

Medicaid and CHIP enrollees who received mental health or SUD services in 2020



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About this brief

WHAT IS THIS BRIEF?

This data brief describes Medicaid and the Children’s Health Insurance Program (CHIP) enrollees, ages 12 to 64, who received at least one mental health (MH) or substance use disorder (SUD) service paid for by Medicaid or CHIP in 2020. CMS is releasing this data brief as part of ongoing agency efforts to measure disparities in access to care and make focused, evidence-based investments to improve health equity for the Medicaid and CHIP population. In 2020, 22 percent of enrollees, ages 12 to 64, received a Medicaid- or CHIP-funded service for an MH condition or SUD. MH and SUD service rates were highest among adults ages 40 to 64 and among enrollees eligible for Medicaid based on disability. Less than 10 percent of non-Hispanic Asian/Pacific Islander enrollees and less than 15 percent of Hispanic enrollees received an MH or SUD service during the year. The information in this brief, as well as updated counts that reflect data from later years, will be made available for download on data.medicaid.gov.

WHAT IS THE SOURCE OF INFORMATION?

This brief is based on data reported by states to CMS as part of the Transformed Medicaid Statistical Information System (T-MSIS). States report information each month via T-MSIS about their enrollees, Medicaid- and CHIP-covered services, payments to providers and managed care organizations, enrollees’ diagnoses and health conditions, and information on providers and managed care plans. These data are converted into the T-MSIS Analytic Files (TAF), which are optimized for research purposes. More information about T-MSIS and TAF is available at [Medicaid.gov](https://www.medicaid.gov).¹ Many states have high-quality and complete information on Medicaid and CHIP enrollment, scope of benefits, and age in the TAF; however, some states have data quality issues with reporting procedure code or diagnosis code information on medical claims. This brief excludes Utah from all figures due to missing and invalid procedure codes reported on Other Services (OT) professional claims in the 2020 TAF. More information on TAF data quality can be found on the DQ Atlas.²

To classify enrollees based on race and ethnicity as shown in Figure 4, CMS used the 2020 TAF Race/Ethnicity Imputation (REI) Companion File, which includes state-reported information on enrollee race and ethnicity when it

is reported and of good quality (74 percent of all enrollees, nationwide), and indirectly estimated race and ethnicity when the state-reported information is missing or unreliable (26 percent of all enrollees). CMS based its indirect estimates of race and ethnicity on an enhanced version of a well-validated method that is widely used for this purpose: Bayesian Improved Surname and Geocoding (BISG). BISG³ draws on the racial and ethnic distribution associated with a person’s surname and geographic location to estimate the person’s probability of reporting being in each of six racial and ethnic groups.⁴ The distribution of race and ethnicity for surnames from the Census Bureau is not available separately for race and ethnicity, so the categories are combined here.⁵ CMS enhanced the standard BISG methodology for these data by supplementing with T-MSIS information about enrollees’ first names and their American Indian or Alaska Native certification.

To classify enrollees as living in an urban or rural location as shown in Figure 5, CMS used the 2010 Rural-Urban Commuting Area (RUCA) code classification scheme from the U.S. Department of Agriculture. Enrollees are assigned to an urban or rural residence category based on the 2010 RUCA code associated with their home or mailing address ZIP code in TAF. RUCA codes 4 to 10 correspond to rural areas and RUCA codes 1 to 3 correspond to urban areas, which include all towns and cities with a population of 50,000 or more as well as surrounding suburban areas.

WHO IS INCLUDED IN THIS ANALYSIS?

The figures in this brief include Medicaid and CHIP enrollees from all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, except where otherwise noted. All figures exclude Utah due to incomplete or unreliable procedure codes reported on OT professional claims in the 2020 TAF. None of the figures in this brief include enrollees in Guam, American Samoa, and the Northern Mariana Islands because T-MSIS data are not available for these territories. Figure 4 excludes enrollees residing in the U.S. Virgin Islands because this territory is not included in the 2020 REI Companion File. Figure 7 excludes the following 16 states because of incomplete or unreliable primary language data in the 2020 TAF: Alaska, Arizona, California, Hawaii, Illinois, Louisiana, Michigan, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, and Texas.

¹ <https://www.medicaid.gov/medicaid/data-systems/macbis/transformed-medicaid-statistical-information-system-t-msis/index.html>

² <https://www.medicaid.gov/dq-atlas/welcome>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338295/>

⁴ The six racial and ethnic groups shown in this brief are: non-Hispanic White, Hispanic, non-Hispanic Black, non-Hispanic Asian/Pacific Islander, non-Hispanic American Indian and Alaska Native, and non-Hispanic multiracial. Fewer than half of states report any multiracial Medicaid or CHIP enrollees in TAF, and the accuracy of the indirect estimates for this group is low. Information about enrollees in the multiracial group in Figure 4 should be interpreted with caution.

⁵ <https://www.census.gov/data/developers/data-sets/surnames.html>

About this brief

All figures include enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. CMS established these enrollment criteria in the claims-based algorithm, Identifying Medicaid and CHIP Beneficiaries Who Could Benefit from Integrated Physical and Behavioral Health Care (PBHI), to restrict the population to those with a full record of Medicaid and CHIP service use for the year. This analysis excludes Medicaid-enrolled adults ages 65 and older since most of this population is dually eligible for Medicare and their MH and SUD services would be covered under Medicare and not available in TAF. This analysis also excludes children ages 11 and younger to align with other federal behavioral health research.⁶ In addition, estimates of MH and SUD services received among children may be artificially low due to school-based services not billed to Medicaid.⁷

HOW ARE MENTAL HEALTH AND SUD SERVICES DEFINED?

This brief summarizes trends in the demographics of enrollees who received at least one Medicaid- or CHIP-funded MH or SUD service during the year. This brief uses the CMS PBHI specifications and reference code set to identify enrollees who received services for an MH condition or an SUD.⁸ The PBHI logic identifies MH- and SUD-related services using diagnosis and procedure codes on medical claims and National Drug Codes on medical or pharmacy claims. The condition category (MH condition or SUD) is assigned using diagnosis codes billed in any diagnosis code position on the claim. Enrollees who received Medicaid- or CHIP-funded services for both an MH condition and an SUD during the year are counted toward both condition categories.

WHAT ARE THE ANALYSIS CONSIDERATIONS?

The results shown in this brief do not reflect the prevalence of MH conditions or SUDs in the Medicaid and CHIP population. TAF data cannot be used to identify enrollees with an MH condition or SUD who did not seek treatment. Furthermore, TAF data include only services that were paid for by Medicaid or CHIP, so the figures in this brief likely underestimate the full population of enrollees who received MH or SUD services in 2020. Services delivered in certain care settings, such as community clinics, schools, and Indian Health Service facilities, might not be billed to Medicaid and CHIP and are not reflected in this brief. Lastly, since the analysis includes enrollees with at least 11 months of enrollment during the year, the results shown in this brief do not

include individuals with part-year enrollment who may have received MH or SUD services.

In addition, starting in April 2020 with the onset of the COVID-19 public health emergency (PHE), there were widespread declines in service use among Medicaid and CHIP enrollees, including for MH and SUD services.⁹ Although most service rates eventually rebounded during the PHE, the gap in services delivered during the PHE versus pre-PHE years could affect the results shown in this brief. Moreover, in response to the PHE, Congress passed the Families First Coronavirus Response Act, which included a temporary federal funding increase for state Medicaid agencies that met certain conditions. In accepting the temporary federal funding increase, states did not disenroll most individuals who lost eligibility during the PHE. As a result, the Medicaid and CHIP population and the MH and SUD services received during this period might not align with the data from other, non-PHE years.

⁶ <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

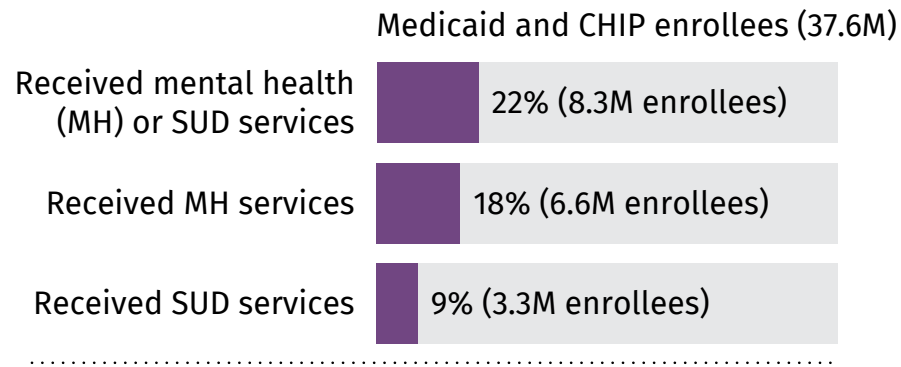
⁷ <https://onlinelibrary.wiley.com/doi/10.1111/josh.12753>

⁸ https://www.medicaid.gov/medicaid/data-and-systems/downloads/macbis/pbhi_techsspecs.pdf

⁹ <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/medicaid-and-chip-resources/data-releases/index.html>

What proportion of enrollees, ages 12 to 64, received Medicaid- or CHIP-funded services for a mental health condition or SUD?

FIGURE 1. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020



.....
PLEASE NOTE: The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.

In 2020, nearly a quarter of enrollees, ages 12 to 64, received Medicaid- or CHIP-funded services for any mental health (MH) condition or substance use disorder (SUD). A larger share of enrollees received services for an MH condition than for an SUD, such as attention deficit hyperactivity disorder, bipolar disorder, and schizophrenia.

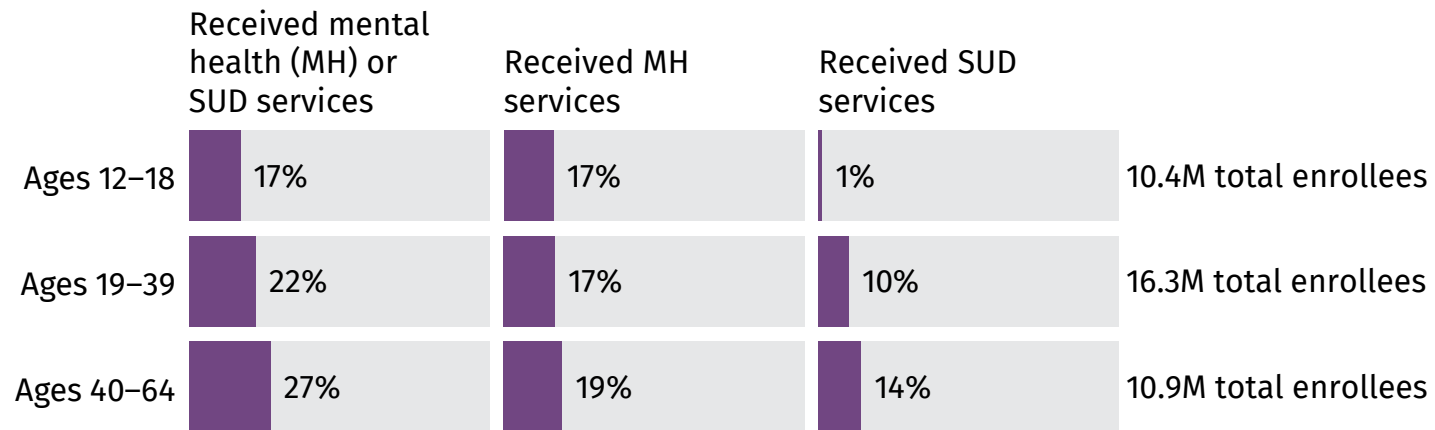
Medicaid is the largest payer for behavioral health services in the United States. States provide mandatory coverage for certain behavioral health services deemed medically necessary, and they have the option to expand the list of covered services or populations through statutory authorities such as section 1115 demonstrations, section 1915(c) waivers, health homes, and state plan amendments.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in TAF, but it includes enrollees from all other states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

Does the share of enrollees, ages 12 to 64, who received Medicaid- or CHIP-funded services for a mental health condition or SUD vary by age?

FIGURE 2. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY AGE



PLEASE NOTE: *The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.*

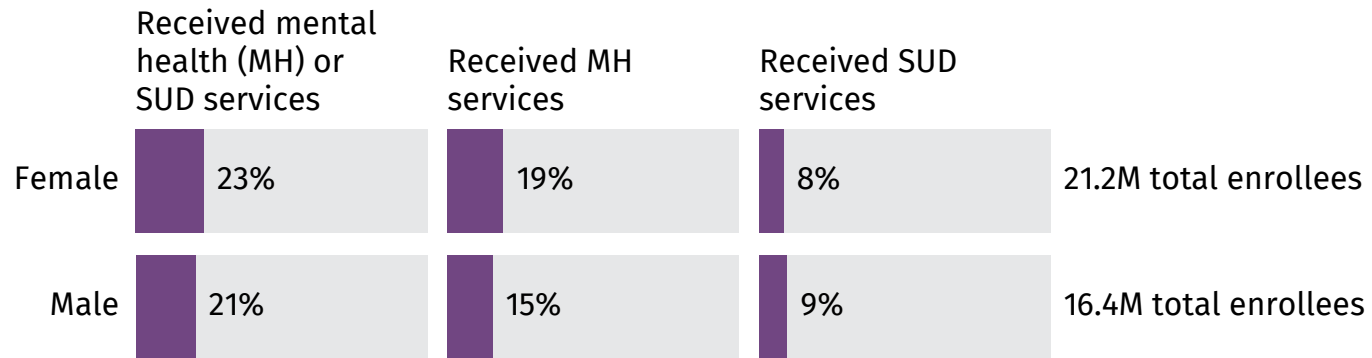
Among 27 million Medicaid and CHIP adults (ages 19 to 64), 24 percent of enrollees received services for an MH condition or SUD in 2020. The proportion of enrollees who received an MH or SUD service was highest among enrollees ages 40 to 64—for both MH conditions and SUDs. While the share of enrollees who received MH services was relatively comparable across all age groups, a much larger share of adults received services for an SUD than children ages 12 to 18. MH and SUD service utilization among children under age 19 may be underrepresented due to service provision in schools that is not billed to Medicaid.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in TAF, but it includes enrollees from all other states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

How does the share of enrollees, ages 12 to 64, who received Medicaid- or CHIP-funded services for a mental health condition or SUD vary by sex or gender identity?

FIGURE 3. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY SEX OR GENDER IDENTITY



PLEASE NOTE: The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.

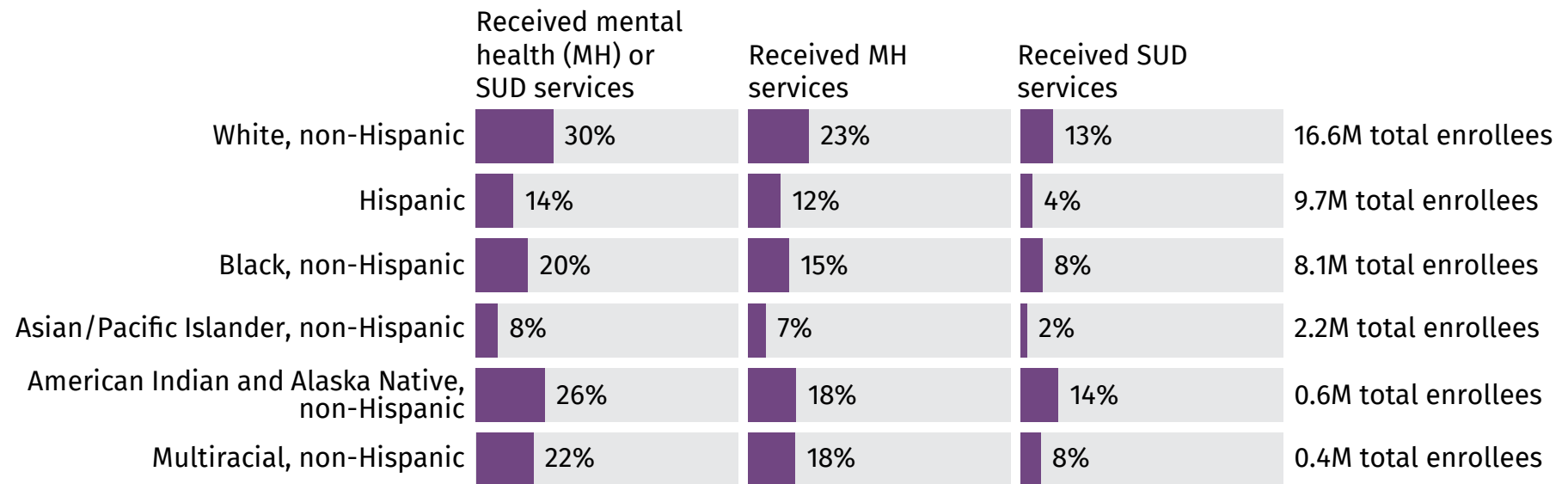
The share of female Medicaid and CHIP enrollees who received MH or SUD services during the year was slightly higher than the share of male enrollees, largely driven by services for an MH condition.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in TAF, but it includes enrollees from all other states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

How does the share of enrollees, ages 12 to 64, who received Medicaid- or CHIP-funded services for a mental health condition or SUD vary by race and ethnicity?

FIGURE 4. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY RACE AND ETHNICITY



PLEASE NOTE: The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.

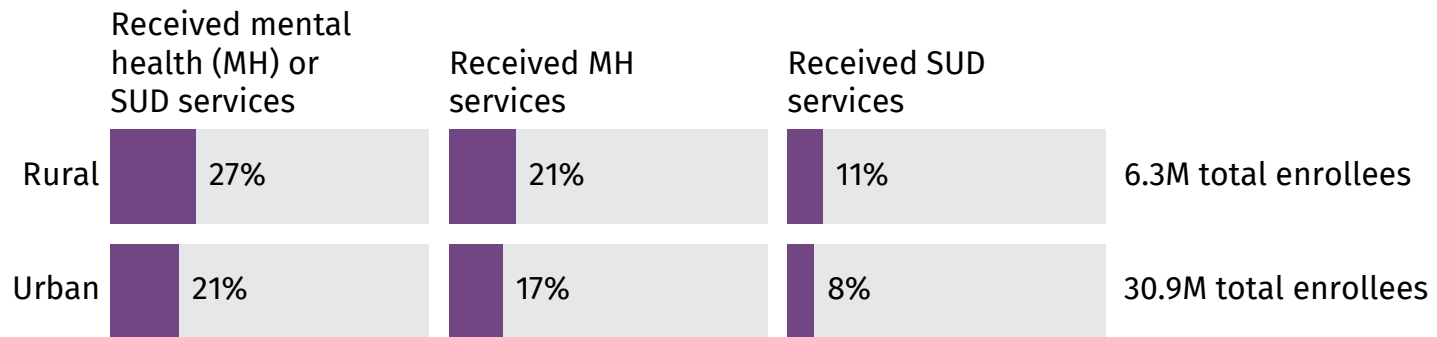
Less than 10 percent of non-Hispanic Asian/Pacific Islander enrollees and less than 15 percent of Hispanic enrollees received services for an MH condition or SUD in 2020. MH and SUD service rates were highest among non-Hispanic White and non-Hispanic American Indian and Alaska Native (AI/AN) enrollees, with nearly 30 percent of enrollees receiving Medicaid- or CHIP-funded services. Additionally, this may represent an underestimate as AI/AN enrollees who receive MH or SUD services through Indian Health Service facilities would not be reflected in Medicaid and CHIP administrative data.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1, and 2020 Race/Ethnicity Imputation (REI) Companion File.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in TAF, but it includes enrollees from all other states, the District of Columbia, and Puerto Rico. The U.S. Virgin Islands are not included because data from that territory are not included in the 2020 REI Companion File. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

Does mental health condition or SUD service utilization among enrollees ages 12 to 64 vary by geographic area?

FIGURE 5. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY GEOGRAPHIC AREA



PLEASE NOTE: *The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.*

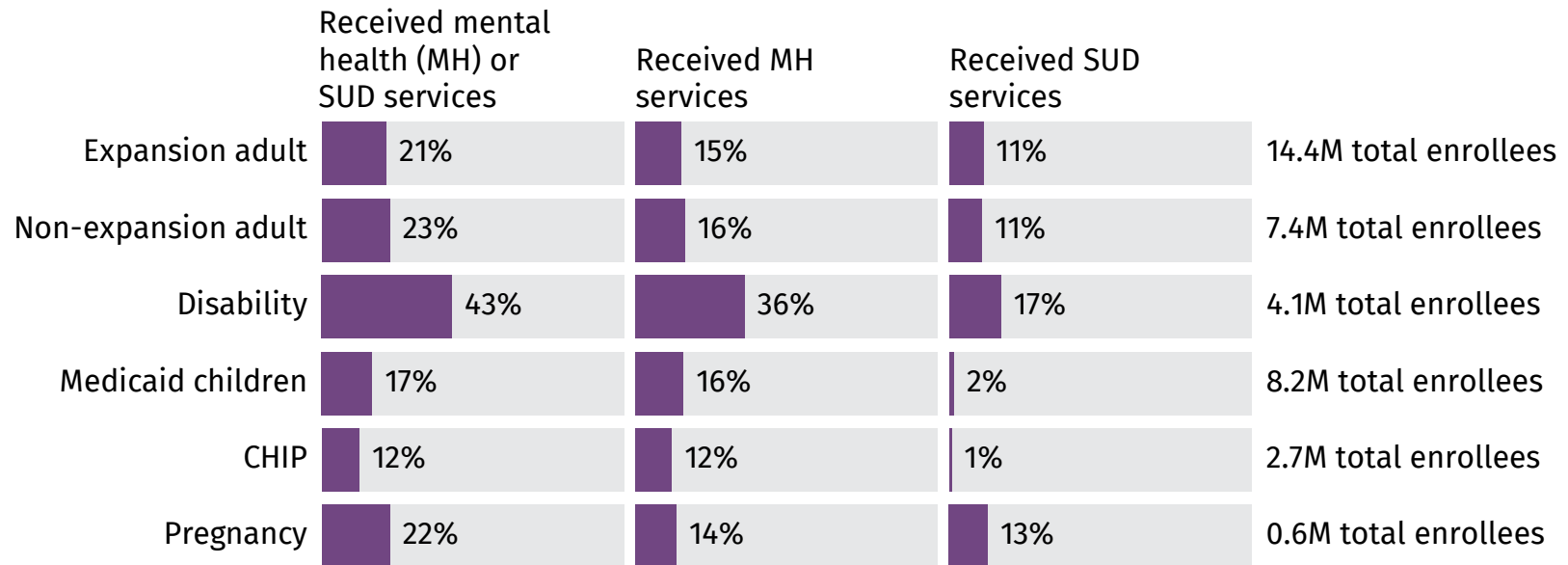
Nearly 17 percent of the Medicaid and CHIP population, ages 12 to 64, resided in a rural area in 2020. A larger share of enrollees who resided in rural areas received Medicaid- or CHIP-funded services for both MH conditions and SUDs. More information on rural enrollees, their characteristics, and the delivery systems that serve them is available in the data brief titled [Rural Medicaid and CHIP Enrollees in 2020](#).

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in TAF, but it includes enrollees from all other states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Due to small population sizes, this figure excludes less than 1 percent of enrollees who had a missing or unassigned geographic area in the 2020 TAF. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

How does the share of enrollees, ages 12 to 64, who received Medicaid- or CHIP-funded services for a mental health condition or SUD vary by eligibility category?

FIGURE 6. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY ELIGIBILITY CATEGORY



PLEASE NOTE: The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.

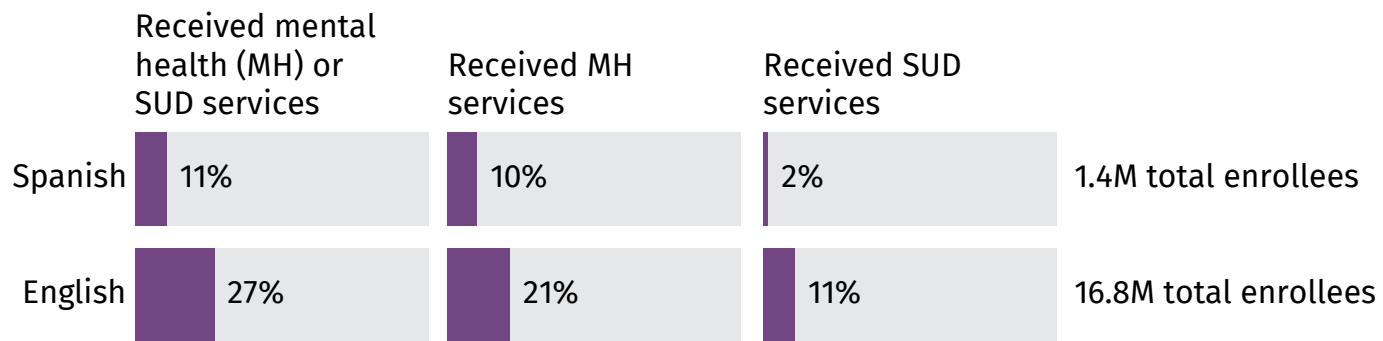
Over 40 percent of enrollees who were eligible for Medicaid based on disability received services for an MH condition or SUD—nearly double the proportion for other adult eligibility categories. Higher utilization rates are expected for this population since severe MH or SUD diagnoses may qualify individuals for Medicaid based on disability. Most enrollees eligible based on disability obtain Medicaid coverage because they receive Supplemental Security Income (SSI), indicating they have limited financial means and a long-lasting disabling condition, including MH conditions and SUDs.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure excludes Utah due to incomplete or unreliable procedure code information in the TAF, but it includes enrollees from all other states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Due to small population sizes, this figure excludes less than 1 percent of enrollees who had a missing eligibility category in the 2020 TAF. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

How does the share of enrollees, ages 12 to 64, who received Medicaid- or CHIP-funded services for a mental health condition or SUD vary by primary language spoken?

FIGURE 7. PERCENTAGE OF ENROLLEES, AGES 12 TO 64, WHO WERE ENROLLED FOR AT LEAST 11 MONTHS AND RECEIVED MENTAL HEALTH OR SUD SERVICES PAID FOR BY MEDICAID OR CHIP IN 2020, BY PRIMARY LANGUAGE



PLEASE NOTE: *The results shown in this figure are impacted by disruptions in care and Medicaid eligibility renewal practices in response to the COVID-19 public health emergency.*

Not all states report complete and reliable information in TAF on the primary language spoken in Medicaid and CHIP households. Among states that do report complete information, the share of enrollees who speak English as a primary language and received services for an MH condition or SUD in the year is nearly two and a half times the share of enrollees who speak Spanish as a primary language.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1.

NOTES: This figure includes Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. This figure includes data from 36 states, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, where complete and reliable information on primary language and procedure code was available in TAF. This figure excludes 16 states because of incomplete or unreliable primary language data: Alaska, Arizona, California, Hawaii, Illinois, Louisiana, Michigan, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, and Texas. Utah is also excluded due to incomplete or unreliable procedure code information in TAF. Due to small population sizes, this figure excludes around 1 percent of enrollees who speak a primary language other than English or Spanish. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.

Number of enrollees, ages 12 to 64, who received mental health or SUD services paid for by Medicaid or CHIP in 2020, by age, sex or gender identity, race and ethnicity, rural residency, eligibility category, and primary language

The data in these tables are available for download at data.medicaid.gov. Updated counts that reflect data from later years will be released as they become available at data.medicaid.gov. The counts of enrollees shown in parentheses above the table columns represent the total number of enrollees in each demographic subgroup. The counts across demographic categories may not sum exactly to the total counts for each condition category due to rounding.

Table 1 – By age group, sex or gender identity, rural residency, and eligibility category among enrollees ages 12 to 64

	Ages 12-18 (10.4M)	Ages 19-39 (16.3M)	Ages 40-64 (10.9M)	Female (21.2M)	Male (16.4M)	Rural (6.3M)	Urban (30.9M)	Missing or unassigned (0.3M)	Expansion adult (14.4M)	Non-expansion adult (7.4M)	Disability (4.1M)	Medicaid children (8.2M)	CHIP (2.7M)	Pregnancy (0.6M)	Unknown eligibility (0.3M)
Received mental health (MH) or SUD services	1.8M	3.6M	2.9M	5.0M	3.4M	1.7M	6.6M	0.1M	3.0M	1.7M	1.7M	1.3M	0.3M	0.1M	0.1M
Received MH services	1.7M	2.8M	2.1M	4.1M	2.5M	1.3M	5.2M	0.1M	2.2M	1.2M	1.5M	1.3M	0.3M	0.1M	0.05M
Received SUD services	0.1M	1.6M	1.6M	1.8M	1.5M	0.7M	2.6M	0.03M	1.6M	0.8M	0.7M	0.1M	0.02M	0.1M	0.02M

Table 2 – By race and ethnicity among enrollees ages 12 to 64

	White, non-Hispanic (16.6M)	Hispanic (9.7M)	Black, non-Hispanic (8.1M)	API, non-Hispanic (2.2M)	AI/AN, non-Hispanic (0.6M)	Multi-racial, non-Hispanic (0.4M)
Received mental health (MH) or SUD services	4.9M	1.4M	1.6M	0.2M	0.1M	0.1M
Received MH services	3.8M	1.2M	1.3M	0.1M	0.1M	0.1M
Received SUD services	2.1M	0.4M	0.7M	0.05M	0.1M	0.03M

API = Asian/Pacific Islander; AI/AN = American Indian and Alaska Native

Table 3 – By primary language among enrollees ages 12 to 64

	Spanish (1.4M)	English (16.8M)	All other languages (0.2M)
Received mental health (MH) or SUD services	0.2M	4.5M	0.02M
Received MH services	0.1M	3.5M	0.02M
Received SUD services	0.02M	1.8M	0.004M

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility, Inpatient Hospital, Long-Term Care, Other Services, and Pharmacy Files, Release 1, and 2020 Race/Ethnicity Imputation (REI) Companion File.

NOTES: All tables include Medicaid and CHIP enrollees, ages 12 to 64 as of December 31, 2020, who were not dually eligible for Medicare and were continuously enrolled with comprehensive benefits for 12 months, with no more than one gap in enrollment that does not exceed 45 days. All tables exclude Utah because of incomplete or unreliable procedure code information in TAF. Table 2 also excludes the U.S. Virgin Islands because data from that territory are not included in the 2020 REI Companion File. Table 3 also excludes the following 16 states because of incomplete or unreliable T-MSIS data on primary language: Alaska, Arizona, California, Hawaii, Illinois, Louisiana, Michigan, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, and Texas. Enrollees who received services for both an MH condition and an SUD during the year are counted toward both condition categories.