



DEPARTMENT OF BEHAVIORAL HEALTH

FY 2022 PERFORMANCE AND ACCOUNTABILITY REPORT

JANUARY 15, 2023

CONTENTS

Contents	2
1 Department of Behavioral Health	3
2 2022 Accomplishments	4
3 2022 Objectives	6
4 2022 Operations	7
5 2022 Strategic Initiatives	9
6 2022 Key Performance Indicators and Workload Measures	15

1 DEPARTMENT OF BEHAVIORAL HEALTH

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

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

2 2022 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
988 Implementation	<p>How did this accomplishment impact your agency? DBH has achieved and maintained a 90% or higher in-state answer rate for Lifeline/988 calls. DBH created a 988 Implementation Coalition to develop the 988 plan with community collaboration. This Multi-stakeholder provided input through a 9-8-8 implementation grant. 988 co-location of AHL staff inside of public safety promote collaboration opportunities increase partnership with MPD.</p>	<p>Anyone experiencing a mental health, substance use, or suicidal crisis can dial 988, and the National Suicide Prevention Lifeline will connect individuals to DBH's Access HelpLine for immediate assistance. The 988 Suicide and Crisis Lifeline:</p> <ul style="list-style-type: none"> • Connects people experiencing a mental health or substance use crisis to a trained crisis counselor who can address their immediate needs and connect them to ongoing care if needed. • Builds on the District's initiative to divert certain 911 mental health-related crisis calls to mental health specialists and decrease an automatic law enforcement response. • Helps end stigma around mental illness and normalize seeking or accessing mental health care.
<p>Expanded harm reduction with increased Naloxone and law change to distribute fentanyl test strips</p>	<p>DC Health completely transferred most of their opioid-related harm reduction activities to DBH in FY22. This has allowed DBH to embrace harm reduction and integrate these tools into its continuum of services and supports. Through a coordinated approach, DBH is better equipped to respond to community requests and get these tools out to the community in a timely manner.</p>	<p>With 65,124 units of naloxone distributed in FY22, a 14.6% increase from FY21, we were able to ensure that more residents were equipped to save a life of someone that is experiencing an opioid overdose. The widespread promotion of Text to Live has made it easier to access naloxone from over 30 pharmacies, community-based organizations, or through home delivery. This campaign has helped address stigma, encourage more residents to carry naloxone, and ultimately save lives.</p> <p>With the legislation change, DBH and other governmental partners can now distribute fentanyl test strips, which gave greater access to persons who use drugs (PWUD). PWUDs can better understand if fentanyl is in their drugs and make the decision to not use or implement additional safety measures (e.g., use slowly, don't use alone).</p>

(continued)

Accomplishment	Impact on Agency	Impact on Residents
Intensive Care Coordination team	<p>Implementation of the Intensive Care Coordination teams began to show impact by the end of FY22. The teams worked with 183 individuals and connected them to an on-going service provider. Connections to care reduce poor consumer outcomes like multiple hospitalizations, use of crisis emergency services like FEMS or CRT (community response teams) and helps people stay housed. There is now also a referral place for community and government stakeholder concerns to be directed to inside DBH for triage and system response when people who are not well connected to care experience poor outcomes. This improves DBH responses to these concerns and it improves the outcomes for the referred persons.</p>	<p>This initiative's goal is to target intensive care coordination services to high risk / high need individuals with complex clinical presentations and socio-economic circumstances who access care inconsistently over time with poor healthcare outcomes. They are engaged consumers at PEP-V sites, in shelters, and in encampments to try to help people connect to behavioral health care.</p>

3 2022 OBJECTIVES

Strategic Objective	Number of Measures	Number of Operations
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	3
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.	4	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	7
Build and support a community that promotes recovery and resilience to help individuals and families thrive.	2	2
Promote behavioral health wellness through prevention and early intervention services and supports.	4	5
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence	3	3
Create and maintain a highly efficient, transparent, and responsive District government.	11	0

4 2022 OPERATIONS

Operation Title	Operation Description	Type of Operation
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.		
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
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.		
Quality Inpatient Care	Provide quality treatment to individuals in care at Saint Elizabeths Hospital	Daily Service
Transition to community	Work with the community behavioral health network to ensure individuals being discharged from Saint Elizabeths Hospital have a successful transition back to the community.	Daily Service
Safety	Ensure the safety of individuals and staff at Saint Elizabeth's Hospital.	Daily Service
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.		
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 servious 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
Housing	Provide housing vouchers, connect consumers to community residential facilities, and provide clinical support to consumers receiving housing services	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
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 adults	Provide community-based treatment services to adults who have a serious mental illness in order to assist them in their recovery.	Daily Service
Build and support a community that promotes recovery and resilience to help individuals and families thrive.		
Peer Specialists and Recovery Coaches	Train peer specialists and recovery coaches.	Daily Service
Consumer and Family Affairs	Ensure the involvement of consumers of behavioral health servies and their family members in the design, implementation and evaluation of behavioral health services.	Daily Service

(continued)

Operation Title	Operation Description	Type of Operation
Promote behavioral health wellness through prevention and early intervention services and supports.		
Outreach Services	Conduct outreach in the community to reach individuals in need of immediate support and connection to treatment.	Daily Service
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
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
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence		
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

5 2022 STRATEGIC INITIATIVES

In FY 2022, Department of Behavioral Health had 10 Strategic Initiatives and completed 60%.

Title	Description	Completion to Date	Update	Explanation for Incomplete Initiative
Telehealth Expansion	91% of DBH's clients are Black, and 1% are Hispanic. A major goal of this telehealth expansion is to provide access for SUD clients, as survey data DBH has collected shows they have not been able to benefit from using telehealth because of a lack of access to the necessary technology. This 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).	50-74%	There has been limited progress on this because we were waiting on OIG to give an opinion regarding concerns that we do not run afoul of federal kickback laws by distribution of the cell phones to Medicaid consumers. OIG recently gave the go-ahead; DBH is now securing funding for FY23 and then will purchase and disseminate the equipment. DBH met with providers in Q4 to assess where telehealth stations would be most beneficial and appropriately implemented. Services are expected to launch in early FY23.	There has been limited progress on this because we were waiting on OIG to give an opinion regarding concerns that we do not run afoul of federal kickback laws by distribution of the cell phones to Medicaid consumers.

Intensive
Care Coordination

This initiative's goal is to target intensive care coordination services to high risk / high need individuals with complex clinical presentations and socio-economic circumstances who access care inconsistently over time with poor healthcare outcomes. Targeted individuals include those who: do not engage or remain consistently in care in the community following numerous emergency department and acute care stays, routinely drop out of care, often change their community behavioral health provider and experience multiple health crises within a calendar year, suffer from concurrent complex somatic, mental health, and SUD diagnoses are often involved in criminal justice system and are high utilizers of behavioral health and somatic services. Multidisciplinary intensive care coordination teams will provide support to this targeted population to reengage individuals who have been disconnected from the care continuum.

Complete

• The Intensive Care Coordination Teams are 80% hired. There is one peer specialist and the two nurses yet to join the teams. DBH had to secure additional funding for the nursing positions as the market rate for an RN is higher than what was originally budgeted. The teams have been engaged in the ICC work since May 2022. As a tertiary care provider, they are currently engaging consumers at PEP-V sites, in shelters, and in encampments to try to help people connect to behavioral health care. The teams also review weekly the DBH disenrollments lists and reach to consumers who were never seen, or whom the CSA disenrolled as "unable to find." They then re-connect consumers to care if they so desire. Finally, the ICC team requested a panel of consumers who have experienced 3 or more psychiatric admissions in the past year, and/or 4 or more emergency department/CPEP visits. In Q1 of FY23 the teams will begin work in these panels to work with CSAs, sister agencies, and other consumer stakeholders to review care, and develop new strategies with a view to improve the outcomes for these panels.

Healthy Futures	<p>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 centers sites. Two (2) clinicians will come from the DBH Healthy Futures team, 2 clinicians will come from the DBH Parent Infant Early Childhood Enhancement (PIECE) team, and 2 additional clinicians will be hired. 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.</p>	25-49%	<p>• We have identified the eight child development centers that will participate in the treatment pilot. We have 2 clinicians from Healthy Futures identified to participate and a supervisor who will do Attachment Bio-Behavioral Catchup (ABC) with a maximum of 5 families through the pilot.</p>	<p>The biggest need is to hire 2 full time clinicians so all of the 8 centers will be able to participate in treatment.</p>
Re-entry services	<p>Partnering with the Mayor's Office of Returning Citizens' Affairs (MORCA), community based organizations and other District of Columbia Government agencies, Department of Behavioral Health's (DBH) engagement in the Resource to Empower and Develop You Center (The READY Center) helps returning citizens succeed by providing intervention and treatment referrals for those with mental health and/or substance use disorders, including emergency psychiatric care and community based outpatient and residential services. DBH will link returning citizens to Core Service Agencies (CSA) and monitor that they actually receive the service for which they were referred. Eligible returning citizens who are interested in receiving behavioral health services will be linked to CSAs by DBH staff and provided intake appointments within 30 days of their release from the Department of Correction (DOC) custody. DBH will track returning citizens' attendance at intake appointments for behavioral health services.</p>	Complete	<p>Since March 2020, the public health emergency has impacted operations at DOC and in the related facilities. DBH's ability to provide in-reach and engagement has been significantly hindered, thus impacting our efforts to provide continuity of care and post-release support to assist citizens with future engagement in behavioral health and SUD services. Given the ongoing impact of the Covid-19 virus and its variants, DBH continues to strategize how to shift efforts to focus more on post-release engagement and supports until the team is able to safely return and resume pre-release efforts (sans institutional stay-in-place restrictions). The availability of SAMHSA funds affords us future opportunities to utilize peers to support the initiative. In Q4 the Program began staff to fulfill this mission. Coordination efforts have begun with new leadership at the READY Center</p>	

Wellness Wednesday	Continue and strengthen Wellness Wednesday sessions with featured speakers and build awareness of the availability of parent/family consultations with a Public Relations campaign on the services provided, by, reducing stigma to seek supports, programming materials, and hiring dedicated staff to implement the program.	Complete	​DBH continued to implement weekly Wellness Wednesday sessions and secured contracts with presenters to present on topics for the Wellness Wednesday sessions in English and Spanish. DBH is currently recruiting to fill the Parent Coordinator position.	
Teacher Support Program	Create a teacher support network to provide up to two weekly teacher support groups. A dedicated Program Manager will be hired to manage and promote the program, as well as conduct a public relations campaign with schools and the Washington Teachers Union. The Manager will also serve as the facilitator for the Healthy Teachers support groups.	50-74%	​During Quarter 4, the Project Director of Educator Wellness Program implemented several educator events which included a Teacher Tea Time Series, Educator Wellness Retreat, and several Educator Wellness Workshops. The solicitation for the Social Marketing Contract was finalized and the vendor will be awarded in FY23 Quarter 1.	The solicitation for the Social Marketing Contract was finalized and the vendor will be awarded in FY23 Quarter 1.
911 Call Transfer Initiative	The 911 Call Transfer Initiative will divert “low-threat” behavioral health crisis calls from the District’s 911 operators to DBH’s Access Help Line (AHL) to ensure an appropriate, person-centered, clinically based response to residents experiencing a behavioral health crisis. Calls will be transferred from 911 (Office of Unified Communications) to DBH, according to the following agreed upon criteria: Absence of any history of violence, weapons, aggression or other safety concerns, Adults perceived to be in crisis known to third-party call, Individuals who are assessed to not need Emergency Medical Services intervention, Individuals identified as “familiar” / frequent BH callers. The scope of the project will be significantly expanded in the fall when, in addition to AHL’s current triage function, DBH’s Community Response Team (CRT) is scheduled to respond to certain “checks on welfare” calls which MPD responds to currently.	Complete	While the volume of calls being diverted remains low, several concrete action steps were taken in Q4 that position DBH, OUC and partners to move forward. Specifically, DBH, MPD, OUC and FEMS completed a joint site visit to Houston and Harris County in July-both are designated learning sites through the Council of State Governments’ Justice Center. The agencies also attended an intensive TA event in Pittsburgh that included a DHCF representative. That event was organized by the SAMHSA Region 3 administrator and featured a high performing crisis program from Tucson AZ. All OUC call-takers also completed Mental Health First Aid for Call-Takers, a step that is expected to increase awareness and confidence in diverting low-threat calls.	

Continuum of Care for District Residents	Improving our response to individuals experiencing behavioral health crisis is among DBH's top priorities in FY22. To that end DBH will establish a Crisis Stabilization and Sobering Center working in close partnership with Fire & EMS (FEMS) as well as DC Health, MPD and DHCF and many other public stakeholders, including the Interagency Council on Homelessness, the DC Behavioral Health Association (DCBHA), the DC Hospital Association (DCHA), and impacted ANC(s) during the process of identifying a contract provider and site. Additionally, related to assuring that the full continuum of high quality, trauma-informed, and culturally acceptable behavioral health care is the creation of one or more additional CPEPs to better meet the needs of those in acute crisis and to reduce the unnecessary reliance on Emergency Departments and avoidable acute inpatient psychiatric admissions.	50-74%	The 3rd solicitation was successful and a vendor was selected in September; they have a long history of operating similar programs. Implementation plan developed and vendor on-site meeting with government and community partners to develop working relationships and develop workflow for referrals and operations. A consulting organization was contracted to develop protocols, workflows, staffing plans, etc. to expedite implementation. Working with DGS to select build-out contractor, expected award date is mid-Oct. 2022. Design and build-out will begin following that. Expected program launch is March 2023.	The 3rd solicitation was successful and a vendor was selected in September
Implement the school-based behavioral health expansion model	DBH will add 88 additional public and public charter schools to the current cohort of schools and match each new school with a school-based behavioral health provider to provide services.	Complete	DBH added 91 additional public and public charter schools to the current cohort of schools and continued to match the new school with a school-based behavioral health provider to provide prevention, early intervention, and treatment services.	

<p>Implement the LIVE.LONG.DC opioid strategic plan</p>	<p>Unlike the majority of the country, in the District 85% of people who have died of opioid overdoses are Black. To address this racial health gap, LIVE. LONG. DC., the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths, will 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 (ASAM); educate District residents and key stakeholders on the risk of SUD and effective prevention and treatment; 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 consistent with evolving best and promising practices;</p>	<p>Complete</p>	<p>Unlike the majority of the country, in the District 84% of individuals who have died of opioid overdoses are Black. To address this racial health gap, LIVE. LONG. DC. 2.0, the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths (LLDC), 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 new 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.</p>
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6 2022 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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.											
Percent of individuals referred through the emergency department medication assisted treatment programs who went to treatment.	Up is Better	New in 2021	49.3%	50%	55.7%	66.4%	77.7%	71.1%	66.6%	Met	
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.											
Percent of unique patients restrained at least once.	Neutral	New in 2021	4.7%	8.4%	5.3%	6.1%	10%	8.2%	7.4%	Neutral Measure	
Percent of unique patients secluded at least once	Down is Better	New in 2021	2.7%	4.4%	2.6%	3.1%	2.5%	3.2%	2.9%	Met	
Percent of patients satisfied with Facility/Environment	Up is Better	New in 2021	100.8%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	51.18%	Unmet	Consumer and Family Affairs continue to provide advocacy and support when issues are observed or reported through the complaint and or grievance process. Additionally, CFA and SEH administration are partnered to address issues identified in survey outcomes.
Percent of individuals from Saint Elizabeths Hospital readmitted within 90 days	Down is Better	0.9%	0.3%	2%	0%	0%	0%	0%	0%	Met	
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.											
Percent of consumers/clients satisfied with Access	Up is Better	New in 2021	78.9%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	83.47%	Met	

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of Substance Use Disorder (SUD) clients who were successfully discharged that re-entered services within 90 days	Down is Better	New in 2021	17.1%	25%	20.9%	10.5%	6.4%	4.7%	13.7%	Met	

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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	86.2%	90.9%	90%	100%	73.9%	91.3%	84.2%	86.1%	Nearly Met	The three consumers identified as experiencing disruption in their placements April, May, and June in 2022 were relocated to other CRF's where they continued to have challenges. The consumers have a history of medication non-compliance coupled with issues around substance use disorder. Residential Services team has been working with the Core Services Agencies to ensure that the individuals are on ACT team who visit the CRF minimally four times a week. The Residential staff has been working with the ACT team to develop comprehensive care plans that includes a behavior plan, medication management which could mean bi-monthly psychiatrist appointment and on-site SUD services by a qualified CAC. The Residential Services staff also host weekly meetings to monitor progress and implementation of the treatment recommendations.

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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	58.9%	64.3%	55%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	52.94%	Nearly Met	53% of the youth had an improvement in at least one of the Outcome Indicators. There was a 10 point decrease in overall score between initial and most recent assessment, indicating an improvement but not a significant one. Limitations of the measure include that the 3 outcome indicators do not apply to all children and that the tool requires a score indicating moderate impairment if certain factors such as having an IEP are present. DBH provided trainings, technical support, and implementation strategies on integrating the tool in ongoing treatment planning. DBH will continue to provide TA and support to enhance the utilization of the assessment to ensure youth are receiving appropriate level of care.

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of MAT clients who were served in two consecutive quarters	Up is Better	87.1%	85.4%	90%	77.6%	83.8%	82.5%	83.4%	81.8%	Nearly Met	Collectively, the three Opioid Treatment Programs (methadone) are meeting expectations (90%). The buprenorphine numbers are declining (86%) as well as naltrexone (55%), but individuals on naltrexone are small. The FQHCs are some of our main providers of buprenorphine. The State Opioid Response 3 grant will be redesigning the work of the FQHCs and their focus will be on engaging and re-engaging clients. The SOR 2 grant is funding two initiatives that are intended to positively impact performance on this measure. The SOR team is funding seven organizations to deliver care coordination and case management to individuals with complex co-occurring disorders and/or a history of cycling through intermittent treatment. Second, the SOR grant is funding a contractor to conduct a Community of Practice for prescribers of medication for opioid use disorder treatment and others that work with this population. In September, a session was conducted on how to switch between methadone and buprenorphine.

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 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	82.1%	87.9%	85%	82.3%	83.6%	87.4%	90.8%	85.8%	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	74.2%	81.4%	85%	76.7%	77.1%	80.4%	88%	80.4%	Nearly Met	Performance has steadily improved in FY22. Program, Accountability and Provider Relations teams collaborated with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.
Build and support a community that promotes recovery and resilience to help individuals and families thrive.											
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Up is Better	77.7%	74.1%	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81.55%	Met	
Percent certified peers employed during the quarter	Up is Better	78.7%	78.5%	80%	80.6%	80.6%	78.7%	79.7%	79.9%	Nearly Met	Please for format the field remove the decimal point round up. DBH considers this measure as met.
Promote behavioral health wellness through prevention and early intervention services and supports.											

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of school-based behavioral health partnership schools with a school based behavioral health provider	Up is Better	74.3%	91.5%	80%	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	61.5%	Unmet	The Community Based Organizations continue to be impacted by the workforce shortage and resignations. CBO and DBH clinicians and supervisors are providing interim support where there are current vacancies (e.g., early intervention groups for identified students and support completing the School Strengthening Workplan.
Percent of vendors not selling tobacco to minors	Up is Better	No Applicable Incidents	No Applicable Incidents	90%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	81.58%	Nearly Met	Due to delays in obtaining an MOU from our law enforcement partner we were not able to start the compliance checks until September 2022. Additionally, because the MOU was not secured earlier, our youth employees were back in school by the time our compliance checks were ready to begin. Youth were only available after the school day was over, so we were only able to get through a third of the complete list of vendors before the end of the fiscal year.
Percent of CRT deployment where MPD assistance was requested by CRT	Up is Better	New in 2022	New in 2022	New in 2022	Waiting on Data	Waiting on Data	30%	33.3%	30.8%	-	

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 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	New in 2022	New in 2022	Waiting on Data	Waiting on Data	67	55	61	-	
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence											

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of 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	Up is Better	45.2%	48.6%	60%	50.6%	54.5%	60.1%	53%	54.2%	Nearly Met	While DBH did not achieve this KPI, the target is aspirational. The actual performance is consistent with HEIDs reported performance for Medicaid/Medicare plans which ranges from 50.1% to 58.9%. It is hoped with carve in of Behavioral Health services in October 2023, these numbers will rise to the 58.9% expected of Medicaid HMOs in national data. DBH also spent FY22 developing infrastructure to achieve better performance on this KPI. The Intensive Care Coordination teams that were approved were hired and trained in FY22. In Q4 the first panel of consumers who experience 3 or more hospitalizations in a 12 month period was produced and the ICC teams began to engage the treatment teams to ensure better follow up, as well as prevention of additional admissions. The outcomes of this work will be observable in FY23.

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 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	30.3%	43.9%	50%	31.2%	26.8%	28.6%	26.2%	28.4%	Unmet	This year has been met with challenges in our data system and in our workflow process. Providers were introduced to a new authorization process and third party QIO with a new authorization approval process. Due to the new authorization process, our providers struggled to enter current data in our system. Ultimately, this lack of current data caused our KPI to suffer. We continue to have monthly Residential meetings with the providers to understand their concerns and offer necessary TA. We are in the process of publishing a Continuity of Care bulletin and updating our step down workflow. Once the bulletin is published, we will train/retrain the entire SUD network on proper documentation, data entry and client referrals. We are updating our drop down options in the system to capture when clients are referred outside of the ASURS network for continued treatment, which will still align with the data collection requirements from SAMHSA. We believe these efforts will improve system

Key Performance Indicators (continued)

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Percent of substance use disorder (SUD) withdrawal management clients who stepped down to a lower level of care	Up is Better	45.4%	59.2%	50%	38%	31.7%	27.7%	27.7%	31.4%	Unmet	This year, our providers were introduced to a new authorization process and third party QIO with a new authorization approval process. Due to the new authorization process, our providers struggled to enter current data in our system. Ultimately, this lack of current data caused our Key Performance Indicator to suffer. We continue to have monthly Residential meetings with the providers to understand their concerns and offer necessary TA. We are in the process of publishing a Continuity of Care bulletin and updating our step down workflow. Once the bulletin is published, we will train/retrain the entire SUD network on proper documentation, data entry and client referrals. We are updating our drop down options in the system to capture when clients are referred outside of the ASURS network for continued treatment, which will still align with the data collection requirements from SAMHSA. We believe these efforts will improve system performance on this KPI next year.

Workload Measures

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Accountability, quality, compliance monitoring, technical assistance							
Number of dashboards in production	New in 2021	15	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23
Number of DC Clinicians certified to prescribe Buprenorphine that participate in the SOR Learning Community	New in 2021	0	0	12	2	3	17
Number of Technical Assistance Activities initiated	New in 2021	408	48	62	116	126	304
Provider certification and licensure							
Number of Community Residential Facilities licensed	New in 2021	91	Annual Measure	Annual Measure	Annual Measure	Annual Measure	92
Number of providers certified	New in 2021	333	78	77	77	76	76
Training							
Number of people who attend DBH Training Institute trainings	2883	3633	481	936	1564	1234	4215
Quality Inpatient Care							
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	120.3	388	99	97	111	110	27.5
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	112	421	95	95	91	89	93
Safety							
Number of assaults by patients on staff or other patients	New in 2021	295	71	79	112	89	351
Number of Staff and Patient Falls	New in 2021	154	23	31	40	37	131
Transition to community							
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	266	127	36	22	31	34	123
Crisis Services							
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	New in 2021	7027	685	1409	2251	1428	1428
Number of People Served at 35 K Urgent Care	New in 2021	4016	400	747	1049	1478	1478
Forensic Monitoring							
Number of Consumers in FOPD	New in 2021	62	43	45	45	62	62

Workload Measures (continued)

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Housing							
Number of people DBH placed in housing	1670	1662	1662	1665	1670	1676	1676
Mental Health Treatment for adults							
Number of adults receiving Health Homes services	1385	3587	436	523	532	542	542
Number of adults (18+) receiving mental health treatment	75,249	103,383	25,373	28,701	33,379	36,250	36,250
Mental Health Treatment for Children and Youth							
Number of children, youth, and young adults (0-17) receiving mental health treatment	3252	13,486	2645	3351	4182	4850	4850
Substance use and treatment for youth							
The Number of Youth Receiving Substance Use Disorder Treatment Services	New in 2021	213	36	23	83	114	114
Substance Use Treatment for Adults							
Number of individuals receiving a substance use disorder (SUD) intake assessment	3586	2877	854	818	816	782	3270
Number of people receiving substance use disorder (SUD) treatment services	4148	19,305	3127	3735	3945	4741	4741
Consumer and Family Affairs							
Number of individuals referred to Resiliency Specialist after a child fatality	No Applicable Incidents	0	0	0	0	No applicable incidents	0
Number of Policies, Projects, Programs, and Service in which DBH engaged with consumers/clients and their families	New in 2021	15	4	5	4	5	5
Peer Specialists and Recovery Coaches							
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth	New in 2021	0	0	0	0	0	0
Number of people trained in Recovery Coaching	New in 2021	17	0	0	19	14	33
COMMUNICATION							
Number of hits to the DBH website	547,113	583,237	183,837	195,673	198,480	198,885	776,875
Number of public outreach events	721	732	240	126	241	237	844

Workload Measures (continued)

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
EARLY INTERVENTIONS							
Number of child development centers participating in Healthy Futures program	42	83	76	86	93	97	97
Outreach Services							
Number of FD12s (documentation for involuntary hospitalization) written by CRT for diverted calls	New in 2022	New in 2022	8	8	6	5	27
Number of 911 calls referred to a behavioral health specialist/clinician that resulted in CRT deployment by category of call for service	New in 2022	New in 2022	24	11	17	14	66
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	New in 2022	New in 2022	10	7	6	14	37
Number of interventions from Crisis Response Team	10,347	1157	1630	1564	1679	1827	6700
Prevention interventions							
Number of prevention activities by Prevention Centers	246	248	30	49	86	104	269
Number of individuals (adults and youth) reached through planned substance use disorder (SUD) prevention strategies	12,477	13,786	1644	1934	4374	6706	14,658
SCHOOL MENTAL HEALTH SERVICES							
Number of children who received treatment services from DBH School-based Behavioral Health Program	New in 2021	598	451	531	633	642	642
Authorization and Linkage to Services							
Number of Authorizations for Specialty Services (Assertive Community Treatment, Community Based Interventions, Supported Employment, Day Rehab)	New in 2021	9679	2202	2697	2091	2253	9243
Care Coordination							
Number of Mental Health consumers with a psychiatric hospitalization	New in 2021	1625	537	924	1332	1777	1777
Number of SUD clients receiving withdrawal management services	New in 2021	617	167	335	1204	1501	1501

Workload Measures (continued)

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Number of people receiving substance use disorder (SUD) outpatient services	New in 2022	New in 2022	352	321	909	1144	1144
Number of SUD clients receiving residential services	New in 2021	1515	167	335	1204	1501	1501
Provider Partnership							
Number of DBH projects with documented involvement of providers	New in 2021	5	Annual Measure	Annual Measure	Annual Measure	Annual Measure	8