



DEPARTMENT OF BEHAVIORAL HEALTH

FY 2024 PERFORMANCE PLAN

DECEMBER 1, 2023

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1 DEPARTMENT OF BEHAVIORAL HEALTH

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.

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.

2 2024 OBJECTIVES

Strategic Objective

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

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

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

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

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

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

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

3 2024 OPERATIONS

Operation Title	Operation Description	Type of Operation
Provide oversight of the behavioral health system of care to ensure the delivery of high-quality services		
Clinical best practices	Establish and disseminate best practices for behavioral health services	Daily Service
Ensure provider network adequacy	Determine necessary array of services for behavioral health population's needs; certify providers	Daily Service
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	Daily Service
Promote behavioral health wellness through prevention and early intervention services and supports.		
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.	Daily Service
Early Interventions	Provide individual and group interventions to children	Daily Service
School Mental Health Services	Provide individual and group interventions in school settings	Daily Service
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	Daily Service
Ensure individuals served through DBH-operated community-based programs receive quality services		
Forensic Monitoring	Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders	Daily Service
Urgent Care	Provide community-based urgent care services for adult and child behavioral health consumers	Daily Service
Crisis Services	Provide telephonic and in-person crisis services via the Access HelpLine (AHL), Community Response Team (CRT), and Comprehensive Psychiatric Emergency Program (CPEP)	Daily Service
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)	Daily Service
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.		
Quality Inpatient Care	Provide quality treatment to individuals in care at Saint Elizabeths Hospital	Daily Service
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	Daily Service
Safety	Ensure the safety of individuals and staff at Saint Elizabeth's Hospital	Daily Service

4 2024 STRATEGIC INITIATIVES

Title	Description	Proposed Completion Date
Implement the School-Based Behavioral Health Expansion Model	DBH will continue to implement the school based behavioral health expansion model by providing the support required to match each school with a school-based behavioral health clinician to provide prevention, early intervention and treatment services and supports to children, youth, and their families. The School Behavioral Health Program (SBHP) will implement 2 pilots to increase the percentage of schools with a SBHP provider, and contract with a vendor to implement the new Student Peer Educator Pilot aimed at increasing awareness of behavioral health resources in each DC Public and Public Charter School for youth and their families.	9/30/2024
Healthy Futures -Pilot Treatment Program	DBH will continue to implement treatment services in eight (8) current Healthy Futures Child Development Center (CDC) sites. Capacity for the service will be up to 75 young children and families based upon identified need in eight (8) identified CDCs in areas of the District most impacted by the COVID-19 pandemic either through disproportionate death rates or high infection rates in the respective neighborhoods or Wards.	9/30/2024
Teacher Support Program (Educator Wellness Program)	DBH will continue to implement the educator wellness program to provide mental wellness support to educators in the District of Columbia. A dedicated Program Director will manage and assist with implementation of the activities and events, as well as conduct a public relations campaign. The Director will coordinate and implement support groups, wellness activities and events, provide consultation services if needed, and connect educators to additional resources.	9/30/2024
Continued Implementation of Intensive Care Coordination Teams	The intensive care coordination teams will continue to engage consumers who are not enrolled with a DBH certified provider but have been identified as needing behavioral health services and supports. In some cases, consumers have been connected to a provider, but are not meaningfully engaged or participating in services. The ICC will: • Continue to expand engagement with consumers referred by EOM, city council and other stakeholders . • Expand engagement and collaboration with ICH and DHS for people in shelters, encampments, and scattered site housing . • Assess needs and provide care coordination for individuals identified through the CRT to ensure their on-going connection to care • Provide care coordination for consumers enrolled in agencies closing their services.	9/30/2024

DC Stabilization Center	<p>The DCSC, operated by Community Bridges, Inc., will provide low barrier access to behavioral health and medical services to acutely intoxicated adults in a safe, therapeutic environment. It will offer services to anyone in need, including those with opioid use disorder (OUD), 24 hours/day, 365 days/year, at no cost. Consumers will receive care over a 23-hr period or less. Longer stay beds (up to 72 hrs) are available when extended observation is required. The DCSC will provide: basic medical care; recovery coaching; consumers' immediate personal needs (e.g. food, shower, laundry, etc.); medication-assisted treatment for individuals with OUD (i.e., buprenorphine inductions); referrals to community-based ongoing care; and wrap around supports. The DCSC provides an alternative to Fire and Emergency Services (FEMS) transports to hospital EDs or possible unnecessary interactions with law enforcement. During FY24, DBH will work to open a second stabilization center by Q2 or Q3 of FY25.</p>	9/30/2024
TeleHealth Initiative	<p>This initiative provides equipment and internet access to up to 4,150 individuals receiving behavioral health services and creates up to 10 telehealth stations at accessible community sites operated by DBH partners, including four (4) peer-operated centers. The project will increase engagement and retention in treatment, reduce/prevent mental health crises that could result in avoidable emergency room encounters and inpatient psychiatric hospitalizations, and decrease isolation (a known risk factor for the misuse of alcohol and drugs, including deadly opioids). Distribution of telephones and devices with internet access will be provided to at-risk, vulnerable consumers. DBH is partnering with OCTO to set up and image the devices, provide technical support to consumers, and assist clients to effectively access and participate telehealth sessions.</p>	9/30/2024
Homeward DC 2.0 - Data Sharing and Analysis	<p>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.</p>	9/30/2024

Continued Implementation of LIVE LONG DC; District's Strategic Opioid Plan	LIVE. LONG. DC., the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths, will: • Educate District residents and stakeholders on opioid use disorder, its risks, and prevention and harm reduction approaches through coordinated community efforts • Support the awareness and availability of, and access to, harm reduction services in the District of Columbia • Ensure knowledge of, and equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment • Expand reach and impact of high-quality recovery support services available and promote a recovery-oriented system of care • Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system • Educate and train the behavioral health workforce and other stakeholders about opioids and OUD and provide the community with information about services and supports.	9/30/2024
Youth 3.5 SUD Residential Facility	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).	9/30/2024
Access to Crisis Services	Continue work to expand the Community Response Team (CRT) and Access Helpline (AHL) to enable the Department of Behavioral Health to respond directly to an expanded set of eligible 911 call types here that approach is likely to result in a better outcome. Implementation work will continue with support from the Harvard Kennedy School's Government Performance Lab and an evaluation is being finalized in partnership with the Lab@DC. In addition to the 911 call diversion, DBH and MPD are standing up a pilot Co-Response or CoR team that will deploy five CIO-trained officers paired with five behavioral health specialists from the CRT. DBH is also strengthening access to crisis services by providing targeted outreach.	9/30/2024

Transition to Managed Care	DBH received \$4.8 million in capital funding to enhance its current electronic health record into a practice management system, develop and implement a grants management system and a certification/credentialing data base. The PMS will be developed with the vendor of DBH's electronic health record, iCAMS, so that DBH can be positioned to maximize revenue for services rendered to clients covered by Managed Care Organization (MCOs) at the carve in of those services beginning 4/4/2024. DBH has purchased Salesforce licenses through OCTO and will issue an IFB for technical support October 2023 to create databases for grants management and certification. This work will be completed before 4/1/2024.	9/30/2024
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5 2024 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

Measure	Directionality	FY 2021	FY 2022	FY 2023	FY 2024 Target
Provide oversight of the behavioral health system of care to ensure the delivery of high-quality services					
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Up is Better	74.1%	81.5%	69.3%	80%
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with Access	Up is Better	78.9%	83.5%	76.3%	80%
Percent of individuals with improvement on one or more outcome indicators on the adult functional assessment (DLA-20)	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Percent of cases who improved on at least one of 3 outcome indicators between initial and most recent children/youth functional assessment (PECFAS/CAFAS)	Up is Better	64.3%	52.9%	51.1%	55%
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)	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Percentage of beneficiaries (Ages 6 to 17) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Percentage of beneficiaries (ages 18+) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Promote behavioral health wellness through prevention and early intervention services and supports.					
Percent of school-based behavioral health partnership schools with a school based behavioral health provider	Up is Better	91.5%	61.5%	64.9%	80%
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	Up is Better	90.9%	86.1%	92.1%	90%
Percent of Intensive Care Coordination consumers who were enrolled within 90 days of engagement	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Ensure individuals served through DBH-operated community-based programs receive quality services					

Key Performance Indicators (*continued*)

Measure	Directionality	FY 2021	FY 2022	FY 2023	FY 2024 Target
Percent of Community Response Team (CRT) deployment where MPD assistance was requested by CRT	Down is Better	New in 2022	30.8%	10.7%	20%
Percent of DBH operated programs consumers who were satisfied with overall experience	Up is Better	New in 2024	New in 2024	New in 2024	New in 2024
Average length of stay at DC Stabilization Center	Down is Better	New in 2024	New in 2024	New in 2024	New in 2024
Average time from 911 call to Community Response Team (CRT) arrival on the scene of an event for Priority 1 calls	Down is Better	New in 2022	61	296.8	30
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.					
Percent of patients satisfied with Facility/Environment	Up is Better	54.9%	51.2%	58.3%	60%
Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days	Down is Better	0.3%	0%	0%	1.8%
Percent of unique patients secluded at least once per month	Down is Better	2.7%	2.9%	5.3%	4.2%
Percent of unique patients restrained at least once per month	Down is Better	4.7%	7.4%	0.1%	8%

Workload Measures

Measure	FY 2021	FY 2022	FY 2023
Clinical best practices			
Number of people who attend DBH Training Institute trainings	3,633	4,215	1,664
Ensure provider network adequacy			
Number of providers certified	79	76	75
Number of Community Residential Facilities licensed	91	92	90
Monitor behavioral health treatment system			
Number of people receiving mental health treatment	New in 2024	New in 2024	New in 2024
Number of people receiving substance use disorder treatment	4,620	4,741	4,782
Early Interventions			
Number of child development facilities participating in Healthy Futures program	83	97	107
Number of people who attended an Educator Wellness event	New in 2024	New in 2024	New in 2024
Prevention interventions			
Number of prevention activities by Prevention Centers	248	269	156
Number of naloxone kits distributed	56,810	65,124	81,528
School Mental Health Services			
Number of children who received treatment services from the School-based Behavioral Health Program	598	642	602
Supportive Services (Housing, Peers, Intensive Care Coordination)			
Number of people DBH placed in housing	1,662	1,676	1,699
Number of active Certified Peer Specialist	New in 2024	New in 2024	New in 2024
Number of people served by Intensive Care Coordination team	New in 2024	New in 2024	New in 2024
Crisis Services			
Number of FD12s (documentation for involuntary hospitalization) written by Community Response Team (CRT) for 911 diverted calls	Not Available	27	14
Number of 911 calls referred to a behavioral health specialist/clinician that resulted in CRT deployment by category of call for service	Not Available	66	28

Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023
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	Not Available	37	23
Number of Interventions from Community Response Team (CRT)	5,452	6,700	4,443
Number of eligible calls diverted from OUC to DBH	New in 2024	New in 2024	New in 2024
Number of OUC-transferred calls DBH answered	New in 2024	New in 2024	New in 2024
Number of OUC-transferred calls AHL resolved on the phone or with a referral to a behavioral health provider	New in 2024	New in 2024	New in 2024
Percent of OUC-transferred calls DBH was unavailable to answer	New in 2024	New in 2024	New in 2024
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	3,028	1,428	1,321
Number of crisis/suicide calls answered by Access HelpLine (AHL)	New in 2024	New in 2024	New in 2024
Forensic Monitoring			
Number of Consumers monitored by Forensic Outpatient Division (FOPD)	62	62	32
Substance Use Disorder Assessment and Referral Center			
Number of SUD intakes completed at Assessment and Referral Center (ARC)	New in 2024	New in 2024	New in 2024
Urgent Care			
Number of people served at Stabilization Center	New in 2024	New in 2023	New in 2024
Number of adults who received services at DBH's urgent care clinic	New in 2023	New in 2023	1,493
Number of children who received services at DBH's urgent care and PIECE programs	New in 2024	New in 2024	New in 2024
Quality Inpatient Care			
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	105	93	102
Safety			

Workload Measures (*continued*)

Measure	FY 2021	FY 2022	FY 2023
Number of assaults by patients on staff or other patients	295	351	122
Number of Staff and Patient Falls	154	131	54
Transition to community			
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	97	27.5	136
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	127	123	37