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
FY23 Mid-year (Oct 1, 2022-March 31, 2023)

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, and the goal is to provide whole-person care for all those served. 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, 2022-March 31, 2023. Comparisons to FY22 mid-year are based on the data that were published in the FY22 Mid-year MHEASURES.

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 53 providers to deliver the majority of mental health services. Four of these providers are classified as only a FSMH clinic; 32 are classified as MHRS-only providers; and 17 are both MHRS and FSMH providers. Twelve 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. This includes an urgent care clinic for children, youth, and families at Howard Road, an adult clinic at 35 K Street, the Comprehensive Psychiatric Emergency Center (CPEP), and a clinic at the Superior Court. 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.

Substance Use

DBH also contracts with 29 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD). Twelve of these providers are also certified to provide mental health treatment. Individuals who want to obtain SUD services may obtain an assessment and enroll in treatment at the Assessment and Referral Center (ARC) and 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 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). Two 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 $184.4 million for mental health services claims as of mid-year FY23. The number of consumers served increased by 18%, and there was a 42% increase in expenditures from FY22 mid-year to FY23 mid-year. This increase is related to both increased utilization and rate increases.
- Substance use treatment: District Medicaid and local funds paid $10.1 million for substance use services claims by FY22 mid-year. There was an increase in both clients served (5% increase) and expenditures (32% increase) from FY22 mid-year to FY23 mid-year.
- Use of telehealth by mid-year FY23 remained similar to mid-year FY22 for mental health. By mid-year FY23, 48% of mental health expenditures were for telemedicine. The proportion of SUD telemedicine expenditures decreased from 14% by mid-year FY22 to 6% by mid-year FY23.
- Admissions to Saint Elizabeths Hospital, discharges, and average daily census increased significantly between mid-year FY22 and mid-year FY23. Admissions increased 75%. This is a result of the unwind of COVID-19 health and safety restrictions.

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;*
- Gender and race distribution for individuals receiving services from both mental health and substance use providers is shown in *Figures 4 and 5;*
- Mental health consumers served are shown in *Figure 6*;
- Utilization of Specific Claims-Based Behavioral Health Services are shown in *Figure 7*;
- Timeliness of initial services is shown in *Figure 8*;
- Substance use disorder intake data are shown in *Figure 9*;
- Substance use disorder clients served are shown in *Figure 10*;
- Substance use services by Level of Care are shown in *Figure 11;*
- Primary drug of choice is presented in *Figure 12;*
- Medication Assisted Treatment data are shown in *Figure 13*;
- Contracted children's services are summarized in *Figures 14-16*;
- Saint Elizabeths Hospital census data are shown in *Figures 17-19*;
- 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	FY23 Mid-Year Data	Description
Access HelpLine (AHL)	Number of answered calls	42,461	Callers to 1-888-7WE-HELP or 988 can get immediately connected to DBH services or a referral for help by calling the AHL. This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can connect a caller to immediate help to address crises or to ongoing care.
Assessment and Referral Center (ARC)	Number of intakes completed	866	The ARC provides same-day assessment and referral for individuals seeking treatment for substance use disorders.
Assessment Center	Number of assessments completed	174	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	805	CPEP is a twenty-four hour/seven day a week receiving center that provides emergency psychiatric services and extended observation beds for individuals 18 years of age and older.
Community Response Team (CRT)	Number of interventions	1,656	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	138	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)	Unduplicated count of consumers monitored in the community	33	FOPD monitors adult 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)	Unduplicated count of people served	159	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	290	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	341	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)	Unduplicated count of children who received treatment	2,338	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)	Unduplicated count of people served	625	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)	Unduplicated count of people served	770	Urgent Care services include assessment, counseling, psychiatric evaluation and medication management.

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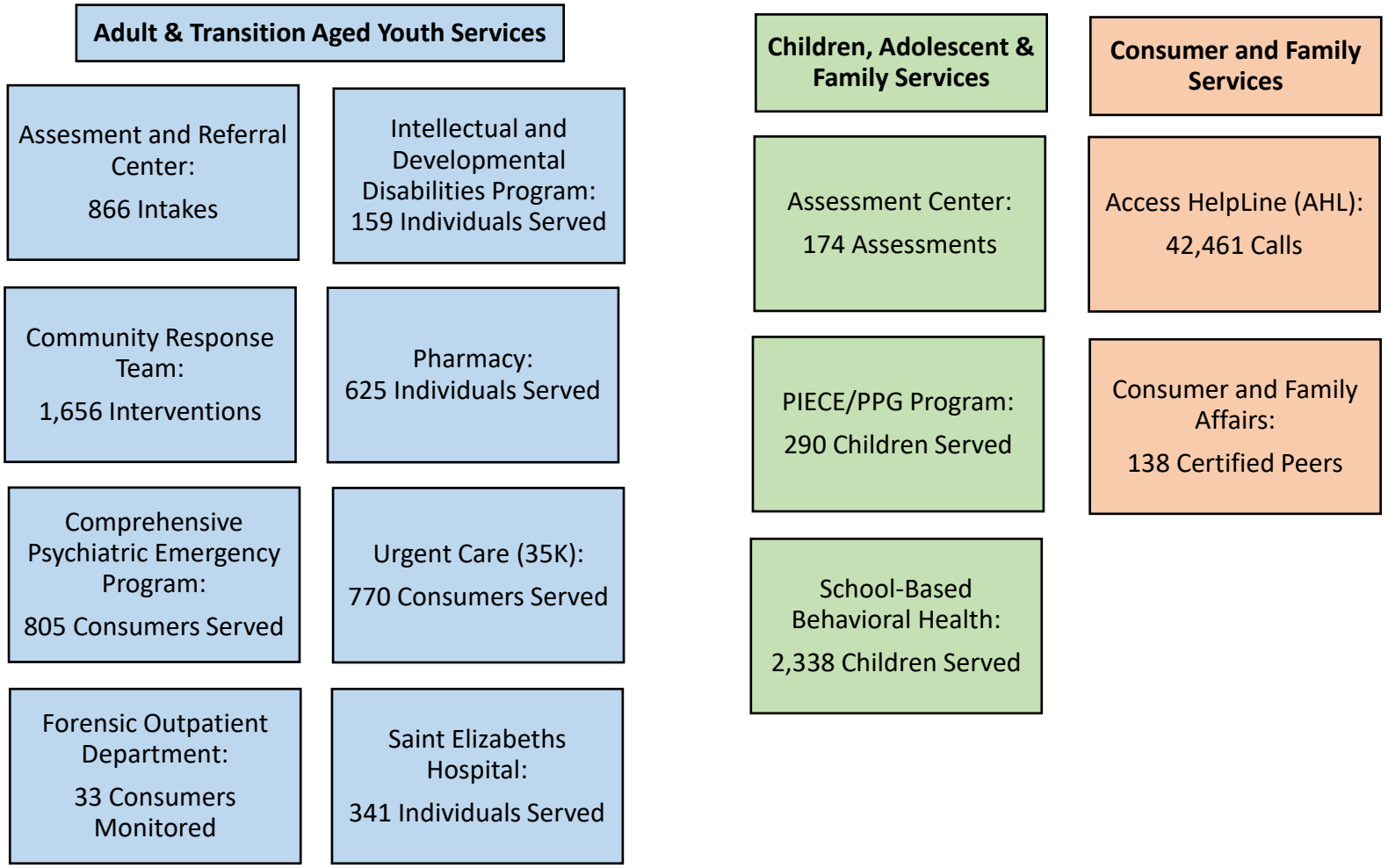
Figure 2: Number of Individuals Served by DBH Operated Services in FY23 Mid-Year



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 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 for residents who are not eligible for Medicaid and have no health insurance, 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 3-5 show the universe of individuals receiving mental health and substance use services and the overlap of those who received both in FY23 YTD.

Figure 3. Individuals Who Received Mental Health and Substance Use Services – FY23 Mid-Year

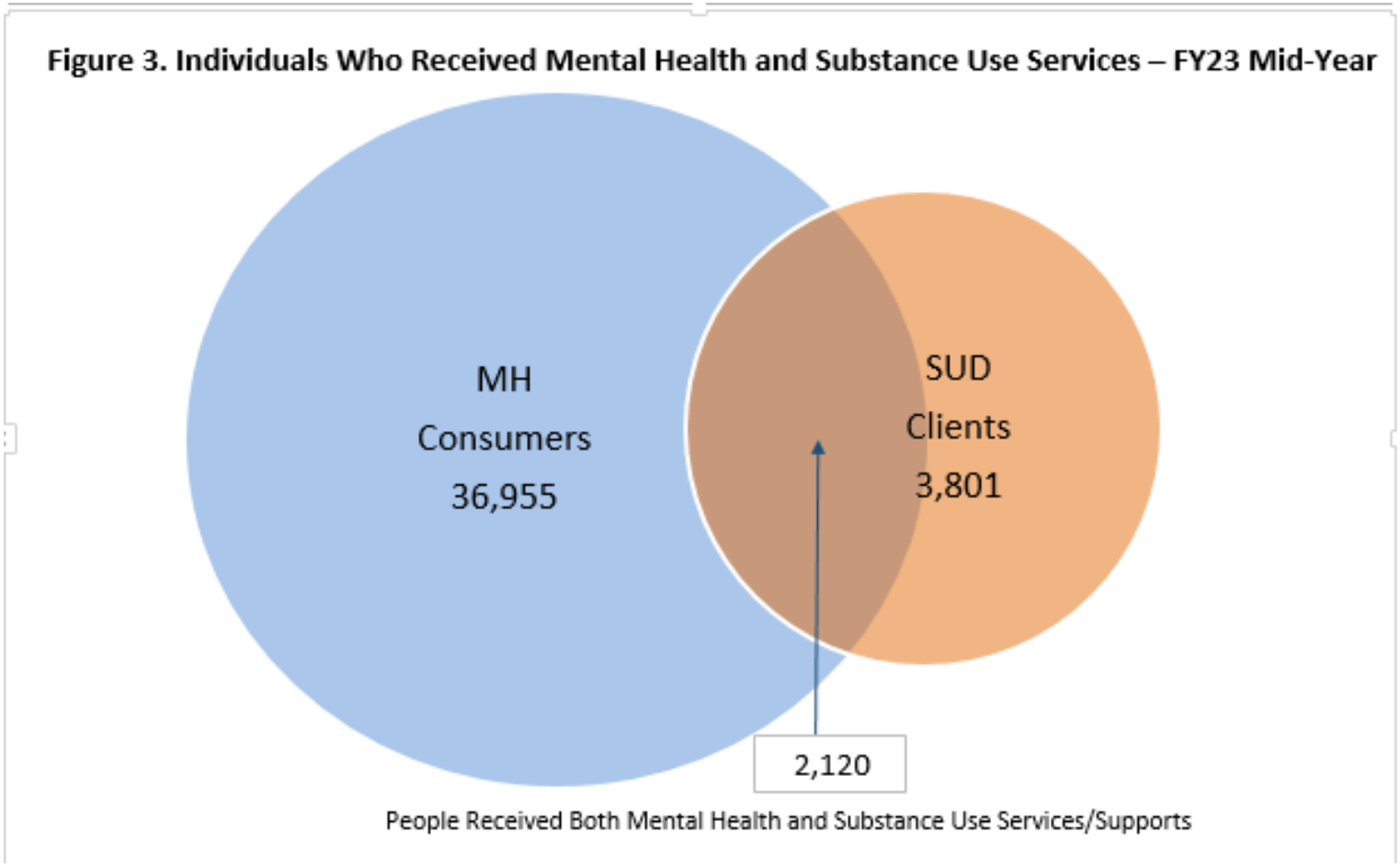


Figure 3 shows that an unduplicated total of 38,636 individuals obtained MH and/or SUD services in the first six months of FY23. Of the total individuals, 2,120 (5%) obtained both MH and SUD services (co-occurring). This was 6% of all MH consumers and 56% of SUD clients.

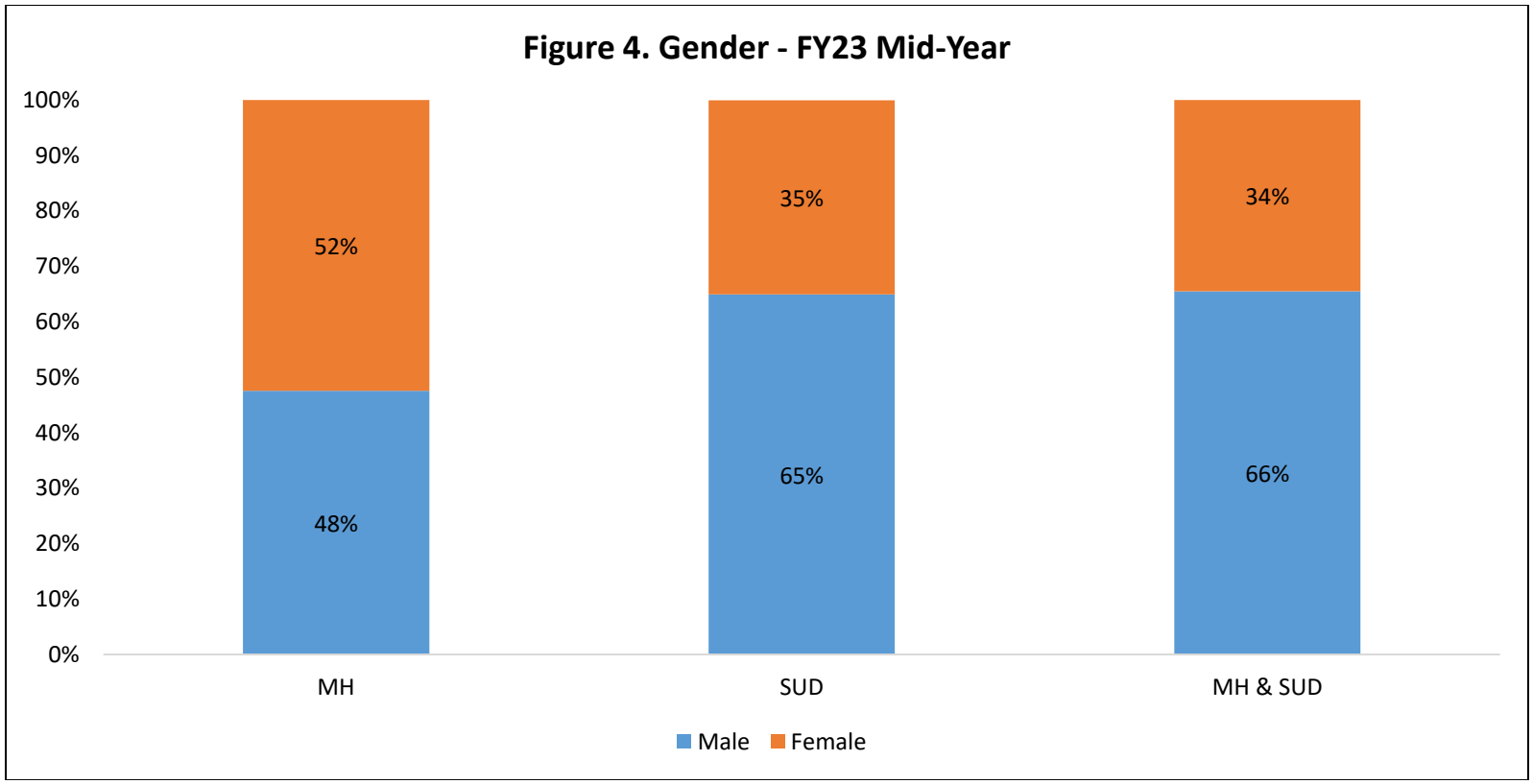


Figure 4 shows that a similar proportion of males and females received mental health services; however, males are a larger share (two-thirds) of consumers receiving substance use disorder services, and/or co-occurring mental health and substance use disorder services.

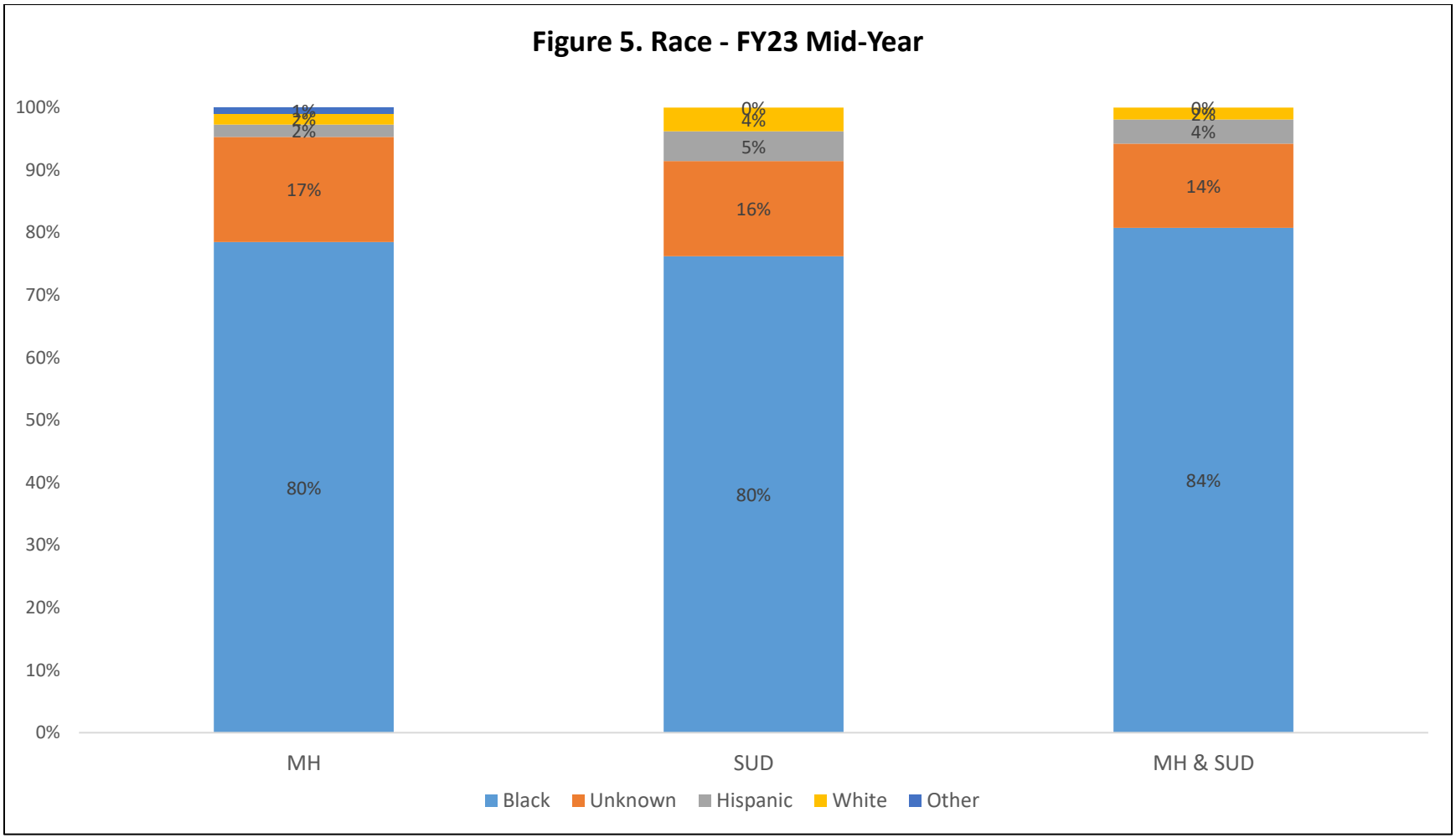


Figure 5 shows that most residents receiving mental health services, substance use disorder services, and those receiving both mental health and substance use disorder services (co-occurring) are Black.

MENTAL HEALTH SERVICES

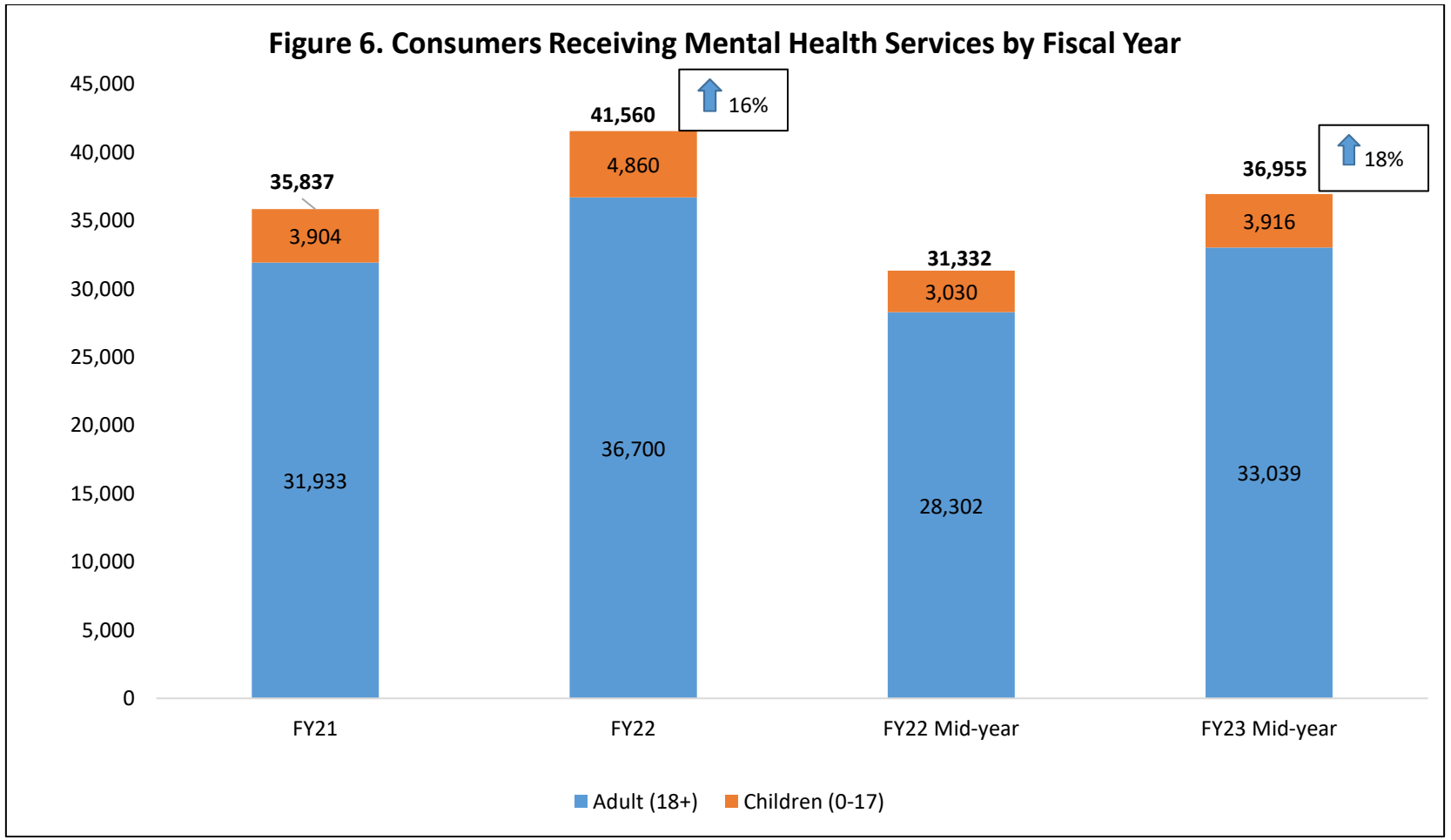


Figure 6 shows that the total number of consumers receiving community-based mental health services increased 16% between FY21 and FY22. Compared to FY22 mid-year, FY23 is showing a similar trend. The total number of consumers served by FY23 mid-year was 18% higher than FY22 mid-year.

Figure 7. 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)	9	2,197	2,206	49	$19,122,759	10.37%
Community Based Intervention (CBI)	152	0	152	33	$1,047,381	0.57%
Community Support	2,638	28,454	31,092	39	$132,181,574	71.67%
Coordination Services	2	147	148	2	$41,977	0.02%
Crisis	189	1,693	1,882	4	$2,905,248	1.58%
Day Rehabilitation	0	921	921	45	$5,228,229	2.83%
Diagnostic/Assessment (D&A)	1,577	12,275	13,852	1	$1,841,588	1.00%
Health Homes	0	329	329	5	$197,740	0.11%
Medication Management	1,157	18,886	20,043	5	$14,239,428	7.72%
Supported Employment	0	145	145	6	$63,156	0.03%
Therapy (e.g., individual/family/group)	1,886	7,615	9,501	7	$7,565,271	4.10%

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 (31,092 individuals), medication management (20,043 individuals), and diagnostic and assessment (13,852). Community support accounted for 72% of expenditures.

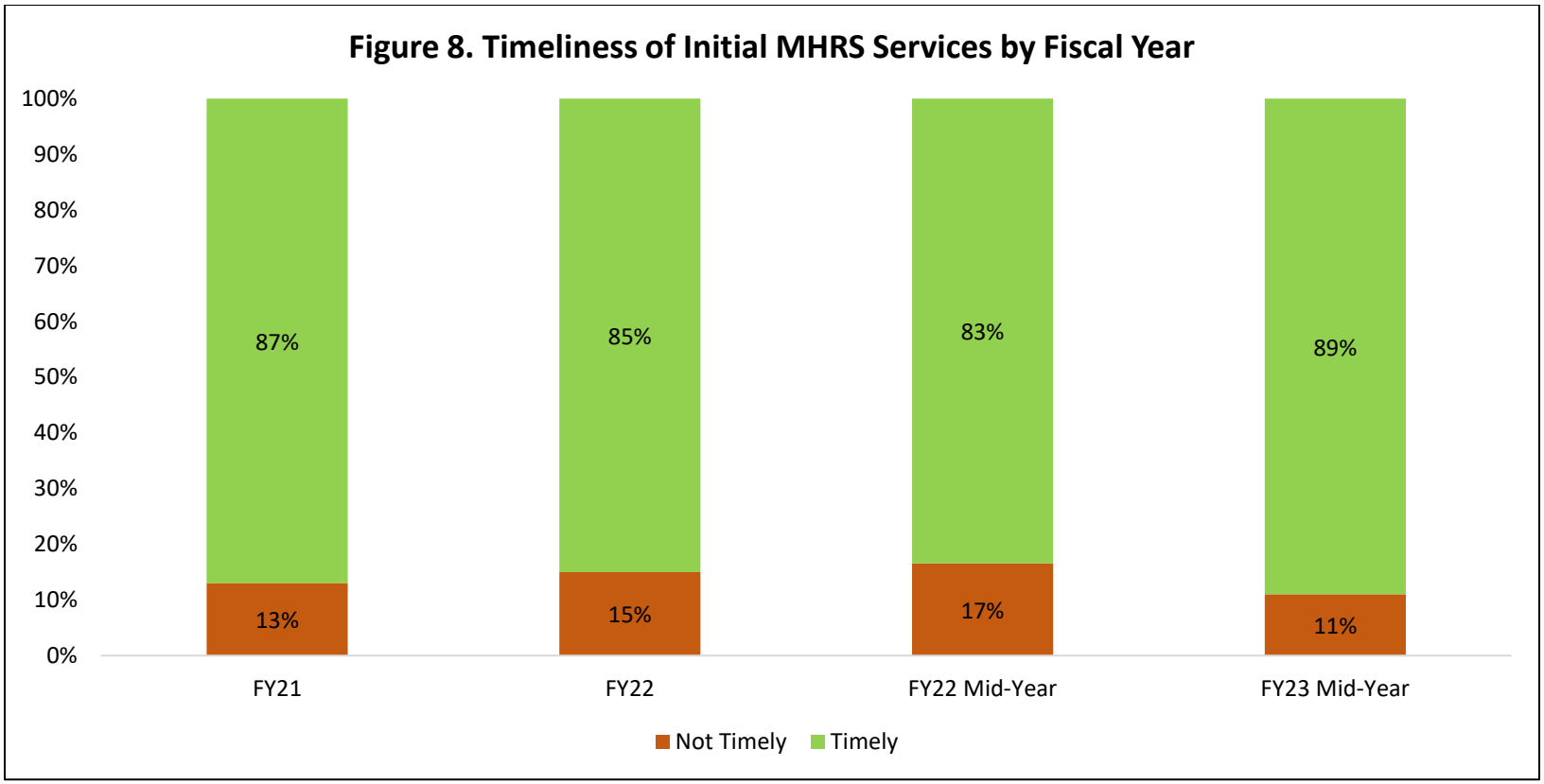
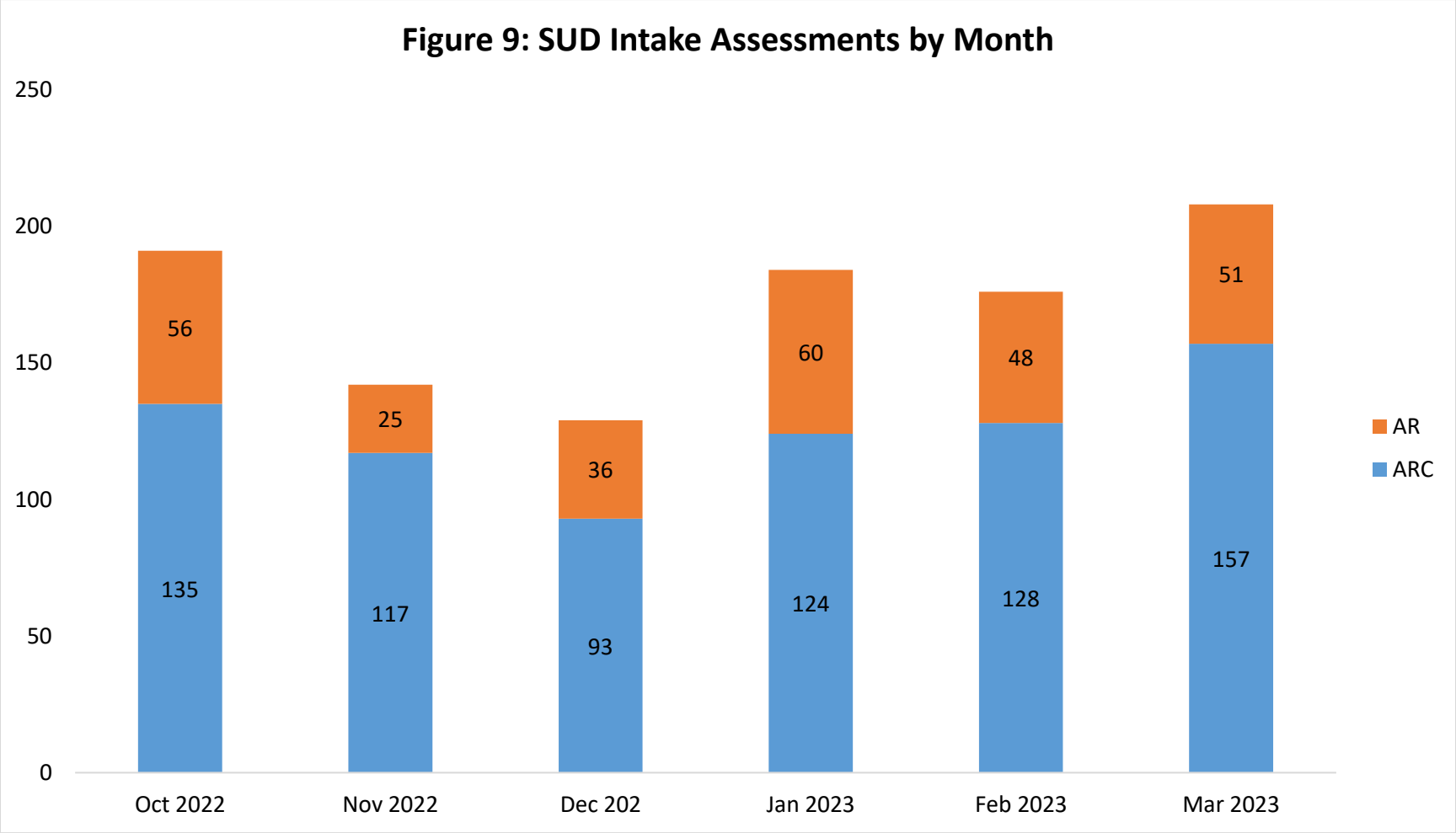


Figure 8 shows the proportion of all consumers (adults/children) who were either newly enrolled in mental health services or transferred to a new provider, and whether their first service occurred within 30 days. Performance at mid-year FY23 is higher than at mid-year FY22.

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 129 to 208 in the first six months of FY23.

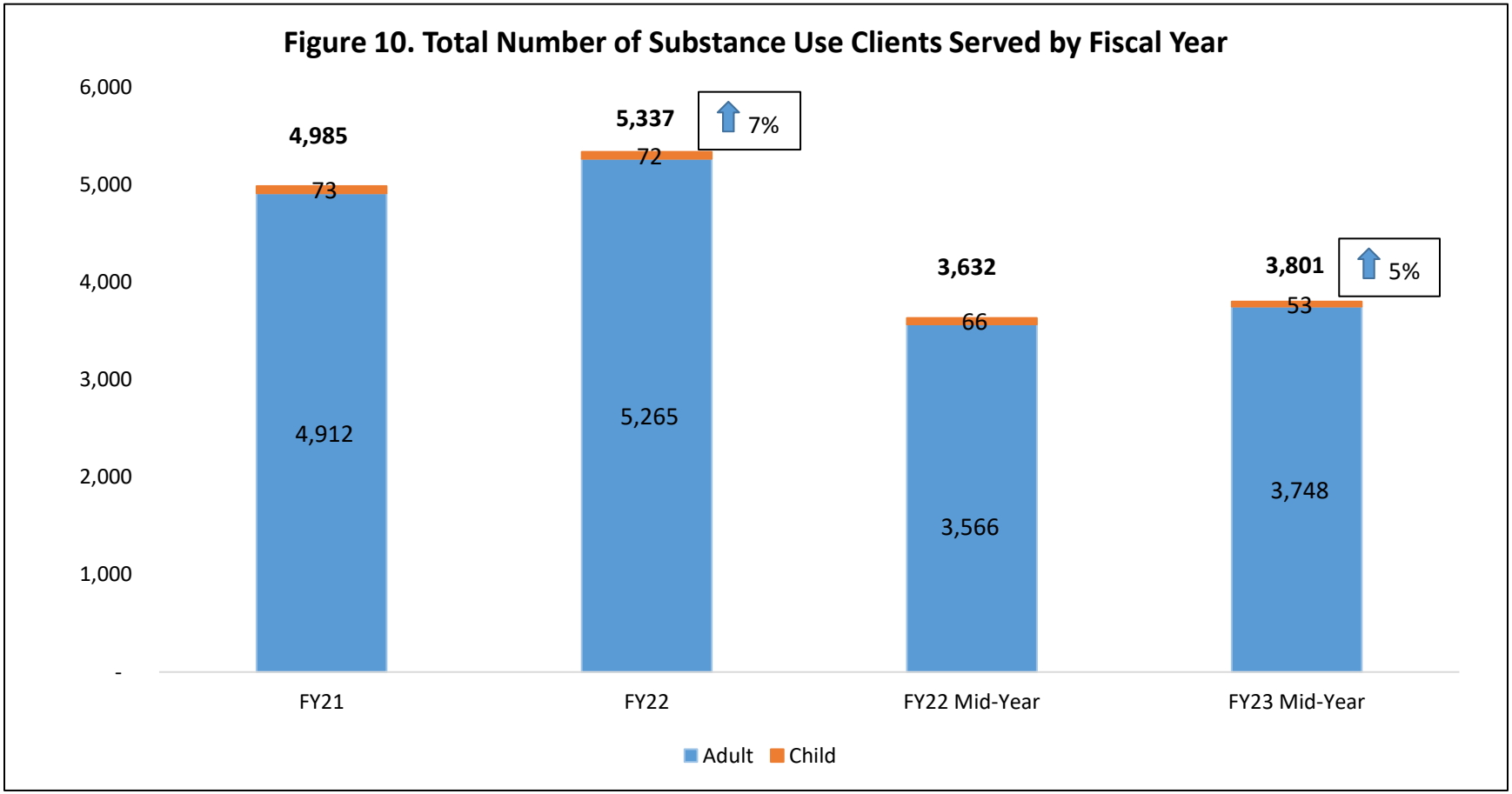
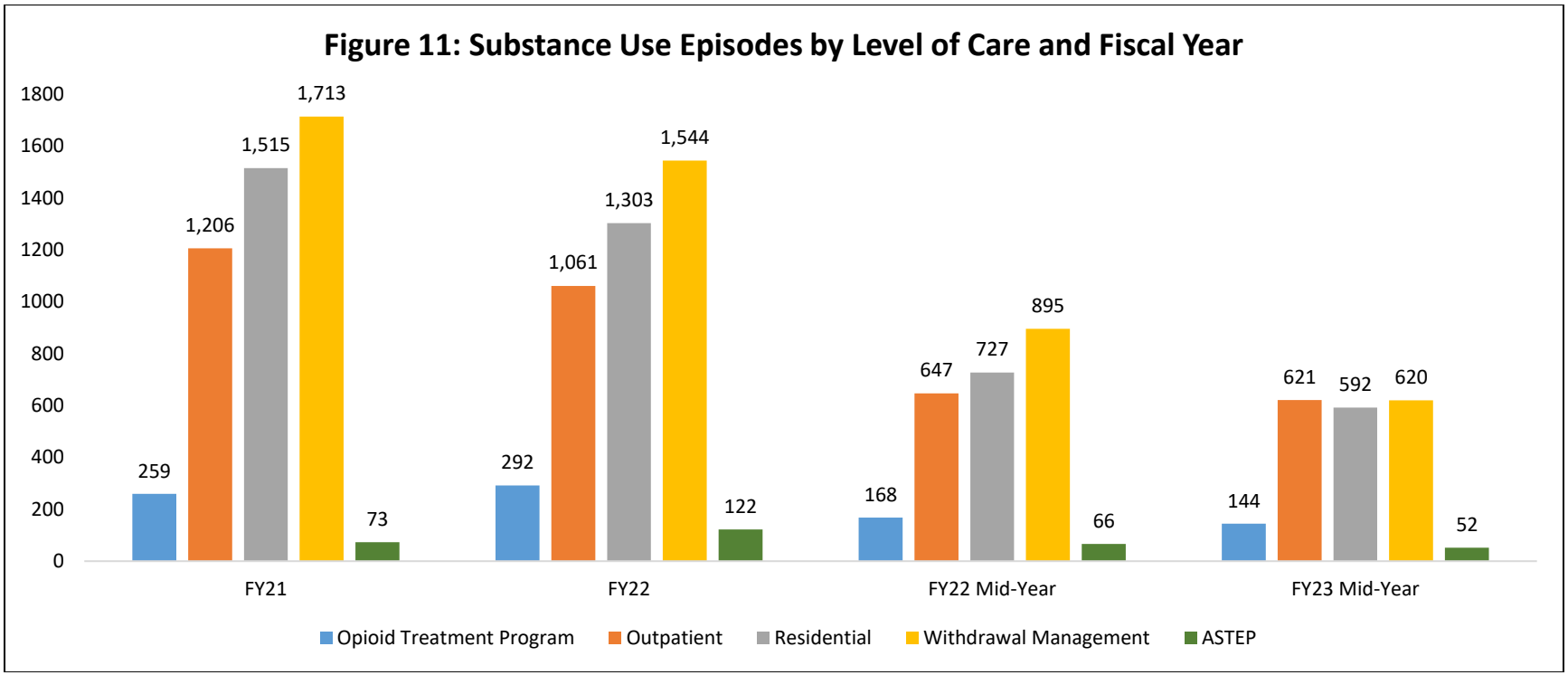


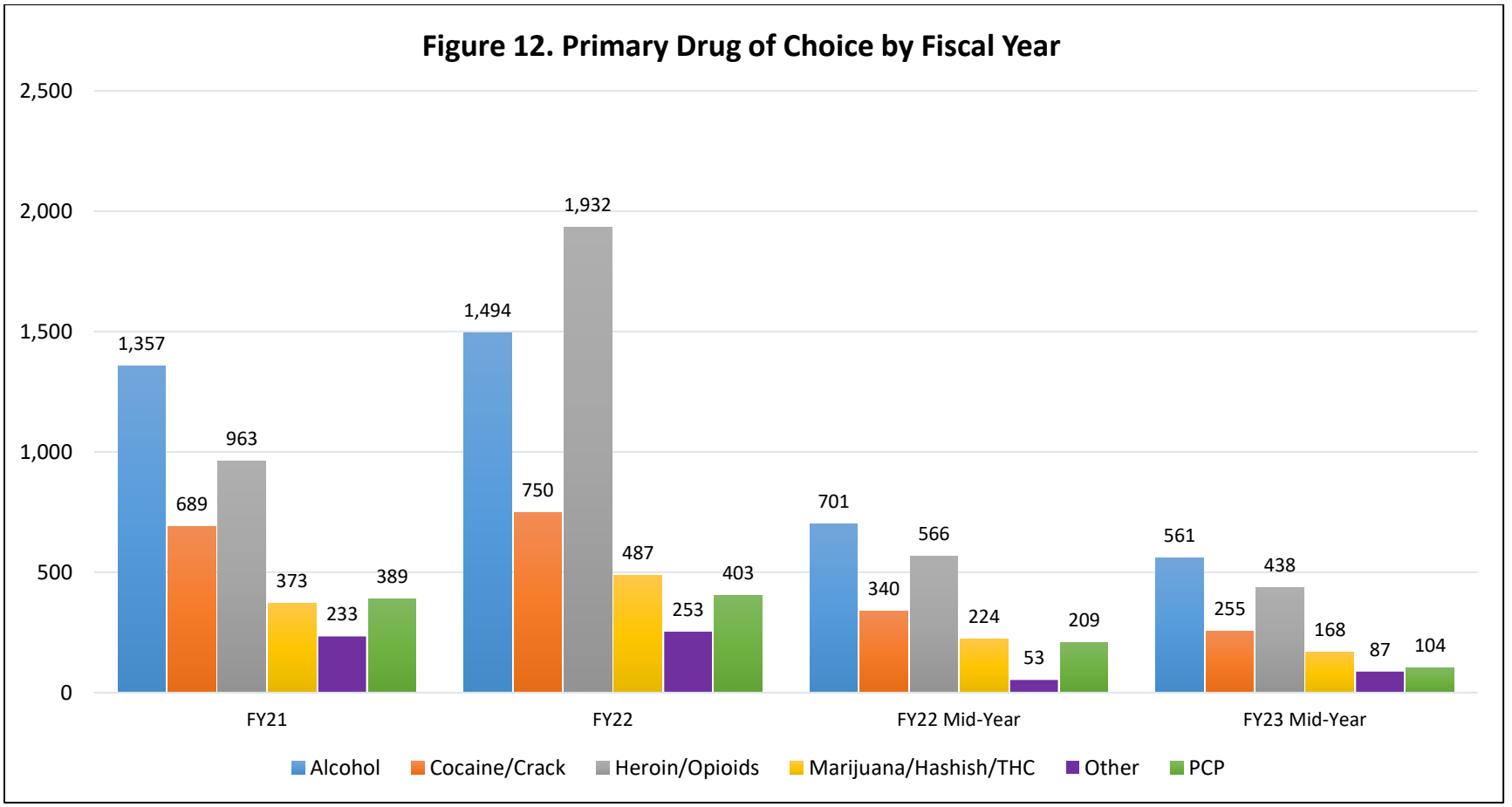
Figure 10 shows an increase in the number of people receiving SUD services, both between FY21 and FY22 and between FY22 mid-year and FY23 mid-year.



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 in the first six months of FY23 was outpatient. This is due to a decrease in residential and withdrawal management episodes.

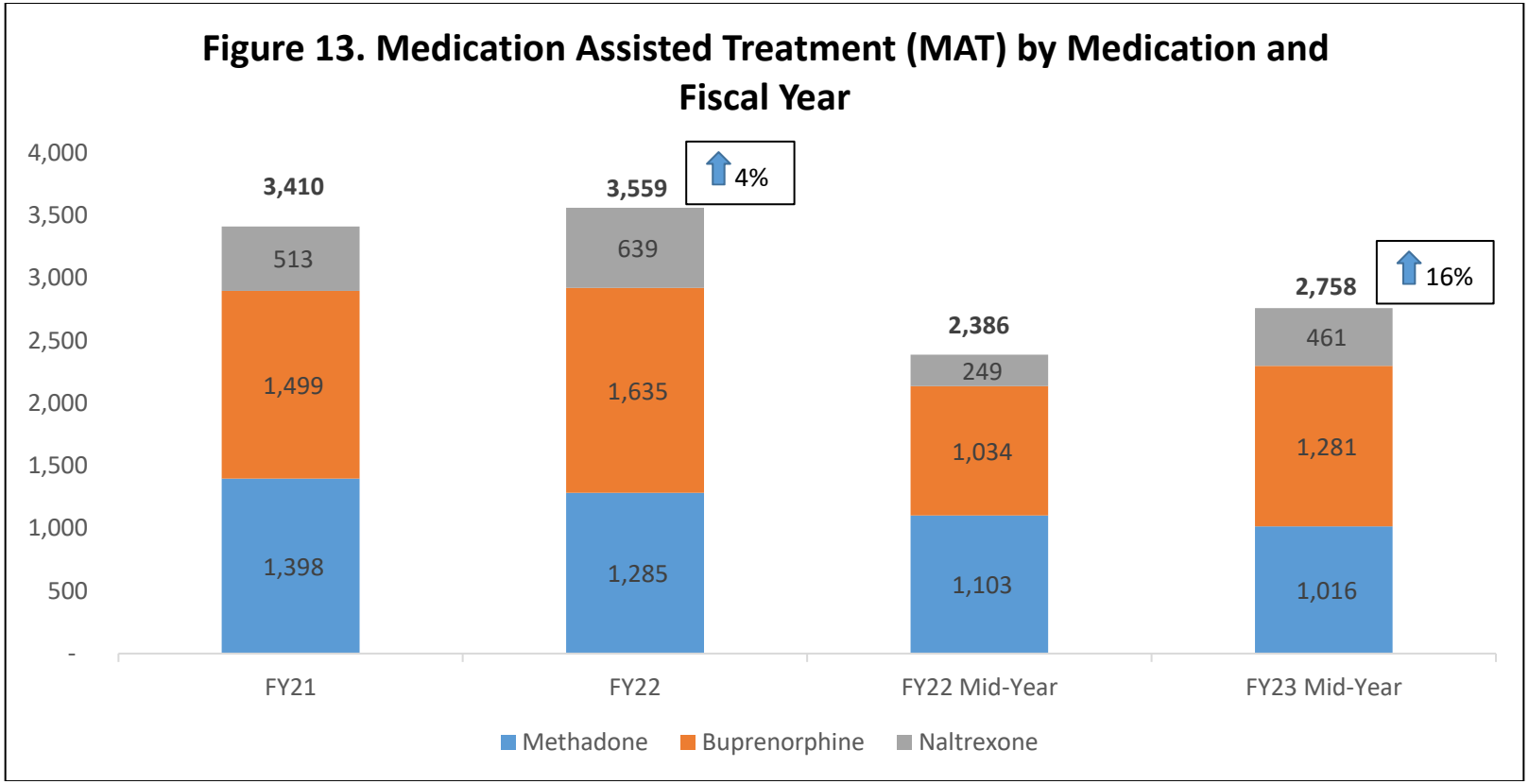
Opioid Treatment Programs involve the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of opioid use disorders. **Outpatient** services provide counseling and monitoring several times a week in a supportive group setting. **Residential Treatment** (inpatient) programs focus on helping individuals change their behaviors in a highly structured setting. **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. Adolescent Substance Abuse Treatment Expansion Project (ASTEP) is the level of care for youth under 21 receiving SUD treatment.



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/opioids were the second most frequently reported drug of choice, followed by cocaine/crack.

Figure 13. 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 13 shows an increase in the number of people receiving medication assisted treatment in FY22 compared to FY21, as well as between mid-year FY22 and mid-year FY23. Methadone utilization has been comparable between FY22 mid-year and FY23 mid-year, while there have been increases in Buprenorphine and Naltrexone utilization.

CHILDREN'S CONTRACTED PROGRAMS

Figure 14. Description of Contracted Children's Programs

Program	Metric	FY23 Mid-Year Data	Program Description
The Children and Adolescent Mobile Psychiatric Service (ChAMPS)	Number of deployments	166	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	9,056	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.
Healthy Futures	Number of early childhood facilities	102	Healthy Futures is a program wherein clinical specialists provide consultation services to child development centers and home-based facilities 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	49	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. There are 85 slots for this service.
HOPE Court	Number of children served	29	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	28	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	120	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 2023, 1,220 children were screened; 245 Mental Health Referrals were generated (237 from screenings + 8 initiated by Child Associates).
Psychiatric Residential Treatment Facility (PRTF)	Unduplicated number of children served	18	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 can successfully return to their home and community upon discharge. Children may be admitted to a PRTF through DBH's oversight process, as part of their Individualized Education Plan (IEP), or via authorization by Health Services for Children with Special Needs (HSCSN).

Figure 15. Overview of Children's Contracted Programs - FY23 Mid-Year

ChAMPS:
166 Deployments

DC Mental Health Access to Pediatrics:
9,056 Screenings

Healthy Futures:
102 Early Childhood Facilities Served

High Fidelity Wraparound:
49 Children Served

HOPE Court:
29 Children Served

Juvenile Behavioral Diversion Program:
28 Children Served

Primary Project:
120 Children Served

Psychiatric Residential Treatment Facilities:
18 Children Served

Figure 16. Evidence Based Practices		
Model	**Children Served FY23 Mid-Year**	**Description**
Child Parent Psychotherapy (CPP-FV)	20	CPP is a therapeutic intervention for young children 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)	76	FFT is a family focused intervention for at-risk and juvenile justice involved youth.
Multi-Systemic Therapy (MST)	23	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)	11	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)	42	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)	11	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)	301	TIP is a practice model which prepares youth and young adults 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.

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.

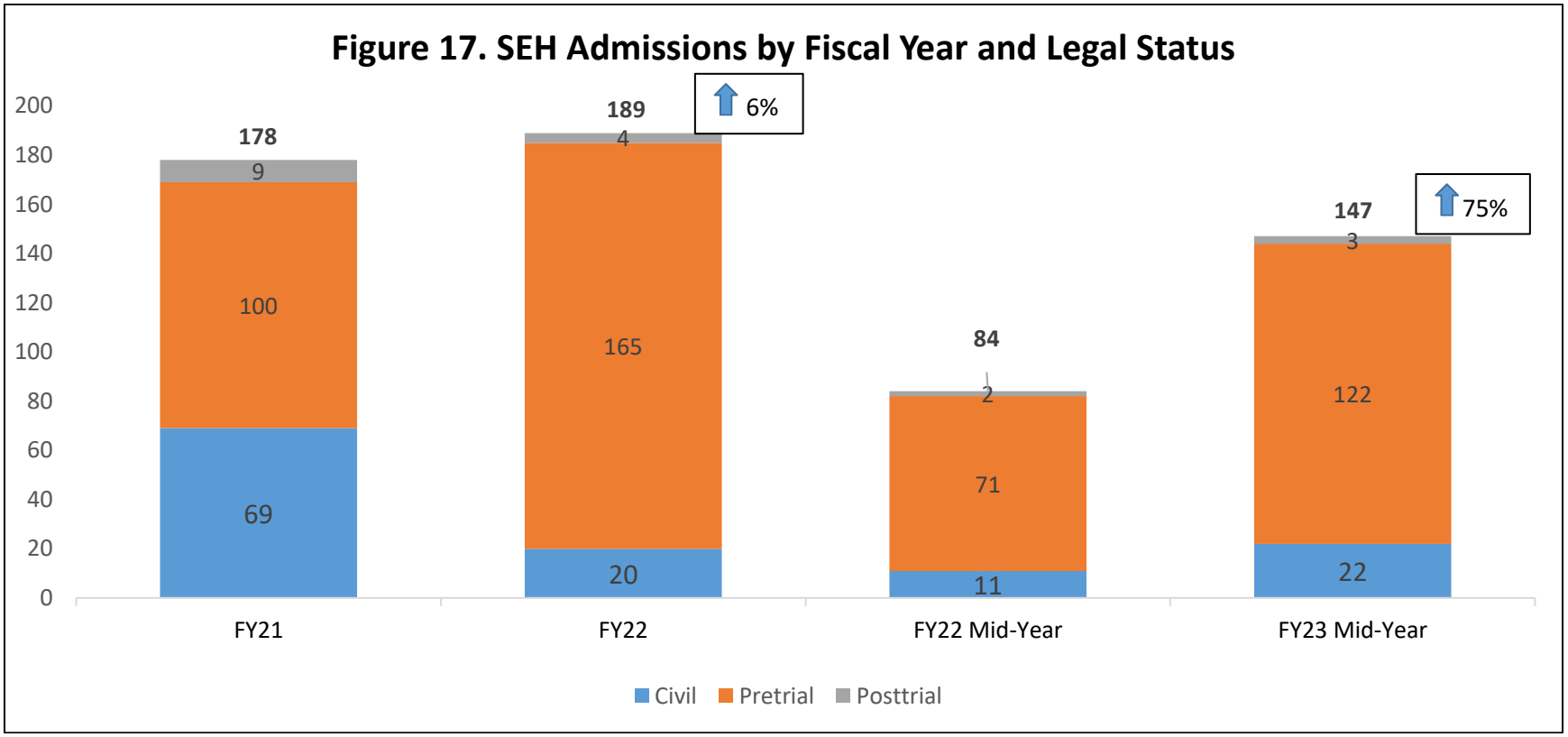


Figure 17 shows that total admissions increased slightly between FY21 and FY22, and more significantly between mid-year FY22 and mid-year FY23. In each period, the majority of admissions were for individuals with a pre-trial status, meaning they had not yet had their legal charges adjudicated.

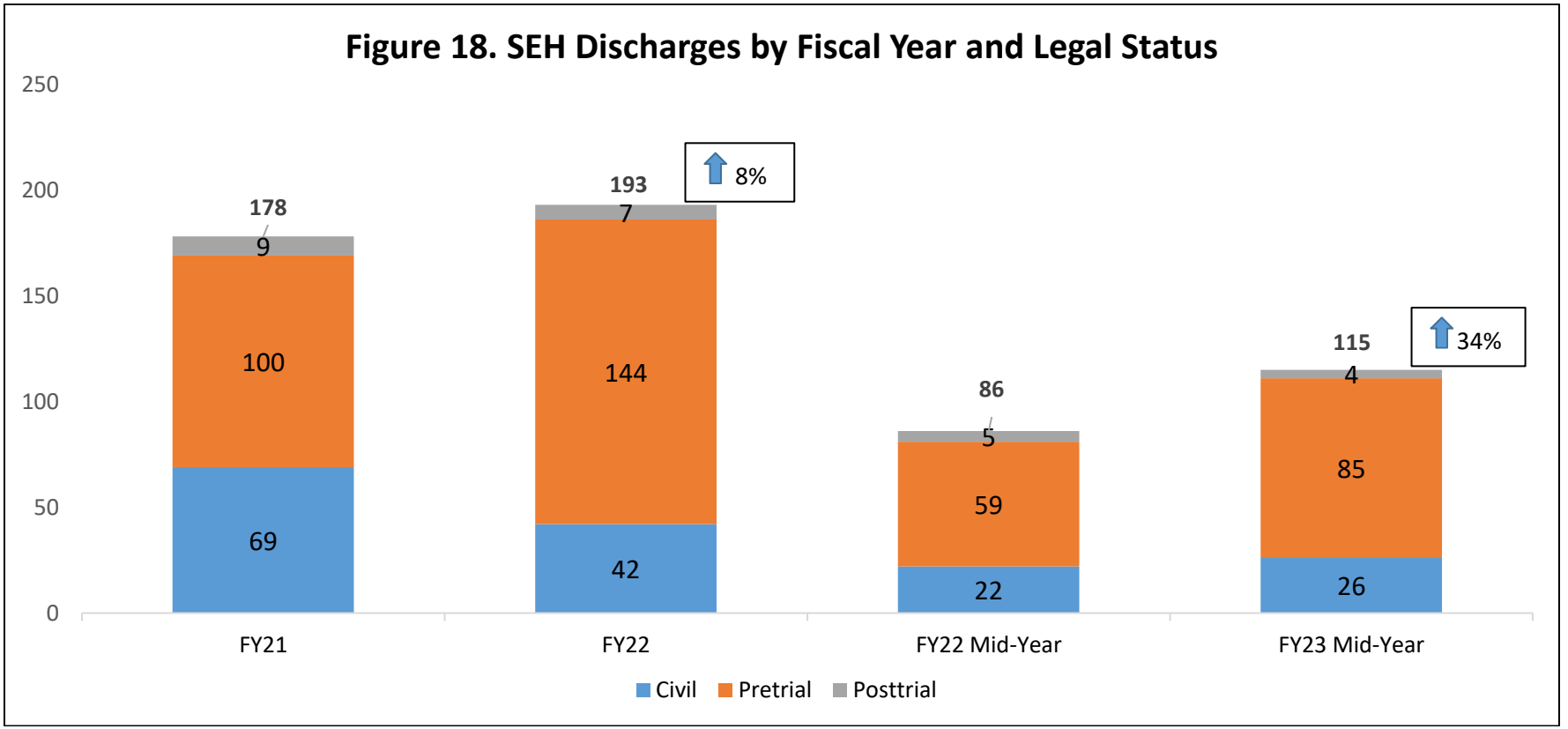


Figure 18 shows that discharges increased between FY21 and FY22 as well as between mid-year FY22 and mid-year FY23.

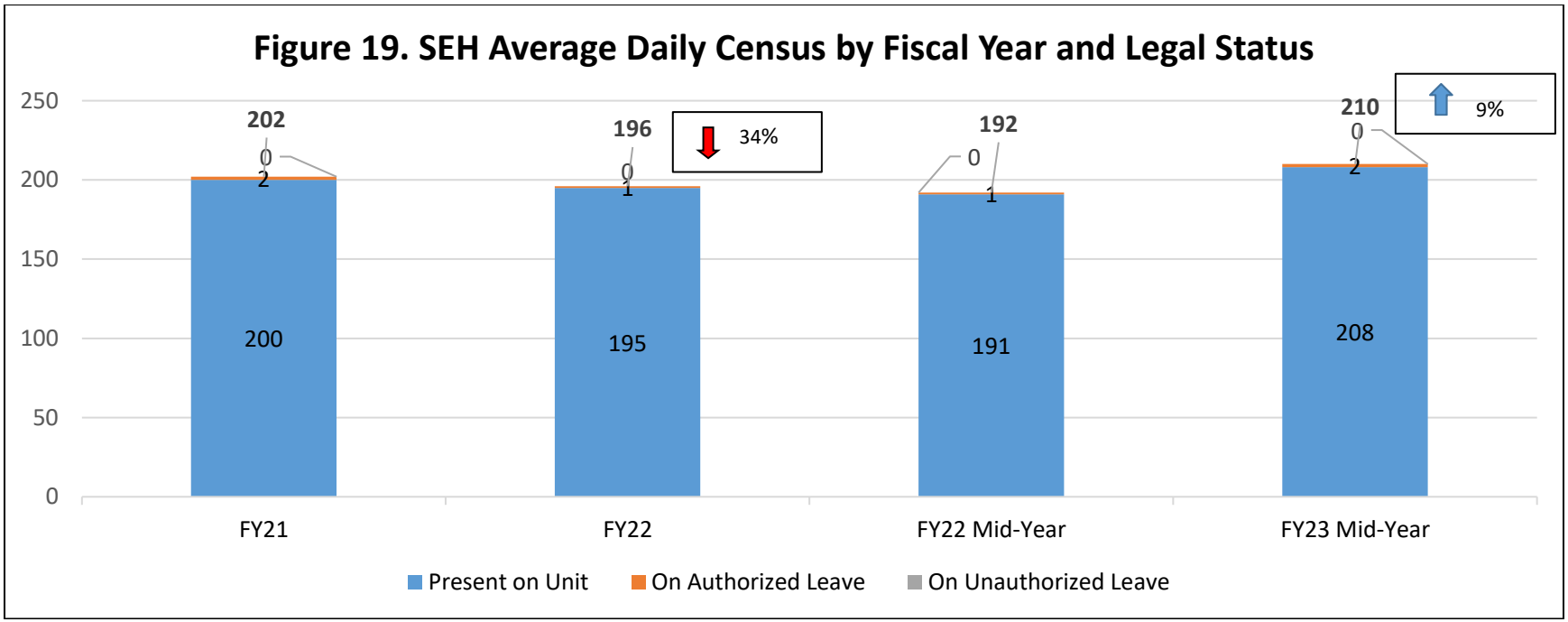


Figure 19 shows that the average daily census at SEH decreased between FY21 due to the District's policy to reduce admissions during the pandemic. The average in mid-year FY23 was much higher compared to the first six months of FY22.

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.

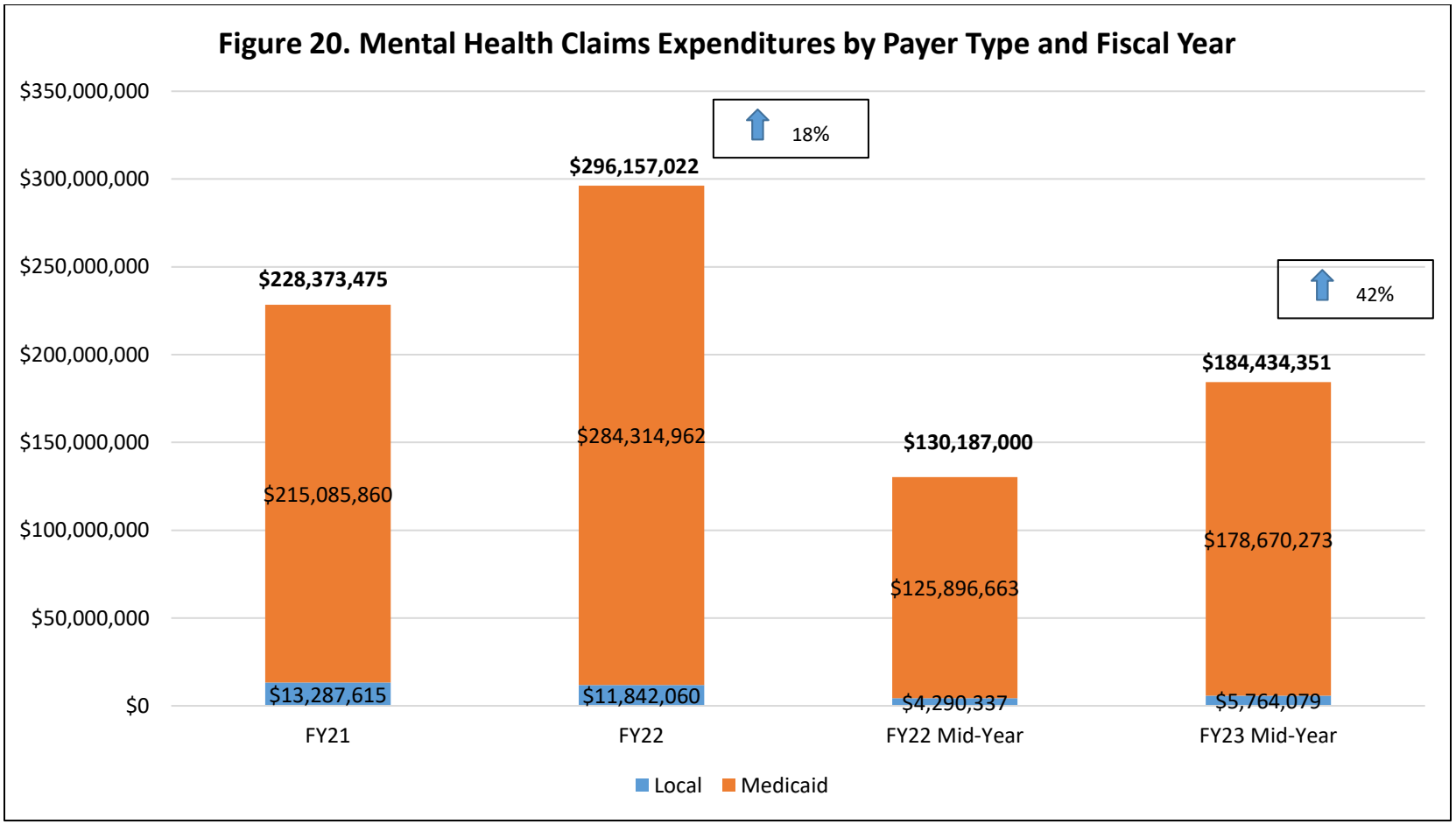


Figure 20 shows that expenditures increased in FY22 and halfway through FY23 were 42% higher than at mid-year FY22.

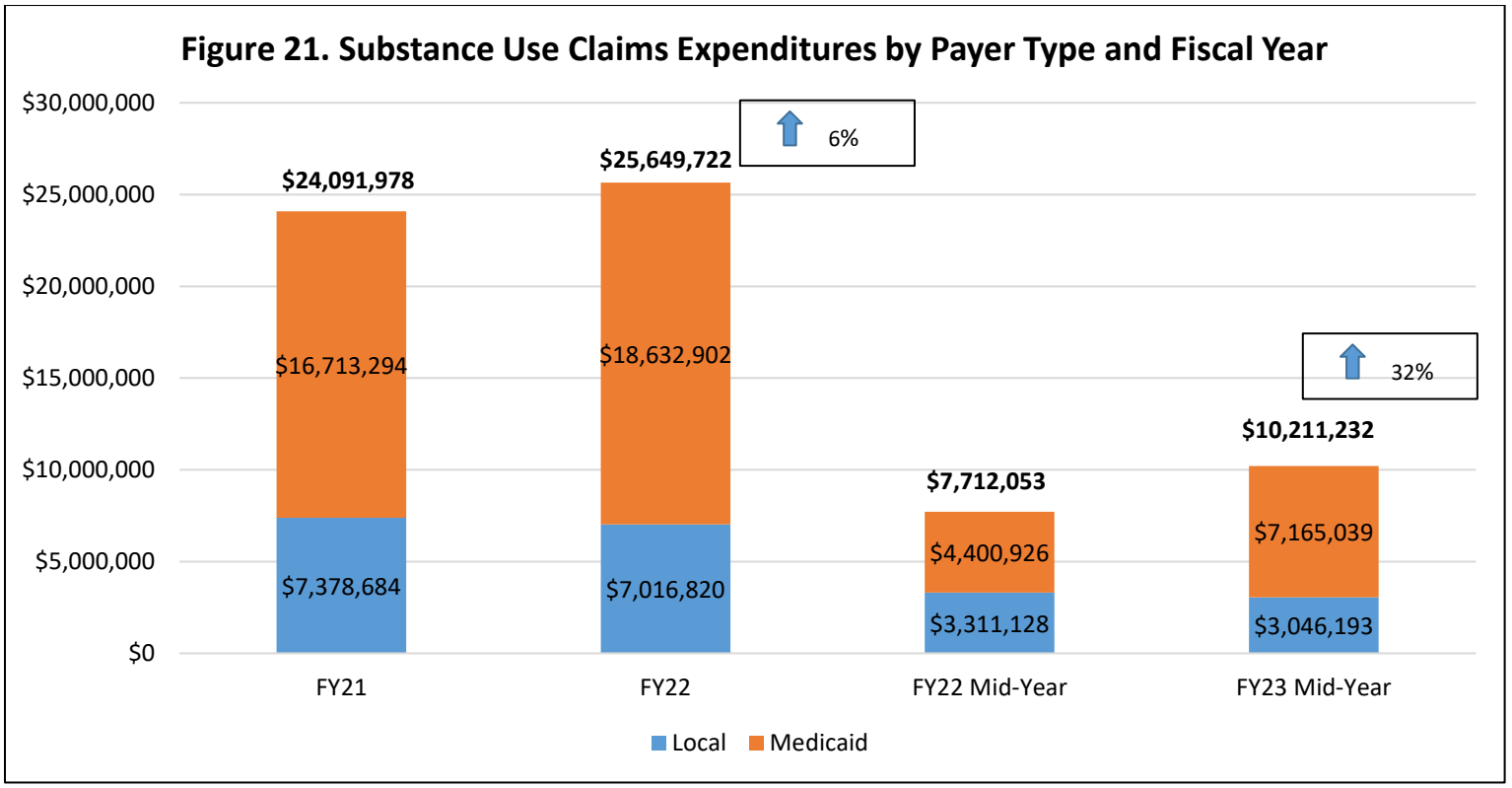


Figure 21 shows a slight increase in expenditures when comparing FY21 to FY22 mid-year. Expenditures for FY23 mid-year were up more significantly as compared to mid-year FY22.

Figure 22. Mental Health Telehealth Expenditures FY23 Mid-year

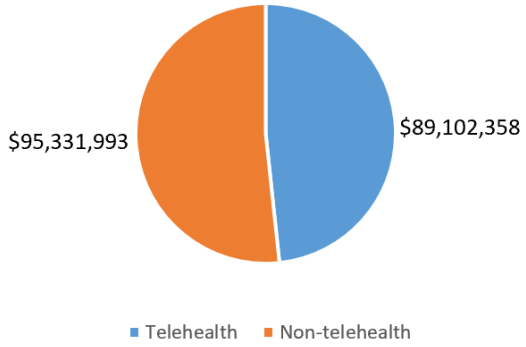
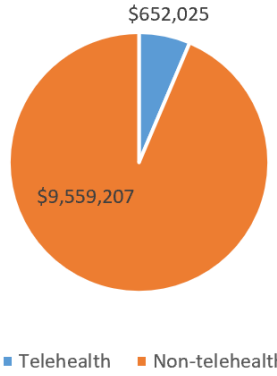


Figure 23. Substance UseTelehealth Expenditures FY23 Mid-year



Figures 22 shows that just under half (48%) of mental health expenditures in FY23 mid-year were for services via telehealth (i.e., use of telephonic or video telecommunications technology that met required standards of care. Figure 23 shows that 6% of substance use expenditures in FY23 mid-year were for services delivered via telehealth.

Figure 24. Mental Health Claims Expenditures by Age Group and Fiscal Year

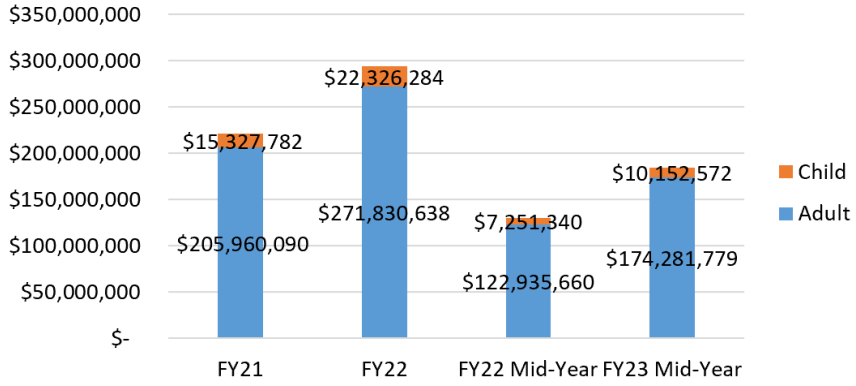


Figure 25. Substance Use Claims Expenditures by Age Group and Fiscal Year

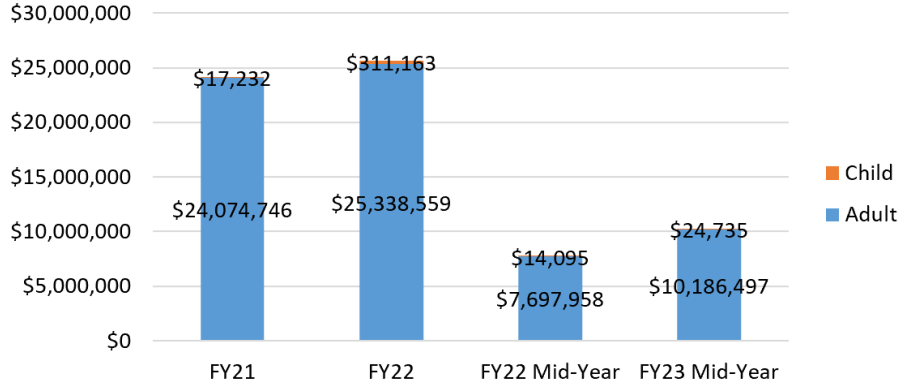


Figure 24 shows mental health expenditures for children have increased, both between FY21 and FY22, as well as between FY22 mid-year and FY23 mid-year.