Department of Behavioral Health FY2016

Agency 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.

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.

2016 Objectives

FY16 Objectives

Objective Number	Objective Description
Addiction Prevention and Recovery Administration (2 Objectives)	
1	Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems
2	Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible substance use treatment and recovery support services
Behavioral Health Authority (5 Objectives)	
1	Expand the range of behavioral health services
2	Increase access to behavioral health services
3	Continually improve the consistency and quality of behavioral health services
4	Ensure system accountability to support behavioral health services
5	Oversee the implementation of agency-wide priorities
Behavioral Health Financing/Fee for Services (2 Objectives)	
1	Ensure system accountability to support behavioral health services
2	Oversee the implementation of agency-wide priorities
Behavioral Health Services and Supports (2 Objectives)	
1	Expand the range of behavioral health services
2	Continually improve the consistency and quality of behavioral health services
Saint Elizabeths Hospital (1 Objective)	
1	Continually improve the consistency and quality of behavioral health services

2016 Key Performance Indicators

Measure	Division	Frequency of Reporting	FY 2013	FY 2014	FY 2015	FY 2015 Target	FY 2016 Target

1 - Continually improve the consistency and quality of behavioral health services (13 Measures)							
Percent of discharges with 2 or more anti-psychotic medications		Quarterly	0	15	20.31	20	12
Percent of discharges justifying 2 or more anti-psychotic medications		Quarterly		14	43.59	40	50
Percent of individuals with obesity (BMI >=30) at end of fiscal year		Quarterly					33
Percent of individuals carry formal diagnosis of obesity		Annually	0	0	0	0	70
Patient fall rate: patient falls per 1,000 patient days		Quarterly	0	0	0	0	2.4
Elopement rate: elopements per 1,000 patient days		Annually	0.31	0.29	0.03	0.1	0.1
Patient injury rate: major patient injuries per 1,000 patient days		Quarterly	0.15	0.34	0.16	0.3	0.3
Percent of missing documentation of medication administration results		Annually	0.41	0.61	0.65	0.5	0.4
Restraint hours rate: restraints per 1,000 patient hours		Annually	0	0	0	0	0.1
Seclusion hours rate: seclusions per 1,000 patient hours		Annually	0	0	0	0	0.07
Percent of patients re-admitted to Saint Elizabeths Hospital within 30 days of discharge		Annually	6.3	2.03	6.03	7	6.5
Physical assault rate: physical assault rate per 1,000 patient days		Annually	0	0	0	0	6
Percent of admissions with timely completed risk assessments by psychiatrists		Annually	0	0	0	0	90
1 - Expand the range of behavioral health services (2 Measures)							
Number of certified Peer Specialists		Annually	20	34	60	60	80
Number of women served by Re-Entry Coordinator in Women's jail		Quarterly	0	100	281	75	75
1 - Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems (2 Measures)							
Number of adults reached through planned prevention strategies	APRA	Quarterly		15,487	12,519	9,133	10047
Number of youth reached through planned prevention strategies	APRA	Quarterly		17,022	11,770	10,318	11350
2 - Continually improve the consistency and quality of behavioral health services (4 Measures)							

Percent of adults who receive at least 1 non-crisis service in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization		Annually	67.09	58.1	0	70	70
Percent of adults who receive at least 1 non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization		Annually	75.81	70.87	0	80	80
Percent of children/youth who receive at least 1 non-crisis service in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization		Quarterly	71.28	60.12	0	70	70
Percent of children/youth who receive at least 1 non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization		Quarterly	86.13	74.85	0	80	80
2 - Increase access to behavioral health services (3 Measures)							
Number of School Mental Health Programs	BHA	Quarterly	52	62	65	72	70
Number of early childhood services locations – Primary Project		Quarterly	35	44	45	54	54
Number of introduction to co-occurring disorders and drugs of abuse classes		Quarterly		17	9	10	6
2 - Oversee the implementation of agency-wide priorities (1 Measure)							
Percent of District residents accessing services through ASARS screened for Medicaid eligibility within 90 days of the first date of service		Annually					85
2 - Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible substance use treatment and recovery support services (3 Measures)							
Percent of adults that successfully complete DBH substance use disorder treatment	APRA	Quarterly		61.3	46.97	60	60
Percent of youth that successfully complete DBH substance use disorder treatment	APRA	Quarterly		10.6	13.35	20	20
Number of clients who receive DBH Recovery Support Services	APRA	Quarterly			6,192	2,000	2500
3 - Continually improve the consistency and quality of behavioral health services (3 Measures)							
Provider Scorecard –mental health providers' average quality (adult and child) score		Annually	86.41	92	84.39	85	85

Provider Scorecard- mental health providers' average financial score		Annually	69.11	76	74.35	85	85
Adult Community Services Review (CSR) system score		Annually	0	84	0	0	82

2016 Workload Measures

Measure	Frequency of Reporting	FY 2013	FY 2014	FY 2015
Workload Measure (10 Measures)				
Number of adult consumers served	Quarterly	18,918	22,355	22,122
Number of child and youth consumers served	Quarterly	4,181	5,262	5,289
Mental Health Services Division (MHSD) intake/Same Day Service Urgent Care Clinic – adults	Quarterly	3,628	3,930	5,398
MHSD intake/Same Day Service Urgent Care Clinic – child/youth	Quarterly	327	272	248
Number of Comprehensive Psychiatric Emergency Program (CPEP) visits	Quarterly	3,961	3,765	3,802
Number of adult mobile crisis team visits	Quarterly	1,007	1,794	1,276
Number of child mobile crisis team visits	Quarterly	505	717	817
Crisis stabilization bed utilization	Quarterly	87.98	89.1	85.63
Involuntary acute psychiatric adult admissions	Quarterly	1,366	1,631	2,134
Number of persons trained with disaster mental health response capacity	Quarterly	69	62	77

2016 Initiatives

Objective Number	Objective Title	Initiative Number	Initiative Title	Initiative Description
Addiction Prevention and Recovery Administration - 1 (1 Initiative)				

1	Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems	1.1	Implement the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant	DBH successfully applied for and received a CABHI grant from SAMHSA, which begins October 2, 2015. Working in partnership with the District's Interagency Council on Homelessness (ICH), the Department of Human Services (DHS), the Department of Health Care Finance (DHCF), and homeless service providers, DBH has committed to ensuring a minimum of 300 homeless veterans and chronically homeless individuals with mental illnesses, substance use disorders, or both, are housed each year for the next three years. The grant will allow DBH and its partners to provide non-Medicaid services such as outreach, engagement and referral to these vulnerable individuals and access the District's housing resources through the Coordinated Entry program. Through this grant opportunity, DBH and the District will be able to develop its protocols and policies for building the support system to this extremely vulnerable position. Completion Date: September 2016.
TOT				
Addiction Prevention and Recovery Administration - 2 (1 Initiative)				
2	Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible substance use treatment and recovery support services	2.1	Transition all currently-certified Substance Use Disorder Treatment and Recovery Providers to the new certification standards	DBH finalized new certification standards for all substance use disorder (SUD) treatment and recovery providers in September 2015. These new standards are designed to 1) increase the standard of care and enhance person-centered treatment given by providers; 2) allow most treatment services to be reimbursed by Medicaid for Medicaid-eligible individuals; and 3) align the certification standards with other DBH programs. As providers are certified under the new standards they will incorporate the use of iCAMS, the new data management system used by DBH. This will enhance documentation and also support the integration of care. Completion Date: June 1, 2016.
TOT				
Behavioral Health Authority - 1 (1 Initiative)				

1	Expand the range of behavioral health services	1.1	Establish Health Homes	Health Homes are a new service delivery framework that provides care coordination for consumers with serious mental illnesses, or a serious mental illness with a chronic physical illness or at risk of developing a chronic physical illness. DBH in partnership with the Department of Health Care Finance (DHCF) is in the process of creating Health Homes, a system by which mental health providers will offer case management and care coordination to consumers with a mental illness and a chronic physical health condition or those likely to develop chronic conditions. Use of the new data management system, iCAMS (full system implementation by September 2015), will allow better coordination of care with primary health care providers. The State Plan Amendment (SPA) was approved by the Center for Medicare and Medicaid Services (CMS) on September 2, 2015. Completion Date: September 2016.
TOT				
Behavioral Health Authority - 2 (2 Initiatives)				
2	Increase access to behavioral health services	2.1	Expand public awareness of behavioral health resources	DBH has an extensive array of behavioral health services available to the residents of the District including preventive services, behavioral health treatment, and behavioral health supports. However, the general public's and other service agency's lack of awareness of available resources often precludes an individual getting the services they need. Therefore, the agency will develop a marketing plan that will include the development of educational materials and activities to reach a greater portion of the population and increase public awareness of behavioral health issues including 1) the dangers of synthetic drugs (e.g. K2); 2) decreasing stigma around mental illnesses; and 3) available services and supports and how to access them. Completion Date: September 2016.
2	Increase access to behavioral health services	2.2	Increase awareness of behavioral health needs of older adults	Older adults may have behavioral health needs that did not manifest, were not identified at a younger age, or have only recently developed. The Department is committed to ensuring that it enables people in the behavioral health system who may assess or treat these older adults to have the tools they need to assist these individuals in the best manner possible. Therefore during FY 16 the Department will work with primary care providers to identify a tool that can be used to screen older adults for behavioral health issues. The Department will also develop identify a curriculum and training resources and supports that can be used to train hospital and home health care workers to best address the needs of older adults with behavioral health issues. Completion Date: September 2016.
TOT				
Behavioral Health Authority - 3 (1 Initiative)				

3	Continually improve the consistency and quality of behavioral health services	3.1	Develop DBH Provider Scorecard	The Department of Behavioral Health (DBH) has published a Provider Scorecard for its mental health providers for the last four (4) years. FY15 activities of Mental Health Rehabilitation Services (MHRS) providers will continue to be rated using the DBH Provider Scorecard. The target for the mental health providers' quality and financial performance on the FY 2015 Scorecard, reported in FY 2016, is 85%. During FY16 DBH will develop a new Provider Scorecard for both mental health and substance use disorder treatment providers, using the newly published certification standards for substance use disorder providers that were finalized in September 2015. The new provider scorecard will be finalized and piloted in FY16. Completion Date: September 2016.
TOT				
Behavioral Health Authority - 4 (1 Initiative)				
4	Ensure system accountability to support behavioral health services	4.1	Develop an agency-wide dashboard for agency management	In FY 16, a "dashboard," a daily data report which summarizes key critical agency data points, will be provided to the Director on a daily basis. This dashboard will allow the Director to best assess agency performance and make recommendations for improvement. Completion Date: January 2016.
TOT				
Behavioral Health Authority - 5 (2 Initiatives)				
5	Oversee the implementation of agency-wide priorities	5.1	Issue practice guidelines for co-occurring care	One of the primary goals in merging the District's mental health and substance use disorder authorities into one agency was to provide better integrated care to those residents with both mental health and substance use disorders. With the development of new certification and treatment standards for the substance use disorder providers and the imminent implementation of Health Homes for persons with serious mental illnesses, the Department is now able to use the new services and standards to focus on truly integrated care. The Department will develop and issue practice guidelines for integrated co-occurring care to its providers. These guidelines are critical both to establish the standard of integrated care and to measure the quality of integrated services being provided. Completion Date: September 2016.

5	Oversee the implementation of agency-wide priorities	5.2	Implement use of a common assessment tool to identify individuals with behavioral health conditions at greatest risk of homelessness to use as a factor in prioritizing housing resources.	DBH has limited housing resources available to individuals with serious mental illness with very limited incomes (below 30% of the Average Median Income). DBH has both rental vouchers and housing units, developed in cooperation with the Department of Housing and Community Development, which it administers through the DBH Home First Program. DBH will implement the use of a common assessment tool, the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT), for consumers who are homeless. This will enable greater prioritization of the limited housing resources for homeless consumers and also allow these individuals to be part of the District's Coordinated Assessment and Housing Placement (CAHP) program.
TOT				
Behavioral Health Financing/Fee for Services - 2 (1 Initiative)				
2	Oversee the implementation of agency-wide priorities	2.1	Begin Medicaid claiming for Adult Substance Abuse Rehabilitative Services (ASARS)	Implementation of Medicaid billing for ASARS was begun in FY13 through a partnership with the Department of Health Care Finance to amend the ASARS SPA and develop regulations that will allow implementation of Medicaid services and billing. The work continued through FY 2014. CMS approved the amended SPA in August 2015. The new certification regulations which implemented the SPA were finalized in September 2015 and Medicaid billing is expected to begin by December 1, 2015. DBH is working closely with the Department of Health Care Finance in the implementation of this initiative. Completion Date: September 2016.
TOT				
Behavioral Health Services and Supports - 1 (1 Initiative)				

1	Expand the range of behavioral health services	1.1	Increase integration of peers in the behavioral health system of care	The Substance Abuse and Mental Health Services Administration (SAMHSA) and best practices urge the use of peers in a recovery oriented model. DBH has a well-developed peer certification program that is being enhanced to include a curriculum for youth peers and peers in substance use disorder treatment, in addition to the adult and family peer programs already established. The Department recognizes that older adults may have specific needs that are best addressed by their peers as well and will ensure that the number of older adults who become Certified Adult Peers is increased. Increasing the use of peers in our System of Care will both enhance the services being provided and allow for greater employment opportunities amongst DBH consumers. Current certified peers are employed throughout the public mental health system. During FY16, the DBH Office of Consumer and Family Affairs (OCFA) will continue to offer certification training that includes two tracks for the core curriculum peer specialists training and two tracks for the family member certification training. OCFA monitors the number of persons who successfully complete these courses and graduate as well as the certification status of current peers. Completion Date: September 2016.
TOT				

Behavioral Health Services and Supports - 2 (1 Initiative)

2	Continually improve the consistency and quality of behavioral health services	2.1	Establish outcome measures for system and service assessment and improvement	Integral to determining if District residents are getting the best care is establishing a standard by which the "best care" can be measured. As the agency continues to improve its service delivery system with new certification and treatment standards for the SUD providers and the implementation of the Health Homes for people with serious mental illnesses, those outcome measures that will allow agency and provider performance to be evaluated must be developed. The use of iCAMS, the new data management system for DBH and its providers, will allow the agency to more easily determine when and if providers are meeting specific outcome measures which will in turn allow the agency to work on improving those programs that need improvement and determining best practices from those providers that are consistently successful in improving the wellness of DBH consumers. The success of the Health Home Initiative will be determined by each provider program's ability to achieve outcomes as measured by the Centers for Medicare and Medicaid Services (CMS) and DBH Health Home Core Quality Measures. The purpose of the core set is to assess individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes specific to the provision of health home services. The data related to the CMS and the District Core Health Home quality measures will be collected beginning January 2016. Completion Date: September 2016.
TOT				

Saint Elizabeths Hospital - 1 (1 Initiative)

1	Continually improve the consistency and quality of behavioral health services	1.1	Reduce weight gain and obesity levels of individuals in care	Individuals in a psychiatric treatment setting are at higher risk of weight gain and becoming obese due to side effects of many psychiatric medications as well as a more sedentary lifestyle. According to the SEH's FY14 Trend Analysis report, the average percentage of weight gain reached 9% by 120 days of admission and the percentage of individuals in care with obesity (BMI>=30) was 42% as of September 30, 2013. The obesity rate declined to 37% as of September 30, 2014. However, it is still significantly higher than the obesity rate of District adult population (23%). The Hospital's further study suggests that a significant weight gain is likely to occur in the early stage of hospitalization. In FY15, the SEH launched a six sigma project team that started working with multiple disciplines to develop and implement strategies to mitigate the weight gain and lower the obesity rate among individuals in care. The Hospital's goal is to reduce the obesity rate to below 33% by the end of FY16. During FY16, the Hospital will track two measures related to obesity: 1) the percent of individuals in care with obesity, and 2) the percent of individuals in care with obesity who have accurate obesity diagnosis updated in Axis-III at the end of the fiscal year. Completion Date: September 2016.
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