

Department of Behavioral Health FY2021

Agency Department of Behavioral Health

Agency Code RMO

Fiscal Year 2021

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.

2021 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
<p>Programs to Address Opioid Overdose Deaths</p> <ul style="list-style-type: none"> An additional feature was added to the Text to Live service to allow for naloxone deliveries by outreach workers. A total of 56,810 naloxone kits were distributed in FY21, a 78% increase compared to FY20. Peer-operated centers (POCs) served a total of 4,797 individuals, which also includes individuals with stimulant use disorder and their family members. The Rapid Peer Responders made 9,006 client contacts and distributed 8,304 naloxone kits. The Specialized Street Outreach Teams linked 1,331 individuals to medication for opioid use disorder through outreach efforts. The DHS H.O.U.S.E. team conducted 5,614 engagements with individuals experiencing homelessness and completed 116 tools for homeless individuals so they could be eligible for housing supports. Faith-based Prevention Centers held community conversations, opioid overdose prevention sessions, and participated in local events. Over 4,780 individuals participated in these prevention activities. 	<ul style="list-style-type: none"> Text to Live gives DBH and its LIVE.LONG.DC. partners a unified harm reduction, social marketing campaign based on the most effective technique for saving lives from overdose – the immediate administration of naloxone. The POCs complement the vast array of behavioral health services and supports offered through the DBH-certified network. Peers with “lived experience” can often be more effective engaging behavioral health consumers than trained behavioral health professionals. These efforts have helped DBH to spread more opioid awareness and harm reduction services throughout the District, in addition to gathering valuable qualitative and colloquial knowledge about drug trends in various communities. 	<ul style="list-style-type: none"> Two of the POCs have become emergency food distribution sites during the public health emergency in order to provide further support to their communities. Communities have become more aware of harm reduction interventions and can get access to naloxone through the outreach teams and Prevention Centers. Residents struggling with behavioral health challenges often turn to faith leaders for support and guidance and to sustain recovery efforts. This partnership supports harm reduction services and encourages treatment.
<p>Implementation of 911 Behavioral Health Call Diversion Phase 1</p> <p>Beginning in February of FY21, DBH worked with the Office of Unified Communications, MPD and FEMS to plan for a 911 Behavioral Health Call Diversion Pilot which kicked off on June 1, 2021. The objective of the pilot was to shift some low threat/low risk behavioral health calls from 911 call-takers to DBH rather than law enforcement. The goal of the pilot is to improve the clinical outcomes by assuring the right response is delivered by the right personnel at the right time to best assist individuals experiencing behavioral health crises.</p>	<p>Implementation of 911 Behavioral Health Call Diversion Phase 1</p> <p>Beginning in February of FY21, DBH worked with the Office of Unified Communications, MPD and FEMS to plan for a 911 Behavioral Health Call Diversion Pilot which kicked off on June 1, 2021. The objective of the pilot was to shift some low threat/low risk behavioral health calls from 911 call-takers to DBH rather than law enforcement. The overarching goal is to improve the clinical outcomes by assuring the right response is delivered by the right personnel at the right time to best assist individuals experiencing behavioral health crises.</p> <ul style="list-style-type: none"> Since the 911 Behavioral Health Call Diversion pilot was launched on June 1 of this year, DBH and OUC have successfully demonstrated that low-risk behavioral health calls can be addressed effectively by DBH clinicians without an automatic law enforcement response. The goal of this effort is to get the right services at the right time to individuals experiencing a mental health crisis to improve clinical outcomes. Nearly 400 calls were successfully transferred from OUC to DBH during the pilot phase. DBH clinicians often can provide immediate counseling and support by phone. Other callers, approximately 20%, require a mobile response from the Community Response Team. MPD officers will continue to play a critical role in assuring the safety of all involved when there is a threat of violence present. Phase 1 or the pilot of this effort, was conducted with no expansion of staff at either OUC or DBH. The pilot gave our teams time to develop and implement protocols for triaging calls and address design issues. Proof of concept was successfully demonstrated through the pilot effort. <p>Together with other opportunities to expand and redesign crisis services, the 911 initiative ultimately led to the creation of a new executive team-level position—Chief, Crisis Services—and a realignment of the component crisis programs to achieve a more comprehensive and integrated system of crisis response. With the Mayor’s new investments of \$5,759,000 in January 2022. In Phase 2, the 911 transfer initiative will be expanded from 12 hours to 24 hours every day. This will require a significant increase in staff hiring over the next nine months. Forty-one (41) additional DBH clinicians will be added to assure 100% call answering and adequate staff for mobile field response.</p>	<ul style="list-style-type: none"> Since the 911 Behavioral Health Call Diversion pilot was launched on June 1 of this year, DBH and OUC have successfully demonstrated that low-risk behavioral health calls can be addressed effectively by DBH clinicians without an automatic law enforcement response. The goal of this effort is to get the right services at the right time to individuals experiencing a mental health crisis to improve clinical outcomes. Nearly 400 calls were successfully transferred from OUC to DBH during the pilot phase. DBH clinicians often can provide immediate counseling and support by phone. Other callers, approximately 20%, require a mobile response from the Community Response Team. MPD officers will continue to play a critical role in assuring the safety of all involved when there is a threat of violence present. Phase 1 or the pilot of this effort, was conducted with no expansion of staff at either OUC or DBH. The pilot gave our teams time to develop and implement protocols for triaging calls and address design issues. Proof of concept was successfully demonstrated through the pilot effort.

Accomplishment	Impact on Agency	Impact on Residents
<p>COVID-19 Pandemic Response to Support Frontline Workers, Providers, and District Residents In FY21, DBH received an additional \$2.8 million grant from SAMHSA to continue DBH's emergency response services for the COVID pandemic. This allowed DBH to maintain continuity of DBH operated in-person services and supports, including SEH, CPEP, 35K Urgent Care, 24/7 Crisis Response Team, and Howard Road Children's Program to support for DBH-Certified Providers. In addition to the above services, at the start of the COVID pandemic we also implemented and funded 24 quarantine beds within two SUD residential providers for consumers seeking SUD services, to ensure consumers in need could access residential SUD services urgently and safely, without the risk of infecting others. DBH secured \$3.8 million from FEMA to fund staff for the Virtual Family Assistance Center to provide services for members of the deaf and hard of hearing and developmental disabilities communities. DBH also continues to provide support services for District parents through Wellness Wednesdays – an online parent support group that provides parents an opportunity to learn about how to take care of themselves and how to foster resiliency for their children.</p>	<p>The services funded by this grant enabled DBH to wider penetration in the DC community. This funding allowed participating providers to spend more time on activities that are not covered by Medicaid, such as providing outreach and education to individuals wanting support but reluctant to enroll in mental health or substance use treatment services. The grant also funded webinars, both live-interactive sessions and streaming of recorded content, as a way to make therapeutic services more accessible to the general public and frontline healthcare workers.</p>	<ul style="list-style-type: none"> • Outreach, case management and trauma treatment groups services were delivered to 2,496 unique individuals with severe mental illness, with a total of 7,375 service contacts; • Therapeutic webinars, individual and group pastoral counseling sessions and outreach (door-to-door and participation in community events) served 1,965 individuals with milder behavioral health symptoms, for a total of 2,346 contacts; • Therapeutic webinars were delivered to 1,469 individual frontline healthcare workers.

2021 Key Performance Indicators

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
1 - 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. (1 Measure)											
Percent of individuals referred through the emergency department medication assisted treatment programs who went to treatment.	Quarterly	New in 2021	New in 2021	New in 2021	43.8%	55%	49.4%	48.7%	49.3%	New in 2021	
2 - Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs. (5 Measures)											
Percent of individuals from Saint Elizabeths Hospital readmitted within 90 days	Quarterly	New in 2020	0.9%	2%	0%	0%	0.4%	0%	0.3%	Met	
Percent of consumers who completed competency restoration program who were found competent	Quarterly	New in 2020	62.1%	75%	66.7%	83.3%	76.2%	87.5%	80%	Met	
Percent of unique patients restrained at least once.	Quarterly	New in 2021	New in 2021	New in 2021	4.8%	3.8%	4.8%	5.2%	4.7%	New in 2021	
Percent of unique patients secluded at least once	Quarterly	New in 2021	New in 2021	New in 2021	2.5%	2.3%	2.7%	3.5%	2.7%	New in 2021	
Percent of patients satisfied with Facility/Environment	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	50.41%	New in 2021	
3 - 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. (7 Measures)											

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of children receiving mental health services whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment	Quarterly	New in 2020	58.9%	80%	69.4%	62.9%	57.5%	69.6%	64.3%	Unmet	​DBH is continuing to implement aggressive intervention efforts of the Children, Adolescent and Family Services Administration (CAFS) and its partners. The Data, Performance, and Measurement team (DPM) provided monthly compliance and performance data, which is being tracked by the Child and Adolescent Functional Assessment Scale (CAFAS) Performance Improvement Workgroup. CAFS, DPM, and Provider Relations (PR) continued to trouble shoot data issues. CAFS and PR continued virtual trainings series to increase capacity and compliance. In Q4, trainings were extended to include 8 additional School-Based Community-Based Organizations as a part of the School-Based Behavioral Health (SBBH) Expansion. DBH met with national training and technical assistance agencies to assess national trends. As a result, DBH changed the FY22 KPI to an annual measure to capture "The percentage of cases who improved on at least one out of 3 outcome indicators between initial and most recent children/youth functional assessment (PECFAS/CAFAS)". Lastly, CAFS is collaborating with DPM to track and analyze improvement and service data for high acuity youth; as well as assess and address any ongoing impact of the coronavirus pandemic on CAFAS compliance and performance.
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	Quarterly	New in 2020	86.2%	90%	91.3%	92.9%	88.2%	91.3%	90.9%	Met	
Percent of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment	Quarterly	82.1%	82.1%	85%	85.4%	87.9%	90.1%	88.7%	87.9%	Met	
Percent of children newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first clinical service within 30 days of enrollment	Quarterly	73.1%	74.2%	85%	78.9%	82.1%	83.1%	81.3%	81.4%	Nearly Met	The majority of providers met the target and Provider Relations will provide assistance to the providers who did not meet the threshold.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Substance Use Disorder (SUD) clients who were successfully discharged that re-entered services within 90 days	Quarterly	New in 2021	New in 2021	New in 2021	20.8%	15.6%	13.6%	18.8%	17.1%	New in 2021	
Percent of consumers/clients satisfied with Access	Annually	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	78.93%	New in 2021	
Percent of MAT clients who were served in two consecutive quarters	Quarterly	New in 2020	87.1%	90%	86.8%	84%	85.5%	85.2%	85.4%	Nearly Met	One of our Opioid Treatment Programs (OTPs) was bought out by another company. Their data is partially included in these totals, which could be impacting the 83% retention rate. As noted in the previous quarter, the SOR grant is funding two initiatives that are intended to positively impact performance on this measure. First, the SOR team made awards in July/August (delayed from previous estimates) to organizations to deliver care coordination and case management to individuals with complex co-occurring disorders and/or a history of cycling through intermittent treatment. The goal of this initiative is to keep individuals engaged in care and to prevent future overdose hospitalizations and fatalities. Each of the OTPs will be matched with one of these care management providers to do outreach to individuals who have fallen out of care. The OTPs attempt to make multiple calls, but the care management provider will go to the individuals known place of residence or "hangout" location. Second, the SOR grant made an award to a provider to begin a Community of Practice (COP) for prescribers of medication for opioid use disorders (MOUD) and will include training on how to implement outreach and re-engage individuals that have dropped out of active treatment. This initiative has been delayed due to a survey first going out to providers to see what their additional needs are when working with individuals on MOUD.
4 - Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)											
Percent certified peers employed during the quarter	Quarterly	New in 2020	78.7%	80%	No data available	76.2%	78.7%	80.9%	78.5%	Nearly Met	Number remained relatively stable however COVID-19 Pandemic appeared to have slightly negatively impacted training and employment opportunities. Team has created opportunities to present virtual trainings. In general, increased vaccinations/other safety mandates will likely increase outcomes in FY22.

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Annually	New in 2020	77.8%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	74.08%	Nearly Met	The likelihood that the lack of typical surveying conditions due to limitations for hands on support/ direct support due to COVID Pandemic, refusal to participate in survey and limited virtual platform access in hospital setting contributed to target not being met. Lessons learned from fy21 being considered for improvement in this area going forward. Survey team starting earlier for FY22 to allow for special provisions required due to COVID Pandemic.

5 - Promote behavioral health wellness through prevention and early intervention services and supports. (2 Measures)

Percent of school-based behavioral health partnership schools with a school based behavioral health clinician	Semi-Annually	New in 2020	82.2%	80%	Semi-Annual Measure	95.6	Semi-Annual Measure	87.4	91.5%	Met	
Percent of vendors not selling tobacco to minors	Annually	New in 2020	No Applicable Incidents	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents		

6 - Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (4 Measures)

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Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of Mental Health Rehabilitative Services (MHRS) consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	Quarterly	New in 2020	45.2%	50%	49.3%	49%	50.1%	44.3%	48.6%	Nearly Met	During FY21 DBH engaged in the following activities aimed at improving performance on this KPI: Completed internal analysis of 65 discharged cases to better identify and isolate persons who do not meet the criteria for this KPI: 1) out-of-state persons, 2) those with private insurance and 3) individuals who receive MH services outside of the DBH system. This data driven decision making process resulted in a more accurate/refined KPI logic for FY21 and beyond. Utilized findings from the internal case analysis to improve AHL workflow by making enhancements to the iCams Acute Care Auth Note and providing additional 1:1 training to AHL staff around methods to improve documentation practices for those in-eligible to this KPI. Developed weekly reports of hospital admissions and discharges claims data for DBH's Integrated Care team to improve record management practices (e.g., tracking hospital discharges) Reviewed perimammary performance data based on the proposed logic changes to determine impact in KPI performance. Reviewed national Healthcare Effectiveness Data & Information Set (HEDIS) performance and benchmarks for this KPI. This activity led to adjustments of the FY22 KPI performance target to align with industry standards. Identified resources for the next fiscal as using the State Opioid Response Grant and the Promoting Resilience & Recovery Grant to provide care coordination services for involuntary hosp., uninsured, consumer with an OUD, with the goal of connect them with community-based services and decreasing frequency of hospitalizations for high utilizers/ those at high risk.
Percent of substance use disorder (SUD) withdrawal management clients who stepped down to a lower level of care	Quarterly	New in 2020	45.4%	20%	58.7%	56.7%	51.9%	75.8%	59.2%	Met	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Percent of substance use disorder (SUD) residential treatment clients who stepped down to a lower level of care	Quarterly	New in 2020	30.3%	50%	31.7%	34.6%	57.2%	49.7%	43.9%	Unmet	DBH continues to make progress in improving the Residential Step-Down Rate. In the last month of quarter 2, we began to see an increase in the Step-Down Rates. DBH met bi-monthly with the residential treatment providers, provided technical assistance, and created a provider strategy forum to address challenges in stepping down clients into continued care. In quarter 3, we exceeded the mark. The stepdown rate for quarter 3 was 57%. Although we began to see upward trends throughout the 2nd and 3rd quarters, during the 4th quarter, we began to see downward trends again. We attribute this to the loss of pertinent staff members in our provider network. This created limitation of access to the outpatient provider treatment network. Although we do not have the final numbers for quarter 4, we do project that we will fall slightly short of the annual benchmark of 50%. The SUD programs staff continues to hold monthly meetings with Residential Treatment providers to discuss system performance and assist providers in overcoming network challenges in stepping down clients to lower levels of continuing SUD Care.
Percent of consumers/clients who were homeless at admission who had housing at discharge	Quarterly	New in 2021	New in 2021	New in 2021	Waiting on Data	Waiting on Data	Waiting on Data	No applicable incidents	27.5%	New in 2021	

2021 Workload Measures

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
1 - Accountability, quality, compliance monitoring, technical assistance (3 Measures)							
Number of Technical Assistance Activities initiated	New in 2021	New in 2021	28	22	28	58	136
Number of DC Clinicians certified to prescribe Buprenorphine that participate in the SOR Learning Community	New in 2021	New in 2021	0	0	0	0	0
Number of dashboards in production	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15
1 - Provider certification and licensure (2 Measures)							
Number of Community Residential Facilities licensed	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	91
Number of providers certified	New in 2021	New in 2021	86	90	78	79	333
1 - Training (1 Measure)							
Number of people who attend DBH Training Institute trainings	New in 2020	2883	662	766	1435	770	3633
2 - Quality Inpatient Care (2 Measures)							
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	124	173	109	107	106	99	421

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	146	120.3	95	97	93	103	388
2 - Safety (2 Measures)							
Number of assaults by patients on staff or other patients	New in 2021	New in 2021	84	61	72	78	295
Number of Staff and Patient Falls	New in 2021	New in 2021	47	34	40	33	154
2 - Transition to community (1 Measure)							
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	New in 2020	266	29	32	36	30	127
3 - Crisis Services (2 Measures)							
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	New in 2021	New in 2021	678	1081	2240	3028	7027
Number of People Served at 35 K Urgent Care	New in 2021	New in 2021	459	806	1216	1535	4016
3 - Forensic Monitoring (1 Measure)							
Number of Consumers in FOPD	New in 2021	New in 2021	54	55	62	0	171
3 - Housing (1 Measure)							
Number of people DBH placed in housing	New in 2020	Waiting on Data	1644	1655	1655	1662	6616
3 - Mental Health Treatment for adults (2 Measures)							
Number of adults (18+) receiving mental health treatment	20,474	75,249	20,577	25,589	27,602	29,615	103,383
Number of adults receiving Health Homes services	1467	1385	762	876	1002	947	3587
3 - Mental Health Treatment for Children and Youth (1 Measure)							
Number of children, youth, and young adults (0-17) receiving mental health treatment	3515	3252	2273	3281	3908	4024	13,486
3 - Substance use and treatment for youth (1 Measure)							
The Number of Youth Receiving Substance Use Disorder Treatment Services	New in 2021	New in 2021	5	19	126	63	213
3 - Substance Use Treatment for Adults (2 Measures)							
Number of people receiving substance use disorder (SUD) treatment services	4733	4148	3058	3672	3807	4620	15,157
Number of individuals receiving a substance use disorder (SUD) intake assessment	4054	3586	614	656	740	867	2877
4 - Consumer and Family Affairs (2 Measures)							
Number of Policies, Projects, Programs, and Service in which DBH engaged with consumers/clients and their families	New in 2021	New in 2021	3	3	4	5	15
Number of individuals referred to Resiliency Specialist after a child fatality	New in 2020	No Applicable Incidents	0	0	0	0	0
4 - Peer Specialists and Recovery Coaches (2 Measures)							
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth	New in 2021	New in 2021	9	0	0	0	0
Number of people trained in Recovery Coaching	New in 2021	New in 2021	0	0	11	6	17
5 - COMMUNICATION (2 Measures)							
Number of public outreach events	659	721	371	57	83	221	732
Number of hits to the DBH website	New in 2020	547,113	112,351	113,222	162,596	195,068	583,237
5 - EARLY INTERVENTIONS (1 Measure)							
Number of child development centers participating in Healthy Futures program	New in 2020	42	60	66	69	83	83
5 - Outreach Services (1 Measure)							
Number of interventions from Crisis Response Team	New in 2020	10,347	1290	1666	1399	1157	1157
5 - Prevention interventions (2 Measures)							

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
Number of individuals (adults and youth) reached through planned substance use disorder (SUD) prevention strategies	New in 2020	12,477	3281	2146	2658	5701	13,786
Number of prevention activities by Prevention Centers	368	246	46	50	77	75	248
5 - SCHOOL MENTAL HEALTH SERVICES (1 Measure)							
Number of children served by DBH SMHP	New in 2021	New in 2021	459	476	566	598	598
6 - Authorization and Linkage to Services (1 Measure)							
Number of Authorizations for Specialty Services (Assertive Community Treatment, Community Based Interventions, Supported Employment, Day Rehab)	New in 2021	New in 2021	2236	2487	2295	2661	9679
6 - Care Coordination (3 Measures)							
Number of Mental Health consumers with a psychiatric hospitalization	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1625
Number of SUD clients receiving withdrawal management services	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	617
Number of SUD clients receiving residential services	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1515
6 - Provider Partnership (1 Measure)							
Number of DBH projects with documented involvement of providers	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5

2021 Operations

Operations Title	Operations Description	Type of Operations
1 - 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. (3 Activities)		
Training	Conduct web-based and classroom trainings for providers, DBH staff, and community members.	Daily Service
Provider certification and licensure	Certify and recertify behavioral health providers, and license and relicense community residential facilities.	Daily Service
Accountability, quality, compliance monitoring, technical assistance	Audit claims; provide data reports and analysis; issue performance improvement plans; provide technical assistance to providers.	Daily Service
2 - Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs. (3 Activities)		
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
3 - 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. (7 Activities)		
Substance Use Treatment for Adults	Provide treatment and recovery services for adult substance use disorder clients to help them achieve and maintain their recovery.	Daily Service
Mental Health Treatment for Children and Youth	Provide community-based treatment and supportive services to children, youth and young adults who have a serious mental illness of serious emotional disorder to assist them in recovery.	Daily Service
Forensic Monitoring	Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders.	Daily Service
Crisis Services	Provide Immediate interventions to individuals in crisis.	Daily Service
Substance use and treatment for youth	Provide treatment and recovery services for young adult substance use disorder clients to help them achieve and maintain their recovery.	Daily Service
Mental Health Treatment for adults	Provide community-based treatment services to adults who have a serious mental illness in order to assist them in their recovery.	Daily Service
Housing	Provide housing vouchers, connect consumers to community residential facilities, and provide clinical support to consumers receiving housing services	Daily Service
4 - Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Activities)		
Consumer and Family Affairs	Ensure the involvement of consumers of behavioral health services and their family members in the design, implementation and evaluation of behavioral health services.	Daily Service
Peer Specialists and Recovery Coaches	Train peer specialists and recovery coaches.	Daily Service
5 - Promote behavioral health wellness through prevention and early intervention services and supports. (5 Activities)		
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
Outreach Services	Conduct outreach in the community to reach individuals in need of immediate support and connection to treatment.	Daily Service

Operations Title	Operations Description	Type of Operations
COMMUNICATION	Develop and implement communication strategies to promote recovery and wellbeing.	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
6 - Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (3 Activities)		
Care Coordination	Track admissions, discharges, and follow-up services to/from community inpatient psychiatric hospitals, withdrawal management, and SUD residential treatment.	Daily Service
Authorization and Linkage to Services	Authorize and connect consumers in order to provide services.	Daily Service
Provider Partnership	Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence	Daily Service

2021 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Accountability, quality, compliance monitoring, technical assistance (1 Strategic Initiative)				
Enhance Clinical Guidance and Oversight for Treatment Services	Collaborate with providers to develop outcomes and standard medical necessity criteria. Develop and implement a strategy to assess the delivery of clinical services and supports. This includes but is not limited to the development of a provider scorecard.	75-99%	​This project is on track.	B​ased on feedback from our stakeholders and our Executive Committee, we are working with our vendor to create a third draft. Our public report on provider performance will provide a valuable look back on performance and set the stage for a new reporting format for provider performance. We are on track to complete a third revision in Q1 FY22.
Authorization and Linkage to Services (1 Strategic Initiative)				
Address emotional and mental health issues during and post COVID 19 public health emergency	Secure Federal funding support and develop partnerships to expand capacity to meet behavioral health needs of residents. Promote and evaluate access/quality of telehealth services. Maintain and improve operations of mental health hotline. Provide support services to address the issues faced by residents related to stress, anxiety, grief and loss related to the pandemic.	Complete	​In Fiscal Year 2021, DBH secured federal funding to develop and/or expand capacity with goal of reducing behavioral health gaps/needs. Below is a summary of the activities and/or programs that were supported via the infusion of federal grant funds: The Mental Health Hotline, that uses the same phone number as Access Helpline, was bolstered by the addition of eight (8) staff to support the call surge seen during COVID-19. The Virtual Family Assistance Center (VFAC), funded by federal grant funds, provides crisis support to the families of people who have died of COVID-19. The program represents a strong partnership between DBH and the Office of the Chief Medical Examiner and includes collaboration from most government agencies providing support to residents. Every week, the OCME provides VFAC staff with a list of the next of kin of the deceased. VFAC staff then reaches out to each family offering crisis support, service linkages, and resource referrals.	
Forensic Monitoring (1 Strategic Initiative)				
Strengthen oversight and support for court ordered outpatient consumers	Develop clinical training for DBH providers that serve Forensic Outpatient Department (FOPD) (court-ordered) consumers. Deliver at least one real-time virtual training and work with DBH's Training Institute to ensure a recorded training is accessible for providers. Increase Core Service Agency (CSA) attendance and participation at Outpatient Forensic Review Board. Revise forensic service policies to improve oversight and service delivery to court-ordered consumers.	Complete	In Quarter 3, the Forensic Choice Provider solicitation was published on two separate occasions between the period March 8, 2021 and June 10, 2021. During that period, three vendors (CSAs) responded to the solicitation seeking to provide services to FOPD consumers under the contract. After several Best and Final Offer (BAFO) negotiations, two contracts were successfully awarded to two vendors: MBI Health Services (on July 16, 2021) and Anchor Mental Health (on September 8, 2021). BAFO discussions with a third vendor were discontinued after the vendor failed to offer a unit price that did not exceed independent government estimates, or provide a breakdown of estimated costs and services to support their pricing. On September 8, 2021, OCP withdrew its consideration of the vendor for the contract. The solicitation will be published yet again to the provider network for additional responses. A quarterly meeting was convened on September 30, 2021 with CSA providers, and they were encouraged to review the cri...	
Outreach Services (1 Strategic Initiative)				
Implement the school-based behavioral health expansion model	DBH will add 47 additional public and public charter schools to the current cohort of schools and match each new school with a school-based behavioral health clinician to provide prevention, early intervention and treatment services and supports to children, youth and their families.	Complete	In FY21, 46 of the 47 eligible schools agreed to join cohort 3. Five (5) schools chose to receive prevention and early intervention services from DBH Clinical Specialists. Each of the remaining 41 schools were matched with a CBO; and of those 38 have a clinician and due to resignations, there are 3 vacancies.	
Provider Partnership (2 Strategic initiatives)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Continue Behavioral Health System Redesign	Work in partnership with DHCF to continue implementation of the Medicaid 1115 services, as well as participate in the evaluation and monitoring of the overall waiver. As part of the 1115 Waiver implementation, DBH will work with DHCF to transition all non-IMD services into the Mental Health Rehabilitation Services (MHRS) and Adult Substance Abuse Rehabilitative Services (ASARS) State Plan Amendments (SPAs), as appropriate and plan for the fuller integration of behavioral health services into managed care.	Complete	"DBH has completed years 1-2, of a 3-year 1115 Wavier implementation plan. Below is summary of all activities completed. The demonstration tests whether the expenditure authority granted under this demonstration, in addition to other concurrent behavioral health delivery system enhancements and re-design efforts, results in increased access to health care services and improved health outcomes for individuals with SUD and SMI/SED. The proposed demonstration application was submitted on April 12, 2019, and the final draft demonstration application was submitted June 3, 2019. The District held a public comment period from April 12-May 13, 2019 and the demonstration was available for federal public comment from June 10, 2019-July 11, 2019. On November 6, 2019, CMS approved the District's Behavioral Health Transformation demonstration with an effective date of January 1, 2020. Most new services authorized under the waiver were phased in beginning on the effective date. Approved services include:Services for in..."	
Address behavioral health disparities and social determinants of health to improve service delivery outcomes	Address the stigma related to behavioral health to encourage people to engage in services. Identify culturally acceptable approaches to treatment and recovery by enlisting the support of cultural brokers and traditional supports. Develop guidance for the provider community describing culturally acceptable service delivery strategies.	Complete	​In FY21 DBH successfully implemented the Crisis Counseling Program (CCP). CPP is a joint effort between SAMHSA and FEMA aimed at reducing stigma in the use of behavioral health symptoms caused by COVID 19. The grant emphasizes a paraprofessional model for ongoing engagement via peers supports. Throughout the fiscal year DBH used peer supports to engage targeted groups (e.g., treatment hesitant or noncompliant) due to the stigma/barriers associated with behavioral health treatment. The program also worked on expanding access to services (e.g., Supported Employment Services) and materials on disaster mental health/trauma that focus on normalizing reactions to high stress situations and accessing behavioral health systems for support.	
Quality Inpatient Care (1 Strategic Initiative)				
Support District Residents with Traumatic Brain Injuries at Saint Elizabeths Hospital	DBH is court-ordered to place three individuals who have Traumatic Brain Injuries (TBIs) in long-term residential care. The individuals have traumatic brain injuries that have resulted in psychiatric symptoms. DBH will use this enhancement to fund these three TBI residential care placements, meet the legal requirements of the court orders, and develop a plan for future placements.	Complete	​DBH has completed this initiative by ensuring funding/continued care throughout FY21 care for three court-ordered individuals placed at a NeuroRestorative treatment center, located in Blacksburg, Virginia.	
Substance use and treatment for youth (1 Strategic Initiative)				
Lead implementation of the District's strategic plan to reduce opioid misuse, use and opioid related deaths	DBH will expand the focus of Live.Long.DC (strategic plan to reduce opioid misuse, use, and opioid deaths) on the emerging population of younger residents (ages 20-30) impacted by the epidemic. Increase harm reduction activities, with an emphasis on DC Wards 7 & 8. DBH will also enhance care coordination of services and supports with a special focus on returning citizens. DBH will expand access points for service intakes and create dashboards to facilitate data sharing across systems to support better coordination of care.	75-99%	​DBH has expanded focus of LIVE.LONG.DC. (LLDC-strategic plan to reduce opioid misuse, use and opioid deaths) on the emerging population of younger residents (ages 17-30) impacted by the epidemic and increased harm reduction activities, with an emphasis on DC Wards 5, 6, 7 & 8. Through ward-level engagement meetings, stakeholders are coming together to address the issues within their wards. DBH is in the process of enhancing care coordination services and supports with a special focus on individuals who have dropped out of treatment, returning citizens, and pregnant and parenting individuals. DBH has expanded access points for service intakes and created dashboards to facilitate data sharing across systems to support better coordination of care.	​We have exponentially expanded our naloxone distribution and training program in the last year, but have expanded significantly over the last quarter. Below is a comparison between this year and last year. FY2031, 917 units distributed36 distributing partners0 community trainersFY2147,017 units distributed (only through August)83 distributing partners39 community trainers
Transition to community (1 Strategic Initiative)				
Olmstead Plan	DBH will develop partnerships across the continuum of care (i.e., housing, community-based treatments, recovery support services) to support consumer transitions and discharge from residential treatment into the least restrictive and appropriate community setting.	Complete	​Care Coordination efforts centered around implementation of the 1115 waiver service Transition Planning delivered by McClendon Center, re-instituting examination of high utilizer data to implement care coordination and care management strategies to improve consumer outcomes, and internal restructuring to better integrate and target resources to consumers with the highest service and care coordination needs	