



# **DEPARTMENT OF BEHAVIORAL HEALTH**

## **FY 2023 PERFORMANCE ACCOUNTABILITY REPORT**

**JANUARY 16, 2024**

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# 1 DEPARTMENT OF BEHAVIORAL HEALTH

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*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.

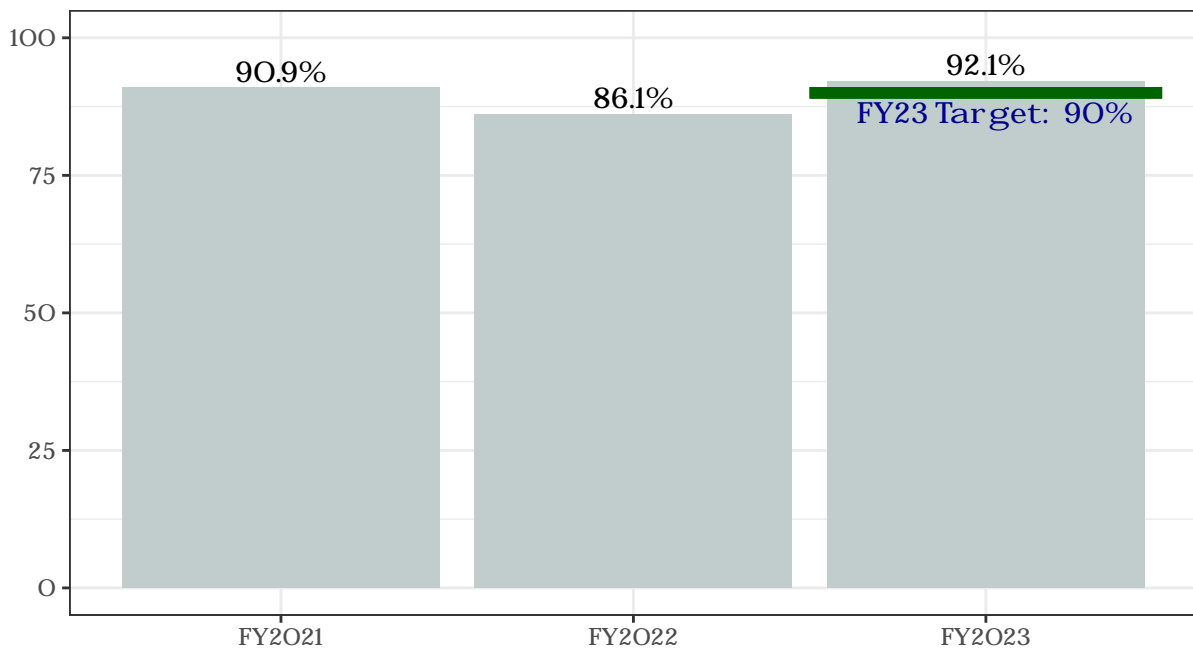
## 2 2023 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
<p>AHL Co-Location at OUC: Select DBH Access Help Line staff are now co-located with 911 call-takers at OUC’s Martin Luther King Jr. Avenue call center to support expansion of the 911 Behavioral Health Call Diversion. Building on lessons learned from the District’s Right Care, Right Now (nurse triage line) initiative and emerging best practice across the country, co-location of behavioral health specialists promotes greater capture of calls that are eligible for diversion, facilitates real-time consultation, and builds the trust and confidence of staff to deploy alternative, non-traditional resources. Implementation of the 911 BH Call Diversion program, a partnership between DBH and OUC with support from MPD and FEMS, is being supported by Harvard’s Kennedy School Government Performance Lab and will be evaluated by the Lab@DC.</p>	<p>The co-location and joint training of DBH and OUC call-takers sets the stage to scale up the diversion program especially with OUC’s upcoming implementation of new technology that will apply algorithms to key information collected by call takers and then direct them to send calls to the most appropriate resource like DBH (as well as other 911 alternatives such as DDOT, DPW, NTL). This work has strengthened DBH’s partnerships with public safety agencies and opens up new possibilities for FY24 such as the co-response pilot that will pair five behavioral health specialists with five MPD CIO officers.</p>	<p>This diversion program is part of a suite of activities designed to move away from an automatic law enforcement response to behavioral health crises. In addition to expanding call center staff and mobile crisis teams as part of the 911 Diversion Program and 988 implementation, DBH worked with MPD this year to deliver 20 hours of training in Mental Health First Aid for First Responders or 40 hours of Crisis Intervention Officer (CIO) training to nearly all uniformed MPD officer. As with all of these efforts, the goal of the diversion program, including co-location of DBH staff at OUC, is to improve outcomes by making available to District residents the right service, at the right time by the right provider.</p>
<p>School Behavioral Health Program: The School Behavioral Health Program Activity Tracker (SBHP Activity Tracker) was officially launched in FY23. This innovative system operates as a web-based database, constructed on the QuickBase Platform. It is designed to facilitate the daily input of critical utilization data related to different tiers of school-based services within the Multi-Tiered System of Supports (MTSS) framework, including Foundational, Tier 1, Tier 2, and Tier 3 levels. Prior the SBHP Activity Tracker, DBH could not capture accurately and efficiently from Community Based Organization (CBO) clinicians. The tracker now allows DBH to capture comprehensive data from both DBH hired and CBO hired clinicians.</p>	<p>One of the standout features of the SBHP Activity Tracker is its capability to generate automated reports. These reports enable real-time monitoring of weekly staffing figures, such as the number of schools staffed with school-based clinicians. Furthermore, this system facilitates seamless data sharing with the District of Columbia Public Schools (DCPS), the District of Columbia Public Charter Schools (DCPCS), and other valued partners. As a result, School Behavioral Health now has access to data that can be used to evaluate and inform best practices, supporting strategic efforts to implement continuous quality improvement.</p>	<p>While the SBHP Activity Tracker does not directly impact the residents of DC it does help to monitor and evaluate Tier 1, Tier 2, and Tier 3 services provided within the SBHP. These services are provided to children and youth across all 8 wards of the District of Columbia.</p>

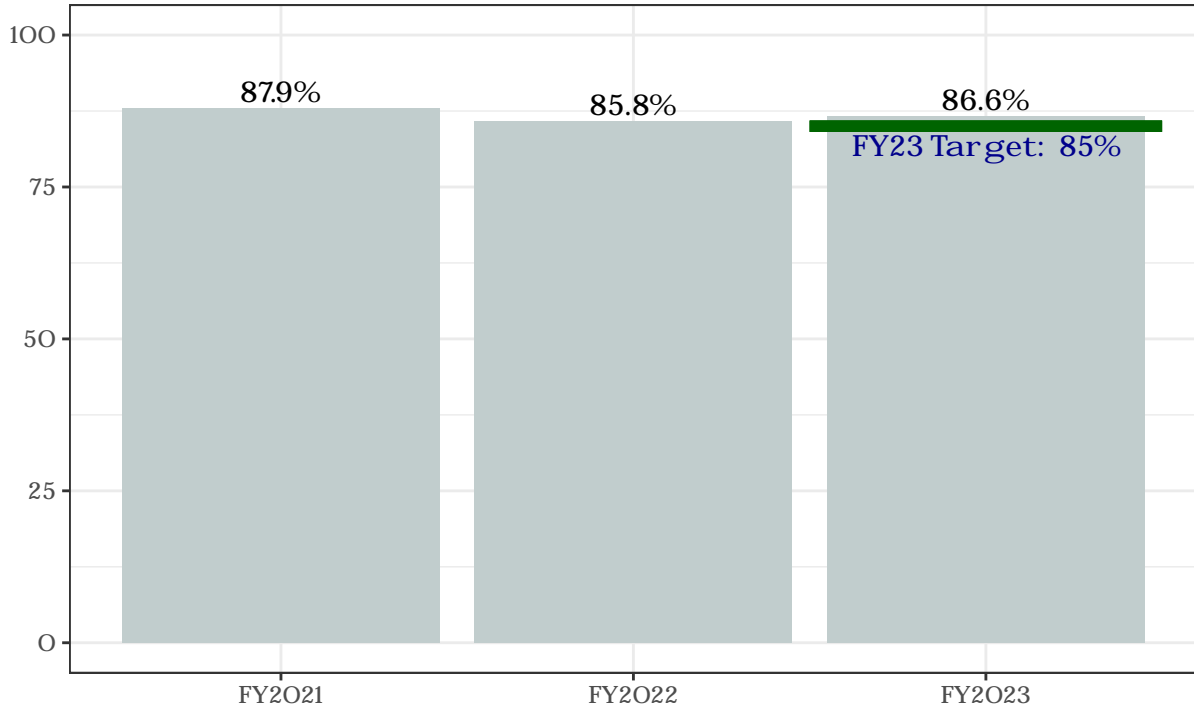
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Accomplishment	Impact on Agency	Impact on Residents
High Fidelity Wraparound High-Fidelity Wraparound provides community-based alternative services for District youth at risk for or returning from an out-of-home residential treatment center placement, as well as youth who have experienced multiple placements and/or psychiatric hospitalizations.	DBH worked with DHCF to add High Fidelity Wraparound to the District's State Plan Amendment which will make this service reimbursable by Medicaid.	In FY23, 62 individuals were served in HFW, during which 99% of youth were diverted from a Psychiatric Residential Treatment Facility, and 43% did not receive any additional juvenile charges. The project also reported that 90% of youth maintained their school placement, 77% showed an improvement in school attendance, 70% demonstrated academic achievement, and 74% showed a decrease in the number of detentions and school suspensions - all indicators that the program is effective.

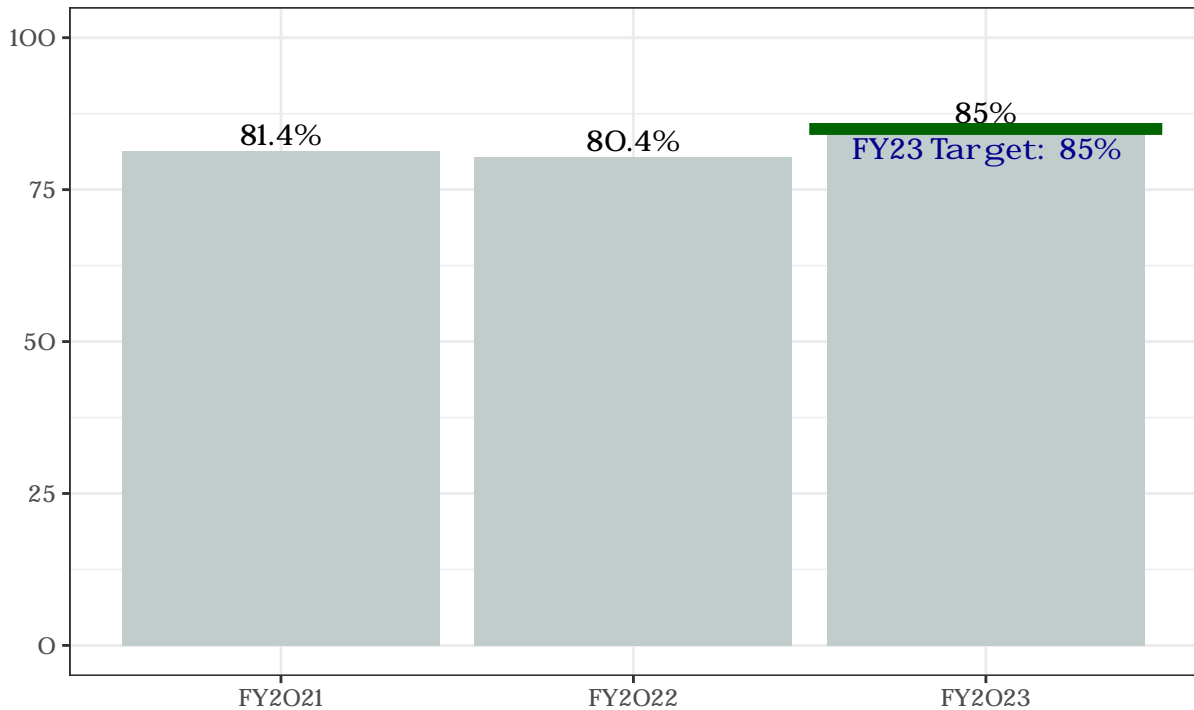
Percent of consumers who remained in the Community Residential Facility (CRF) placement for at least 90 days from move-in date with no psychiatric hospitalizations, incarcerations, crisis bed placements or involuntary discharges



Percent of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment



Percent of children newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment



### 3 2023 OBJECTIVES

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#### Strategic Objective

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Transform the District's behavioral health system into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, transparency, and innovative programs.

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

Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.

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

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

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

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

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## 4 2023 OPERATIONS

Operation Title	Operation Description
<b>Transform the District's behavioral health system into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, transparency, and innovative programs.</b>	
Training: Daily Service	Conduct web-based and classroom trainings for providers, DBH staff, and community members.
Provider certification and licensure: Daily Service	Certify and recertify behavioral health providers, and license and relicense community residential facilities.
Accountability, quality, compliance monitoring, technical assistance: Daily Service	Audit claims; provide data reports and analysis; issue performance improvement plans; provide technical assistance to providers.
<b>Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.</b>	
Quality Inpatient Care: Daily Service	Provide quality treatment to individuals in care at Saint Elizabeths Hospital
Transition to community: Daily Service	Work with the community behavioral health network to ensure individuals being discharged from Saint Elizabeths Hospital have a successful transition back to the community.
Safety: Daily Service	Ensure the safety of individuals and staff at Saint Elizabeth's Hospital.
<b>Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.</b>	
Mental Health Treatment for Children and Youth: Daily Service	Provide community-based treatment and supportive services to children, youth and young adults who have a serious mental illness of servious emotional disorder to assist them in recovery.
Forensic Monitoring: Daily Service	Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders.
Housing: Daily Service	Provide housing vouchers, connect consumers to community residential facilities, and provide clinical support to consumers receiving housing services
Crisis Services: Daily Service	Provide Immediate interventions to individuals in crisis.
Substance use and treatment for youth: Daily Service	Provide treatment and recovery services for young adult substance use disorder clients to help them achieve and maintain their recovery.
Substance Use Treatment for Adults: Daily Service	Provide treatment and recovery services for adult substance use disorder clients to help them achieve and maintain their recovery.
Mental Health Treatment for adults: Daily Service	Provide community-based treatment services to adults who have a serious mental illness in order to assist them in their recovery.
<b>Build and support a community that promotes recovery and resilience to help individuals and families thrive.</b>	
Peer Specialists and Recovery Coaches: Daily Service	Train peer specialists and recovery coaches.
Consumer and Family Affairs: Daily Service	Ensure the involvement of consumers of behavioral health servies and their family members in the design, implementation and evaluation of behavioral health services.
<b>Promote behavioral health wellness through prevention and early intervention services and supports.</b>	
Outreach Services: Daily Service	Conduct outreach in the community to reach individuals in need of immediate support and comnection to treatment.
Prevention interventions: Daily Service	Conduct strategic preventive interventions aimed at preventing and/or delaying the onset of alcohol, tobacco, and other drug use among youth and adults.
Communication: Daily Service	Develop and implement communication strategies to promote recovery and wellbeing.



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Operation Title	Operation Description
Early Interventions: Daily Service	Provide individual and group interventions to children.
School Mental Health Services: Daily Service	Provide individual and group interventions in school settings
<b>Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence</b>	
Care Coordination: Daily Service	Track admissions, discharges, and follow-up services to/from community inpatient psychiatric hospitals, withdrawal management, and SUD residential treatment.
Authorization and Linkage to Services: Daily Service	Authorize and connect consumers in order to provide services.
Provider Partnership: Daily Service	Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence

## 5 2023 STRATEGIC INITIATIVES

In FY 2023, Department of Behavioral Health had 13 Strategic Initiatives and completed 69.23%.

Title	Description	Update
Continued implementation of LIVE LONG DC; District's Strategic Opioid Plan	(a) Continue to build the city-wide effort to ensure equitable and timely access to high-quality substance use disorder (SUD) treatment and RSS through a network of treatment services that are adequate to meet demand consistent with the criteria of the American Society of Addiction Medicine; (b) Educate District residents and key stakeholders on the risk of SUD and effective prevention and treatment; (c) Engage health professionals and organizations in the prevention and early intervention of SUD among District residents; (d) Support the awareness and availability of, and access to, harm reduction services in the District consistent with evolving best and promising practices; (e) Develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system; and (f) Prepare for program sustainability through evaluation, planning, and performance monitoring and training.	Completed to date: Complete Unlike the majority of the country, in the District 85% of individuals who have died of opioid overdoses are Black. To address this racial health gap, LIVE. LONG. DC. will continue to build the city-wide effort to ensure equitable and timely access to high-quality substance use disorder (SUD) treatment, including increasing access to medication for opioid use disorders, and recovery supports services (RSS) through a network of services that are adequate to meet demand and working to engage and re-engage individuals through seven care management grantees; educate District residents and stakeholders on opioid use disorder, its risks, and harm reduction approaches through coordinated community efforts by faith-based and prevention grantees and social marketing campaigns (including a HOPE campaign); engage health professionals and organizations in the prevention and early intervention of SUD among District residents; support the awareness and availability of, and access to, harm reduction services in the District of Columbia; develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system; and support a comprehensive, data-driven surveillance and response infrastructure that addresses emerging trends in substance use disorder and opioid-related overdoses.

Intensive Care Coordination

Target intensive care coordination (ICC) services to high risk/high need individuals with complex clinical presentations and socio-economic circumstances who access care inconsistently with poor healthcare outcomes. Target population includes those who: (a) Do not engage consistently in care in the community after many ED and acute care stays; (b) Routinely drop out of care, often change community BH providers & experience multiple health crises w/in a year; (c) Suffer from concurrent complex somatic, MH, & SUD diagnoses; (d) Are often involved in criminal justice system & are high utilizers of BH & somatic services. Multidisciplinary ICC teams will provide support to re-engage individuals who have been disconnected from the care continuum. Teams will include: peer specialists; community health workers; behavioral health clinicians, and nurses. Teams will work with community partners & other District agencies to implement the most appropriate engagement strategies & services.

Completed to date: Complete

The ICC team is now complete with the ICC nurses selected and in the on-boarding process. The team served 1388 consumers in FY23 with 3695 documented engagements in iCAMS (the DBH EHR.) A global referral email box was set up in November of FY23 to allow any stakeholder to make a referral to the team. The engages consumers in PEP-V, shelter, and encampments. Referrals come from the ombudsman, executive staff, and internal stakeholders. The team also manages a shared caseload of 100 consumers who have experienced 3 or more hospitalizations in the past year.

DC Stabilization and Sobering Center

Improving our response to individuals experiencing behavioral health crisis is among DBH's top priorities in FY23. To that end DBH will establish a Crisis Stabilization and Sobering Center working in close partnership with Fire & EMS as well as DC Health, MPD and DHCF and many other public stakeholders. This Center will provide the full continuum of high quality, trauma-informed, and culturally acceptable behavioral health care to those acutely intoxicated in order to get them enrolled in community treatment on their journey to recovery from substances and mental health disorders. This Center will also reduce the unnecessary reliance on Emergency Departments and avoidable acute inpatient psychiatric admissions.

Completed to date: 75-99%

On 9/28/23, DBH and DGS received a DOB conditional certificate of occupancy for the DC Stabilization Center. The general contractor is making very good progress to complete both interior and exterior spaces. We are targeting "substantial completion" of build out by 9/30/23, with services to begin in October. Also, FEMS training for their paramedics and EMT's on the DCSC referral process is scheduled for early October, and DBH has been working with MPD on training for their members. Services will begin October

Telehealth  
Expansion

Initiative provides equipment and internet access to 4,150 individuals receiving behavioral health services and creates 10 telehealth stations at accessible community sites operated by DBH partners, including four (4) peer-operated centers. 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 with internet access or laptops with tethering hot spots will provide needed access to telehealth services to 4,150 vulnerable individuals who are currently unable to safely access care during the pandemic. DBH will partner with a provider entity to assist in training clients to use equipment and to access telehealth sessions.

Completed to date: 25-49%

During Q4, significant progress has been made working with OCTO to launch the pilot phase of this project - distributing the first 300 smart phones to targeted high risk / vulnerable consumers. Specific achievements include: securing the smart phones and data plans; hiring and training 4 technical staff to image, configure, and distribute the devices; defined eligibility criteria for consumer participation; identified potential targeted consumers based on utilization of past intensive services and lack of ongoing community engagement through a claims analysis; working through issues identified by potential community telehealth station partners; and executed an MOU with OCTO outlining their FY 24 deliverables and support. DBH expects to begin the distribution of the devices in the pilot phase by the end of October 2023.

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Managed Care  
Transition

DBH will write two regulations to facilitate the behavioral health system's transition from a fee-for-service payment model to managed care by October 1, 2023.

Regulation 1: Mandate that by October 1, 2023 providers obtain and maintain accreditation in good standing with the Joint Commission, the Council on Accreditation or the Commission on the Accreditation of Rehabilitation Facilities.

Regulation 2: Provide regulatory changes to: (a) Specify the regulatory sections for which DBH will deem providers in compliance after attaining accreditation in good standing; and (b) All legally-required regulatory changes to accomplish the managed care carve-in including but not limited to: a. Establishing program and data reporting standards with which providers must comply as a condition of certification; and b. Writing all existing provider policy mandates into regulations.

Completed to date: Complete  
DBH will publish regulations on or about November 1, 2023.

SEH Facility Maintenance

SEH will maintain its facility in accordance with applicable regulations and provide a safe environment for District residents who need care for severe and persistent mental illness. Upkeep and maintenance of the Hospital is critical to the mission of the agency as we serve on average 620 unduplicated patients annually. SEH is licensed for up to 292 inpatients and provides operational support, while complying with regulations and standards promulgated by the Department of Justice, Centers for Medicare and Medicaid Services, DC Health, and educational accrediting bodies. Resources necessary to properly maintain, operationalize and service the hospital plant will support the hospital's mission to provide the highest quality, integrated mental health services to people with severe mental disorders who require psychiatric hospitalization and to facilitate their continuing recovery and return to the community.

Completed to date: 50-74%  
Refurbishment of the Cooling Tower and two Chillers / the BAS/EMS HVAC upgrades are all undergoing the OCP procurement process within Q4 - solicitation will go into FY24. Flooring Replacement Project - Unit 1F was completed in Q4 and flooring project began in 1D began in Q4 (All other Housing Units were completed except for 1E [this unit is scheduled to be completed early November FY24]). SEH Camera System - Still in Contracting and Procurement process in Q4. Parking Lot - Was removed from HOLD in Q4 and is currently being re-evaluated with DGS. Nurses Station Enclosure 2TR - Installed in Q4 (punch-list scheduled to be completed 10/10/23). Security Doors and Patio Doors on 1C and 1D - (Contract was modified to change 1D to 1F). Security doors for 1C and 1F were installed and completed in Q4. T IIC's were temporarily moved to the Intensive Therapeutic Learning Center (TLC) and here were ligature concerns to address in the TLC.

Implement the School-Based Behavioral Health Expansion Model

DBH will continue to implement the school based behavioral health expansion model and 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.

Completed to date: Complete  
There are 171 or 67% of the 254 DC Public and DC Public Charter Schools with a DBH or CBO provider implementing the school-based behavioral health expansion model.

Wellness Wednesday

The Parent Support Program will continue to strengthen the supports for parents and caregivers in the District of Columbia. The Parent Coordinator will support the implementation of in-person and virtual events, including Wellness Wednesday as well as events led by expert presenters. In addition, the program will support a Public Relations campaign that will build awareness of the resources and the availability of parent/family consultations.

Completed to date: Complete  
During Quarter 4, DBH continued to support parents and caregivers through various events. DBH continued to hold Wellness Wednesday virtual sessions once a month, both in Spanish and in English. Overall, 18 sessions/events were held, and 183 parents and caregivers attended the sessions or workshops. The program hosted a virtual Family Wellness Summit in which parents were encouraged to prioritize their wellness. Other sessions included two community-wide outdoor events.

Teacher Support Program	DBH will create a teacher wellness program to provide support to educators in the District of Columbia. A dedicated Program Manager will manage and assist with implementation of the activities and events, as well as conduct a public relations campaign. The Manager will coordinate and implement support groups, wellness activities and events, provide consultation services if needed, and connect teachers to additional resources.	Completed to date: Complete During Quarter 4, DBH continued to provide significant support and services to educators across the District of Columbia. The Educator Mental Health program hosted 12 activities and events and 224 individuals participated in the events. The program continues to plan for the next fiscal year. Program staff is researching creative ways to further engage educators.
Healthy Futures	DBH will utilize up to six (6) licensed behavioral health clinicians to pilot early childhood 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.	Completed to date: Complete All eight child development centers participating in the treatment pilot are being served. Our full-time clinician, Aliya Subhit, is working in Board of Child Care, National Children's Center, Bright Beginnings, and Educare; Monique Douglas is at Sunshine; Danielle Goldberg is at Edward Mazique; Carrie Kochel is at Martha's Table; and Anais Lugo is at Rosemount. Carrie Kochel went on maternity leave last month. There is no replacement clinician for Martha's Table: Carrie will continue as their clinician upon her return. Danielle Goldberg is working with the director, teachers and Healthy Futures consultant, Shevon Tucker, to identify children and families that could benefit from therapy. Anias has one active case at Rosemount. Aliya has 2 active clients: 1 each at NCC and Bright Beginnings. Aliya's other clients left for public school. Evaluation with the Georgetown University evaluation team is in place. Elina Gil's Starbright Institute is submitting a scope of work to continue trauma focused play therapy supervision for FY24.
Deemed Accreditation	Support providers obtaining National Accreditation by meeting minimum standards such as KPIs, Fiscal Claims Audits and Fidelity Reviews, as DBH Providers transition to managed care.	Completed to date: Complete Certified providers achieved national accreditation.
Supported Employment	Support the completion of independent assessments and authorizations for DBH's Evidence Based Supported Employment (SE) Program. Independent assessments mitigate barriers to service delivery and allow mental health consumers and SUD clients to have informed choice in Supported Employment providers. FY 23 annual capacity for SE services for Mental Health consumers will be 450. FY 23 annual capacity for SUD clients will be 50.	Completed to date: 0-24% Due to delay/absence of funding, planning to support the MH and SUD Supported Employment Programs has not been realized and thus little impact has been made. Workarounds in the absence of funding has provided for incremental impact. Due to delay/absence of funding, planning to support the MH and SUD Supported Employment Programs has not been realized and thus little impact has been made. Workarounds in the absence of funding has provided for incremental impact.

Alternative 911 Response

Expand the Community Response Team (CRT) and Access Helpline (AHL) to enable the Department of Behavioral Health to respond directly to certain types of 911 calls where that approach is likely to result in a better outcome. The program now operates 24/7. Recruit for expansion positions with CRT and AHL. Continue implementation and evaluation planning with support from the Lab@DC. The District 911 alternatives team (DBH, OUC, MPD and FEMS) was recently selected as one of only four jurisdictions nationally to receive a one-year intensive technical assistance award from the Harvard Kennedy School's Government Performance Lab. Explore potential co-responder approaches with BH specialists teaming with law enforcement officers or EMTs.

Completed to date: Complete  
During Q4, significant progress has been made working with OCTO to launch the pilot phase of this project - distributing the first 300 smart phones to targeted high risk / vulnerable consumers. Specific achievements include: securing the smart phones and data plans; hiring and training 4 technical staff to image, configure, and distribute the devices; defined eligibility criteria for consumer participation; identified potential targeted consumers based on utilization of past intensive services and lack of ongoing community engagement through a claims analysis; working through issues identified by potential community telehealth station partners; and executed an MOU with OCTO outlining their FY 24 deliverables and support. DBH expects to begin the distribution of the devices in the pilot phase by the end of October 2023.



## 6 2023 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

### Key Performance Indicators

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
<b>Transform the District's behavioral health system into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, transparency, and innovative programs.</b>											
Percent of individuals referred through the emergency department medication assisted treatment programs who went to treatment	Up is Better	49.3%	66.6%	63.1%	42%	34%	22.4%	38.8%	50%	Unmet	It has been challenging connecting with community providers to confirm a linkage. Peers must balance trying to reach community providers and working with current clients. There have also been challenges with community providers disclosing if a patient has arrived because of confidentiality. DCHA continues to work with hospital teams and peers to further develop relationships with providers in order to improve the process.
<b>Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.</b>											
Percent of unique patients restrained at least once per month	Down is Better	4.7%	7.4%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7.5%	8%	Met	The hospital has been installing new floors which leads to individuals in care being moved temporarily. This change can have had an impact on behavior.
Percent of unique patients secluded at least once per month	Down is Better	2.7%	2.9%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3.1%	4.2%	Met	The hospital has been installing new floors which leads to individuals in care being moved temporarily. This change can have had an impact on behavior.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of patients satisfied with Facility/Environment	Up is Better	54.9%	51.2%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	58.3%	60%	Nearly Met	The following factors likely contributed to this goal not being met: Individual preference for community living versus hospitalization; Individuals refusing services due to their belief they are inappropriately placed and do not have behavioral health support needs (surveyors noted several occurrences of this with patients admitted pretrial). The hospital will continue educating people on the importance of patient feedback and suggestions for continuous improvement.
Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days	Down is Better	0.3%	0%	0%	0%	0%	0%	0%	1.8%	Met	
<b>Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.</b>											
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	51.1%	55%	Nearly Met	The average total score was 52 at initial assessment and 39 at most recent assessment (13pt decrease). Since the initial and most recent total scores were low, a significant (20-point) decrease was difficult to achieve. DBH provided training and technical support around compliance with CAFAS guidelines. To support providers in integrating the assessment tool in ongoing treatment planning, quarterly trainings were offered.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of consumers/clients satisfied with Access	Up is Better	78.9%	83.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	76.3%	80%	Nearly Met	Survey participants expressed concerns that included (but not limited to) the following: Lack of consistent communication and plan review or evidence of plan finalization.
Percent of Substance Use Disorder (SUD) clients who were successfully discharged that re-entered services within 90 days	Down is Better	17.1%	13.7%	20.2%	6.1%	3.2%	4.7%	8.4%	25%	Met	
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%	92.3%	100%	95.2%	83.9%	92.1%	90%	Met	
Percent of MAT clients who were served in two consecutive quarters	Up is Better	85.4%	81.8%	81.4%	86.1%	80.7%	67.6%	78.7%	90%	Unmet	The buprenorphine (81%) & naltrexone (49%) improved slightly. The State Opioid Response 3 grant supports FQHCs in engaging and re-engaging buprenorphine clients. There are monthly calls to check on progress and conducts site visits. The SOR team is funding 7 organizations to deliver care coordination and case management to individuals with complex co-occurring disorders and/or a history of intermittent treatment. Grantees have partnered with the OTPs to provide re-engagement activities.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment	Up is Better	87.9%	85.8%	85.5%	87.8%	85.9%	86.9%	86.6%	85%	Met	
Percent of children newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment	Up is Better	81.4%	80.4%	80.8%	80.6%	88.6%	90.4%	85%	85%	Met	
<b>Build and support a community that promotes recovery and resilience to help individuals and families thrive.</b>											
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	69.3%	80%	Unmet	Survey participants expressed concerns that included (but not limited to) the following: Lack of consistent communication and plan review or evidence of plan finalization.
Percent certified peers employed during the quarter	Up is Better	78.5%	79.9%	81.3%	76.7%	72.3%	67.6%	74.4%	80%	Nearly Met	Staff have difficulty getting in contact with peers- many do not answer their phone or want to provide information regarding their employment status.
<b>Promote behavioral health wellness through prevention and early intervention services and supports.</b>											

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Average time from 911 call to CRT arrival on the scene of an event for Priority 1 calls	Down is Better	New in 2022	61	61	382	356	388	296.8	30	Unmet	CRT has seen a significant uptick in crisis calls, 37% specifically, from this time last year. In addition, the team remains at 60% staffing. Apart from these challenges, the response time does not account for the capture of referral and collateral information, or the attempts to contact other service providers when applicable, such as ACT, for response. Lastly, the fields embedded in our documentation are not mandatory fields which results discrepancies with the accuracy of response time for CRT.
Percent of CRT deployment where MPD assistance was requested by CRT	Down is Better	New in 2022	30.8%	12.5%	28.6%	0%	0%	10.7%	20%	Met	
Percent of vendors not selling tobacco to minors	Up is Better	Not Available	81.6%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	86.2%	90%	Nearly Met	While the District did not meet its target of 10%, it did decrease from 19% to 16% for FY2023. Having an extended period of time to conduct inspections contributed to this decrease. Now that DBH has a partnership with the Department of Licensing and Consumer Protection (DLCP), we anticipate starting the FY2024 inspections earlier and being able to collectively educate merchants on the District's tobacco laws throughout the year to continue decreasing the amount of tobacco sales to minors.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of school-based behavioral health partnership schools with a school based behavioral health provider	Up is Better	91.5%	61.5%	Semi-Annual Measure	62.5%	Semi-Annual Measure	67.3%	64.9%	80%	Unmet	Despite the implementation of various strategies to incentivize recruitment and retention of clinicians, there are still small incremental gains in adding to and retaining the workforce.
<b>Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence</b>											
Percent of Mental Health Rehabilitative Services (MHRS) consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	Up is Better	48.6%	54.2%	57.1%	58.9%	57.6%	53%	56.4%	60%	Nearly Met	Providers are responsible for managing their admissions using CRISP. CRISP often does not record the day of discharge until a week post discharge so if the provider wasn't aware of the admission, they may not get timely notice. Not every inpatient facility uses CRISP so there can be gaps in admission data. DBH continues to offer training to providers on using CRISP and to advocate for all hospitals to use the system timely.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of substance use disorder (SUD) residential treatment clients who stepped down to a lower level of care	Up is Better	43.9%	28.4%	34.9%	40.2%	45.2%	48.5%	41.6%	50%	Unmet	For Q4, the residential step down is just shy of the goal of 50%. Providers continue to note stepping consumers down to a "non-ASURS provider" as consumers are in need of other supportive services post residential treatment. DBH continues to explore and identify the system gaps that could be added to support the consumers identified needs. Lastly, with the addition of new levels of care in ASAM, DBH is exploring how these levels of care can potentially fill the gaps.
Percent of substance use disorder (SUD) withdrawal management clients who stepped down to a lower level of care	Up is Better	59.2%	31.4%	28.1%	40%	38%	43.4%	38.1%	50%	Unmet	For Q4, the two DBH certified Withdrawal Management providers individually exceeded the expectation of 50% stepdown for this KPI. The hospital-based provider did not individually meet the expectation. However, the hospital also provides co-occurring psychiatric services, thus consumers may be stepped down to outpatient psychiatric care as opposed to substance use treatment. Thus, bringing down the overall percentage.

Workload Measures

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
<b>Accountability, quality, compliance monitoring, technical assistance</b>							
Number of naloxone kits distributed	56,810	65,124	12,108	16,572	25,284	27,564	81,528
Number of Technical Assistance Activities initiated	147	304	86	77	93	170	426
Number of dashboards in production	15	23	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13
<b>Provider certification and licensure</b>							
Number of Community Residential Facilities licensed	91	92	Annual Measure	Annual Measure	Annual Measure	Annual Measure	90
Number of providers certified	79	76	76	74	76	75	75
<b>Training</b>							
Number of people who attend DBH Training Institute trainings	3,633	4,215	748	1,878	1,664	1,664	5954
<b>Quality Inpatient Care</b>							
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	105	93	88	91	98	102	102
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	97	27.5	119	35	127	136	136
<b>Safety</b>							
Number of assaults by patients on staff or other patients	295	351	88	86	76	122	372
Number of Staff and Patient Falls	154	131	34	44	53	54	185
<b>Transition to community</b>							
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	127	123	27	53	50	37	167
<b>Crisis Services</b>							
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	3,028	1,428	420	802	1,159	1,321	1321
Number of People Served at 35 K Urgent Care	1,535	1,478	401	764	1,123	1,493	1493
<b>Forensic Monitoring</b>							
Number of Consumers in FOPD	171	62	62	62	62	32	32
<b>Housing</b>							



Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Number of people DBH placed in housing	1,662	1,676	1,655	1,656	1,723	1,699	1699
<b>Mental Health Treatment for Children and Youth</b>							
Number of children, youth, and young adults (0-17) receiving mental health treatment	4,024	4,850	3,068	3,515	4,216	4,860	4860
<b>Mental Health Treatment for adults</b>							
Number of adults (18+) receiving mental health treatment	29,615	36,250	28,077	31,597	32,437	37,519	37,519
Number of adults receiving Health Homes services	947	542	288	314	458	332	332
<b>Substance Use Treatment for Adults</b>							
Number of people receiving substance use disorder (SUD) treatment services	4,620	4,741	3,023	3,307	3,814	4,782	4782
Number of individuals receiving a substance use disorder (SUD) intake assessment	2,877	3,270	462	568	648	492	492
<b>Substance use and treatment for youth</b>							
The Number of Youth Receiving Substance Use Disorder Treatment Services	63	114	25	51	60	78	78
<b>Consumer and Family Affairs</b>							
Number of individuals referred to Resiliency Specialist after a child fatality	0	0	0	0	0	0	0
Number of Policies, Projects, Programs, and Service in which DBH engaged with consumers/clients and their families	5	5	5	9	8	8	30
<b>Peer Specialists and Recovery Coaches</b>							
Number of people trained in Recovery Coaching	17	33	33	0	0	8	8
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth	0	0	0	0	26	10	36
<b>Communication</b>							
Number of public outreach events	732	844	139	Waiting on Data	92	169	400
Number of hits to the DBH website	583,237	776,875	Waiting on Data	Waiting on Data	197,271	190,588	387,859
<b>Early Interventions</b>							

Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Number of child development centers participating in Healthy Futures program	83	97	102	103	107	107	107
<b>Outreach Services</b>							
Number of people who had a behavioral health claim within 7 days of a CRT diversion, a follow-up service from CRT, a linkage to services outside of the DBH network, or a voluntary hospitalization	Not Available	37	7	6	5	5	23
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	8	7	8	5	28
Number of FD12s (documentation for involuntary hospitalization) written by CRT for diverted calls	Not Available	27	3	6	4	1	14
Number of interventions from Crisis Response Team	5,452	6,700	1,934	852	876	781	4443
<b>Prevention interventions</b>							
Number of prevention activities by Prevention Centers	248	269	48	32	43	33	156
Number of individuals (adults and youth) reached through planned substance use disorder (SUD) prevention strategies	5,701	14,658	3,070	2,483	2,257	4,274	4274
<b>School Mental Health Services</b>							
Number of children who received treatment services from DBH School-based Behavioral Health Program	598	642	414	535	595	602	602
<b>Authorization and Linkage to Services</b>							
Number of Authorizations for Specialty Services (Assertive Community Treatment, Community Based Interventions, Supported Employment, Day Rehab)	2,661	9,243	2,354	2,167	1,992	1,841	8354
<b>Care Coordination</b>							
Number of people receiving substance use disorder (SUD) outpatient services	1,203	1,144	251	617	784	1,160	1160
Number of SUD clients receiving residential services	1,515	1,501	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1133
Number of SUD clients receiving withdrawal management services	617	1,501	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1171

Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Number of Mental Health consumers with a psychiatric hospitalization	1,625	1,777	Annual Measure	Annual Measure	Annual Measure	Annual Measure	607
<b>Provider Partnership</b>							
Number of DBH projects with documented involvement of providers	5	8	Annual Measure	Annual Measure	Annual Measure	Annual Measure	7