



Mental Health Expenditure and Service Utilization Report (MHEASURE)

July 15, 2013

Overview

The mission of the District of Columbia Department of Mental Health (DMH) is to develop, manage and oversee a public mental health system for adults, children and youth and their families that is consumer driven, community based, culturally competent and supports prevention, resiliency and recovery and the over-all well-being of the District's citizens. The DMH serves children and youth with a diagnosis of severe emotional disturbance (SED) and adults with severe mental illness. District residents who meet the enrollment criteria are eligible to receive the full range of mental health services and supports.

DMH provides an array of mental health services and supports through a Mental Health Rehabilitation Option (MHRS). This includes: (1) Diagnostic and Assessment, (2) Medication/Somatic treatment, (3) Counseling, (4) Community Support, (5) Crisis/Emergency, (6) Rehabilitation/Day Services, (7) Intensive Day Treatment, (8) Community Based Intervention, (9) Assertive Community Treatment. In addition, a variety of evidence-based services and promising practices. This includes wraparound support, trauma-informed care, school mental health services, early childhood services, suicide prevention, forensic services and Supported Employment.

The Mental Health Expenditure and Service Utilization (MHEASURE) Report provides a summary of key agency measures related to service cost, utilization and access to the public mental health system. Specifically, the following information is contained within this document:

- Enrollment data is presented in *Figures 1 and 2-Consumers Enrolled and Served*;
- The number of consumers served is shown in *Figure 3 and 4- Consumer Count by Age Group and Funding Source*;
- Service utilization by race and gender is presented in *Figure 5* and;
- Cost and utilization data based upon claims expenditures for Fiscal Year 2008-Fiscal Year 2012 and Fiscal Year 2013 Year-To-Date is presented in *Figures 6-11*;



- Utilization by service type is presented in *Figure 11*; and the
- Percent of adult consumers with Serious Mental Illness (SMI) and children and youth with Serious Emotional Disturbances (SED) served within the public mental health system is presented in *Figures 12 and 13*.

The report is based upon two quarters of data which is analyzed 90 days after the close of the second quarter to account for claims lag. Reports are published January 15th and July 15th of each fiscal year.

Limitation of the Report

- 1. Findings are based solely on the public mental health system's claims data.** Individuals receiving care receive a wider array of services than what is reflected through DMH claims data. Many of these services are delivered through other arrangements. For example, approximately two-thirds of all Medicaid recipients are enrolled in a managed care plan, through which they may receive mental health or behavioral health services outside of the public mental health system. Individuals who are not enrolled in managed care may also access other mental health or behavioral health services delivered through non-MHRS providers such as independent psychiatrists which would also not be captured in the public mental health claims data set.
- 2. Only those services that are paid through claims are included in the data set of information summarized for this report.** The DMH provides a robust array of contracted services that are supported with local dollars that enhance the quality of care provided to individuals with mental illness and their families. This includes prevention and intervention services provided through school based mental health, homeless outreach services, early childhood services, wraparound support, forensic services, housing, and suicide prevention services.



3. **Two of the evidence-based practices offered within the children and youth system of care are included in the “counseling” utilization count so report does not reflect the utilization of each these specialized services individually.** Within this report, the data shown for counseling includes the utilization of Trauma Focused Cognitive Behavior Therapy (TF-CBT), Child Parent Psychotherapy for Family Violence (CPP-FV) and MHRS Counseling.

Summary of Findings

The Department of Mental Health continues to develop a robust array of services to meet the mental health service needs of the people receiving care. Findings based upon the current analysis of data shows:

- **The Department of Mental Health served a total of 22,930 consumers in Fiscal Year 2012.** This is an increase of (five) 5% or 1,104 consumers served in FY 11. This includes 4,187 children/youth and 18,743 adults.
- **The majority of the individuals served within the public mental health system are African American.** Ninety percent of the population is African American, 3.8% are White and 3.0 percent are Hispanic. There is also a small number of American Indian/Alaskan Natives and Asian Americans receiving services.
- **The majority of adults served have a diagnosis of severe mental illness (SMI) and the majority of children and youth have a diagnosis of severe emotional disturbance (SED).** The most prevalent diagnoses of adults receiving services in FY 13 are mood disorders, schizophrenia and bipolar disorders and mood disorders. The most prevalent diagnoses for children and youth served during the same period are attention deficit disorders and adjustment disorders.



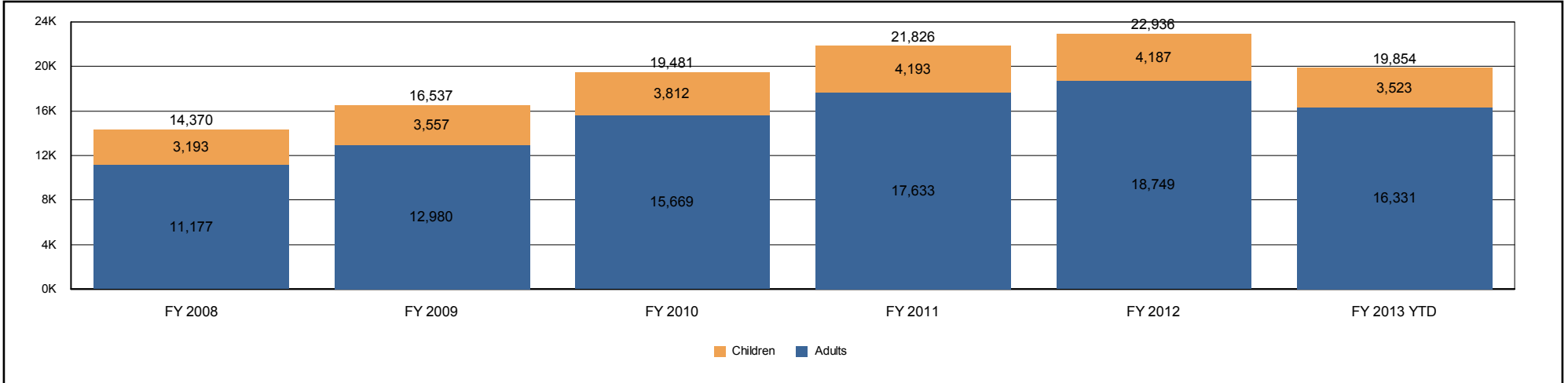
- **Mental health services provided to the majority of individuals served within the public mental health system were funded through Medicaid (88%) rather than with local dollars.** As of August 11, 2012, DMH implemented the requirements of the Mental Health Services Eligibility Act of 2011. This provided Medicaid to children at 300% of the Federal Poverty Level (FPL) and adults at 200% of the FPL.
- **The total expenditure for mental health services rose 9% in FY 2012 when compared to those in FY 2011.** This includes both MHRS services and additional services such as jail diversion, supported employment, crisis beds and integrated care coordination which are funded through DMH's local dollar allocation.
- **The two highest cost drivers within the system are intensive community based services (Assertive Community Treatment, Community Based Intervention, Multi-systemic Therapy and Functional Family Therapy) and crisis emergency services.** The annual cost per consumer for those receiving intensive community based services is five times that of those receiving on community support, medication management and counseling services.



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Figure 1 - Consumers Served by the Department of Mental Health



Children (Age 0-17)

10% Increase from 2008 to 2009
 7% Increase from 2009 to 2010
 9% Increase from 2010 to 2011
 0% Decrease from 2011 to 2012

Adults (Age 18+)

14% Increase from 2008 to 2009
 17% Increase from 2009 to 2010
 11% Increase from 2010 to 2011
 6% Increase from 2011 to 2012

Children & Adults Combined

13% Increase from 2008 to 2009
 15% Increase from 2009 to 2010
 11% Increase from 2010 to 2011
 5% Increase from 2011 to 2012

Figure 1. displays the total number of consumers who received mental health services from Fiscal Year 2008 to Fiscal Year 2012. It also includes FY 2013 Year to Date (10/01/2012 through 06/30/2013). Each number represents an individual consumer who received at least one service within the public mental health system during the specified timeframe.



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Figure 2 - Consumers Enrolled and Served by the Department of Mental Health

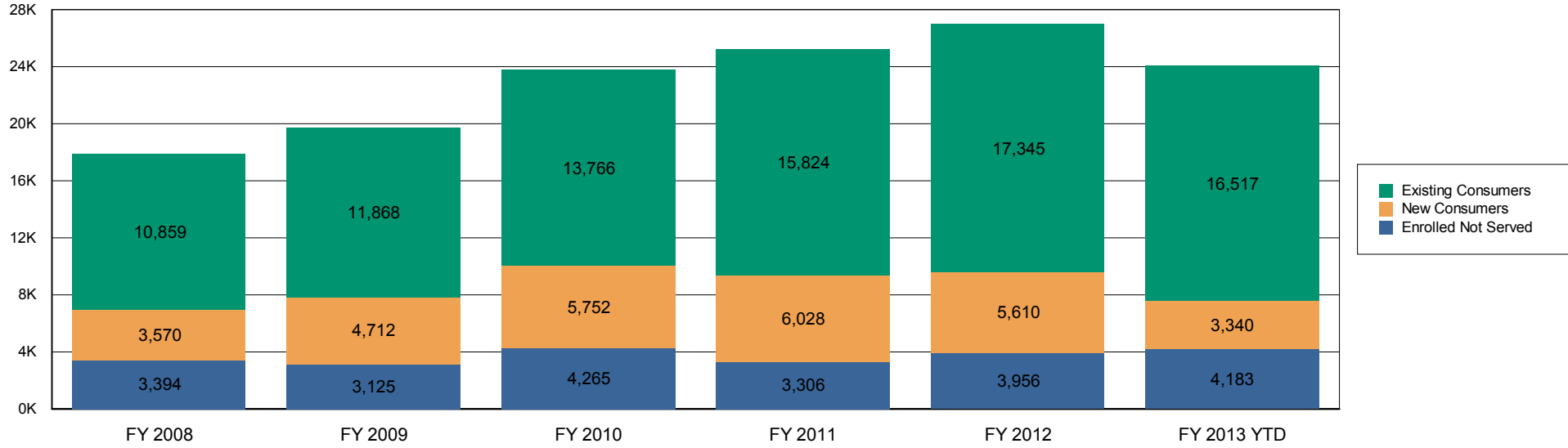


Figure 2. displays the number of consumers which are either : 1) consumers that were enrolled prior to this reporting period (Existing Consumers), 2) new to the public mental health system (New Consumers), and 3) consumers that are enrolled but have not received a service during this reporting period (Enrolled Not Served). For the purposes of this report enrollment is defined as linkage to a provider in the public mental health system.

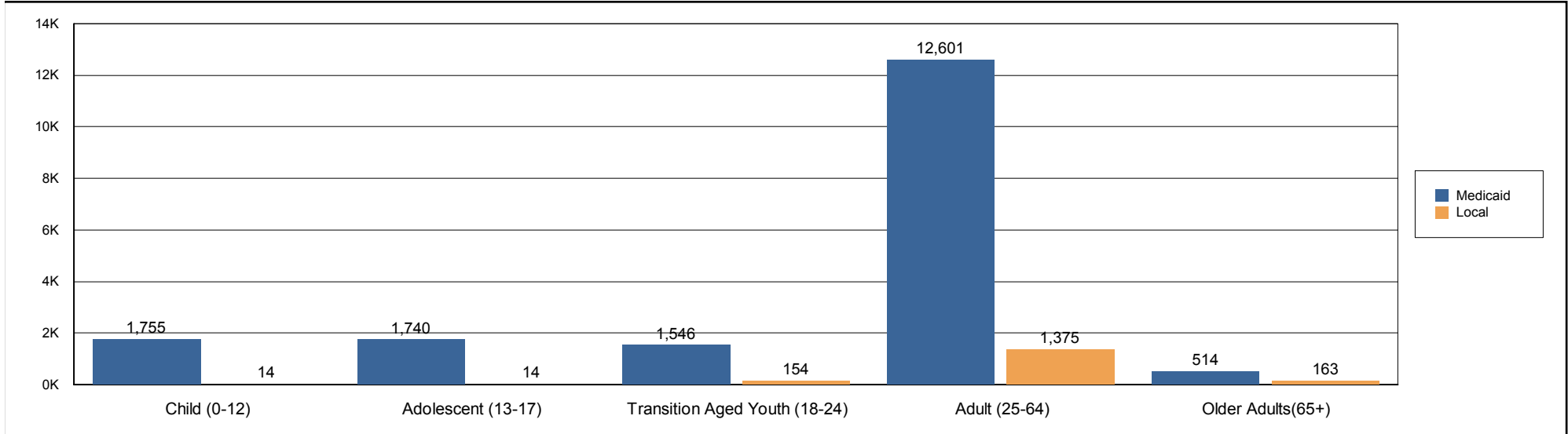


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Figure 3 & 4 - Consumer Count by Age Group and Funding Source - FY 2013 YTD

Age Group	Medicaid		Locally Funded	
	Count	Percentage	Count	Percentage
Child (0-12)	1,755	9.7%	14	0.8%
Adolescent (13-17)	1,740	9.6%	14	0.8%
Transition Aged Youth (18-24)	1,546	8.5%	154	9.0%
Adult (25-64)	12,601	69.4%	1,375	79.9%
Older Adults(65+)	514	2.8%	163	9.5%
Total	18,156	100.0%	1,720	100.0%



Figures 3 & 4 display a count of consumers served by age group (see above) and outlines if the services received were funded by Local and or Medicaid Dollars.



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Figure 5 - FY 2013 YTD Service Utilization by Race & Gender

Service	Race								Gender		
	American Indian/Alaskan	Asian	Black or African American	Hispanic	More than 1 Race	Hawaiian/Pacific Islander	Not Available in eCura	White	Male	Female	Not Available in eCura
ACT	1	12	1,162	23	0	0	71	122	757	634	0
Group	0	1	221	7	0	0	13	20	140	122	0
Individual	1	12	1,162	23	0	0	71	122	757	634	0
CBI	0	1	820	15	0	0	14	1	476	374	1
Level I - MST	0	0	95	2	0	0	2	1	51	49	0
Level II & III - 90/180 Day Auth	0	0	593	11	0	0	12	0	355	260	1
Level IV - FFT	0	1	185	4	0	0	1	0	100	91	0
Community Support	15	42	15,164	333	15	0	464	513	8,487	8,043	16
Group Home	0	2	91	3	0	0	19	9	75	49	0
Group Setting	0	3	1,007	55	8	0	41	42	597	557	2
Ind - Collateral Contact	0	2	1,974	23	0	0	76	45	1,190	930	0
Ind - Face to Face	15	40	14,805	286	12	0	444	496	8,246	7,838	14
Ind - Family/Couple w/Consumer	0	1	1,889	58	1	0	38	33	1,153	865	2
Ind - Family/Couple w/o Consumer	0	0	1,224	8	0	0	16	10	717	541	0
Self Help/Peer Support - Group	0	0	1	0	0	0	0	0	1	0	0
Self Help/Peer Support - Ind	0	0	12	0	0	0	2	2	8	8	0
Counseling	2	5	2,396	184	11	0	86	83	1,370	1,390	7
Family w/Consumer	0	0	18	0	0	0	1	0	17	2	0
Group	0	1	418	35	8	0	28	21	309	199	3
Individual, Adult	2	5	1,429	170	9	0	52	67	809	920	5
Individual, Child/Adol	0	0	509	11	1	0	8	0	287	240	2
Offsite	0	0	547	3	0	0	23	9	297	285	0
Without Consumer	0	0	15	0	0	0	0	0	11	4	0
Crisis Services	10	14	2,191	72	1	0	92	188	1,403	1,152	13
Crisis Stabilization	0	1	102	0	0	0	5	12	56	64	0
Emergency - CMHF	7	10	1,553	36	0	0	74	162	1,049	781	12



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Figure 5 - FY 2013 YTD Service Utilization by Race & Gender

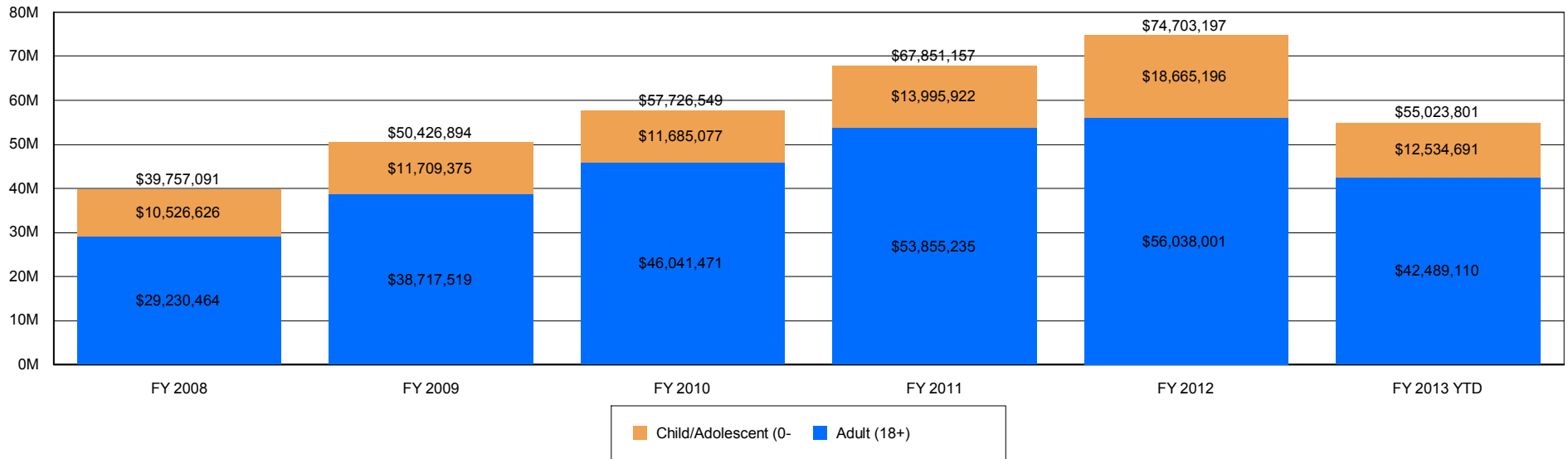
Service	Race							Gender			
	American Indian/Alaskan	Asian	Black or African American	Hispanic	More than 1 Race	Hawaiian/Pacific Islander	Not Available in eCura	White	Male	Female	Not Available in eCura
Emergency - Mobile Unit	3	1	349	8	1	0	13	36	187	223	1
Emergency - Other/Not Identified	0	3	333	31	0	0	3	0	192	178	0
No Auth Crisis Stabilization	0	1	97	0	0	0	5	11	55	59	0
Psych Bed	0	2	135	2	0	0	10	10	86	73	0
D&A	7	4	1,979	25	8	0	54	47	1,157	964	3
Brief	1	1	761	3	1	0	15	17	412	386	1
Comprehensive	7	3	1,233	22	7	0	40	30	752	588	2
Day Services	0	4	760	5	0	0	107	41	528	389	0
Face to Face, w/Consumer	0	4	760	5	0	0	107	41	528	389	0
ICCP	0	0	22	0	0	0	5	2	15	14	0
ICCP	0	0	22	0	0	0	5	2	15	14	0
Jail Diversion	0	0	117	0	0	0	0	2	73	46	0
Criminal Justice System	0	0	117	0	0	0	0	2	73	46	0
Medication Somatic	17	28	7,737	186	10	0	312	285	4,407	4,156	12
Adult	17	28	7,025	175	9	0	304	280	3,965	3,862	11
Child/Adol	0	0	801	13	1	0	10	6	499	331	1
Group	0	0	75	0	0	0	0	4	45	34	0
Supported Employment	0	1	520	11	0	0	15	29	342	233	1
Therapeutic	0	0	246	8	0	0	7	6	153	114	0
Vocational	0	1	499	10	0	0	12	28	326	223	1
Team Meeting	0	0	376	5	0	0	8	4	216	177	0
Team Meeting	0	0	376	5	0	0	8	4	216	177	0
Total All Services	32	65	17,881	507	17	0	587	761	10,249	9,572	29



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Figure 6a - Claims Expenditures for the Department of Mental Health



21% Increase from 2008 to 2009

13% Increase from 2009 to 2010

15% Increase from 2010 to 2011

9% Increase from 2011 to 2012

Figure 6a displays the aggregate cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2008 to Fiscal Year 2012. It also includes FY 2013 Year to Date (10/01/2012 to 06/30/2013). This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment (FY2012), Crisis Beds and the Integrated Care Coordination Project).



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Figure 6b - Claims Expenditures for the Department of Mental Health by Medicaid & Non-Medicaid Funds

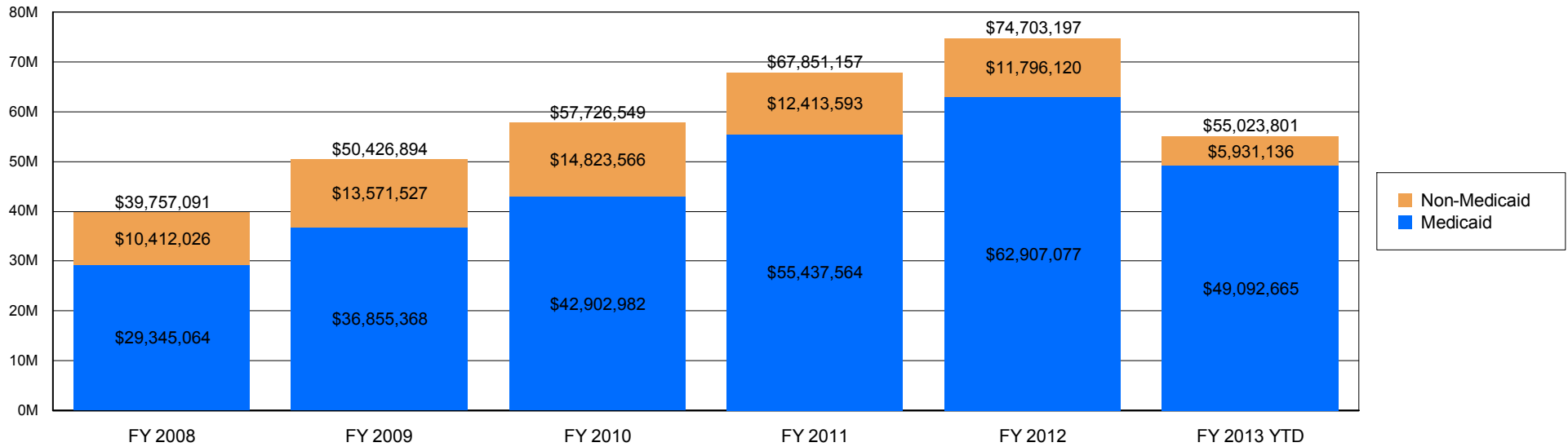


Figure 6b displays the cost of Medicaid and Non-Medicaid (Locally Funded) services from Fiscal Year 2008 to Fiscal Year 2012. It also includes FY 2013 Year to Date (10/01/2012 to 06/30/2013). This total includes Mental Health Rehabilitation Services (MHRS) and Non-MHRS Contracted Services (Jail Diversion, Supported Employment (FY2012), Crisis Beds and the Integrated Care Coordination Project).

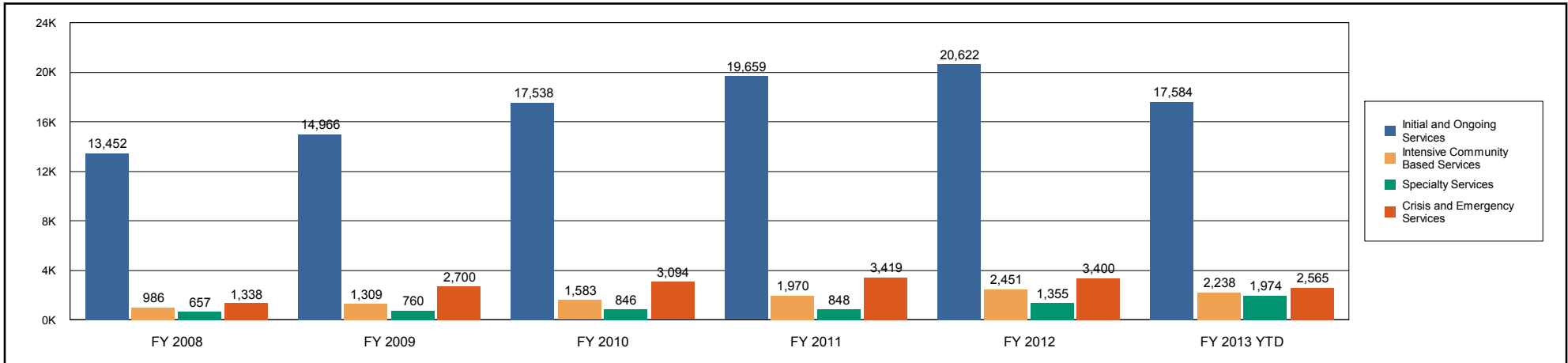


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The DC public mental health system provides a variety of different mental health services to support the needs of the populations it serves. These services are categorized as 1) Initial and On-going Services; 2) Intensive Community-Based Services; 3) Specialty Services, and 4) Crisis and Emergency Services. Figures 7a and 7b describe the different services that fall within each category, the number of consumers served within each cluster from Fiscal Year 2008 to Fiscal Year 2012 and 2013 Year to Date (10/1/2012 to 06/30/2013) and the average cost per consumer.

Figure 7a - Adult & Child/Adolescent Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

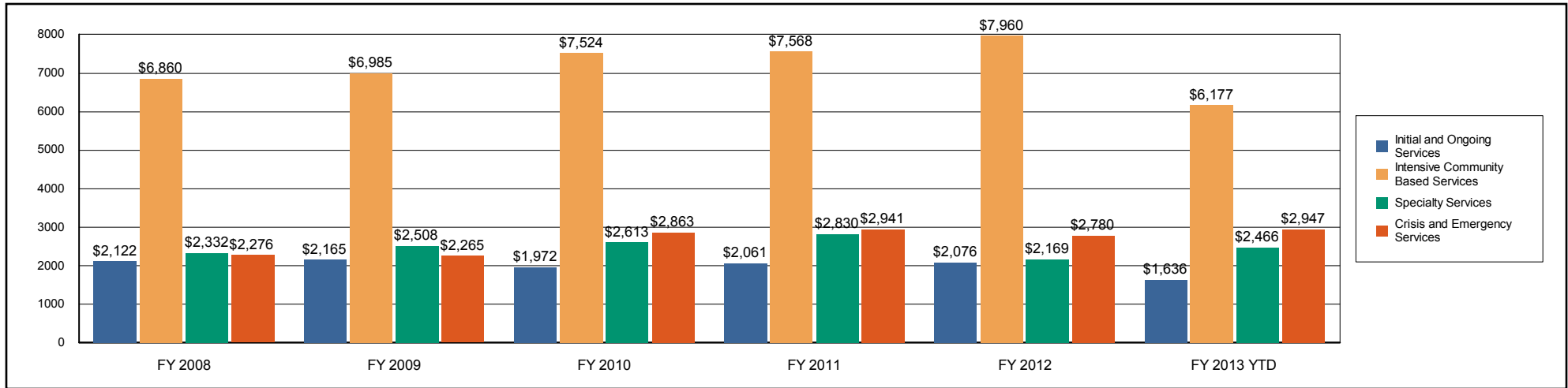
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services



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Figure 7b - Adult & Child/Adolescent Average Annual Cost per Consumer



Initial and Ongoing Services

2% Increase from 2008 to 2009
-10% Decrease from 2009 to 2010
4% Increase from 2010 to 2011
1% Increase from 2011 to 2012

Intensive Community Based Services

2% Increase from 2008 to 2009
7% Increase from 2009 to 2010
1% Increase from 2010 to 2011
5% Increase from 2011 to 2012

Specialty Services

7% Increase from 2008 to 2009
4% Increase from 2009 to 2010
8% Increase from 2010 to 2011
-30% Decrease from 2011 to 2012

Crisis and Emergency Services

0% Decrease from 2008 to 2009
21% Increase from 2009 to 2010
3% Increase from 2010 to 2011
-6% Decrease from 2011 to 2012

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services

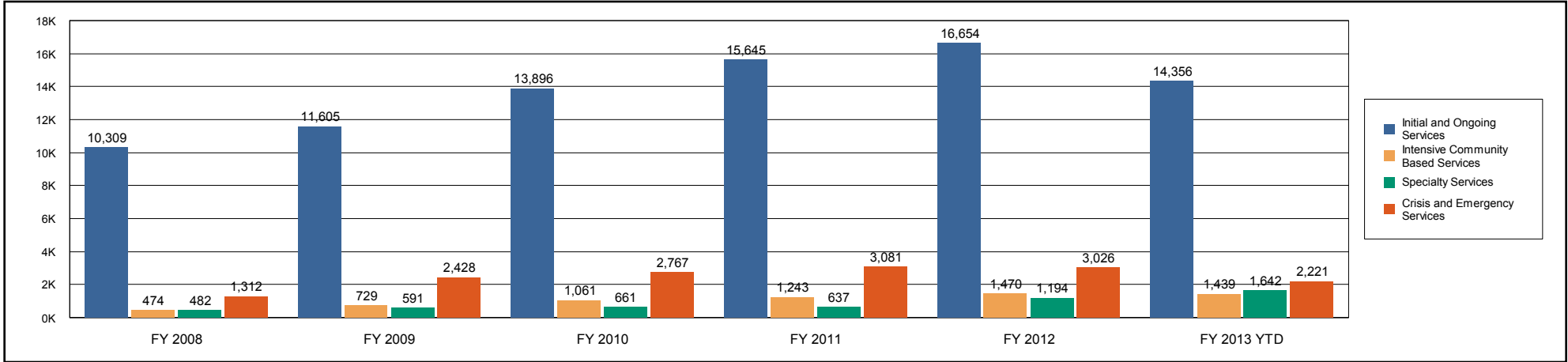
\$1,179,454.90 dollars are not included in the above service clusters. These funds were used to fund time specific programs and initiatives.



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Figure 8 - Adult Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

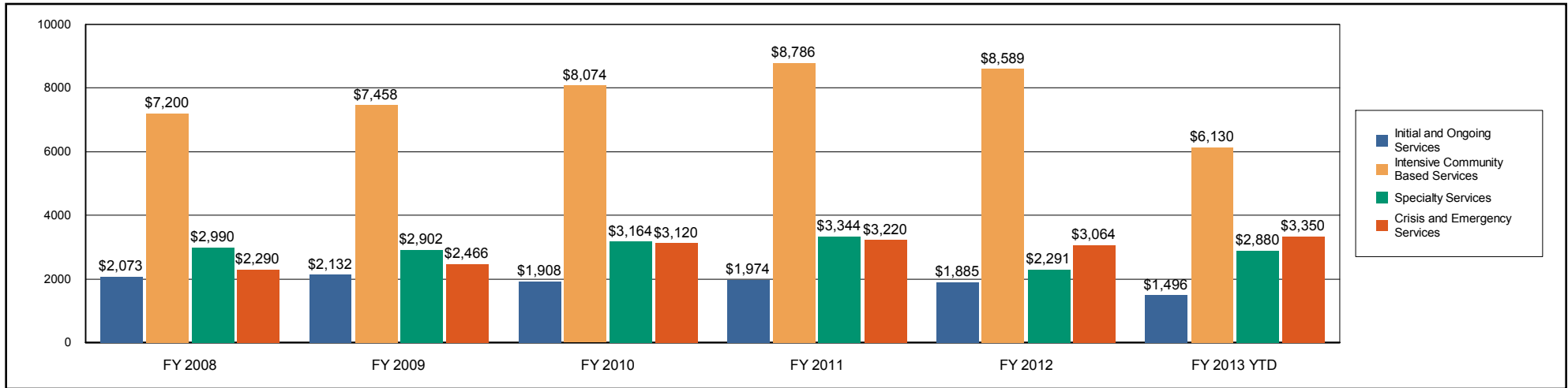
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services



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Figure 9 - Adult Average Annual Cost per Consumer



Initial and Ongoing Services

3% Increase from 2008 to 2009
-12% Decrease from 2009 to 2010
3% Increase from 2010 to 2011
-5% Decrease from 2011 to 2012

Intensive Community Based Services

3% Increase from 2008 to 2009
8% Increase from 2009 to 2010
8% Increase from 2010 to 2011
-2% Decrease from 2011 to 2012

Specialty Services

-3% Decrease from 2008 to 2009
8% Increase from 2009 to 2010
5% Increase from 2010 to 2011
-46% Decrease from 2011 to 2012

Crisis and Emergency Services

7% Increase from 2008 to 2009
21% Increase from 2009 to 2010
3% Increase from 2010 to 2011
-5% Decrease from 2011 to 2012

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

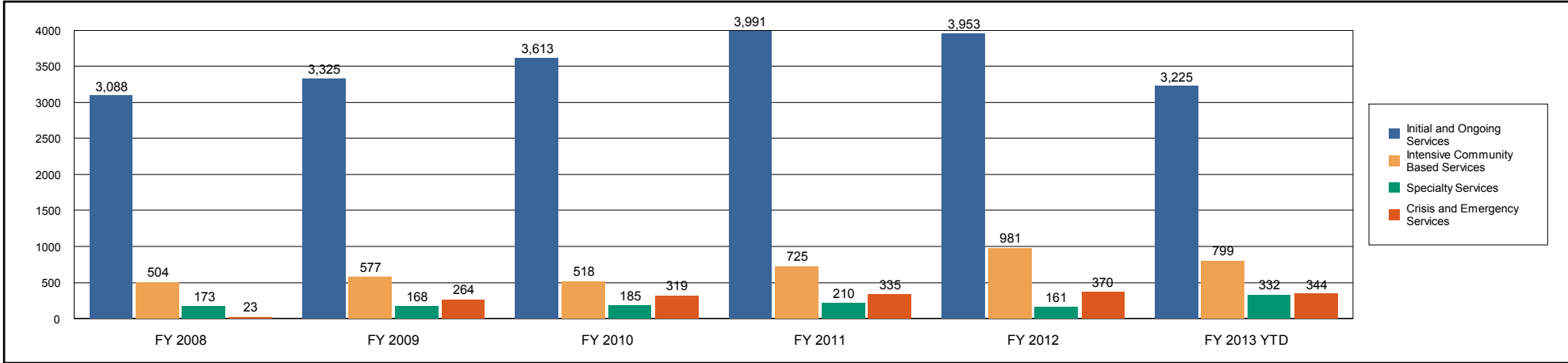
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services



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Figure 10 - Child/Adolescent Consumer Counts by Service Cluster



Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

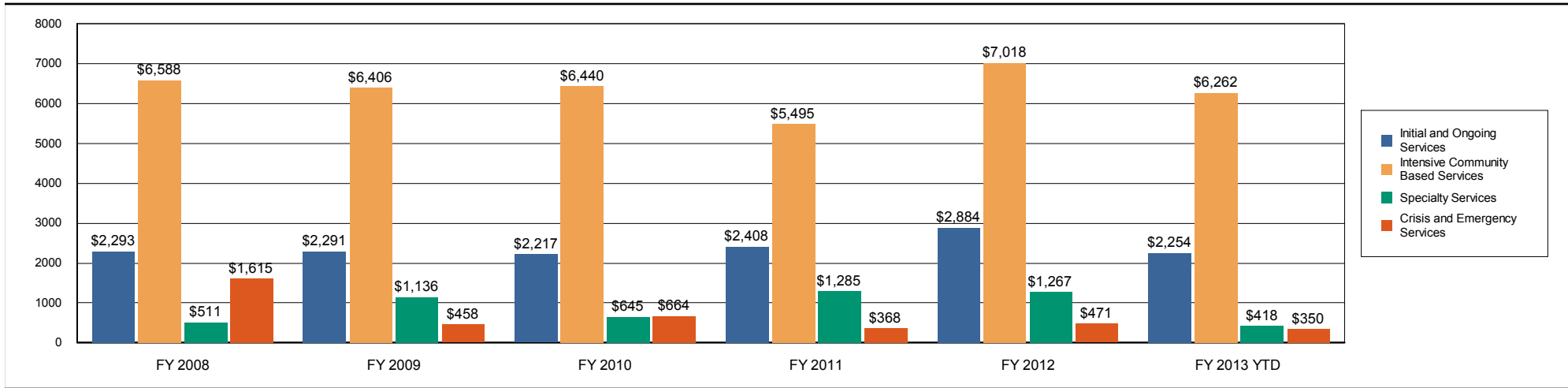
Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services



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Figure 11 - Child/Adolescent Average Annual Cost per Consumer



Initial and Ongoing Services

0% Decrease from 2008 to 2009
-3% Decrease from 2009 to 2010
8% Increase from 2010 to 2011
17% Increase from 2011 to 2012

Intensive Community Based Services

-3% Decrease from 2008 to 2009
1% Increase from 2009 to 2010
-17% Decrease from 2010 to 2011
22% Increase from 2011 to 2012

Specialty Services

55% Increase from 2008 to 2009
-76% Decrease from 2009 to 2010
50% Increase from 2010 to 2011
-1% Decrease from 2011 to 2012

Crisis and Emergency Services

-253% Decrease from 2008 to 2009
31% Increase from 2009 to 2010
-81% Decrease from 2010 to 2011
22% Increase from 2011 to 2012

Initial and Ongoing Services include Counseling, Community Support, Diagnostic Assessment and Medication Somatic

Intensive Community Based Services include Assertive Community Treatment, Community Based Intervention, Multi Systemic Therapy & Family Functional Therapy

Specialty Services include Day, Integrated Care Community Project, Supported Employment, Team Meeting and Jail Diversion

Crisis Services include Non-Authorized Crisis Beds, Psych Beds and Emergency Services

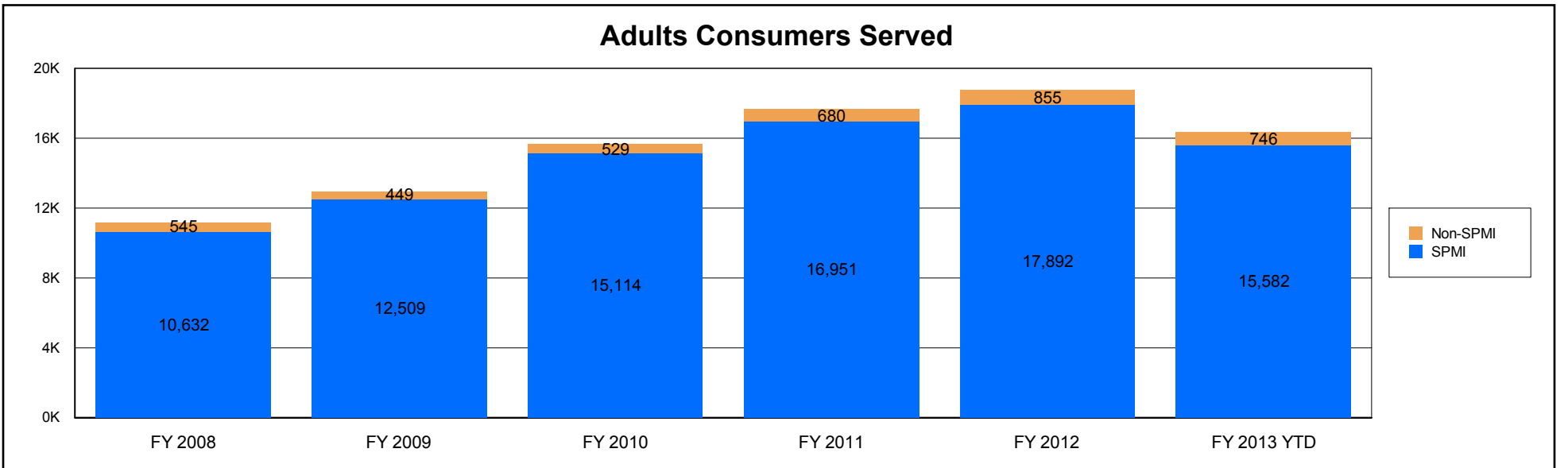


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Figure 12 - Adult Consumers Served with Serious & Persistent Mental Illness (SPMI) Diagnosis

Period	Adults with SPMI Diagnosis		Adults without SPMI Diagnosis	Total Adults Served
		%		
FY 2008	10,632	95%	545	11,177
FY 2009	12,509	97%	449	12,958
FY 2010	15,114	97%	529	15,643
FY 2011	16,951	96%	680	17,631
FY 2012	17,892	95%	855	18,747
FY 2013 YTD	15,582	95%	746	16,328





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Figure 13 - Child & Adolescent Consumers Served with Serious emotional Disturbance (SED) Diagnosis

Period	Children/Adolescent with SED Diagnosis	%	Children/Adolescent without SED	Total Child/Adolescent Served
FY 2008	2,571	81%	622	3,193
FY 2009	2,927	82%	623	3,550
FY 2010	3,106	82%	703	3,809
FY 2011	3,432	82%	751	4,183
FY 2012	3,473	83%	712	4,185
FY 2013 YTD	2,989	85%	533	3,522

