



**DEPARTMENT OF BEHAVIORAL HEALTH
FY 2025 PERFORMANCE ACCOUNTABILITY REPORT**

JANUARY 15, 2026

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1 INTRODUCTION

This document is the Fiscal Year 2025 Performance Accountability Report (PAR) for the Department of Behavioral Health.

The PAR is the second of two agency performance documents published each year. A Performance Plan is published at the start of the fiscal year when budget decisions have been finalized. A PAR is published in January following the end of the fiscal year. Each PAR assesses agency performance relative to its annual Performance Plan.

PAR Structure: PARs are comprised of agency Objectives, Administrative Structures (such as Divisions, Administrations, and Offices), Activities, Projects, and related Performance Measures. The following describes these plan components, and the types of performance measures agencies use to assess their performance.

Objectives: Objectives are statements of the desired benefits that are expected from the performance of an agency's mission. They describe the goals of the agency.

Administrative Structures: Administrative Structures represent the organizational units of an agency, such as Departments, Divisions, or Offices.

Activities: Activities represent the programs and services an agency provides. They reflect what an agency does on a regular basis (e.g., processing permits).

Projects: Projects are planned efforts that end once a particular outcome or goal is achieved.

Measures: Performance Measures may be associated with any plan component, or with the agency overall. Performance Measures can address questions about an agency's overall performance, the performance of an organizational unit, program, or service, or the implementation of a major project. Performance Measures can answer questions like "How much did we do?", "How well did we do it?", "How quickly did we do it?", and "Is anyone better off?" as described in the table below.

Measures are printed in the Performance Plan along with the Objective, Administrative Structure, Activity, or Project that they measure.

Measure Type	Measure Description	Example
Quantity	Quantity measures assess the volume of work an agency performs. These measures can describe the inputs (e.g., requests or cases) that an agency receives or the work that an agency completes (e.g., licenses issued or cases closed). Quantity measures often start with the phrase "Number of...".	"Number of public art projects completed"
Quality	Quality measures assess how well an agency's work meets standards, specifications, resident needs, or resident expectations. These measures can directly describe the quality of decisions or products or they can assess resident feelings, like satisfaction.	"Percent of citations issued that were appealed"
Efficiency	Efficiency measures assess the resources an agency used to perform its work and the speed with which that work was performed. Efficiency measures can assess the unit cost to deliver a product or service, but typically these measures assess describe completion rates, processing times, and backlog.	"Percent of claims processed within 10 business days"
Outcome	Outcome measures assess the results or impact of an agency's work. These measures describe the intended ultimate benefits associated with a program or service.	"Percent of families returning to homelessness within 6-12 months"

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Measure Type	Measure Description	Example
Context	Context measures describe the circumstances or environment that the agency operates in. These measures are typically outside of the agency's direct control.	"Recidivism rate for 18-24 year-olds"
District-wide Indicators	District-wide indicators describe demographic, economic, and environmental trends in the District of Columbia that are relevant to the agency's work, but are not in the control of a single agency.	"Area median income"

Targets: Agencies set targets for most Performance Measures before the start of the fiscal year. Targets may represent goals, requirements, or national standards for a performance measure. Agencies strive to achieve targets each year, and agencies provide explanations for targets that are not met at the end of the fiscal year in their PAR.

Not all measures are associated with a target. Newly added measures do not require targets for the first year, as agencies determine a data-informed benchmark. Changes in some measures may not indicate better or worse performance. They may be "neutral" measures of demand or input or outside of the agency's direct control. In some cases, the relative improvement of a measure over a prior period is a more meaningful indicator than meeting or exceeding a particular numerical goal, so a target is not set.

2 DEPARTMENT OF BEHAVIORAL HEALTH OVERVIEW

Mission: The mission of the Department of Behavioral Health (DBH) is to support prevention, treatment, resiliency and recovery for District residents with mental health and substance use disorders through the delivery of high quality, integrated services.

Summary of Services: DBH will: 1) ensure that every individual seeking services is assessed for both mental health and substance use disorder needs. 2) develop the ability of the provider network to treat co-occurring disorders; 3) establish and measure outcomes for individuals with co-occurring mental health and substance use disorders as well as single illnesses with recovery as the goal; 4) consolidate and enhance provider monitoring to ensure high quality service; and 5) establish a single credentialing process for both mental health and substance use disorder providers. DBH serves as the State Mental Health Authority and the Single State Authority for substance abuse.

Objectives:

1. Behavioral health system oversight
2. Prevention and early intervention
3. DBH-operated community-based programs
4. Recovery and resilience
5. Saint Elizabeths Hospital
6. Community partnerships
7. Efficient, Transparent, and Responsive Government

3 2025 ACCOMPLISHMENTS

3.1 STRENGTHENING COMMUNITY-BASED SERVICES

Strengthening clinical guidance to community-based services for person-centered care

DBH will require a medical necessity review to ensure the services are person centered to support the best health outcomes. In February 2025, in partnership with the Department of Health Care Finance, DBH began transitioning all specialty services, specifically, Assertive Community Treatment, Community Based Intervention, Crisis Stabilization, Rehabilitation Day Services, and Community Support to a contracted Quality Improvement Organization to complete a medical necessity review

Impact: The clinical authorization process has increased the effectiveness and efficiency of service delivery by ensuring that DBH consumers receive services that are clinically indicated.

3.2 AUTOMATED THE CERTIFICATION PROCESS.

This change has allowed DBH to more rapidly certify behavioral health providers by reducing by half the average time to complete provider certification.

Impact: Transitioning the certification application to QuickBase has streamlined the process for both providers and DBH staff, and reduced the burden on applicants and allowed DBH to more easily track certification progress and data.

3.3 ALIGN COMMUNITY SUPPORT SERVICES WITH A FA SCORE

Managing the appropriate use of community support services will enable residents to receive services tailored to their needs.

Impact: Appropriate use of community support services strengthens person centered care for the best health outcomes. In addition, as this service accounts for the largest portion of the budget for services, the change will result in savings to the District by eliminating unnecessary or ineffective services.

4 OBJECTIVES

4.1 BEHAVIORAL HEALTH SYSTEM OVERSIGHT

Provide oversight of the behavioral health system of care to ensure the delivery of high-quality services.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Percent of cases who improved on at least one of 3 outcome indicators between initial and most recent children/youth functional assessment (PECFAS/CAFAS)							
Outcome	Up is Better	Annual	Annual	Annual	Annual	48.13%	55%
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with Access							
Outcome	Up is Better	Annual	Annual	Annual	Annual	75.31%	80%
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process							
Outcome	Up is Better	Annual	Annual	Annual	Annual	71.96%	80%
Percent of individuals with improvement on one or more outcome indicators on the adult functional assessment (DLA-20)							
Outcome	Up is Better	Annual	Annual	Annual	Annual	21.58%	35%
Percent of beneficiaries (Ages 6 to 17) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)							
Efficiency	Up is Better	Annual	Annual	Annual	Annual	85.94%	75%
Percent of beneficiaries (age 13+) who received a follow-up service within 30 days after Emergency Department visit for alcohol or other drug use or dependence (HEDIS)							
Efficiency	Up is Better	Annual	Annual	Annual	Annual	54.07%	54%
Percent of beneficiaries (ages 18+) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)							
Efficiency	Up is Better	Annual	Annual	Annual	Annual	76.83%	60%

Explanation of Missed Targets:

1. Percent of cases who improved on at least one of 3 outcome indicators between initial and most recent children/youth functional assessment (PECFAS/CAFAS): In FY 25, the average total score on initial assessment was 55 (CAFAS) and 52 (PECFAS). The average total score on the most recent assessment was 46 (CAFAS) and 37 (PECFAS). The initial and most recent assessment scores are in the minimal to low moderate range of impairment. Data showed that children/youth's level of functioning improved over time. On average, nearly half of the youth reported improvements in level of functioning even when their initial assessment was low. In FY26, DBH will continue to offer TOT trainings and technical assistance with CAFAS/PECFAS implementation per fidelity.
2. Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with Access: Based on discussions with providers, DBH has learned that delays in getting consumers into care as quickly as consumers expect is a major driver of this outcome. DBH will continue to work with providers to ensure that consumers are seen for their first, as well as urgent, appointments within our expected time frames and will increase provider monitoring and treatment chart reviews to ensure that occurs.
3. Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process: Based on discussions with providers, DBH has learned that contributors to the lower than expected scores include: consumers conflating the role of BH providers with others goals or needs consumers may have which are not under the provider's control (such as securing housing or employment); and mis-alignment between the provider's recommended treatment plan vs. the consumer's readiness to engage or change. DBH has also confirmed that many consumers are not given a copy of their treatment plans due to poor internal provider training and sometimes administrative / logistic challenges within the agency. DBH will continue to work with providers to address these challenges through individual provider TA / consultations, as well as network wide trainings.
4. Percent of individuals with improvement on one or more outcome indicators on the adult functional assessment (DLA-20): This is the first year for this KPI. There have been some noted data entry and documentation errors as providers are learning a new data platform which has been identified as the central depository for data elements. This has led to missing or duplicate entries which have skewed reports. Additionally, assessments were not

completed at consistent intervals due to changes in the requirement of frequency (ie every 180 days to every 90 days). Missing reassessment data may have weakened outcome reporting and prevents showing client progress over time, however requirements have been solidified. DBH will work with individual providers to improve performance on this key indicator. Providers will receive refresher training on this tool as well as additional Technical Assistance to ensure timely and accurate submissions of data for this KPI to strengthen ability to show client progress over time.

4.2 PREVENTION AND EARLY INTERVENTION

Promote behavioral health wellness through prevention and early intervention services and supports.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Percent of assessed vendors not selling tobacco to minors							
Quantity	Up is Better	Annual	Annual	Annual	Annual	82.23%	80%
Percent of Intensive Care Coordination consumers who were enrolled within 90 days of engagement							
Outcome	Up is Better	94.21%	68.64%	97.5%	23.98%	71.08%	75%
Percent of consumers who remained in the Community Residential Facility (CRF) placement for at least 90 days from move-in date, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges							
Outcome	Up is Better	89.47%	100%	78.57%	100%	92.01%	90%
Percent of school-based behavioral health partnership schools with a school based behavioral health provider							
Outcome	Up is Better	59.84%	58.27%	58.27%	61.26%	59.41%	80%

Explanation of Missed Targets:

1. Percent of Intensive Care Coordination consumers who were enrolled within 90 days of engagement: ?During the month of September 2025, the ICC Team participated in a specialized homeless outreach initiative in which the team was able to increase the number of overall engagements. However, due to the significant number of engagements (i.e. denominator) and the short time frame to build rapport, establish trust, consumers did not readily agree to enrollment in behavioral health services. It is anticipated that continued engagement during FY26 Q1 will result in a higher number of enrollments from consumers in which the team would built rapport and establish trust.
2. Percent of school-based behavioral health partnership schools with a school based behavioral health provider: Resignations and new hire process ongoing.

4.3 DBH-OPERATED COMMUNITY-BASED PROGRAMS

Ensure individuals served through DBH-operated community-based programs receive quality services.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Average time from 911 call to Community Response Team (CRT) arrival on the scene of an event for Priority 1 calls							
Quantity	Down is Better	No incidents	171 min	No incidents	101 min	136 min	30 min
Percent of DBH operated programs consumers who were satisfied with overall experience							
Quality	Up is Better	88.64%	95.04%	86.21%	92.47%	90.59%	80%
Percent of Community Response Team (CRT) deployment where MPD assistance was requested by CRT							
Outcome	Down is Better	0%	0%	0%	100%	11.11%	20%
Average length of stay at DC Stabilization Center							

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Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Efficiency	Down is Better	14.61 Hours	14.29 Hours	13.81 Hours	2.99 Hours	14.18 Hours	23 Hours

Explanation of Missed Targets:

1. Average time from 911 call to Community Response Team (CRT) arrival on the scene of an event for Priority 1 calls: The 30-minute response time target for Priority 1 calls have not been a realistic target and is being changed to 60 minutes for FY26.

4.4 RECOVERY AND RESILIENCE

Build and support a community that promotes recovery and resilience to help individuals and families thrive.

No Related Measures

4.5 SAINT ELIZABETHS HOSPITAL

Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days							
Outcome	Down is Better	0.99%	0%	0.93%	0.43%	0.59%	1.8%
Percent of patients satisfied with Facility/Environment							
Outcome	Up is Better	Annual	Annual	Annual	Annual	50%	60%
Percent of unique patients restrained at least once per month							
Outcome	Down is Better	6.94%	9.08%	12.95%	11.82%	10.2%	8%
Percent of unique patients secluded at least once per month							
Outcome	Down is Better	3.07%	3.52%	4.9%	4.81%	4.08%	4.2%

Explanation of Missed Targets:

1. Percent of patients satisfied with Facility/Environment: This is the first year for this KPI. There have been some noted data entry and documentation errors as providers are learning a new data platform which has been identified as the central depository for data elements. This has led to missing or duplicate entries which have skewed reports. Additionally, assessments were not completed at consistent intervals due to changes in the requirement of frequency (ie every 180 days to every 90 days). Missing reassessment data may have weakened outcome reporting and prevents showing client progress over time, however requirements have been solidified. DBH will work with individual providers to improve performance on this key indicator. Providers will receive refresher training on this tool as well as additional Technical Assistance to ensure timely and accurate submissions of data for this KPI to strengthen ability to show client progress over time.
2. Percent of unique patients restrained at least once per month: Increased number of forensic admissions - younger, angry - jail mentality, more members of gangs

4.6 COMMUNITY PARTNERSHIPS

Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence.

No Related Measures

4.7 EFFICIENT, TRANSPARENT, AND RESPONSIVE GOVERNMENT

Create and maintain a highly efficient, transparent, and responsive District government.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years							
Outcome	Up is Better	Annual	Annual	Annual	Annual	76.6%	Target not required
Percent of employees that are District residents							
Outcome	Up is Better	Annual	Annual	Annual	Annual	38.25%	Target not required
Percent of new hires that are District residents (PeopleSoft)							
Outcome	Up is Better	Annual	Annual	Annual	Annual	54.64%	Target not required
Percent of new hires that are current District residents and received a high school diploma from a DCPS or a District Public Charter School, or received an equivalent credential from the District of Columbia (eRecruit)							
Outcome	Up is Better	Annual	Annual	Annual	Annual	No data available	Target not required
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time							
Outcome	Up is Better	Annual	Annual	Annual	Annual	54.92%	Target not required

5 ACTIVITIES

5.1 QUALITY INPATIENT CARE

Provide quality treatment to individuals in care at Saint Elizabeths Hospital.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital							
Quantity	Down is Better	93	96	95	87	92.75	Target not required

5.2 SCHOOL MENTAL HEALTH SERVICES

Provide individual and group interventions in school settings.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of children who received treatment services from the School-based Behavioral Health Program							
Outcome	Up is Better	1,645	1,864	2,090	1,962	7,561	Target not required

5.3 CRISIS SERVICES

Provide telephonic and in-person crisis services via the Access HelpLine (AHL), Community Response Team (CRT), and Comprehensive Psychiatric Emergency Program (CPEP).

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of Interventions from Community Response Team (CRT)							
Quantity	Up is Better	651	671	533	482	2,337	Target not required
Number of 911 calls referred to a behavioral health specialist/clinician that resulted in CRT deployment by category of call for service							
Quantity	Neutral	3	3	2	1	9	Target not required
Number of FD12s (documentation for involuntary hospitalization) written by Community Response Team (CRT) for 911 diverted calls							
Quantity	Neutral	0	2	1	1	4	Target not required
Number of OUC-transferred calls AHL resolved on the phone or with a referral to a behavioral health provider							
Quantity	Neutral	54	24	49	79	206	Target not required
Number of OUC-transferred calls DBH answered							
Quantity	Neutral	125	146	208	256	735	Target not required
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)							
Quantity	Neutral	662	1,268	1,582	2,526	2,526	Target not required
Number of crisis/suicide calls answered by Access HelpLine (AHL)							
Quantity	Neutral	215	188	274	218	895	Target not required
Number of eligible calls diverted from OUC to DBH							
Quantity	Neutral	146	180	268	197	791	Target not required

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Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of people who had a behavioral health claim within 7 days of a Community Response Team (CRT) diversion, a follow-up service from CRT, a linkage to services outside of the DBH network, or a voluntary hospitalization after a 911 diverted call							
Quantity	Neutral	3	2	2	1	8	Target not required
Percent of OUC-transferred calls DBH was unavailable to answer							
Quality	Down is Better	14.38%	18.89%	22.39%	23.05%	19.68%	No Target Provided

5.4 SUPPORTIVE SERVICES (HOUSING, PEERS, INTENSIVE CARE COORDINATION)

Connect consumers to DBH housing programs, certify peers and recovery coaches, and provide intensive care coordination to reconnect individuals to care.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of active Certified Peer Specialist							
Quantity	Up is Better	185	185	197	219	219	Target not required
Number of people DBH placed in housing							
Quantity	Up is Better	1,457	1,439	1,309	1,309	1,309	Target not required
Number of people served by Intensive Care Coordination team							
Quantity	Neutral	1,259	1,160	855	870	4,144	Target not required

5.5 URGENT CARE

Provide community-based urgent care services for adult and child behavioral health consumers.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of DC Stabilization Center Admissions							
Quantity	Neutral	1,737	1,867	1,890	1,904	7,398	New in 2025
Number of adults who received services at DBH's urgent care clinic							
Quantity	Neutral	1,472	2,593	3,779	4,806	4,806	Target not required
Number of children who received services at DBH's urgent care and PIECE programs							
Quantity	Neutral	151	212	176	169	169	Target not required
Number of people served at DBH's adult urgent care clinic							
Quantity	Neutral	1,472	2,593	3,779	4,806	4,806	New in 2025
Number of people served at Stabilization Center							
Quantity	Neutral	568	520	451	464	1,580	Target not required

5.6 CLINICAL BEST PRACTICES

Establish and disseminate best practices for behavioral health services.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of people who attend DBH Training Institute trainings							
Outcome	Down is Better	1,668	3,367	3,799	1,847	10,681	Target not required

5.7 ENSURE PROVIDER NETWORK ADEQUACY

Determine necessary array of services for behavioral health population's needs; certify providers.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of providers certified							
Quantity	Neutral	75	76	75	77	77	Target not required
Number of Community Residential Facilities licensed							
Outcome	Neutral	81	77	77	81	81	Target not required

5.8 MONITOR BEHAVIORAL HEALTH TREATMENT SYSTEM

Establish behavioral health quality of care metrics and partner with DHCF in monitoring MCO contracts for behavioral health treatment system.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of people receiving mental health treatment							
Quantity	Neutral	31,679	36,677	38,974	41,735	41,735	Target not required
Number of people receiving substance use disorder treatment							
Quantity	Neutral	2,956	4,646	5,819	8,851	8,851	Target not required

5.9 SUBSTANCE USE DISORDER ASSESSMENT AND REFERRAL CENTER

Assess clients in need of SUD services and refer to community providers via the Assessment and Referral Center (ARC).

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of SUD intakes completed at Assessment and Referral Center (ARC)							
Quantity	Neutral	169	120	228	242	759	Target not required

5.10 SAFETY

Ensure the safety of individuals and staff at Saint Elizabeth's Hospital.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of assaults by patients on staff or other patients							
Quantity	Neutral	126	113	200	153	592	Target not required

(continued)

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of Staff and Patient Falls							
Outcome	Neutral	26	34	80	61	201	Target not required

5.11 TRANSITION TO COMMUNITY

Work with the community behavioral health network to ensure individuals being discharged from Saint Elizabeths Hospital have a successful transition back to the community.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital							
Quantity	Down is Better	168	170	174	179	172.75	Target not required
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing							
Quantity	Neutral	62	51	57	49	219	Target not required

5.12 FORENSIC MONITORING

Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of Consumers monitored by Forensic Outpatient Division (FOPD)							
Quantity	Neutral	23	23	24	24	24	Target not required

5.13 EARLY INTERVENTIONS

Provide individual and group interventions to children.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of child development facilities participating in Healthy Futures program							
Quantity	Up is Better	101	101	101	95	95	Target not required
Number of people who attended an Educator Wellness event							
Quantity	Up is Better	259	236	559	724	1,778	No Target Provided

5.14 PREVENTION INTERVENTIONS

Conduct strategic preventive interventions aimed at preventing and/or delaying the onset of alcohol, tobacco, and other drug use among youth and adults.

Measure Type	Directionality	Q1	Q2	Q3	Q4	Annual	Target
Number of individuals (adults and youth) reached through planned substance use disorder (SUD) prevention strategies							
Quantity	Neutral	3,932	2,777	3,741	9,813	20,263	Target not required
Number of naloxone kits distributed							
Outcome	Neutral	21,204	11,580	35,496	42,264	110,544	Target not required
Number of prevention activities by Prevention Centers							
Outcome	Up is Better	107	92	81	164	444	Target not required

6 PROJECTS

6.1 ACCESS TO CRISIS SERVICES

Project Description: Enhance efficiency of workflows for key Crisis Services functions by moving Community Response Team (CRT) dispatch function to Access Helpline (AHL) and standardizing the parameters for using Co-Response model comprised of CIO-trained officers working in collaboration with five mental health specialists from the Community Response Team. Moving the triage function from CRT to AHL will increase the time CRT teams can spend in the community and may reduce the time it takes to arrive on scene (KPI). Standardizing the use of the Co-Response model will serve as extensions to several community bids and collection of Safety Ambassadors earmarked for areas that are comprised of high utilizers where community outreach and engagement can be implemented to reduce the numbers of consumers in crisis.

Start Date: October 1, 2024

Planned Completion Date: September 30, 2026

Current Project Phase: Initiation

Project Status: Due to changes in leadership, CRT integration into AHL has not occurred.

6.2 CARE MANAGEMENT

Project Description: Grantees will identify, connect with and provide comprehensive care management services to those clients with the most complex and high acuity needs who are diagnosed with OUD and/or STUD. Grantee will identify a population of focus from the following: youth, older adults, medically complex, homeless (specific focus on homeless shelters) and co-occurring.

Start Date: October 1, 2024

Planned Completion Date: September 30, 2026

Current Project Phase: Execution

Project Status: This initiative has been up and running since May 2025. We have awarded 8 grants across the identified targeted populations. Teams are working on hiring, developing workflows around outreach and referrals into the program, and working to build their client roster. We have teams focused on youth and young adults, unhoused, older adults, returning citizens, medically needy and those who frequent the 2nd and D shelter.

6.3 INNOVATIVE STRATEGIES FOR CBO

Project Description: For schools unmatched with a CBO, DBH will post a grant solicitation for existing CBOs to apply for new schools using prescribed innovative strategies or for new CBO partners to be selected to implement prescribed innovative strategies.

Start Date: October 1, 2024

Date Completed: September 30, 2025

Current Project Phase: Completed

Project Status: The RFA for Community Based Organizations current DBH CBO grantees implementing school behavioral health services was posted on July 25, 2025. The RFA for Local Education Agencies awarded under DBH RMo SBH102723 was posted on July 25, 2025. The funding is based on \$120,000 per clinician. Award letters sent on September 17, 2025. Standard ongoing practice continues monitoring SBHP daily activities tracker and weekly staffing reports.

6.4 LAUNCH SECOND STABILIZATION CENTER

Project Description: Successful launch of the second Stabilization Center in Columbia Heights. The second Stabilization Center will build on the learnings and successes for the first in NE. The Columbia Hts space will be purpose built to meet the needs of consumers and their connection to community providers. DBH has already begun engaging the community

members to ensure their input are fully considered in this process. As with the first Center, “throughput” (tying the care and support services rendered in the Center to the ultimate needs of consumer for long term recovery) will be a primary focus of planning prior to the launch of the Center.

Start Date: October 1, 2024

Planned Completion Date: January 1, 2026

Current Project Phase: Planning

Project Status: RFP draft is currently being reviewed internally at DBH.

6.5 MOBILE MOUD

Project Description: To reduce overdose deaths, it is essential to increase engagement and retention in MOUD of persons with OUD, especially in areas and among communities with the highest rates of overdose deaths and lowest rates of MOUD utilization. A vendor will have a mobile unit to visit known overdose hotspots throughout the city. Medical professional will be a part of the team and will be able to provide induction of buprenorphine in the field.

Start Date: October 1, 2024

Planned Completion Date: September 30, 2026

Current Project Phase: Not Started

Project Status: This project hasn't started and we are hopeful, with some additional information and SOR 4 Year 2 funding that we can look to put out an RFA for this work in Q1 of FY26.

6.6 NEEDS ASSESSMENT AND STRATEGIC PLAN

Project Description: DBH contracted with Advocates for Human Potential to complete a needs assessment that will inform updates to DBH's strategic plan. The needs assessment will examine behavioral health prevention, treatment and recovery needs: (1) within DBH; (2) across the publicly funded behavioral health system; and (3) District-wide. The needs assessment will include an analysis of child/youth behavioral health services. Advocates for Human Potential will collaborate with DBH's Racial Equity Action Team to ensure that the needs assessment and strategic plan are aligned with DBH's racial equity plan. DBH anticipates both the needs assessment and updated strategic plan will be finalized by the end of CY 25.

Start Date: October 1, 2024

Planned Completion Date: January 30, 2026

Current Project Phase: Execution

Project Status: DBH lost funding for our contractor at the end of Q3. In Q4, DBH brought the strategic planning work in house. During this quarter, DBH met individually with each executive team lead. Using their feedback, the in house team drafted strategic goals and initiatives, which are currently being finalized.

6.7 RACIAL EQUITY PLAN

Project Description: In order to finalize DBH's Racial Equity Action Plan, DBH has established a team of leaders across the organization, under the leadership of Dr. Jean Moise, Deputy Dir of Adult Services, to: draft and ratify DBH's Racial Equity Vision Statement; complete an internal Agency Scan to identify gaps, opportunities and resources needed to mitigate racial equity challenges; appropriately engage consumers, community stakeholders and network providers; and develop outcomes and metrics to measure progress and future revisions to the Racial Equity Action Plan to ensure alignment with the District's Racial Equity Action Plan from the Mayor's Office.

Start Date: October 1, 2024

Date Completed: September 30, 2025

Current Project Phase: Completed

Project Status: Completed analysis of results of employee survey and agency scan. Presented initial results to Executive Leadership Team (ELT) to obtain their feedback. Preparing presentation for ELT to review additional analysis prior to

presenting high level results / findings to agency staff. Currently in the process of defining goals and objectives from Racial Equity work in order to integrate findings into the agency's Strategic Plan

6.8 SCHOOL BASED BEHAVIORAL HEALTH EXPANSION MODEL

Project Description: DBH continues to implement the school based behavioral health expansion model by providing prevention, early intervention and treatment services and supports to children, youth, and their families. During the 2024-2025 school year, the Department of Behavioral Health (DBH) will support community-based organizations (CBOs) in implementing innovative strategies to increase the percentage of schools with a School-Based Health Program (SBHP) provider. For schools already matched with a CBO provider but have been WITHOUT a clinician for a year or more, CBOs must submit an implementation plan including the use of an innovative strategy (e.g., one clinician covering two schools, use of prevention specialist and a clinician).

Start Date: October 1, 2024

Date Completed: September 30, 2025

Current Project Phase: Completed

Project Status: DBH has an ongoing practice of monitoring weekly staffing reports and will continue to monitor hiring and retention. DBH continues to monitor and support CBOs that are implementing the strategy of 1 clinician assigned to two schools. As well as monitoring the use of both Prevention Specialists in collaboration with licensed clinician in implementing school behavioral health services. The telehealth solicitation will be a Request for Proposal (RFP) in FY26.

6.9 SYSTEMS REDESIGN

Project Description: Develop and implement a practice management system which includes a credentialing database. This practice management system supports the transition of billing and claims activities from a fee for service environment to managed care.

Start Date: October 1, 2024

Date Completed: September 30, 2025

Current Project Phase: Completed

Project Status: Milestone 2, eGMS (grants mgt system), Milestone 3, Credentialing database and Milestone 4, Certification database will be brought up on the Salesforce platform. The requirements for the first project, eGMS have been completed with DC Health as DBH will be purchasing a copy of the DOH Salesforce eGMS and modifying for DBH use. DBH is currently drafting a MOU with DC Health to cover the cost of the platform copy purchase and implementation costs. Estimated go-live of eGMS is 2nd quarter FY26.

6.10 HOMEWARD DC 2.0 - DATA SHARING AND ANALYSIS

Project Description: Establish a routine data sharing process between DBH and DHS and qualitative and quantitative analysis and reporting to better understand the intersection of homelessness and behavioral health services, including FD-12s.

Start Date: January 8, 2024

Date Cancelled: September 30, 2025

Current Project Phase: Cancelled

Project Status: DBH and DHS have engaged in conversations about data sharing and setting up routine data sharing that have encountered challenges with respect to client confidentiality and consent to share that are currently being worked through. Past sharing initiatives were allowed under emergency rules in COVID that currently do not exist. Since DBH could not get data from DHS, this project was discontinued.

6.11 YOUTH 3.5 SUD RESIDENTIAL FACILITY

Project Description: The Department of Behavioral Health will work with a contracted vendor to establish a 3.5 Youth Substance Use Disorder (SUD) Residential facility in the DC area. The facility will support youth 24 hours 7 days a week and provide up to 16 beds for youth aged twenty-one (21) and under who are experiencing significant challenges in their daily functioning due to SUD. DBH will work with the contracted vendor to create and finalize the medical necessary criteria for the admission process, create Memorandum of Understandings (MOUs) with sister agencies (e.g., DYRS, CFSA, CSS) to increase collaboration and strengthen relationships, and begin to render substance use treatment services using adolescent specific considerations as outlined in American Society of Addiction Medicine (ASAM).

Start Date: October 1, 2023

Planned Completion Date: September 30, 2026

Current Project Phase: 3/6 Milestones Complete

Project Status: DBH has initiated the implementation of a 3.5 Youth Substance Use Disorder (SUD) Residential facility with a Level 3.5 certified provider. DBH is currently working with the provider to finalize medical necessity criteria for admission and expects to complete this task within the next 30 days. At that time, the facility will open. While this is in progress, DBH has created data collection tools for program monitoring and is creating a dashboard to assist with quarterly and annual KPI reporting.