% of Saint Elizabeths Hospital staff were vaccinated against COVID-19.

Figure 19. Percent of SEH Individuals in Care Satisfied by Survey Domain by Fiscal Year



SEH conducts a satisfaction survey twice a year, so the same individual may be surveyed both times. In FY22, 177 surveys were completed. Social Connectedness was the survey domain with the highest satisfaction (69%), followed by Participation in Treatment Planning (67%).

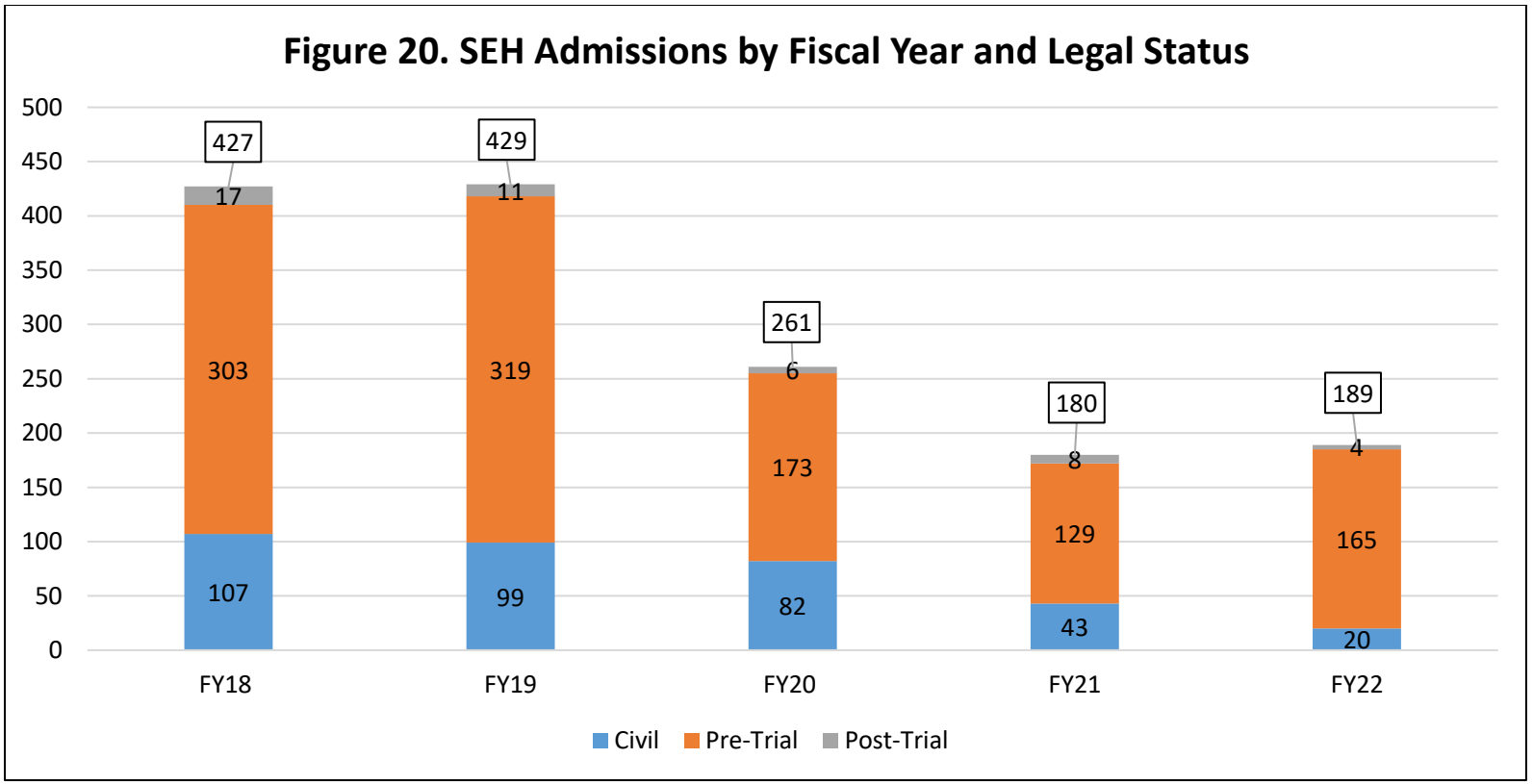


Figure 20 shows admissions declined in FY20 as result of efforts to minimize transmission of the coronavirus. Admissions declined again in FY21 but increased slightly in FY22. In each year, the majority of admissions were for individuals with a pre-trial status, meaning they had not yet had their legal charges adjudicated.

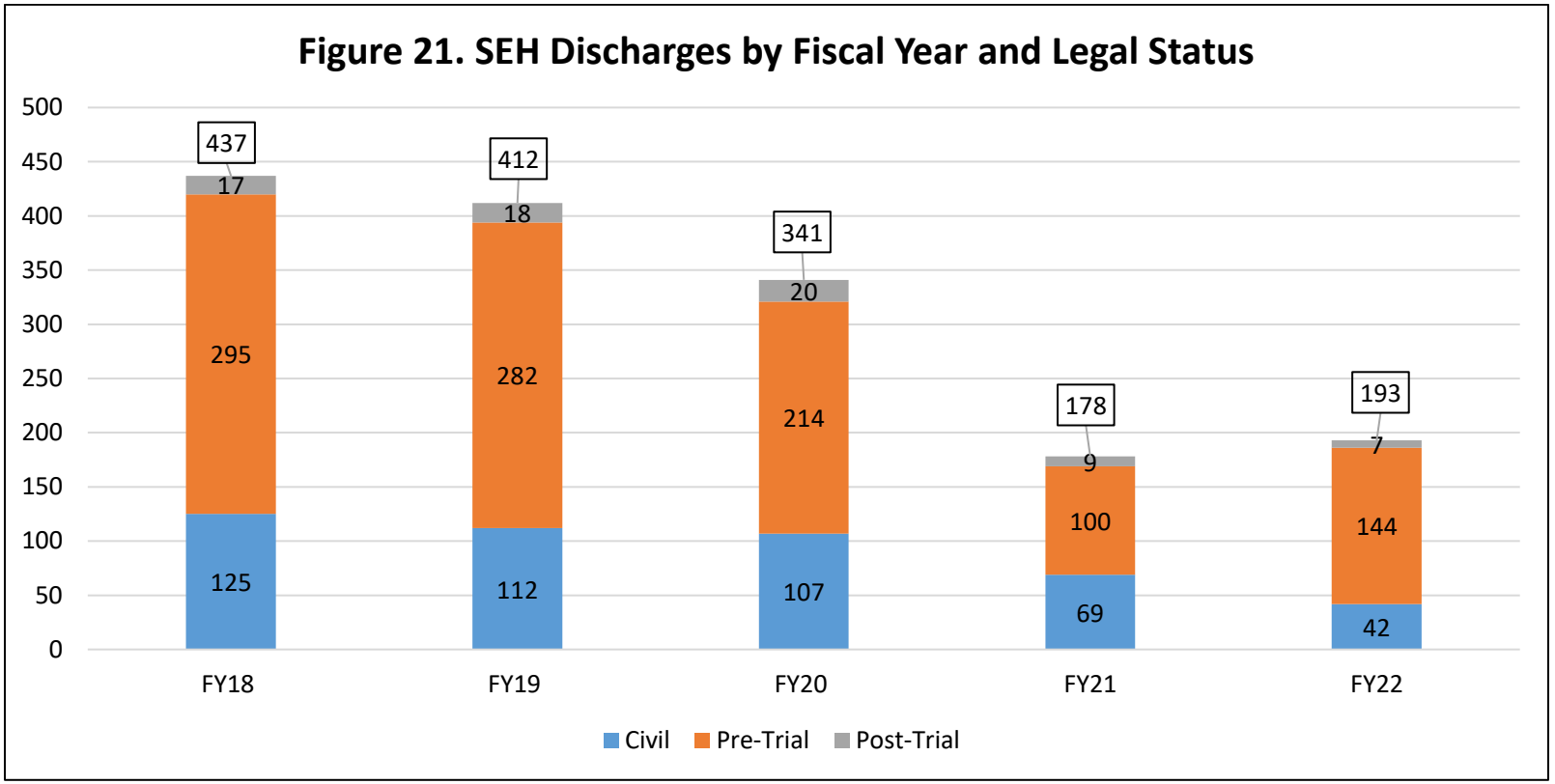


Figure 21 shows that discharges declined each year from FY18 to FY21 but increased by 8% in FY22. While the number of admissions and discharges is usually similar from year to year, the number of discharges was higher in FY20 than the number of admissions because court-ordered release requirements were adjusted. The goal was to safely release as many people as possible due to the COVID-19 public health emergency.

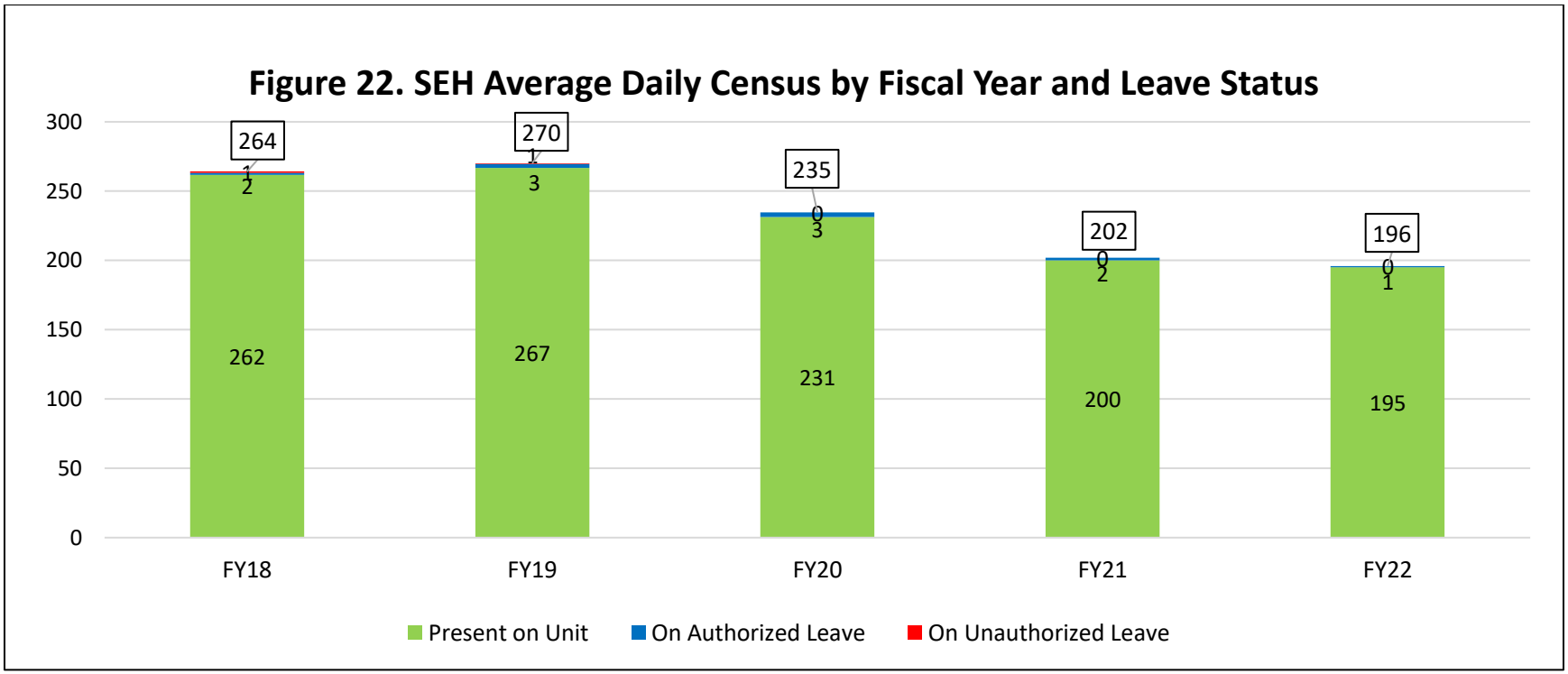


Figure 22 shows the average daily census at SEH has declined for the past four years.

Mental Health and Substance Use Report on Expenditures and Services

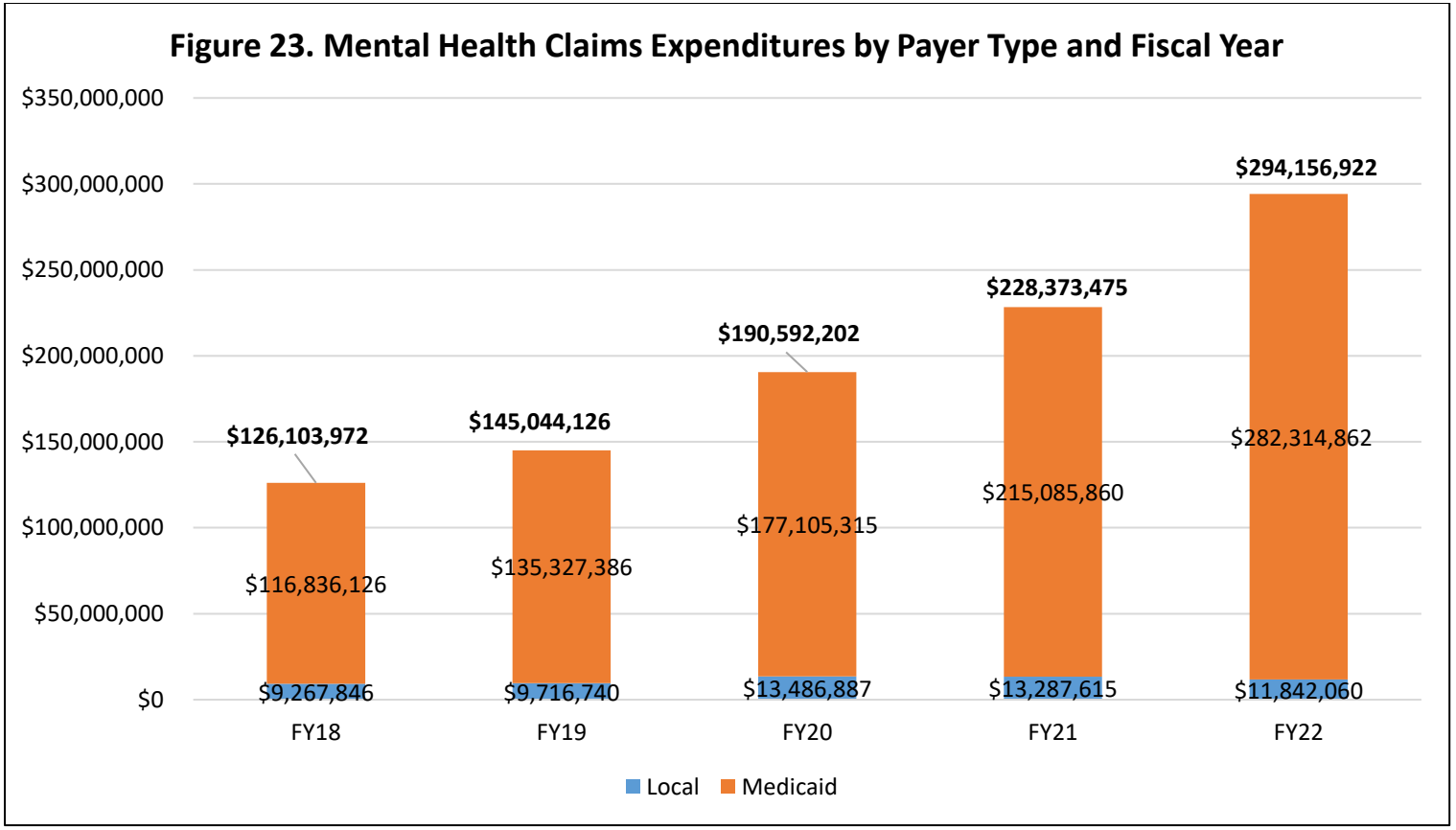
District of Columbia Department of Behavioral Health
Barbara J. Bazron, Ph.D., Director

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.

Expenditures include: 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 mental health paid claims data were provided by DHCF. Local paid claims data were extracted from DBH's Incedo system. 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 9/30/22.

Figure 22 shows that $294 million was spent on claims-based mental health services in FY22. This amount reflected a 22% increase in spending on mental health services from FY21 to FY22. DBH local funds accounted for about 4% ($11.8 million) of FY22 spending on claims-based mental health services.

Mental Health and Substance Use Report on Expenditures and Services

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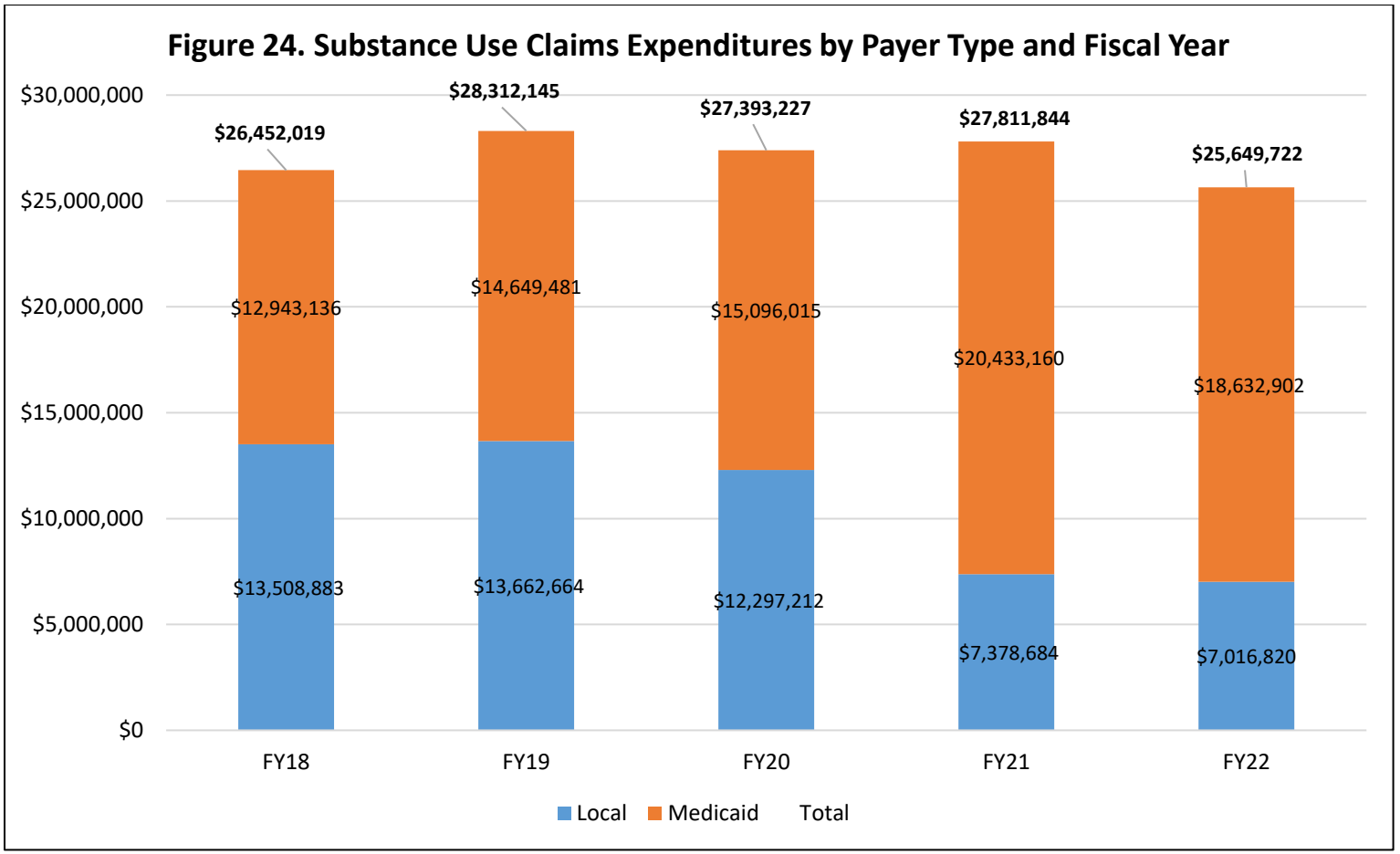


NOTE: Medicaid substance use paid claims data, including pharmacy expenditures for MAT, were provided by DHCF. Local paid claims data were extracted from DBH's WITS system. Payments to hospitals for withdrawal management services are included in DBH's local data. There are no payments to hospitals included 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 9/30/22.

Figure 24 shows $24.1 million was spent on claims-based substance use services in FY22. This was an 8% decrease in expenditures as compared to FY21. DBH local funds accounted for about 27% ($7 million) of FY22 spending on claims-based substance use services.

Figure 25. Mental Health Telehealth Expenditures - FY22

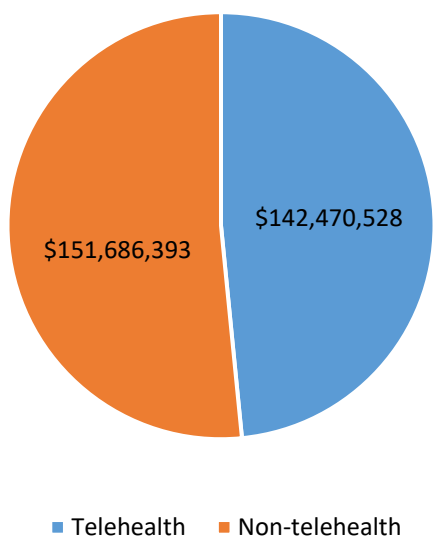
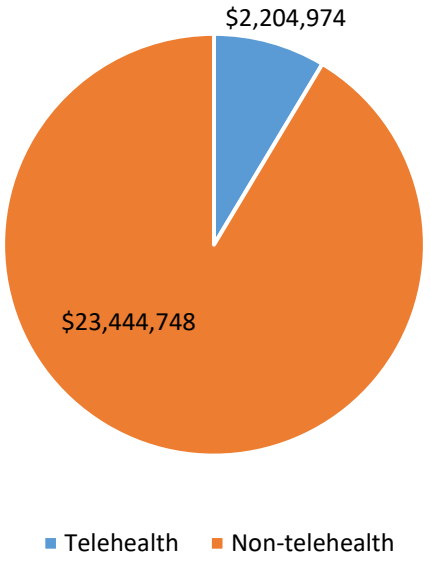


Figure 26. Substance Use Telehealth Expenditures - FY22



Figures 25 shows that a little less than half (48%) of mental health expenditures were for services via telehealth (i.e., use of telephonic or video telecommunications technology that met required standards of care). Figure 26 shows that 9% of substance use expenditures were for services delivered via telehealth.

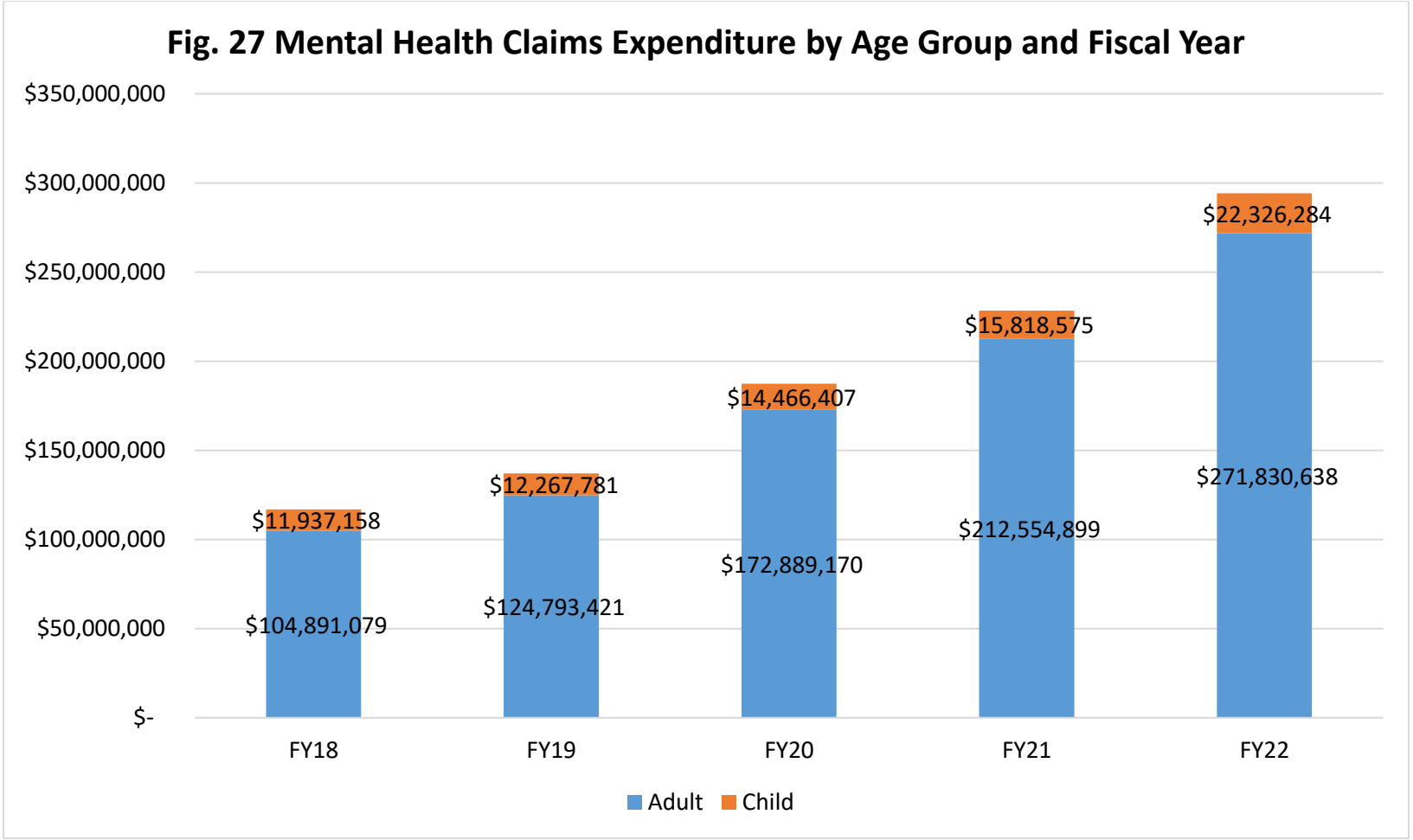


Figure 27 shows expenditures for both adults and children have increased each year from FY18 to FY22.

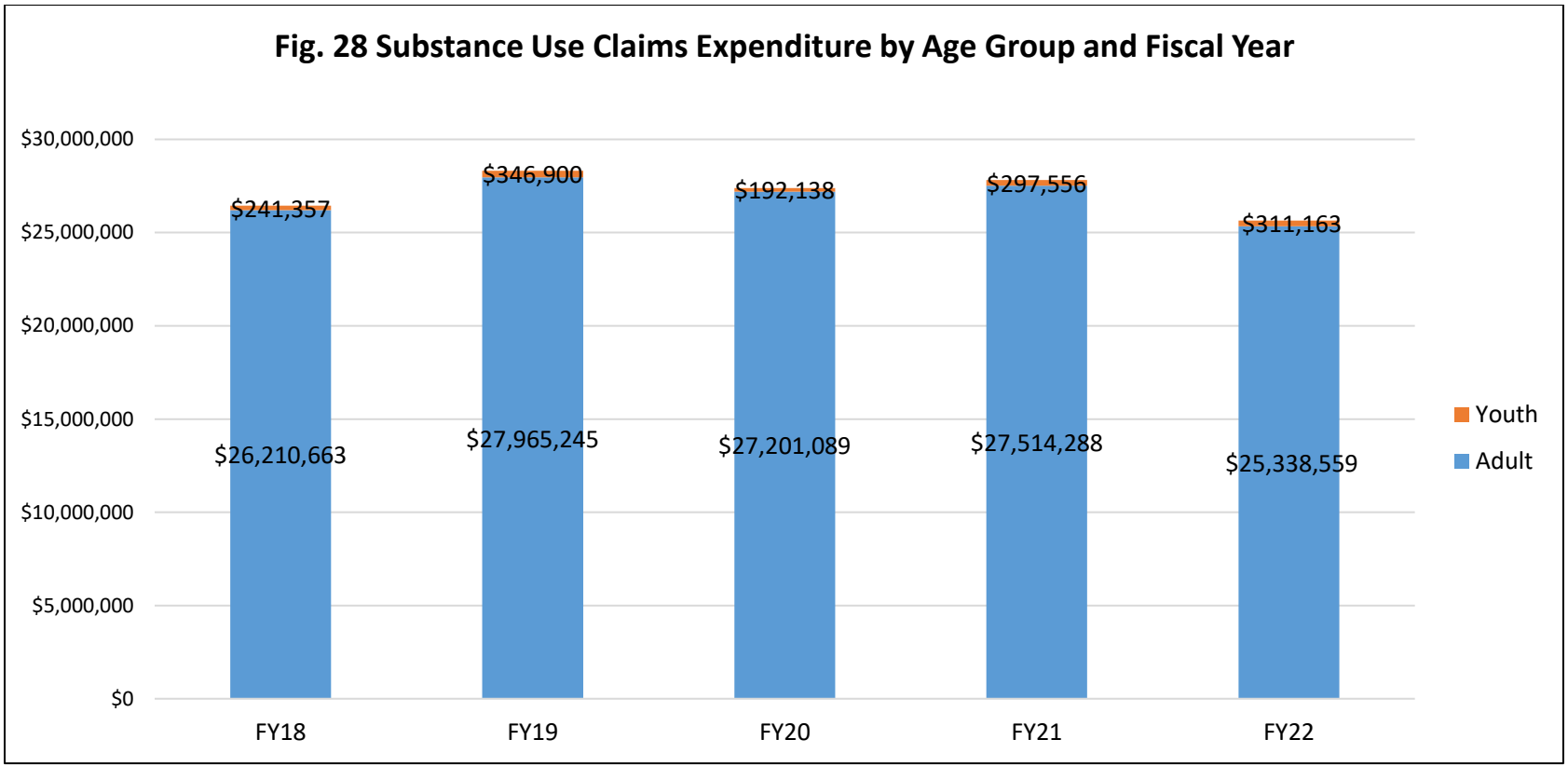


Figure 28 shows adult expenditures decreased between FY21 and FY22, while youth expenditures increased slightly.