Mental Health and Substance Use Report on Expenditures and Services

MHEASURES

FY 2024 Annual Report

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

WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

MHEASURES FY24

Table of Contents

Overview 4
Mental Health 4
Substance Use 5
Crisis Services 5
Key Findings 6
Consumer Feedback 7
Figure 1. Percent of Consumers Satisfied by Survey Domain – FY24 8
DBH Operated Services 9
Figure 3. Utilization Data for DBH Operated Children, Adolescent and Family Services – FY24 9
Figure 4. Utilization Data for DBH Operated Adult & Transition Age Youth Services – FY24 10
Figure 5. Utilization Data for DBH Operated Consumer and Family Services – FY24 11
Claims-based Services 12
Figure 6. Individuals Who Received Mental Health and Substance Use Services – FY24 12
Figure 7. Gender FY24 13
Figure 8. Race FY24 14
Figure 9. Count of Individuals Served and Provider Locations by Ward – FY24 15
Mental Health Services 16
Figure 10. Penetration Rate per 1,000 Population 16
Figure 11. Individuals Who Received Mental Health Rehabilitative and Free-Standing Mental Health Services – FY24 17
Figure 12. Consumers Receiving Community-based Mental Health Services by Fiscal Year 18
Figure 13. FY24 Utilization of Community-Based Mental Health Services 19
Crisis Services 20
Figure 14. FY24 Utilization of Crisis Services 20
Figure 15. FY24 Access Helpline 988 Call Data 21
Substance Use Services 23
Figure 17. Substance Use Services Utilization by Fiscal Year 23
Figure 18. FY24 SUD Utilization 24
Figure 19. Medication Assisted Treatment (MAT) by Medication and Fiscal Year 25
Children's Contracted Programs 26
Figure 20. Utilization Data for Contracted Child/Youth Programs – FY24 26

Figure 21. Evidence Based Practices for Children/Youth 28
Saint Elizabeths Hospital ..... **Error! Bookmark not defined.**
Figure 22. Percent of Saint Elizabeths Hospital Individuals in Care Satisfied by Domain and Fiscal Year 31
Figure 23. Saint Elizabeths Hospital Admissions by Fiscal Year and Legal Status 32
Figure 24. Saint Elizabeths Hospital Discharges by Fiscal Year and Legal Status 33
Figure 25. Saint Elizabeths Hospital Average Daily Census by Fiscal Year 34
Expenditures 35
Figure 26. Mental Health Claims Expenditures by Payer Type and Fiscal Year 36
Figure 27. Substance Use Claims Expenditures by Payer Type and Fiscal Year 37
Figure 28. Telehealth Expenditures in FY23-FY24 38
Figure 29. Mental Health Claims Expenditures by Age Group and Fiscal Year 39
Figure 30. Substance Use Claims Expenditures by Age Group and Fiscal Year 40

Overview

Mission	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.
Vision	The District of Columbia is a thriving community where prevention and recovery from substance use disorders and mental health conditions is possible and services and supports optimize a resident's potential ability to function effectively within family and community.

The Department of Behavioral Health (DBH) provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. DBH serves eligible adults, children and youth and their families through a network of community-based providers and unique government delivered services. Services are integrated for individuals who have co-occurring disorders; whole person care is the goal. Services are paid via Medicaid- and locally-funded claims, as well as contracts and grants. DBH also operates Saint Elizabeths Hospital—the District's inpatient psychiatric facility.

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 October 1, 2023 - September 30, 2024 (FY24).

Mental Health

DBH oversees an array of mental health services and support through Mental Health Rehabilitation Services (MHRS) and Free Standing Mental Health (FSMH) Clinics. DBH also operates adult and child clinics that provide urgent care and crisis emergency services.

MHEASURES FY24

In FY24, DBH had a network of 54 certified providers to deliver community-based mental health services. Thirty-three providers were certified as MHRS-only providers; 17 providers were certified to deliver both MHRS and FSMH services; four providers were certified to deliver FSMH services only; and 13 providers were dually certified to deliver mental health and Substance Use Disorder (SUD) services.

Substance Use

In FY 24, DBH also had 29 certified providers to deliver treatment and recovery services for adolescents and adults with SUD. Thirteen of these providers were dually certified to provide mental health and SUD 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. During the intake process, clients receive an assessment to determine the appropriate level of treatment.

DBH providers deliver a comprehensive continuum of SUD recovery and treatment services in accordance with the American Society of Addiction Medicine (ASAM) Levels of Care, including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted treatment. Three SUD providers deliver services for adolescents through the Adolescent Substance Abuse Treatment Expansion Program (ASTEP). Screening, assessment, outpatient and inpatient 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 training, 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. DBH also oversees the District's State Opioid Response (SOR) grant.

Crisis Services

A continuum of behavioral health crisis services is available in the District of Columbia. The Access Helpline (AHL) is a 24/7 resource for residents of Washington, D.C., offering mental health support and information through trained behavioral health professionals. It also handles mental health-related calls redirected from 911. AHL is the call center for 988 in the District. Individuals experiencing a mental health-related crisis can call, chat, or text 988 and reach a trained crisis counselor.

Mental health and substance use outreach and treatment services are also provided through the Community Response Team (CRT), through outreach contractors funded through the District's State Opioid Response (SOR) grant and via the locally funded Community Engagement Team. Individuals needing stabilization services can go to the Comprehensive Psychiatric Emergency Program (CPEP) or, as of October 31, 2023, the DC Stabilization Center. Children and adolescents in crisis can receive support through ChAMPS, a mobile psychiatric service aimed at stabilization and avoiding hospitalization, or through the school-based behavioral health program. Additionally, crisis stabilization is available through residential beds that serve as alternatives to psychiatric hospital stays.

DBH DEPARTMENT OF BEHAVIORAL HEALTH

Key Findings

Community Mental Health Services. District Medicaid and local funds paid $388 million for mental health services claims in FY24. There was a decrease in consumers served (1% decrease) and an increase in expenditures (9% increase) from FY23 to FY24. The increase was predominantly driven by community support expenditures.

Substance Use Treatment. District Medicaid and local funds paid $27.1 million for SUD services claims in FY24. There was an increase in both clients served (13% increase) and expenditures (27% increase) from FY23 to FY24. The increase was predominantly driven by clinical care coordination expenditures.

Medication Assisted Treatment. According to the number of paid claims, use of MAT for opioid use disorder decreased by 8% between FY23 and FY24. Use of Methadone decreased by 31%; Buprenorphine utilization increased by 3%; Naltrexone utilization increased by 4%. The apparent decrease in Methadone was largely due to a billing issue that resulted in claims failure.

Telehealth Expenditures. Twenty-seven percent of mental health expenditures and four percent of SUD expenditures were for services delivered via telehealth. The proportion of mental health telehealth expenditures decreased significantly from 46% in FY23 to 27% in FY24. This was largely driven by changes in policy that limited the use of telehealth for community support.

Saint Elizabeths Hospital. The average daily census at Saint Elizabeths Hospital increased by 18% between FY23 and FY24. This was still slightly below the average daily census prior to the public health emergency. The average daily census was 270 in FY19 and 260 in FY24.

MHEASURES FY24

Consumer Feedback

Hearing the voices of the people we serve

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 to Strongly Agree.

Figure 1 shows the percent of respondents satisfied with their experience, broken out by survey domain and type of survey (adult mental health, child/youth caregiver, or adult SUD). Saint Elizabeths Hospital satisfaction survey data are shown in Figure 22.

MHEASURES FY24

Figure 1. Percent of Consumers Satisfied by Survey Domain – FY24

Domain	Adult SUD	Adult MH	Child MH
Social Connectedness	79%	74%	80%
Quality Appropriateness/Cultural Sensitivity	84%	81%	94%
Person-Centered Care Planning	72%	63%	60%
Participation in Treatment Planning	79%	77%	78%
Outcomes of Care	70%	63%	63%
General Satisfaction w/ Services	82%	79%	73%
Functioning	74%	70%	65%
Access	82%	76%	80%

Domain
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Percent Satisfied
■ Adult SUD ■ Adult MH ■ Child MH

In FY24, 473 adult mental health consumers responded to the satisfaction survey; 416 parents or caregivers of child/youth mental health consumers responded; and 203 adult substance use clients took the survey. The target for each domain is 80% satisfied. The domain with the highest satisfaction was quality appropriateness/cultural sensitivity. For caregivers of child/youth mental health consumers, the lowest-rated domain was person-centered care planning. For adult mental health and substance use respondents, the lowest satisfaction was with outcomes of care. Nationwide, outcomes of care and functioning are generally the lowest-scoring domains, in part because most respondents have not yet completed treatment.

MHEASURES FY24

DBH Operated Services

Figure 3. Utilization Data for DBH Operated Children, Adolescent and Family Services – FY24

Program	Metric
Assessment Center (AC). 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.	555 Assessments Completed
The Parent Infant Early Childhood Enhancement Program (PIECE) and Physicians Practice Group (PPG). 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.	2,313 Visits
School Based Behavioral Health Program (SBBH). 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 who received treatment services by DBH and CBO clinicians. CBO data are self-reported and may contain duplicates.	3,120 Children Served

Figure 4. Utilization Data for DBH Operated Adult & Transition Age Youth Services – FY24

Program	Metric
Assessment and Referral Center (ARC). The ARC provides same-day assessments and referrals for individuals seeking treatment for SUD.	956 Intakes Completed
Community Response Team (CRT). 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.	3,095 Interventions
Comprehensive Psychiatric Emergency Program (CPEP). 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.	3,342 Visits
Forensic Outpatient Department (FOPD). 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.	33 Consumers Monitored in the Community
Pharmacy (35 K Street). 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.	16,131 Prescriptions Filled
Urgent Care (UC). Located at 35 K Street, Urgent Care services include assessment, counseling, psychiatric evaluation and medication management.	13,303 Visits
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 for to support their recovery. Saint Elizabeths also provides mental health evaluations and care to patients committed by the courts.	681 Individuals Served

Figure 5. Utilization Data for DBH Operated Consumer and Family Services – FY24

Program	Metric
Access HelpLine (AHL). Residents can get immediately connected to services provided by the DBH and its certified behavioral health care providers by calling the AHL, either through 1(888)7WE-HELP or 988. 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.	38,648 Answered Calls
Consumer and Family Affairs (CFA). CFA 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.	184 Active Certified Peers

Claims-based Services

This section describes behavioral health services documented and paid through claims. Ninety-six percent of claims are paid by Medicaid, and for specific services that are not billable to Medicaid or for people who do not have Medicaid, local funding is used. Services paid by Medicaid include Fee for Service (FFS) claims and those paid by a Managed Care Organization (MCO). The universe of services included in this section is comprised of those delivered by DBH-certified community-based providers under the regulations governing Mental Health Rehabilitative Services, Free-Standing Mental Health Services, Crisis Services, Adult Substance Abuse Rehabilitative Services (inclusive of methadone), as well as prescriptions for buprenorphine and naltrexone for Opioid Use Disorder (OUD).

Figure 6. Individuals Who Received Mental Health and Substance Use Services – FY24

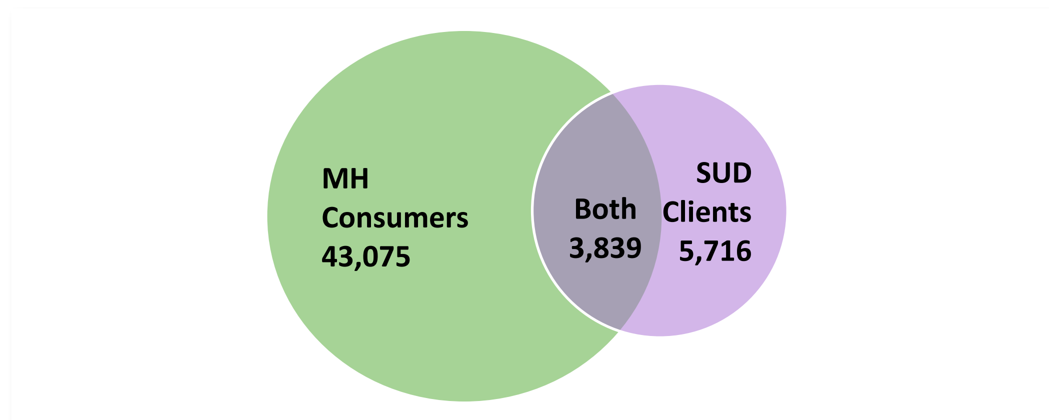


Figure 6. A total of 44,952 individuals obtained at least one MH or SUD services in FY24. Of those individuals, 3,839 received both MH and SUD services, which represents 9% of those who received MH and 67% of SUD clients.

Figure 7. Gender FY24

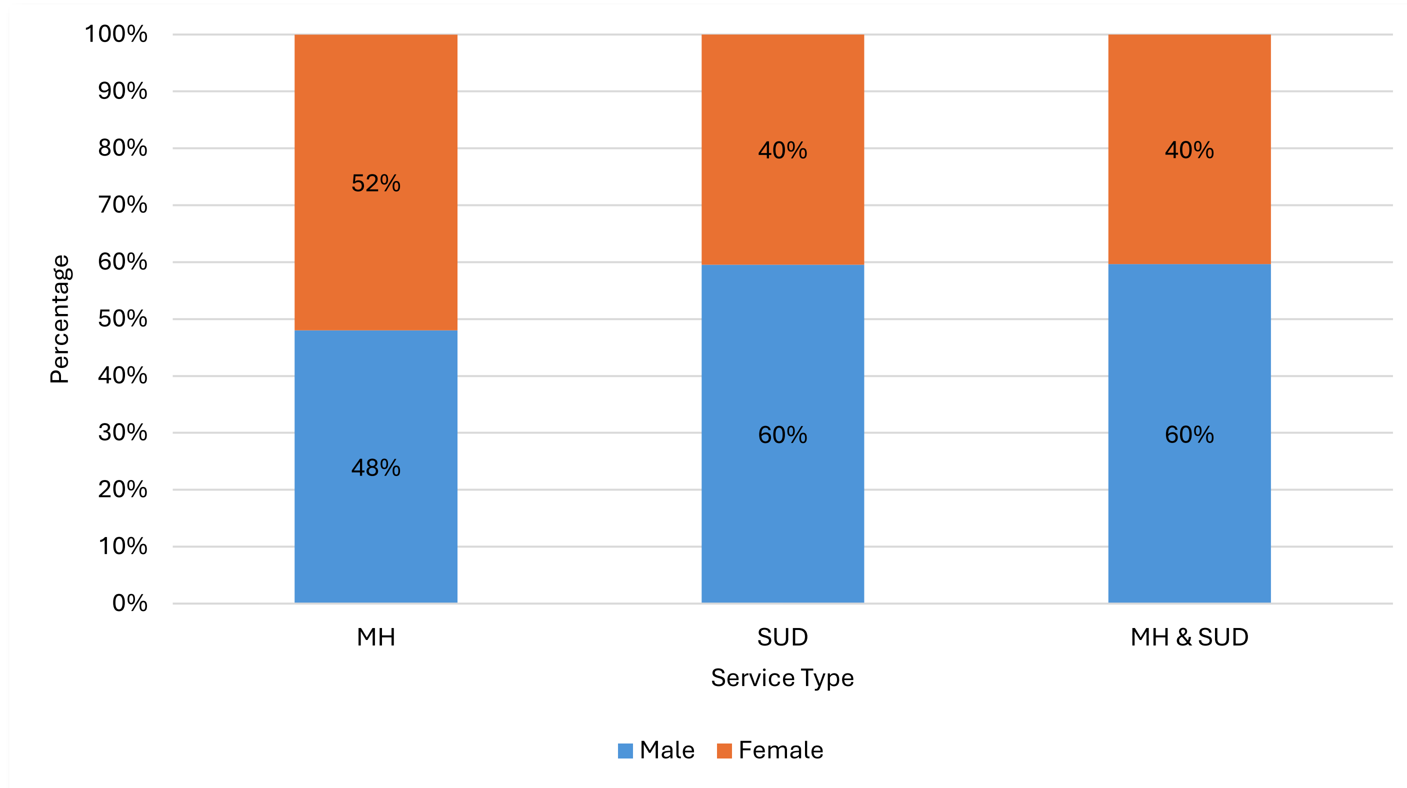


Figure 7 shows that a similar proportion of males and females received mental health services in FY24; however, males were a larger share of consumers receiving substance use disorder services, and both mental health and substance use disorder services.

MHEASURES FY24

Figure 8. Race FY24

Service Type	Black	Hispanic	White	Unknown
MH	70%	2%	2%	28%
SUD	69%	4%	4%	27%
MH & SUD	73%	4%	3%	24%

Percentage

Service Type

Black | Hispanic | White | Unknown

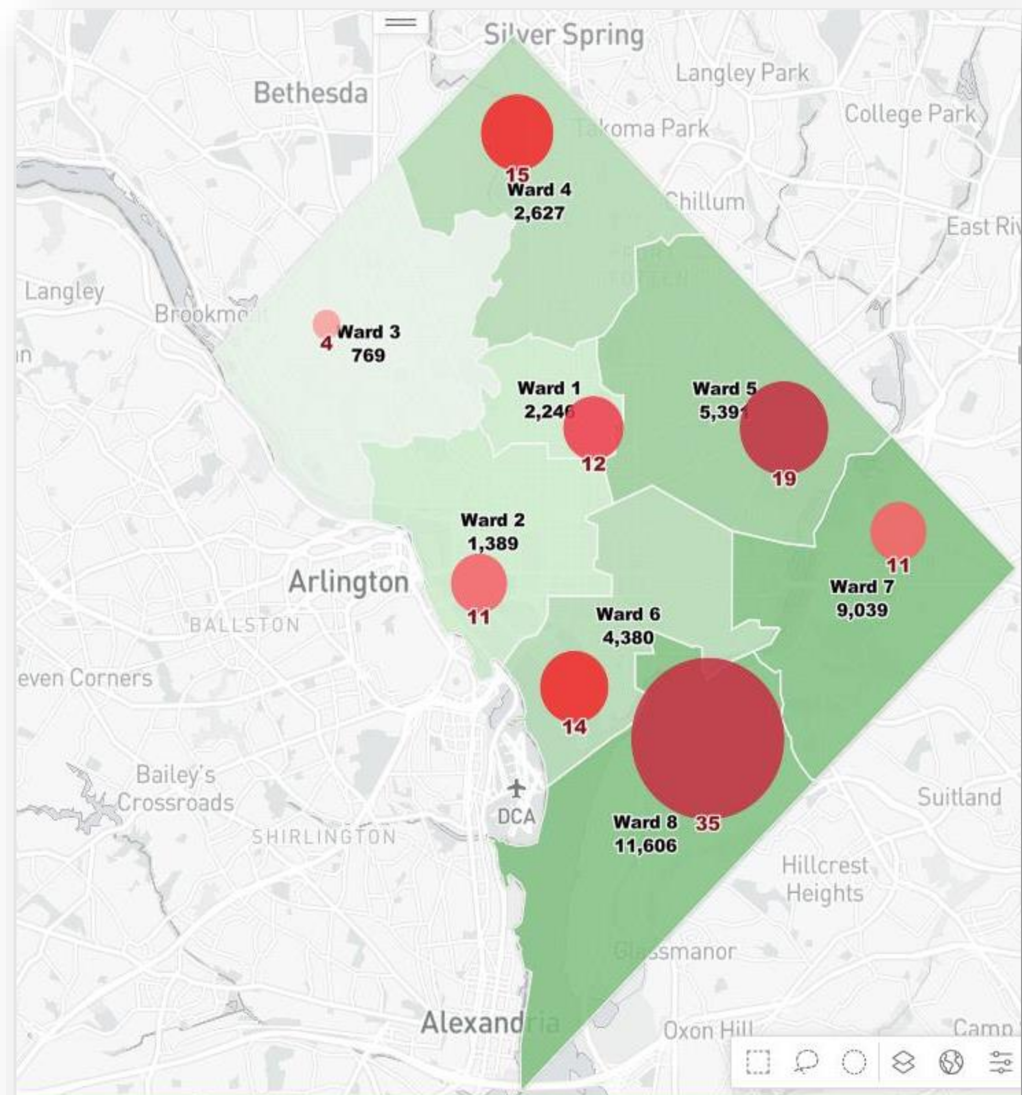
Figure 8 shows that most of the 44,952 residents receiving mental health services, substance use disorder services, or both, self-identify as African-American or Black.

MHEASURES FY24

Figure 9. Count of Individuals Served and Provider Locations by Ward – FY24

Figure 9 shows the number of provider locations (some providers have more than one location) and the number of people served, according to their address of residence, by Ward. The larger the circle, the more provider locations in the Ward. The darker the color of the Ward, the higher number of people served in FY24. The total number of people served shown on the map is lower than the total reported throughout this report, as Ward data were not available for all people served.

There were 126 behavioral health providers sites, an average of 1.8 providers per square mile of the District. Most Wards had comparable alignment between the number of people served and provider sites.



MHEASURES FY24

Mental Health Services

Figure 10. Penetration Rate per 1,000 Population

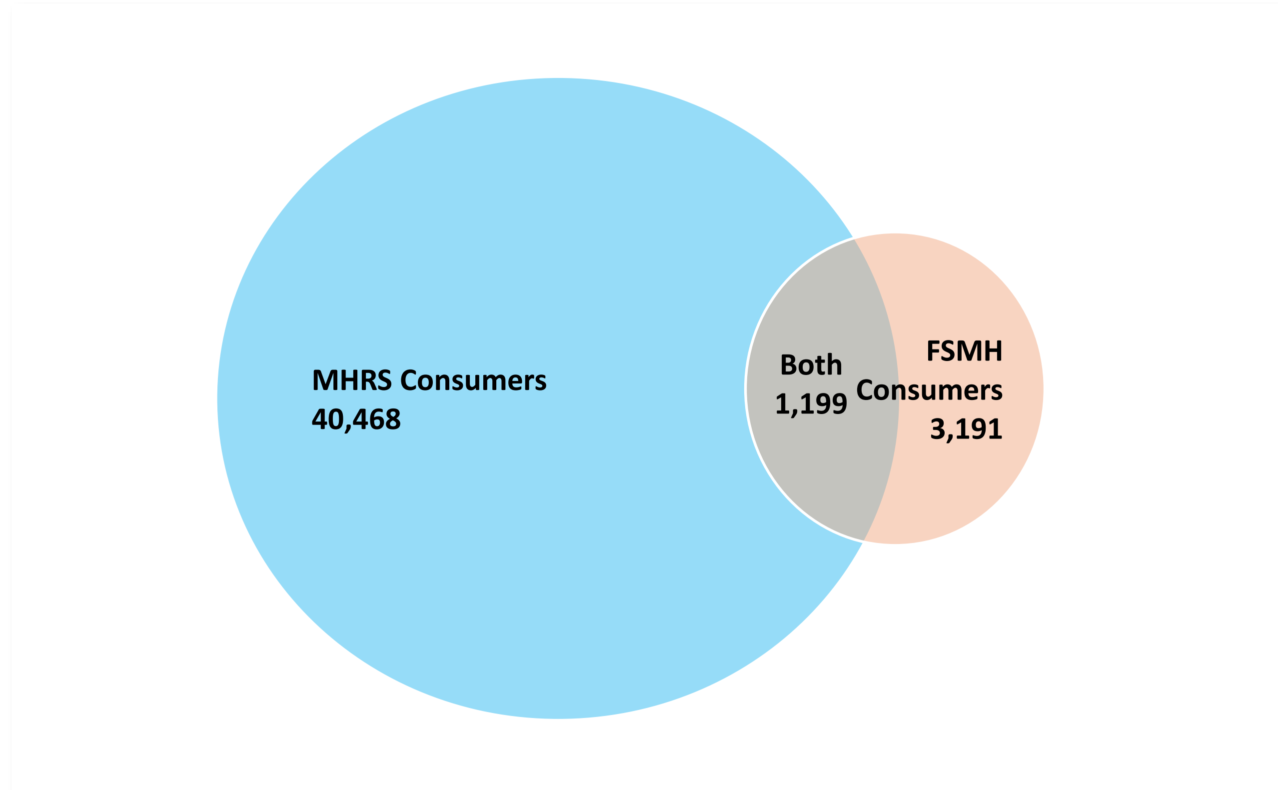
Fiscal Year	DC	US
FY20	39	25
FY21	47	25
FY22	63	24
FY23	65	25
FY24	64	23

Penetration Rate per 1,000 (y-axis, 0–70); Fiscal Year (x-axis)

Figure 10. Penetration rate is calculated by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The District's penetration rate increased significantly between FY20 and FY22 and remained at that level in FY23 and FY24. The national penetration rate has remained essentially the same for the past five years.

MHEASURES FY24

Figure 11. Individuals Who Received Mental Health Rehabilitative and Free-Standing Mental Health Services – FY24



DBH certifies two types of providers to deliver community-based mental health services using a whole person framework. FSMH services are provided by behavioral health practitioners within a clinic setting. Services include screenings and assessments, counseling/therapy, and medication management. MHRS offers the same services as FSMH as well as a range of community-based and specialty services, such as Assertive Community Treatment (ACT) and Community Behavioral Intervention (CBI). Providers can be certified as both types, and individuals can receive services from both types at the same time. Figure 11 shows a total of 42,460 individuals obtained MHRS or FSMH services in FY24. Of those, 1,199 received services from both.

MHEASURES FY24

Figure 12. Consumers Receiving Community-based Mental Health Services by Fiscal Year

Fiscal Year	Adult (18+)	Children (0-17)	Total
FY20	29,219	4,291	33,510
FY21	34,085	4,244	38,329
FY22	36,499	4,886	41,385
FY23	38,206	5,037	43,243
FY24	37,659	4,801	42,460

Y-axis: People Served (- to 50,000); X-axis: Fiscal Year

Figure 12 shows that after aal the number of individuals receiving community-based mental health services stayed relatively the same from FY23 to FY24.

Figure 13. FY24 Utilization of Community-Based Mental Health Services

Service Group	Total Served	Children (under 18) Served	Adults Served	Average Number of Services per Consumer	Expenditures	Percentage of Total Expenditures
Community Support	37,016	3,456	33,560	72	$284,262,989	76%
Diagnostic & Assessment (D&A)	26,596	2,931	23,665	2	$6,663,970	2%
Medication Management	25,735	1,878	23,857	6	$23,803,383	6%
Therapy (e.g., individual/family/group)	12,152	2,031	10,121		$13,021,733	3%
Coordination Services	5,720	32	5,688	3	$1,484,039	0%
Assertive Community Treatment (ACT)	2,255	42	2,213	61	$32,847,582	9%
Day Rehabilitation	1,050	-	1,050	82	$10,790,990	3%
Crisis/Emergency	455	16	439	2	$72,928	0%
Community Behavioral Intervention (CBI)	233	201	32	34	$1,841,582	0%
Supported Employment	215	-	215	4	$54,738	0%
Health Homes	208	-	208	1	$36,216	0%
Inpatient Discharge Planning	92	2	90	2	$29,610	0%

NOTE: Free Standing Mental Health Clinic services were integrated into the service groups of diagnostic and assessment, therapy, and medication management. Therapy is inclusive of evidence based practices, such as those enumerated in Figure 21. Crisis/Emergency services are delivered by MHRS providers and are distinct from Crisis Services outlined in Figure 14.

Figure 13 shows that the three most frequently used services were community support (37,016 individuals), diagnostic & assessment (26,596 individuals), and medication management (25,735 individuals). Community support accounted for 76% of expenditures. ACT was the next-highest proportion of expenditures at 9%.

Crisis Services

Figure 14. FY24 Utilization of Crisis Services

Service Group	Total Served	Children (under 18) Served	Adults Served	Average Number of Services per Consumer	Expenditures	Percentage of Total Expenditures
Behavioral Health Outreach	1,912	137	1,775	2	$472,892	14%
Comprehensive Psychiatric Emergency Program (CPEP)	1,524	0	1,524	4	$2,051,876	59%
Crisis Response Team	1,011	86	925	1	$176,563	5%
Crisis Beds	190	0	190	29	$772,984	22%

Figure 14 shows the number of people who received each type of crisis service during FY24. The most frequently utilized crisis service was behavioral health outreach, and the highest expenditures were for CPEP services.

The Department of Behavioral Health responds to mental health crises and emergencies in which individuals experience significant, acute episodes that threaten their well-being safety and often the safety of others. The Community Response Team (CRT) provides behavioral health outreach to engage individuals and communities with mental health and substance use resources, education and support with the goal being to increase awareness, reduce stigma and improve access to services for people who might otherwise face barriers to care. They also provide immediate, on-site support to individuals experiencing a behavioral health crisis via mobile crisis response services. The Comprehensive Psychiatric Emergency Program (CPEP) is the District’s 24/7 emergency clinic that provides voluntary and involuntary treatment for individuals experiencing psychiatric crises. Crisis stabilization services are provided through crisis beds designed as short term, designed to provide immediate, safe and supportive care for individuals experiencing acute mental health crises.

MHEASURES FY24

Figure 15. FY24 Access Helpline 988 Call Data

As of July 16, 2022, the National Suicide Prevention Lifeline phone number transitioned to the easy-to-remember 988 Lifeline. Funded by SAMHSA and operated by Vibrant Emotional Health, the 988 Lifeline connects callers, texters, or chat users to trained crisis counselors from DBH's Access HelpLine. These professionals provide free, confidential support for individuals experiencing suicidal thoughts or emotional distress, along with connections to local resources. Services are available nationwide, 24/7. Figure 15. shows the call types and resolutions for 988 calls. Most are non-crisis calls resolved on the phone by DBH counselors. DBH answered 9,850 988 calls in FY24.

Figure 16. Stabilization Center Utilization

Month	Short-term Stabilization	Long-term Observation	Total
November	301	12	313
December	300	2	302
January	333	0	333
February	381	1	382
March	356	3	359
April	434	1	435
May	519	9	528
June	464	14	478
July	572	6	578
August	497	9	506
September	549	1	506

Admissions (0–700) by Month; legend: Short-term Stabilization, Long-term Observation

On October 31, 2023, DBH, in partnership with Community Bridges, Inc., opened the DC Stabilization Center (DCSC) to support adults experiencing an SUD crisis by emphasizing individual safety to reduce potential harms associated with intoxication, including overdoses, injuries, and unnecessary interactions with the criminal justice system. The DCSC accommodates up to 22 individuals simultaneously, with 16 recliners for stays up to 23 hours, and 6 beds for stays up to 72 hours for those needing extended observation. Figure 16 shows throughout FY24, utilization generally increased, from a low of 302 in December to a high of 578 in July.

MHEASURES FY24

Substance Use Services

Figure 17. Substance Use Services Utilization by Fiscal Year

Fiscal Year	Adults	Adolescents (20 and Under)	Total
FY20	5,505	26	5,531
FY21	4,912	73	4,985
FY22	5,193	72	5,265
FY23	4,950	88	5,038
FY24	5,385	331	5,716

People Served (axis 0–7,000); Fiscal Year

Figure 17 shows a 13% increase in clients served between FY23 and FY24. For four years, the number of people receiving SUD treatment services trended down. However, the trend increased in FY24 and, in fact, surpassed utilization in FY20. In FY24, service codes were changed to facilitate billing by youth SUD providers, leading to an increase in youth with paid claims. A supplemental grant had previously supported providers' payment for youth SUD services.

MHEASURES FY24

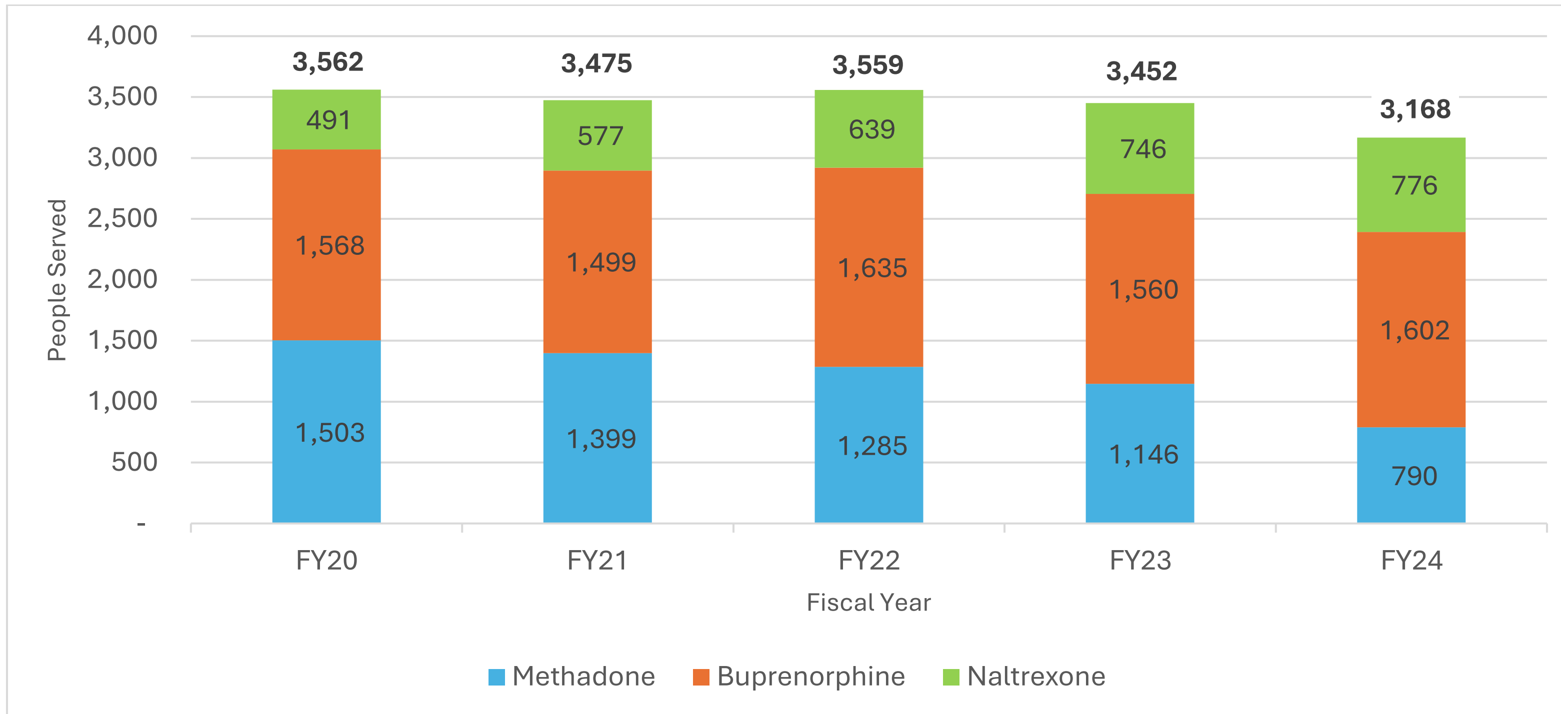
Figure 18. FY24 SUD Utilization

Service Group	Total Served	Children Served	Adults Served	Average Number of Services per Consumer	Expenditures	Percentage of Total Expenditures
Medication Assisted Treatment (MAT)	3,085	0	3,085	41	$10,083,873	41%
Therapy	2,110	121	1,989	21	$2,944,655	12%
Assessment Services	2,033	100	1,933	4	$510,530	2%
Prescriber Visits	1,700	154	1,546	4	$1,164,229	5%
Recovery Support	1,519	42	1,477	21	$2,796,018	12%
Clinical Care Coordination	1,026	11	1,015	8	$1,106,722	5%
Withdrawal Management	220	0	220	5	$982,999	4%
Residential Services	839	24	815	56	$4,715,052	19%

Figure 18 shows that the most utilized service was MAT (a combination of Buprenorphine, Methadone, and Naltrexone), followed by therapy and assessment services. Assessments completed at DBH's Assessment and Referral Center are not counted in Figure 18, as they are not billed.

MHEASURES FY24

Figure 19. 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 19 shows the total number of clients receiving MAT decreased by 8%. Clients receiving Methadone declined by 31%; those receiving Buprenorphine increased by 3%, and those receiving Naltrexone increased by 4%. Use of Naltrexone has increased every year for the past five years, while comparatively, use of Methadone has declined. Clients may have received more than one type of MAT and are counted in each, which is why the total is higher than the MAT count in Figure 15. The seeming decline in Methadone was partially due to an administrative billing change that led to some claims not meeting the new requirements for payment.

MHEASURES FY24

Children's Contracted Programs

Figure 20. Utilization Data for Contracted Child/Youth Programs – FY24

Program	Metric
The Children and Adolescent Mobile Psychiatric Service (ChAMPS). 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. During FY23, the ChAMPS contract was revised to require the vendor to provide support only Monday through Friday from 8:00 a.m. to 8:00 p.m. To ensure 24-hour crisis services for youth, DBH CRT team answers calls from the dedicated ChAMPS line from 8:00 p.m. to 8:00 a.m. Monday through Friday and on weekends.	357 Deployments
DC Mental Health Access to Pediatrics (DCMAP). 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 emotional and behavioral health screenings completed in FY24, 6,685 developmental screens were competed, along with 5,401 screening for caregivers.	27,286 Screenings
Healthy Futures (HF). 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.	101 Early Childhood Facilities
High Fidelity Wraparound (HFW). 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. During FY24, this service transitioned from being paid via contract to a billable service.	148 Children Served

MHEASURES FY24

Program	Metric
HOPE Court. 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.	52 Children Served
Juvenile Behavior Diversion Program (JBDP). 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.	59 Children Served
Primary Project (PP). 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.	116 Children Served
Psychiatric Residential Treatment Facility (PRTF). 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.	30 Children Served

Figure 21. Evidence Based Practices for Children/Youth

Practice	Number of Children Served in FY24
Child Parent Psychotherapy (CPP). 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.	11
Functional Family Therapy (FFT). FFT is a family focused intervention for at-risk and juvenile justice involved youth.	7
Multi-Systemic Therapy (MST). 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.	32
Parent Child Interaction Therapy (PCIT). 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.	8
Parent Child Interaction Therapy-Toddler (PCIT-T). PCIT-Toddlers focuses on the decrease of problematic behaviors, improve children's language, and encourage young children to follow directions.	8
Transition into Independence (TIP). 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 support. 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.	290
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events and address feelings.	46

MHEASURES FY24

Practice	Number of Children Served in FY24
Trauma Systems Therapy (TST). 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.	14

MHEASURES FY24

Saint Elizabeths Hospital

The District's public psychiatric facility for individuals with serious and persistent mental illness in need of intensive inpatient care

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.

MHEASURES FY24

Figure 22. Percent of Saint Elizabeths Hospital Individuals in Care Satisfied by Domain and Fiscal Year

Domain	FY22	FY23	FY24
Social Connectedness	68%	70%	67%
Rights	49%	49%	48%
Quality Appropriateness/Cultural Sensitivity	54%	55%	58%
Participation in Treatment Planning	67%	71%	63%
Outcomes of Care	60%	64%	59%
Medication	56%	60%	56%
Hospital Environment	51%	58%	55%
Empowerment	64%	64%	63%
Dignity	58%	59%	61%

Percent Satisfied (0%–80%)

Figure 22. In FY24, 138 surveys were completed. Social Connectedness was the survey domain with the highest satisfaction (67%), followed by Empowerment and Participation in Treatment Planning (63%). Between FY23 and FY24, there was improvement in Quality Appropriateness/Cultural Sensitivity and Dignity. The remaining domains saw a decrease in satisfaction. The domain with the largest improvement was Quality Appropriateness/Cultural Sensitivity (three percentage points).

Figure 23. Saint Elizabeths Hospital Admissions by Fiscal Year and Legal Status

Figure 23. The legal status of people admitted to Saint Elizabeths Hospital is presented here. Civil status indicates individuals whose admissions were mandated by a civil commitment order. Pre-trial status means individuals were mandated by the court to obtain a competency evaluation while awaiting trial. Post-trial status indicates individuals who were found either not competent to stand trial or not guilty by reason of insanity. Most admissions were for forensically-involved individuals who had a pre-trial legal status. In general, admissions increased as issues related to COVID-19 decreased. Admissions increased by 32% between FY23 and FY24.

MHEASURES FY24

Figure 24. Saint Elizabeths Hospital Discharges by Fiscal Year and Legal Status

Fiscal Year	Civil	Pre-Trial	Post-Trial	Total
FY20	107	214	20	341
FY21	69	100	9	178
FY22	42	144	7	193
FY23	52	211	9	272
FY24	55	332	2	389

Discharges (y-axis: 0–450); Fiscal Year (x-axis)

Legend: Civil, Pre-Trial, Post-Trial

Figure 24. Discharges increased by 43% between FY23 and FY24. The majority of discharges each year were individuals who were of pre-trial legal status.

MHEASURES FY24

Figure 25. Saint Elizabeths Hospital Average Daily Census by Fiscal Year

Fiscal Year	Average Daily Census
FY20	235
FY21	202
FY22	196
FY23	220
FY24	260

Figure 25 shows the average daily census at Saint Elizabeths Hospital increased by 18% between FY23 and FY24.

Expenditures

The expenditure data in this report include behavioral health services delivered by DBH-certified providers. Most services are paid for by Medicaid (directly by DHCF under fee-for-service (FFS) or by managed care organizations (MCOs) on behalf of DHCF). Medicaid services are funded by federal and local dollars. While the federal government pays the majority of claims, DBH pays a percentage of every Medicaid dollar spent using local funds. Fully local funds are used when either the individual receiving services does not have insurance, or if the service is not reimbursable by Medicaid but is part of the array of services DBH offers.

Figure 26. Mental Health Claims Expenditures by Payer Type and Fiscal Year

Fiscal Year	Local	Medicaid	Total
FY20	$13,486,887	$177,105,315	$190,592,202
FY21	$13,287,615	$215,085,860	$228,373,475
FY22	$11,842,060	$282,314,862	$294,156,922
FY23	$12,587,153	$344,230,127	$356,817,280
FY24	$13,668,282	$374,112,633	$387,780,915

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). .

Figure 26 shows that $388 million was spent on claims-based mental health services in FY24. This amount reflected a 9% increase in spending on mental health services from FY23 to FY24. DBH local funds accounted for about 4% (about $13.7 million) of FY24 spending on claims-based mental health services. The increase in expenditures was largely driven by a $31 million increase in community support expenditures.

MHEASURES FY24

Figure 27. Substance Use Claims Expenditures by Payer Type and Fiscal Year

Fiscal Year	Local	Medicaid	Total
FY20	$12,297,212	$15,096,015	$27,393,227
FY21	$7,378,684	$20,433,160	$27,811,844
FY22	$7,016,820	$18,632,902	$25,649,722
FY23	$6,581,757	$14,816,050	$21,397,807
FY24	$8,273,923	$18,879,547	$27,153,471

Expenditures: $0, $5,000,000, $10,000,000, $15,000,000, $20,000,000, $25,000,000, $30,000,000

Fiscal Year

Local, Medicaid

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 Incedo 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 9/30/24.

Figure 27 shows $27.2 million was spent on claims-based substance use services in FY24 representing a 27% increase in expenditure as compared to FY23, which was a return to similar expenditures as prior years. DBH local funds accounted for 30% (about $8.3 million) of FY24 spending on claims-based substance use services.

Figure 28. Telehealth Expenditures in FY23-FY24

Mental Health Telehealth Expenditures FY23-FY24	FY23	FY24
Telehealth	$162,777,069	$103,669,777
Non-telehealth	$194,040,211	$284,111,138

Substance Use Telehealth Expenditures FY23-FY24	FY23	FY24
Telehealth	$1,296,532	$1,084,426
Non-telehealth	$20,101,276	$26,069,045

Figure 28. A little less than a third (27%) of mental health expenditures were for services via telehealth (i.e., use of telephonic or video telecommunications technology that met required standards of care). The proportion of mental health telehealth expenditures decreased significantly from 46% in FY23. This was largely driven by the limitation of telehealth for community support. Four percent of substance use expenditures were for services delivered via telehealth. This was a similar proportion to FY23.

MHEASURES FY24

Figure 29. Mental Health Claims Expenditures by Age Group and Fiscal Year

Fiscal Year	Adult	Child
FY20	$172,889,170	$14,466,407
FY21	$212,554,899	$15,818,575
FY22	$271,830,638	$22,326,284
FY23	$334,312,871	$22,504,409
FY24	$364,067,734	$23,713,181

Expenditures axis: $- to $450,000,000; Fiscal Year axis: FY20–FY24; Legend: Adult, Child

Figure 29. Mental health claims-based expenditures for both adults and children have increased each year from FY20 to FY24.

MHEASURES FY24

Figure 30. Substance Use Claims Expenditures by Age Group and Fiscal Year

Fiscal Year	Adult	Youth
FY20	$27,201,089	$192,138
FY21	$27,514,288	$297,556
FY22	$25,338,559	$311,163
FY23	$21,307,449	$90,359
FY24	$26,883,428	$270,043

Expenditures: $0, $5,000,000, $10,000,000, $15,000,000, $20,000,000, $25,000,000, $30,000,000

Fiscal Year

Legend: Youth, Adult

Figure 30. Substance use expenditures for adults and youth increased between FY23 and FY24.