Mental Health and Substance Use Report on Expenditures and Services

District of Columbia Department of Behavioral Health
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MHEASURES Annual Report
FY22 Mid-year (Oct 1, 2021-March 31, 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-March 31, 2022.

Mental Health

DBH provides an array of mental health services and supports through Health Homes and the Mental Health Rehabilitation Services (MHRS) options, as well as 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 51 providers to deliver the majority of mental health services. Four of these providers are classified as only a FSMH clinic; 31 are classified as MHRS-only providers; and 17 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).

Substance Use

DBH also contracts with 29 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Ten of these providers are also certified to provide mental health treatment. Individuals who want to obtain SUD services go through the Assessment and Referral Center (ARC) or community intake sites operated by treatment providers. Beginning in FY20, all SUD providers were required to provide assessment, intake and referral 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, outpatient 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.

Key Findings

- Community-based mental health services: District Medicaid and local funds paid $130.2 million for mental health services claims as of mid-year FY22. The number of consumers served stayed approximately the same, and there was a 12% increase in expenditures from FY21 mid-year to FY22 mid-year.
- Substance use treatment: District Medicaid and local funds paid $7.7 million for substance use services claims by FY22 mid-year. There was a decrease in both clients served (8% decrease) and expenditures (33% decrease) from FY21 mid-year to FY22 mid-year.
- Use of telehealth by mid-year FY22 remained similar to mid-year FY21. By mid-year FY22, 49% of mental health expenditures and 14% of SUD expenditures were for telehealth.
- Admissions to Saint Elizabeths Hospital, discharges, and average daily census were similar between mid-year FY21 and mid-year FY22.

List of Figures

- A summary of DBH operated services is presented in *Figures 1 and 2*;
- Individuals receiving services from both mental health and substance use providers are shown in *Figure 3;*
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- Mental health consumers served are shown in *Figure 6*;
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- Timeliness of initial services is shown in *Figure 8*;
- Substance use disorder intake data are shown in *Figure 9*;
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- Expenditure data are shown in *Figures 20-25*.

Section 2: DBH Operated Services

DBH Operated Services are comprised of a combination of services paid via claim and included in Figures 3-8, as well as non-billable services that are not included in any other data in this report.

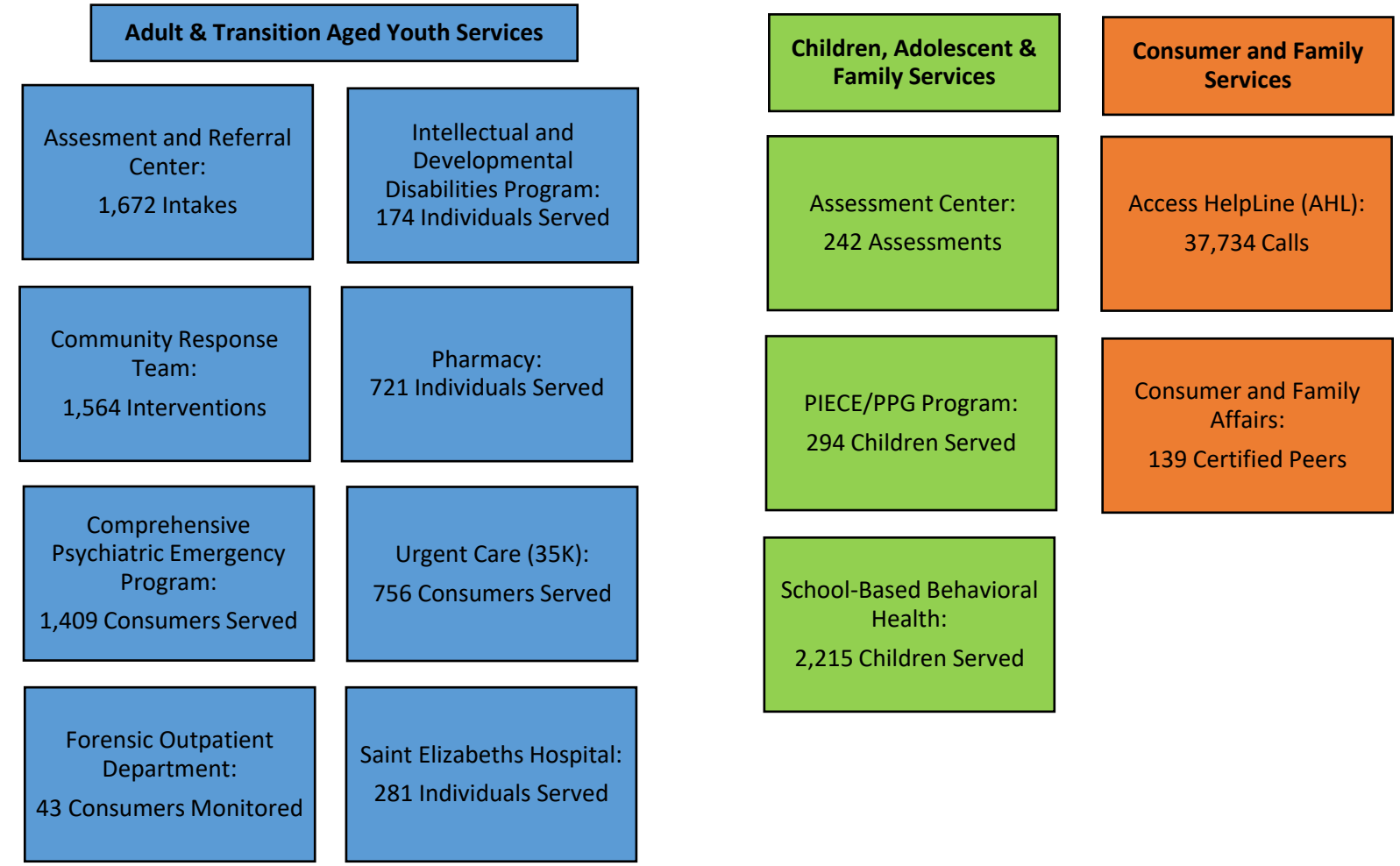
Figure 1. Description of DBH Operated Services

Program	Metric	FY22 Mid-Year Data	Description
Access HelpLine (AHL)	Number of answered calls	37,734	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	1,672	The ARC provides same-day assessment and referral for individuals seeking treatment for substance use disorders.
Assessment Center	Number of assessments completed	242	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	1,409	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	1,564	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	139	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	43	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	174	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	294	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	281	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 who received treatment	2,215	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

			and responsible residents. Data reported includes children served by DBH and CBO clinicians. CBO data are self-reported and may contain duplicates.
Pharmacy (35 K Street)	Number of people served	721	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	756	Urgent Care services include assessment, counseling, psychiatric evaluation and medication management.

Figure 2: Number of Individuals Served by DBH Operated Services in FY22 Mid-Year



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

Section 3: 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. 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 3-5 show the universe of individuals receiving mental health and substance use services and the overlap of those who received both in FY22 YTD.

Figure 3. Individuals Who Received Mental Health and Substance Use Services – FY22 Mid-Year

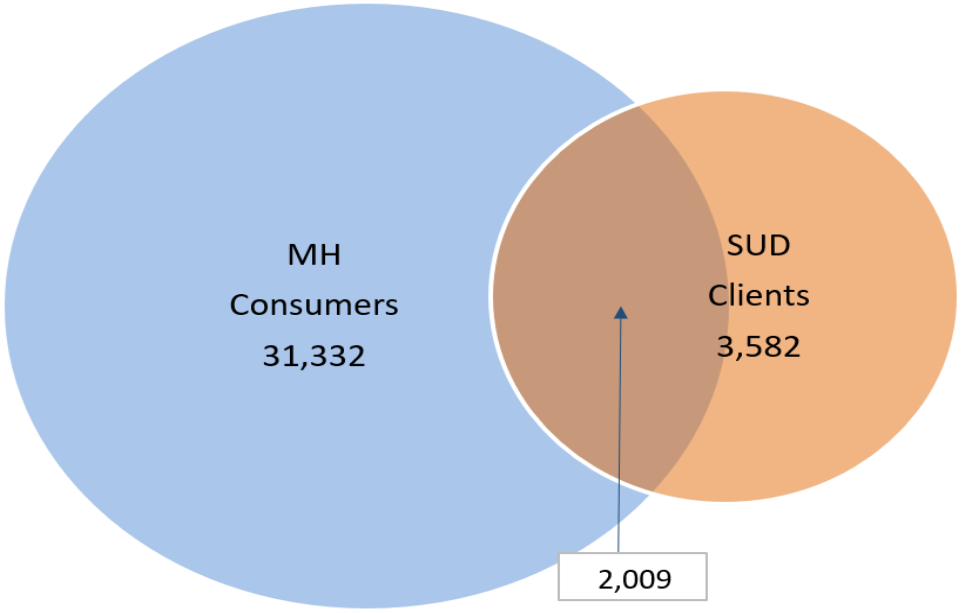


Figure 3 shows that 32,905 individuals obtained MH or SUD services in FY22 YTD. Of the total individuals, 2,009 (6%) obtained both MH and SUD services (co-occurring) and also comprised 6% of all MH consumers and 56% of SUD clients.

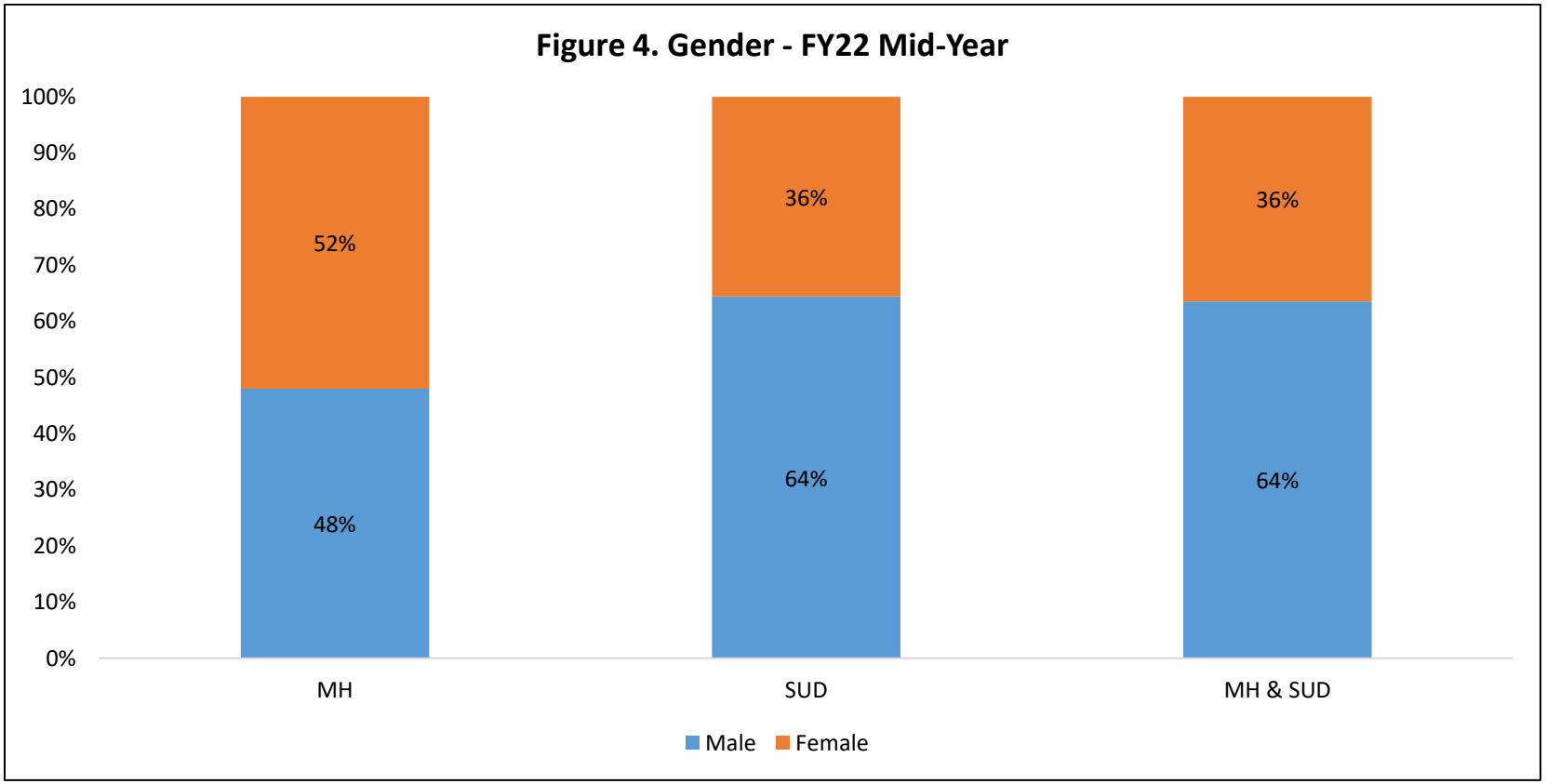


Figure 4 shows that a similar proportion of males and females received mental health services; however, males are a larger share (two-thirds) of consumers receiving substance use disorder services, and/or co-occurring mental health and substance use disorder services.

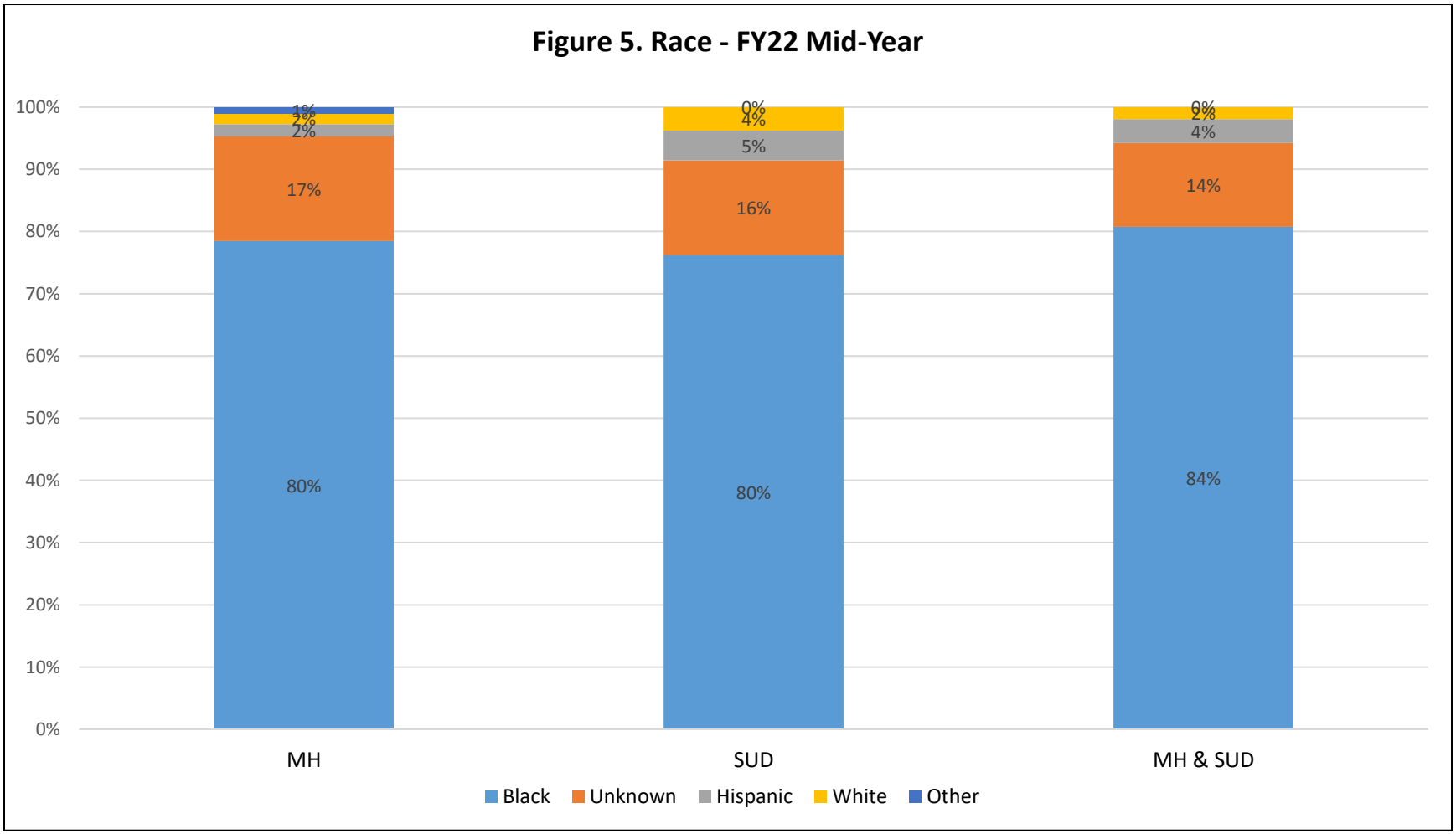


Figure 5 shows that the majority of residents receiving mental health services, substance use disorder services, and those receiving both mental health and substance use disorder services (co-occurring) are Black.

MENTAL HEALTH SERVICES

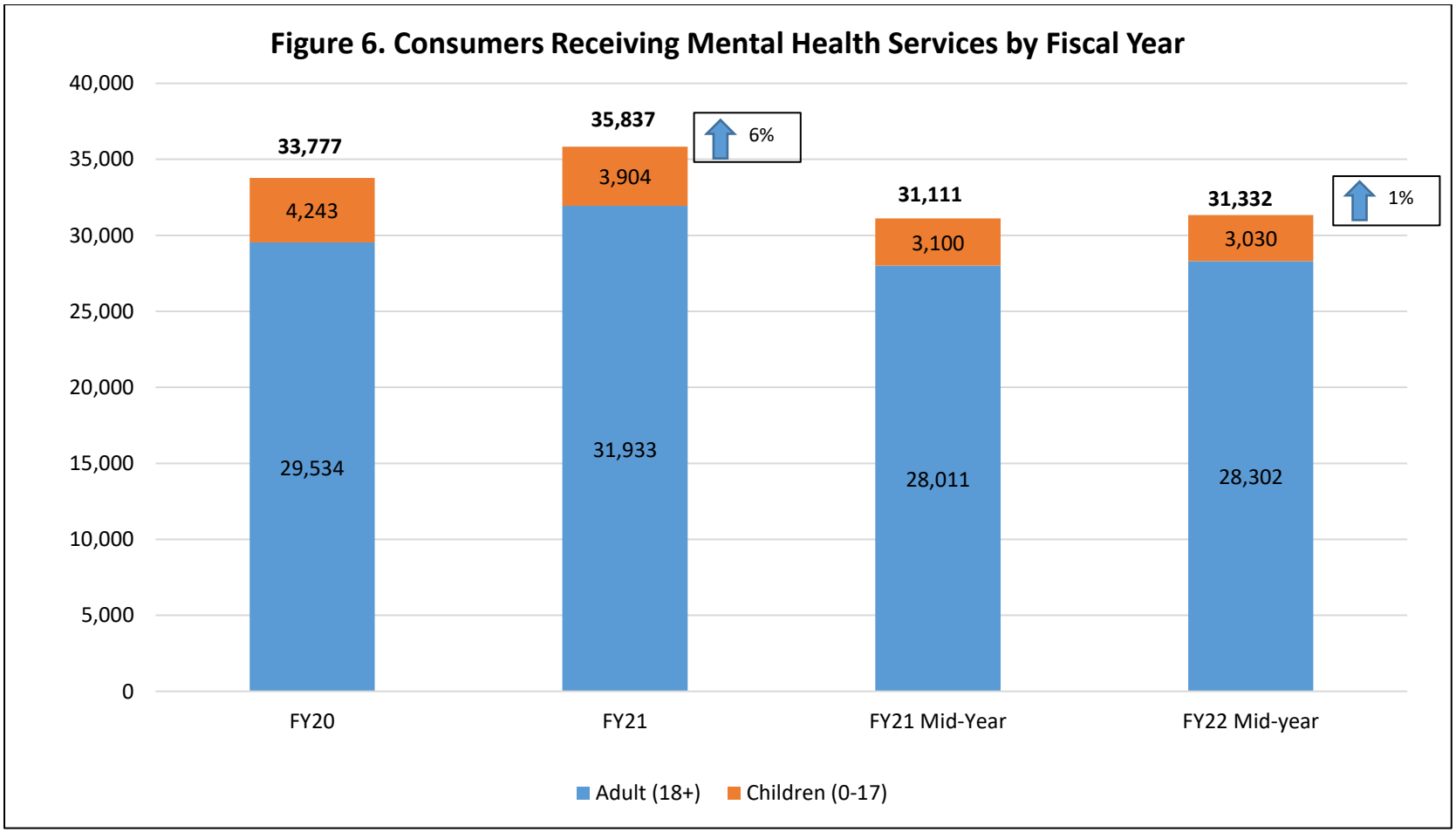


Figure 6 shows that the total number of consumers receiving community-based mental health services increased 6% between FY20 and FY21. Compared to FY21 mid-year, FY22 is showing a similar trend. While the total number of consumers served by FY22 mid-year was comparable to FY21 mid-year, the number of people served each month has consistently been higher in the first six months of FY22.

Figure 7. FY22 Mid-Year Utilization of Claims-Based Mental Health Services					
Service Group	**Children Served**	**Average Number of Services per Consumer (Child)**	**Adults Served**	**Average Number of Services per Consumer (Adult)**	**Total Served**
Assertive Community Treatment (ACT)	0	0	2,433	46	2,433
Community Based Intervention (CBI)	355	27	0	0	415
Community Support	2,087	17	25,426	32	27,513
Coordination Services	11	1	182	3	193
Crisis	158	1	985	3	1,143
Day Svc/Psychosocial Rehab	0	0	786	44	786
Diagnostic and Assessment (D&A)	1,407	1	9,709	1	11,116
Health Homes	0	0	440	4	440
Medication Management	909	3	16,600	4	17,509
Supported Employment	0	0	218	5	218
Therapy (e.g. individual, family, group)	1,607	9	14,167	3	15,774

NOTE: Free Standing Mental Health Clinic services were integrated into the service groups of diagnostic and assessment, therapy, and medication management. Coordination services include discharge planning, team meetings, and transition planning.

Figure 7 shows that the three most frequently used services are community support (27,513 individuals), medication management (17,509 individuals), and therapy (15,774).

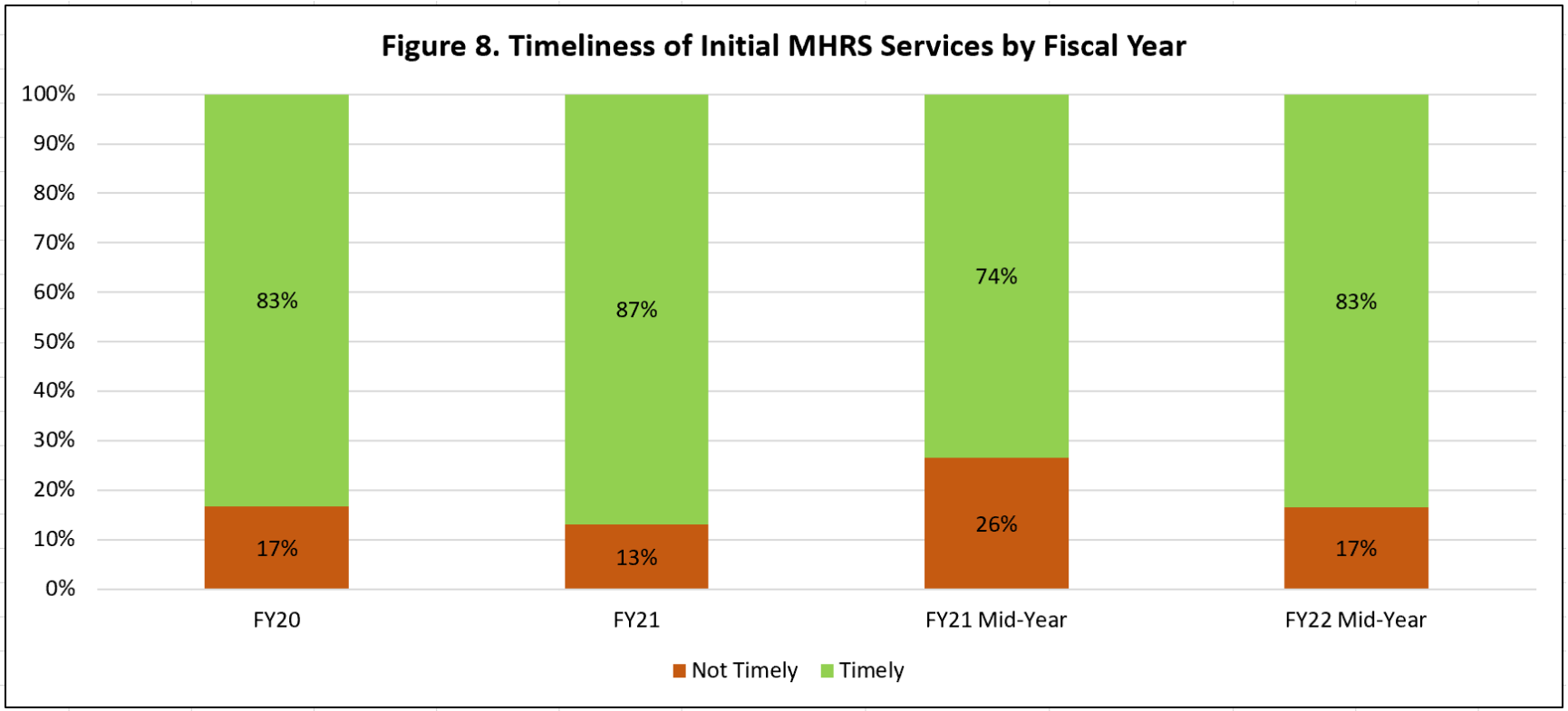
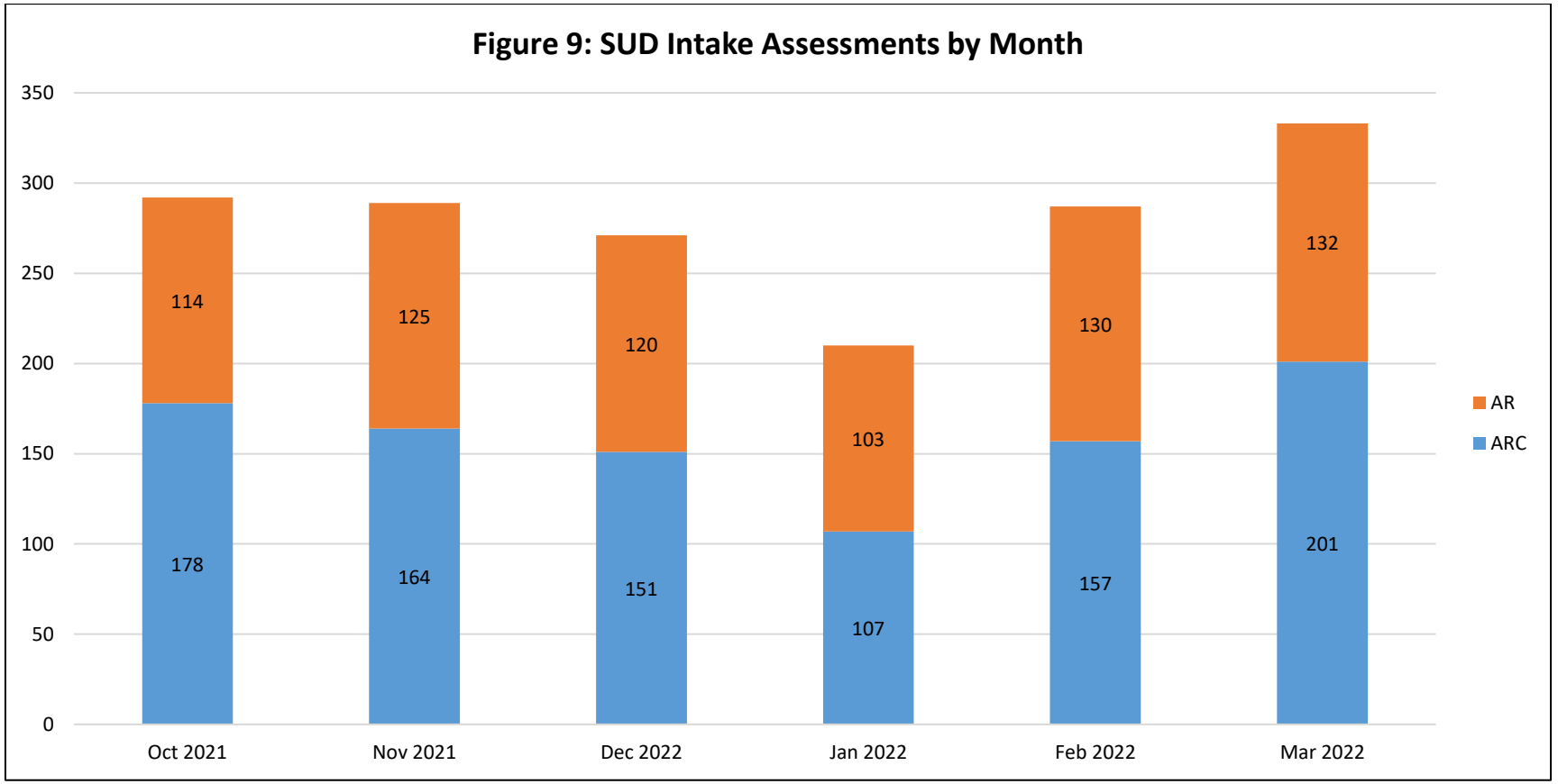


Figure 8 shows the proportion of all consumers (adults/children) who were either newly enrolled in mental health services or transferred to a new provider, and whether their first service occurred within 30 days. Performance at mid-year FY22 is higher than at mid-year FY21.

SUBSTANCE USE SERVICES



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

Figure 9 shows the number of SUD intakes ranged from 210 to 333 in the first six months of FY22.

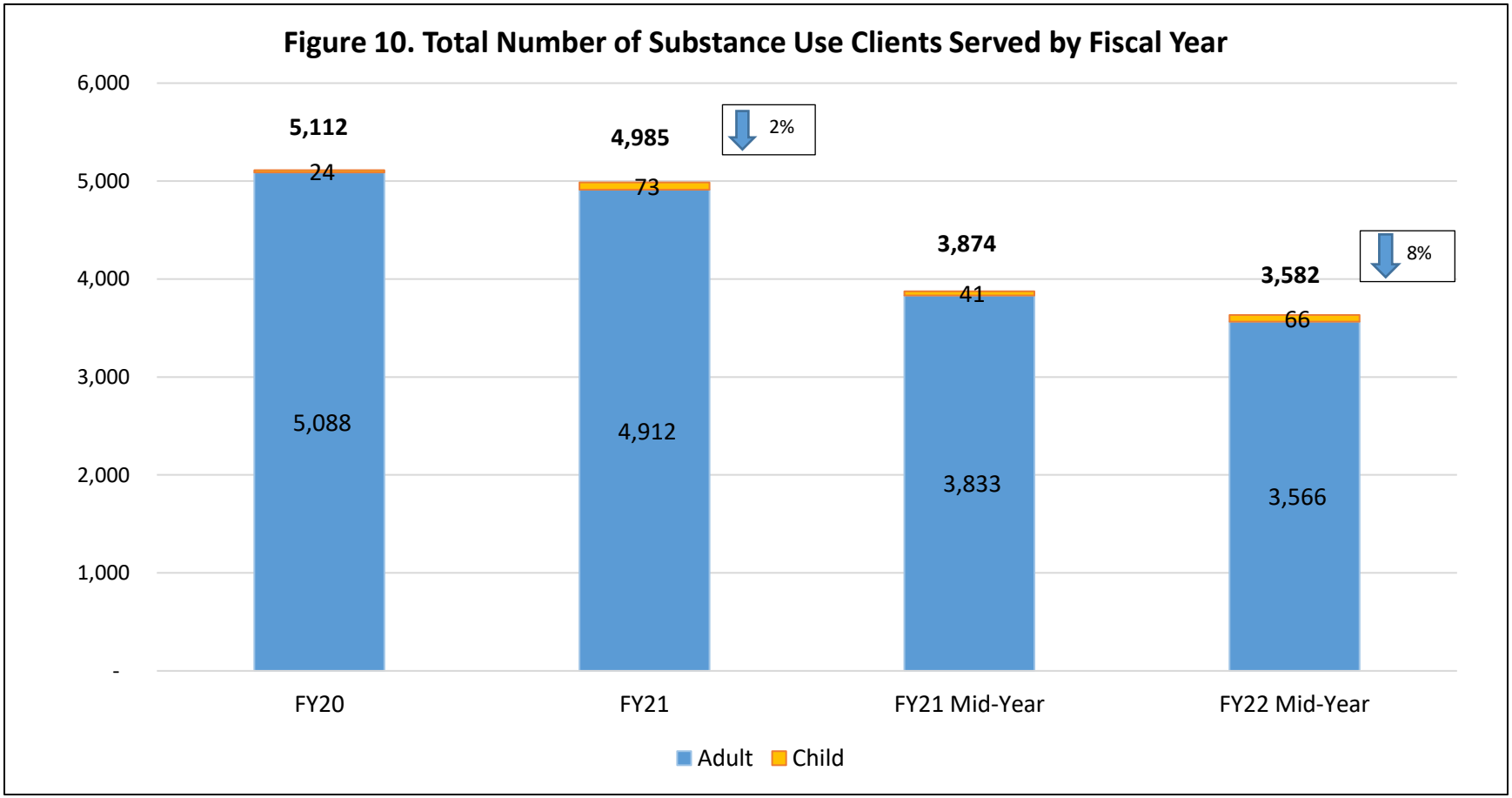
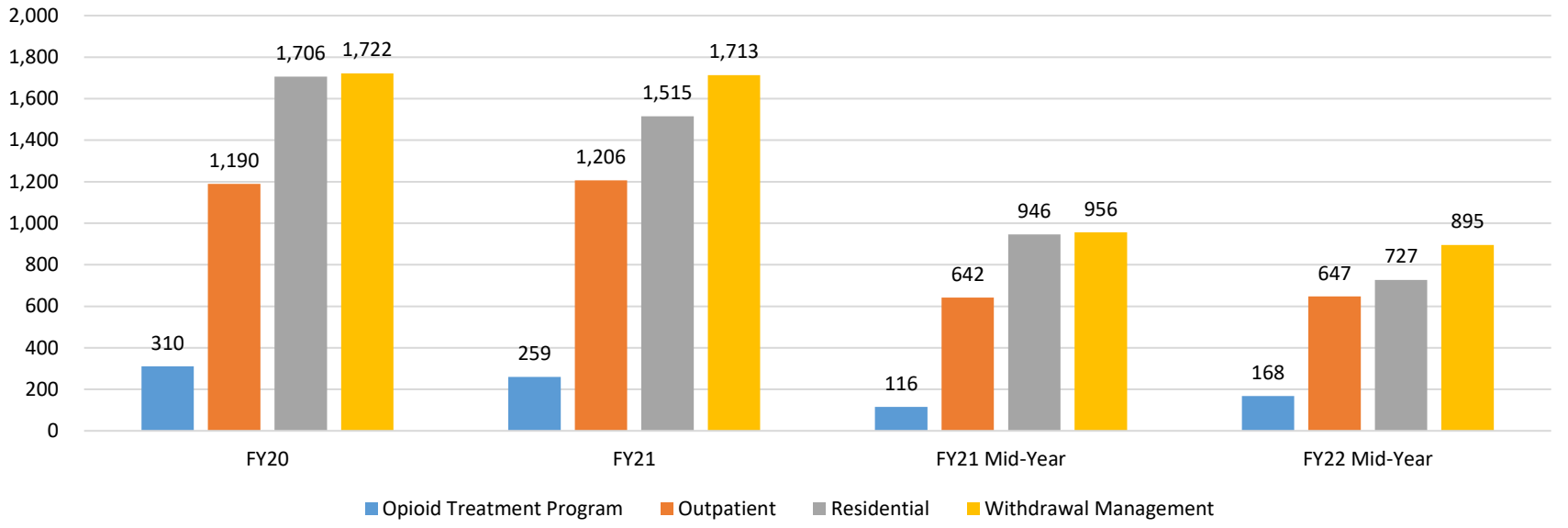


Figure 10 shows a decline in the number of people receiving SUD services, both between FY20 and FY21 and between FY21 mid-year and FY22 mid-year.

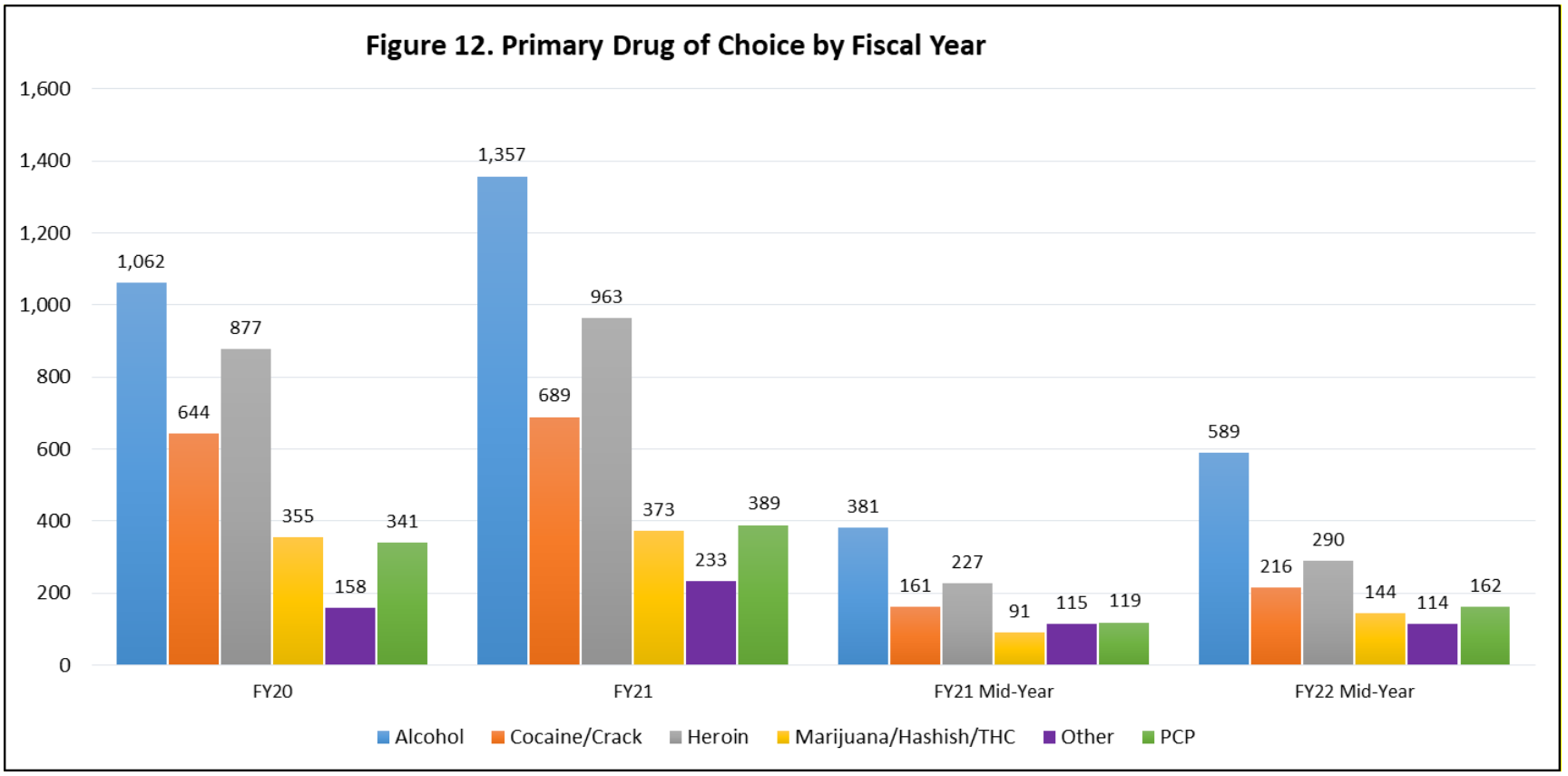
Figure 11: Substance Use Episodes by Level of Care and Fiscal Year



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. New data from a hospital withdrawal management program was incorporated into current and historical data.

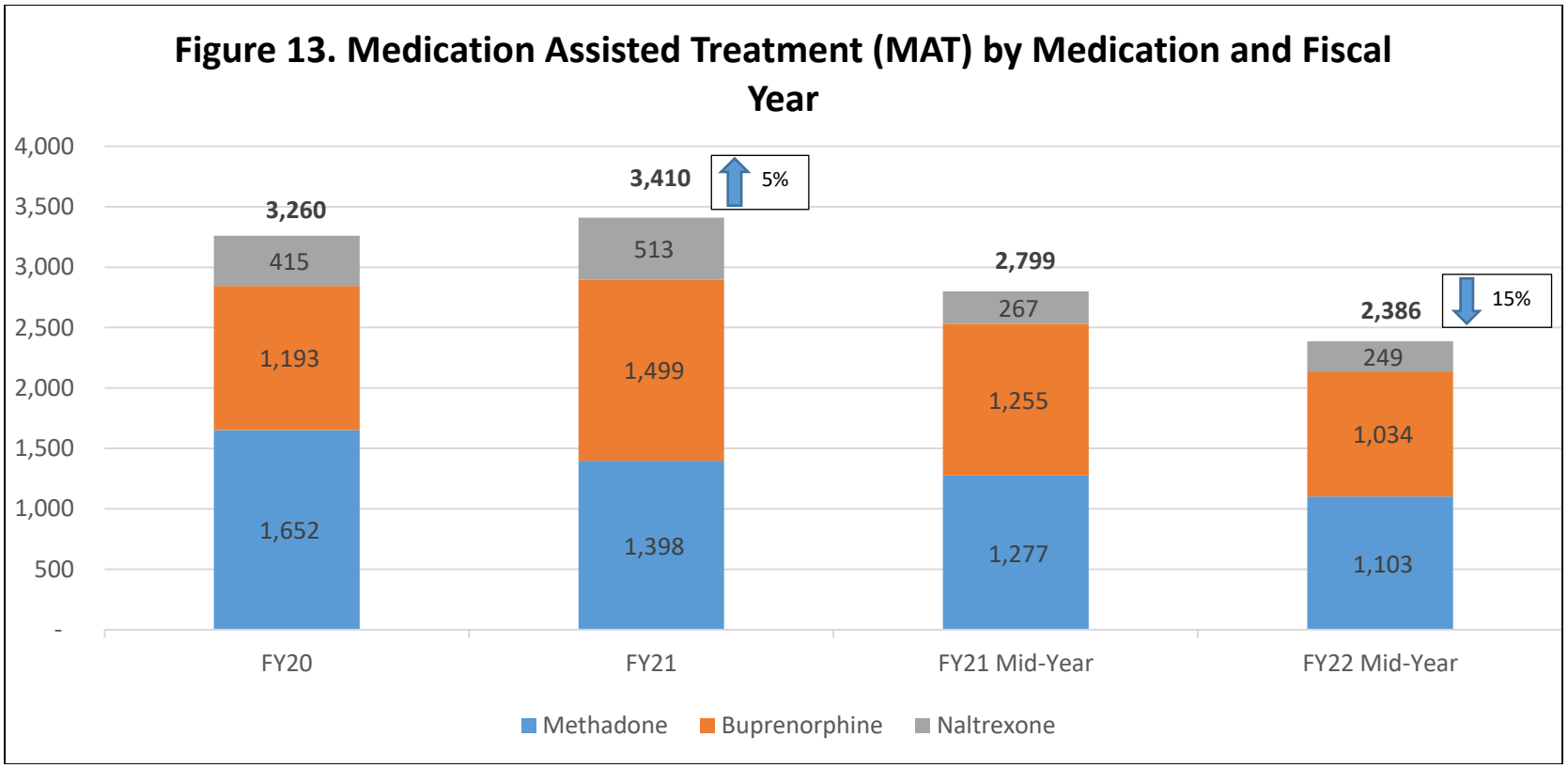
Figure 11 shows that the level of care with the highest number of enrollments each year has consistently been withdrawal management, followed by residential. The number of enrollments to residential decreased from FY20 to FY21 as well as between FY21 mid-year and FY22 mid-year.

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 12 shows that the primary drug of choice for individuals was alcohol. Heroin was the second most frequently reported drug of choice. There was in increase in the number of people indicating alcohol and heroin as their drugs of choice between FY20 and FY21, as well as mid-year FY21 and mid-year FY22.



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 13 shows an increase in the number of people receiving medication assisted treatment in FY21 compared to FY20. However, the administration of buprenorphine and naltrexone increased (26% and 24% respectively) but decreased for methadone by 15% during the same time period. FY22 Mid-year is showing a decrease in those receiving MAT compared to FY21 mid-year. A portion of the decline in Methadone (approximately 90 clients) may be attributed to the service now being covered by Medicare. Medicare services are not included in this report so those clients can no longer be counted in the Methadone utilization numbers.

CHILDREN'S CONTRACTED PROGRAMS

Figure 14. Description of Contracted Children's Programs

Program	Metric	FY22 Mid-Year Data	Program Description
The Children and Adolescent Mobile Psychiatric Service (ChAMPS)	Number of deployments	241	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	9148	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 9148 screenings, 259 consultations were completed by midyear FY22.
Healthy Futures	Number of early childhood facilities	86	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	67	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	32	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	38	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	48	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. As of March 2022, 818 children were screened, and 176 mental health referrals were made. NOTE: In response to the pandemic, this program was suspended from March 2020 – December 2021. However, services were reinstated in January 2022 in five (5) DC schools for SY2021-22.
Psychiatric Residential Treatment Facility (PRTF)	Unduplicated number of children served	23	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 15. Overview of Children's Contracted Programs - FY22 Mid-Year

ChAMPS:
241 Deployments

DC Mental Health Access to Pediatrics:
9,148 Screenings

Healthy Futures:
86 Early Childhood Facilities Served

High Fidelity Wraparound:
67 Children Served

HOPE Court:
32 Children Served

Juvenile Behavioral Diversion Program:
38 Children Served

Primary Project:
48 Children Served
Program suspended Mar 2020 - Dec 2021 due to COVID-19; reinstated Jan 2022

Psychiatric Residential Treatment Facilities:
23 Children Served

Figure 16. Evidence Based Practices

Model	Children Served FY22 Mid-Year	Description
Child Parent Psychotherapy (CPP-FV)	26	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)	83	CBI level IV, FFT, is a family focused intervention for at-risk and juvenile justice involved youth.
Multi-Systemic Therapy (MST)	37	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)	31	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)	41	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)	12	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)	351	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 4: 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.

Due to COVID-19 restrictions and risks, a court order and other litigation for safe patient quarantine, the hospital has operated with a reduced census since the onset of the pandemic. Guided by DC Health, the CDC and the court, the hospital reduced census to provide for space to safely quarantine new admissions, isolate positive patients, and provide for social distancing. Patients who could be safely discharged, including those with a voluntary or outpatient committed status, and misdemeanants, were released. The number of available beds were decreased to ensure appropriate distancing for patients; up to nine rooms with separate individual bathrooms have been designated for quarantining newly admitted patients and double-occupancy rooms changed to single-occupancy rooms. New space for isolating positive patients was identified and retrofitted. The needed reduction in census and available beds led to a decrease in admissions, discharges, and average daily census.

Ongoing safety measures remain in place. Among these are the 10-day quarantine requirement for new admissions, daily staff screening, and weekly testing. Patients are also screened for COVID symptoms daily and tested twice per month. Aside from the reduction in census, the hospital was forced to increase manpower to meet the increased infection control demands of COVID, all while maintaining a reduced census.

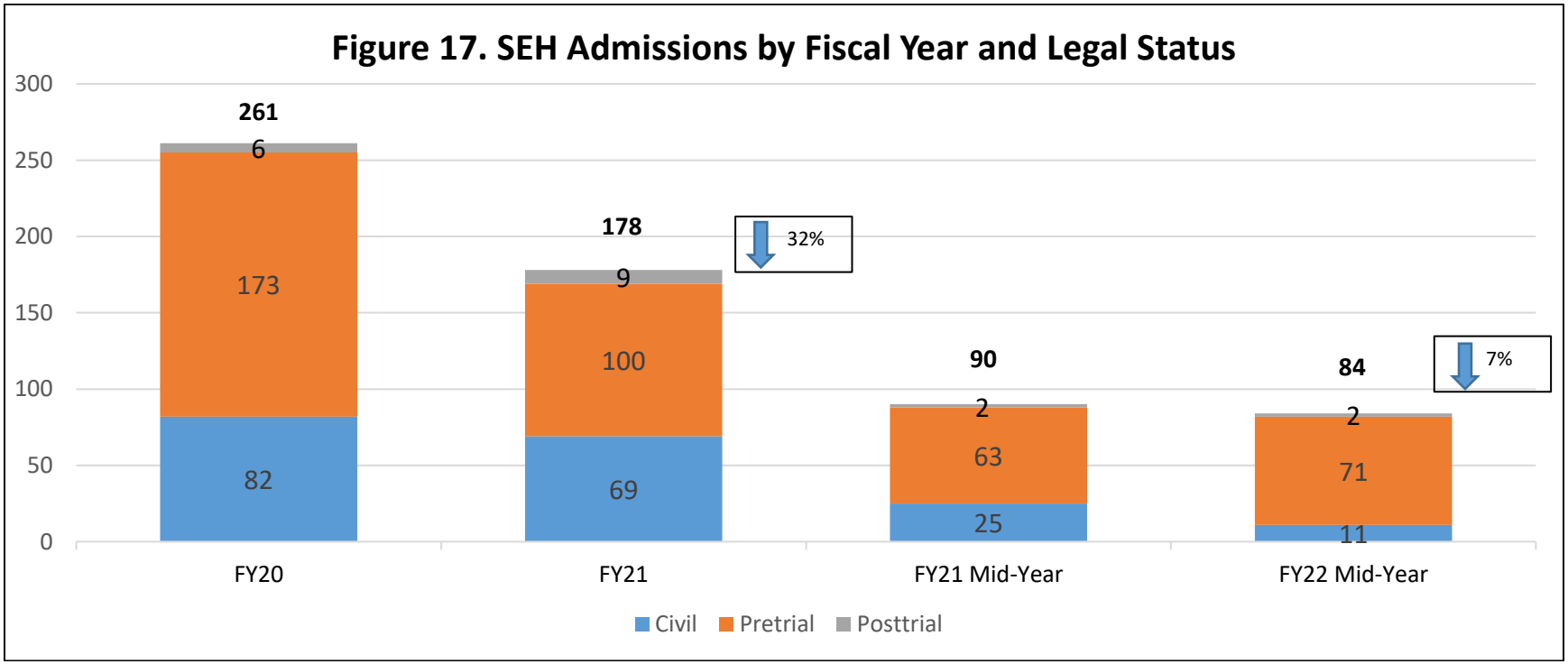


Figure 17 shows that, because of changes put in place due to the public health emergency, total admissions declined between FY20 and FY21, but FY22 mid-year was comparable to the first six months of FY21. In each year, the majority of admissions were for individuals with a pre-trial status, meaning they had not yet had their legal charges adjudicated.

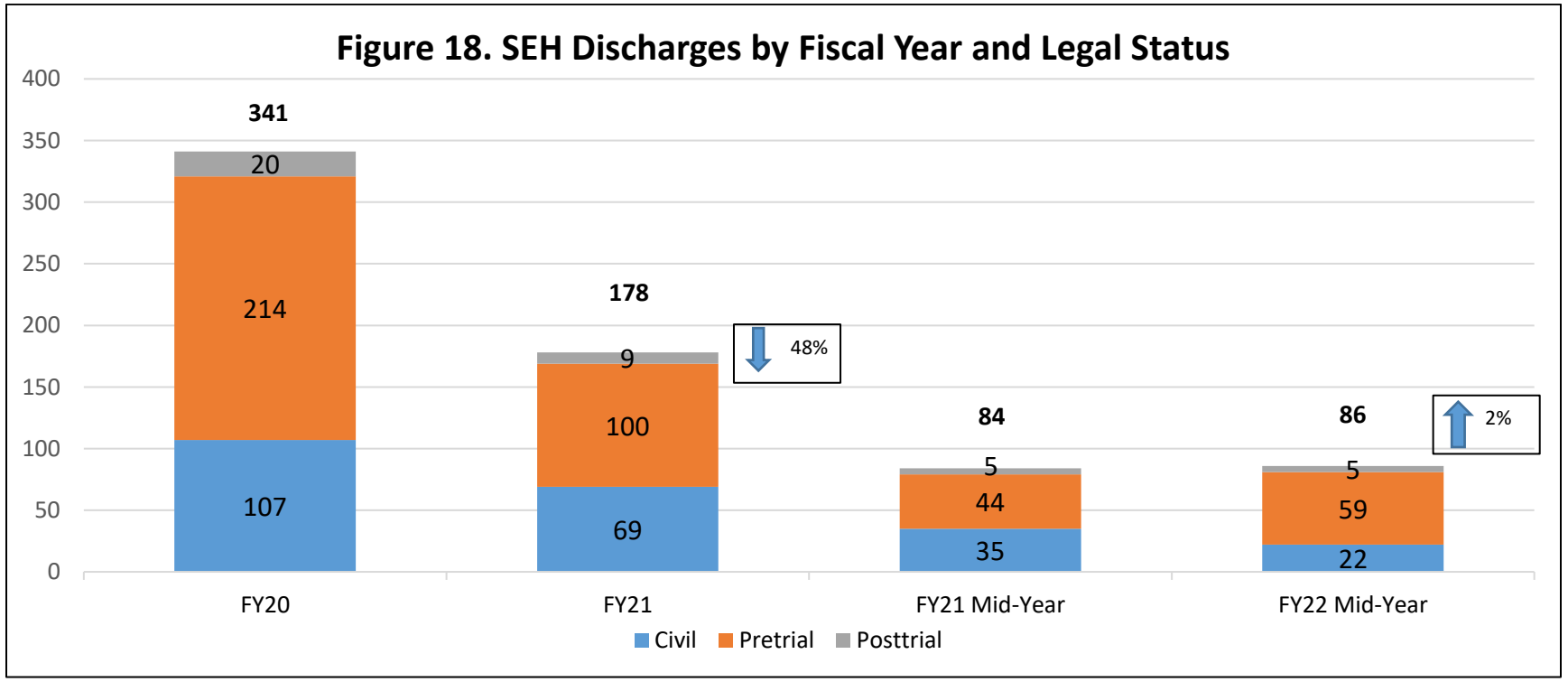


Figure 18 shows that discharges declined between FY20 and FY21. However, the number of discharges by mid-year FY21 and mid-year FY22 were similar.

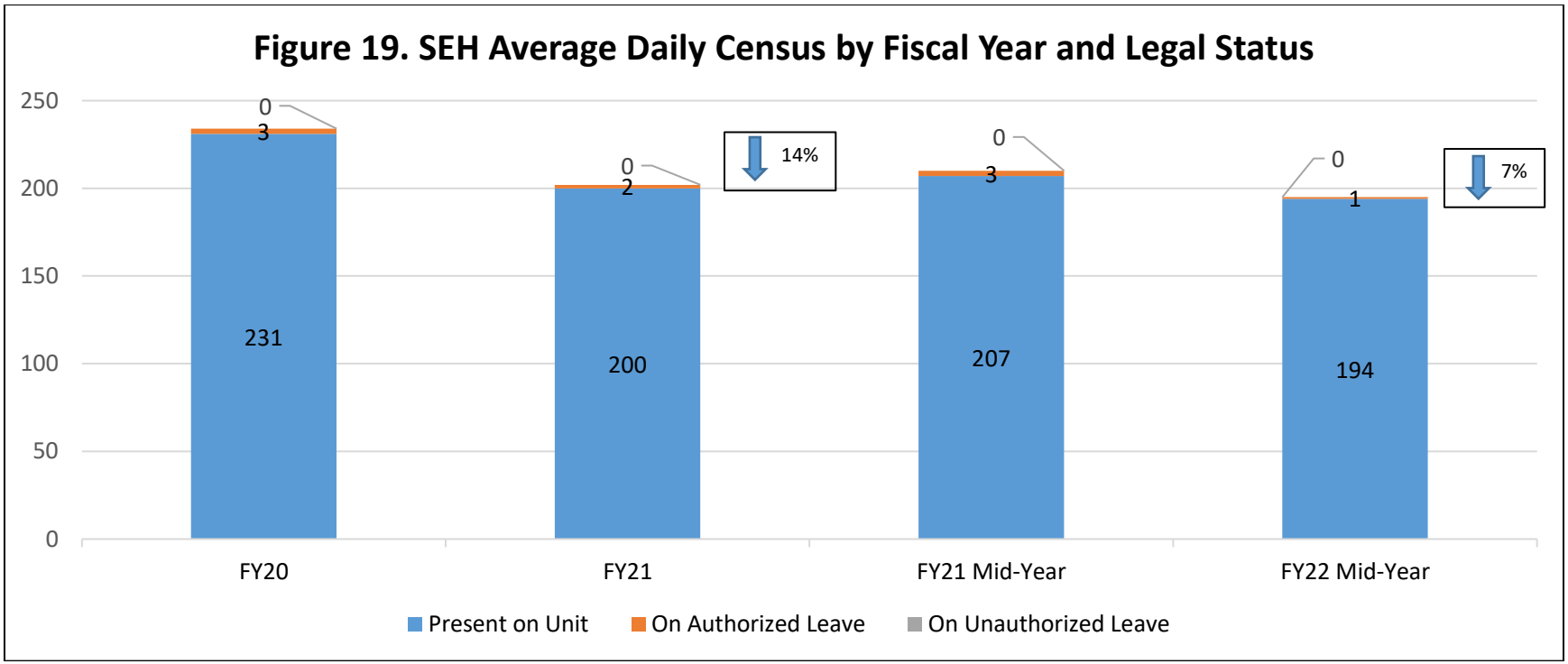


Figure 19 shows that the average daily census at SEH declined in FY21 due to the District's policy to reduce admissions during the pandemic. The average in mid-year FY22 was trending slightly lower compared to the first six months of FY21.

Section 5: 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.

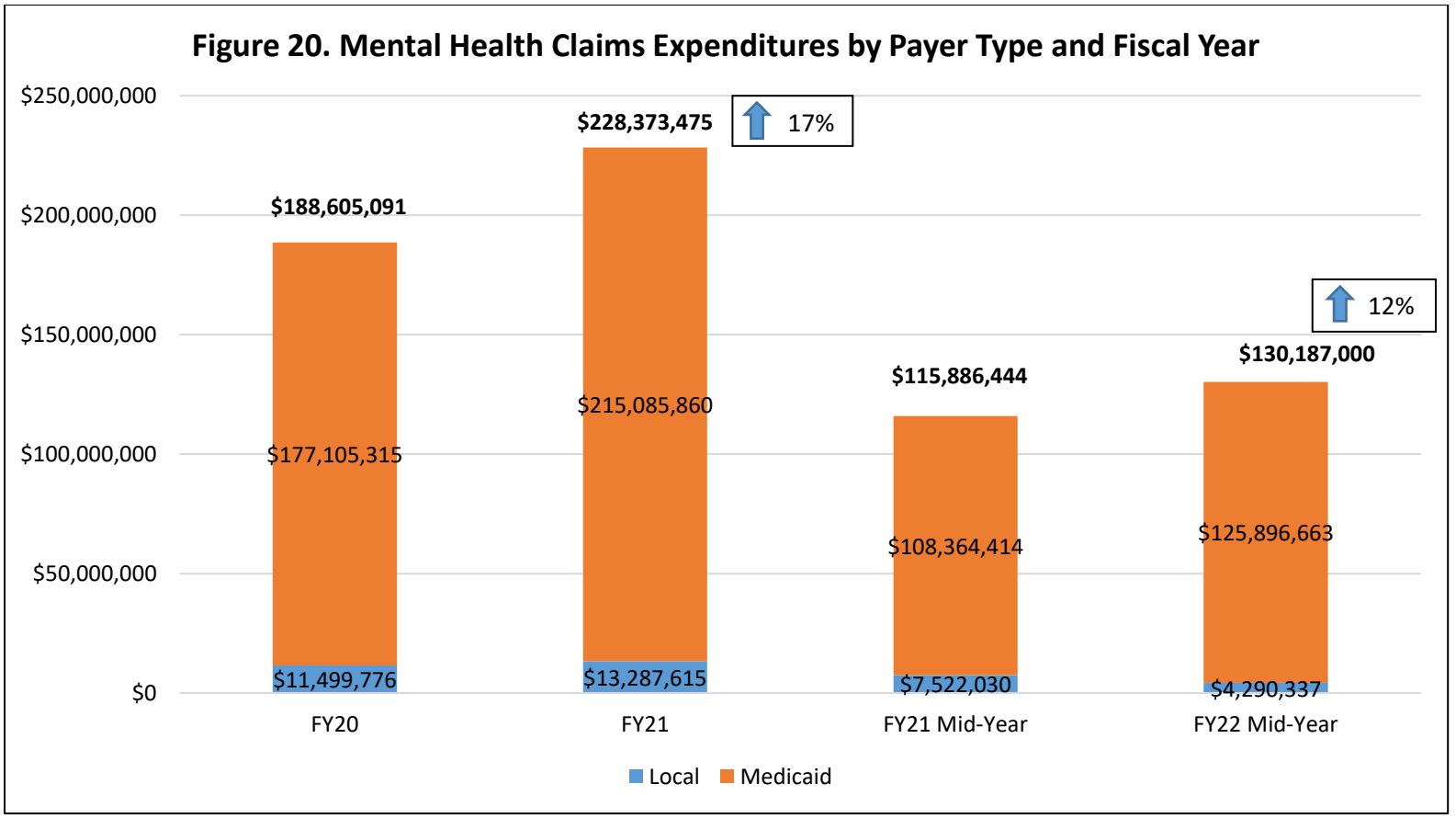


Figure 20 shows that expenditures increased in FY21 and halfway through FY22 were 12% higher than at mid-year FY21.

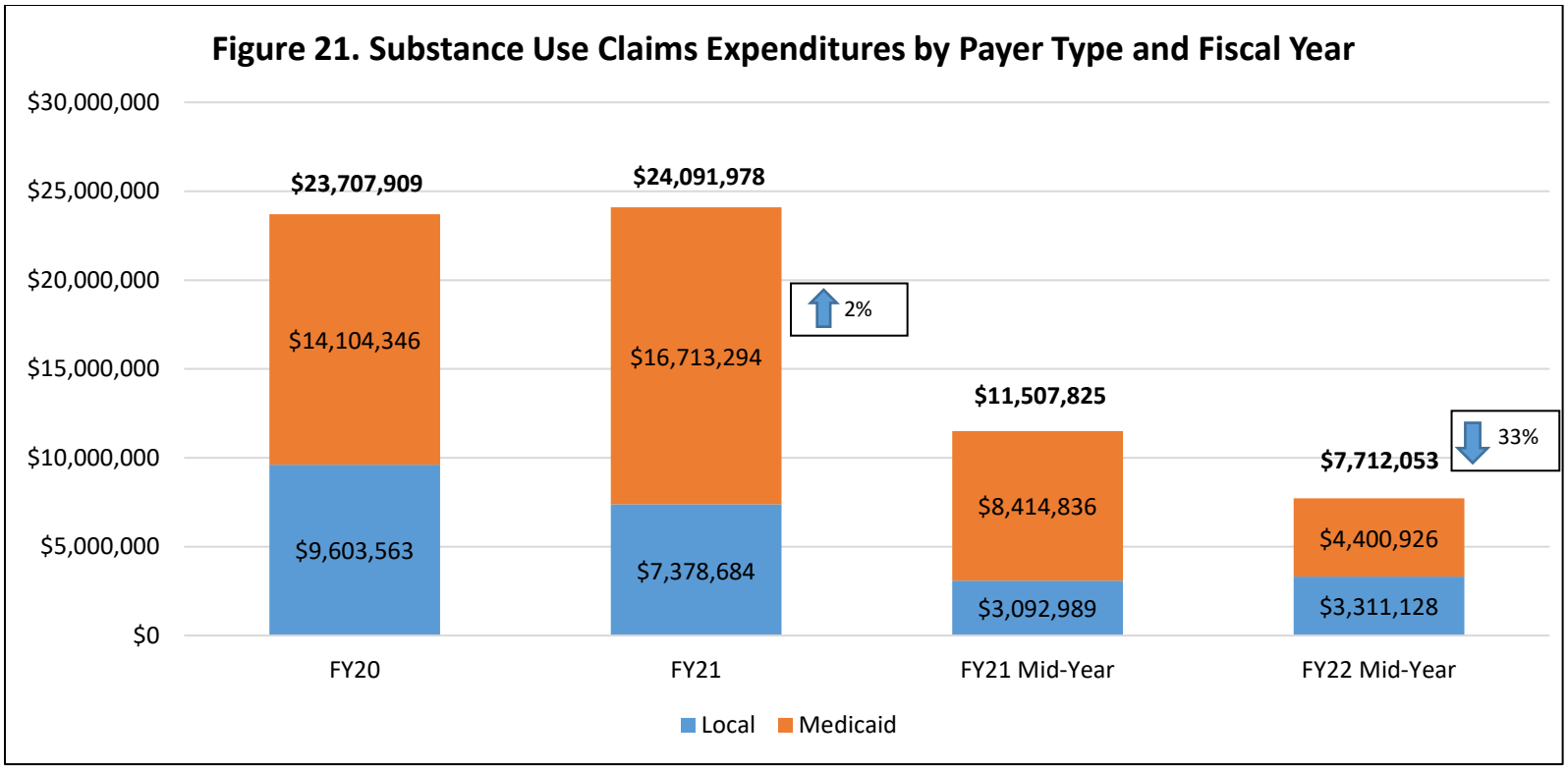
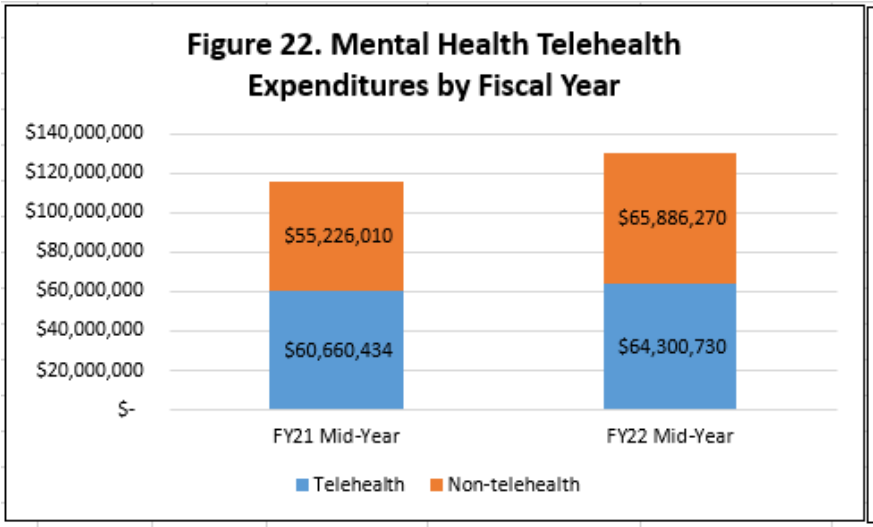
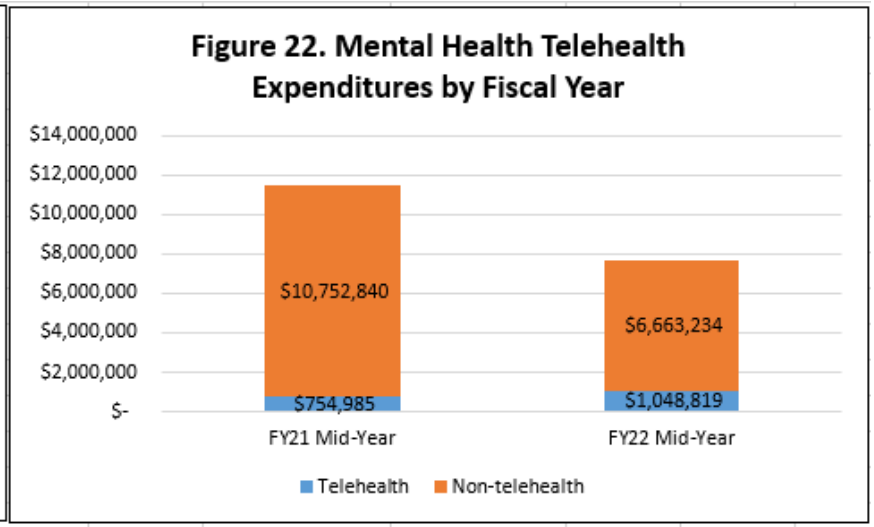
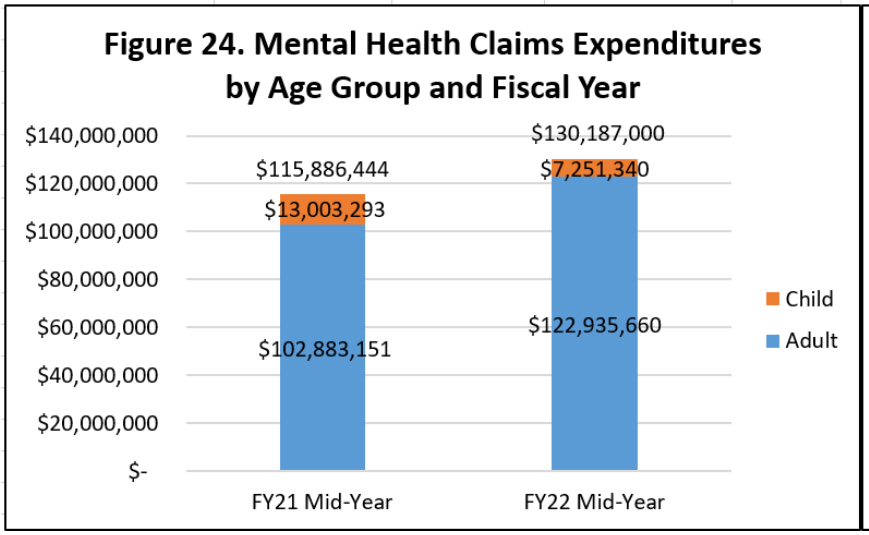


Figure 21 shows a slight increase in expenditures when comparing FY20 to FY21 mid-year. Expenditures for FY22 mid-year were down 33% as compared to mid-year FY21.





Figures 22 shows that just under half (49%) of mental health expenditures in FY22 mid-year were for services via telehealth (i.e., use of telephonic or video telecommunications technology that met required standards of care). In the first six month of FY21, 52% of expenditures were for telehealth. Figure 23 shows that 14% of substance use expenditures in FY22 mid-year were for services delivered via telehealth. In the first six months of FY21, 12% of expenditures were for telehealth.



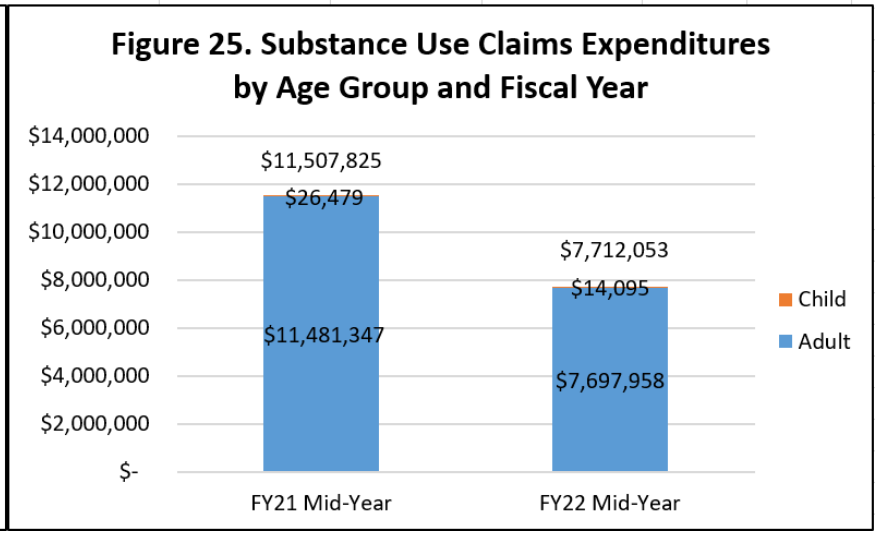


Figure 24 shows mental health expenditures for the first six months of FY22 were higher for adults compared to FY20 mid-year. Figure 25 shows substance use expenditures trending lower for both adults and children in FY22 mid-year compared to mid-year FY21.