



DEPARTMENT OF BEHAVIORAL HEALTH

FY 2024 PERFORMANCE ACCOUNTABILITY REPORT

JANUARY 15, 2025

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1 DEPARTMENT OF BEHAVIORAL HEALTH

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

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

2 2024 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
<p>During FY24, DBH launched the DC Stabilization Center (DCSC), which provides 24/7/365 access to behavioral health crisis, stabilization and medical services to District residents struggling with alcohol and other drug intoxication/addiction. The DCSC is a low- barrier clinical service that provides compassionate, person-centered care to acutely intoxicated adults. DCSC services are voluntary, free of charge, and have no insurance, citizenship or gender restrictions. In addition to medical and crisis clinical interventions, individuals at the DCSC receive peer and support services to encourage them to seek treatment and which support their ongoing recovery journey.</p>	<p>The DCSC expands DBH’s behavioral health continuum of care - especially clinical, community based offerings to residents in crisis or who need substance use treatment and supports. The DCSC also promotes better integration of behavioral health services and support across District agencies to ensure the overall health needs of such individuals are met.</p>	<p>During the last 11 months of FY 24, the DCSC had 5,318 admissions, serving 2,764 distinct individuals: males (84%), and African Americans (80%), averaging 48 years old. About a third of these individuals accepted referrals to community-based treatment post discharge. In addition to providing comprehensive care to those with Substance Use Disorder, this service significantly decompresses the burden on community hospitals and Fire EMS resources (who transports about 50% of such cases) by diverting such cases to a community service, rather than acute care hospital Emergency Dept. DBH is collaborating with District and community partners to open a second stabilization center in Ward 1.</p>
<p>In FY24, DBH implemented the 988 suicide and crisis lifeline to support District residents in crisis. From July 2022 through November 2024, 988 responded to 25,588 total calls. On September 17, 2024, DBH expanded access to 988 services through chat and text functionality. As of December 4, 2024, 988 has received 286 chats and 334 texts.</p>	<p>This service provides another pathway for residents to access support and assistance during a behavioral health crisis.</p>	<p>988 provides District residents in crisis a “live” response with a clinician. Chat and text provide anonymous access to 988 services. Children, youth and young adults in particular tend to favor electronic communication; consequently the chat and text platforms have been especially favorable to these audiences.</p>
<p>During FY 24, DBH established the Opioid Abatement Advisory Commission to make recommendations on the use of the District’s Opioid Abatement Fund to ensure the highest impact and complies with the opioid multi-settlement agreements. During FY 24, DBH awarded 22 Strategic Impact Grants to 21 community partners utilizing funding from the Districts Opioid Abatement Fund totaling \$8,323,696. The grants expand prevention, treatment, and recovery resources for District residents battling addiction to opioids.</p>	<p>The Office of Opioid Abatement is a new DBH office that will help the agency to enhance its ability to address the opioid crisis through its management of opioid settlement dollars.</p>	<p>The work of the Opioid Abatement Advisory Commission and the Office of Opioid Abatement increases access to services and supports, including youth substance use treatment services, post-overdose buprenorphine induction, harm reduction materials, evidence-based prevention activities for youth and young adults.</p>

3 2024 OBJECTIVES

Strategic Objective

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

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

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

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

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

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

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

4 2024 OPERATIONS

Operation Title	Operation Description
Provide oversight of the behavioral health system of care to ensure the delivery of high-quality services	
Clinical best practices: Daily Service	Establish and disseminate best practices for behavioral health services
Ensure provider network adequacy: Daily Service	Determine necessary array of services for behavioral health population's needs; certify providers
Monitor behavioral health treatment system: Daily Service	Establish behavioral health quality of care metrics and partner with DHCF in monitoring MCO contracts for behavioral health treatment system
Promote behavioral health wellness through prevention and early intervention services and supports.	
Prevention interventions: Daily Service	Conduct strategic preventive interventions aimed at preventing and/or delaying the onset of alcohol, tobacco, and other drug use among youth and adults.
Early Interventions: Daily Service	Provide individual and group interventions to children
School Mental Health Services: Daily Service	Provide individual and group interventions in school settings
Supportive Services (Housing, Peers, Intensive Care Coordination): Daily Service	Connect consumers to DBH housing programs, certify peers and recovery coaches, and provide intensive care coordination to reconnect individuals to care
Ensure individuals served through DBH-operated community-based programs receive quality services	
Forensic Monitoring: Daily Service	Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders
Urgent Care: Daily Service	Provide community-based urgent care services for adult and child behavioral health consumers
Crisis Services: Daily Service	Provide telephonic and in-person crisis services via the Access HelpLine (AHL), Community Response Team (CRT), and Comprehensive Psychiatric Emergency Program (CPEP)
Substance Use Disorder Assessment and Referral Center: Daily Service	Assess clients in need of SUD services and refer to community providers via the Assessment and Referral Center (ARC)
Ensure individuals served at Saint Elizabeth's Hospital receive quality services to meet their unique needs.	
Quality Inpatient Care: Daily Service	Provide quality treatment to individuals in care at Saint Elizabeths Hospital
Transition to community: Daily Service	Work with the community behavioral health network to ensure individuals being discharged from Saint Elizabeths Hospital have a successful transition back to the community
Safety: Daily Service	Ensure the safety of individuals and staff at Saint Elizabeth's Hospital

5 2024 STRATEGIC INITIATIVES

In FY 2024, Department of Behavioral Health had 11 Strategic Initiatives and completed 81.8181818%.

Title	Description	Update
Transition to Managed Care	DBH received \$4.8 million in capital funding to enhance its current electronic health record into a practice management system, develop and implement a grants management system and a certification/credentialing data base. The PMS will be developed with the vendor of DBH's electronic health record, iCAMS, so that DBH can be positioned to maximize revenue for services rendered to clients covered by Managed Care Organization (MCOs) at the carve in of those services beginning 4/4/2024. DBH has purchased Salesforce licenses through OCTO and will issue an IFB for technical support October 2023 to create databases for grants management and certification. This work will be completed before 4/1/2024.	Completed to date: 0-24% We continue to work with OCP and the vendor to finalize the contract. OCP is identifying alternatives due to the delays. The project has not begun.

TeleHealth Initiative

This initiative provides equipment and internet access to up to 4,150 individuals receiving behavioral health services and creates up to 10 telehealth stations at accessible community sites operated by DBH partners, including four (4) peer-operated centers. The project will increase engagement and retention in treatment, reduce/prevent mental health crises that could result in avoidable emergency room encounters and inpatient psychiatric hospitalizations, and decrease isolation (a known risk factor for the misuse of alcohol and drugs, including deadly opioids). Distribution of telephones and devices with internet access will be provided to at-risk, vulnerable consumers. DBH is partnering with OCTO to set up and image the devices, provide technical support to consumers, and assist clients to effectively access and participate telehealth sessions.

Completed to date: 0-24%

Since we were informed that that the allocated FY24 funding for this project could not be rolled over into the next fiscal year (as we had assumed), we worked with the identified local telecom vendor (Signature Technology Solutions) to develop a new SOW for the project which aligns with a reasonable operational and spend plan for the remaining FY 24 months. Those efforts have not yielded fruit.

In the last few months, we determined that it was not possible to revise the Scope of Work in a manner which could significantly achieve the expected clinical outcomes or impact the targeted population relative to the original goals of this project. In addition, given competing priorities for our network providers (such as implementing a new Electronic Health Record, achieving national accreditation, and operationally preparing for the future migration to managed care), we have not been able to secure a commitment from any of the community behavioral health partners in our network to participate in this project as originally planned.

Access to Crisis Services	<p>Continue work to expand the Community Response Team (CRT) and Access Helpline (AHL) to enable the Department of Behavioral Health to respond directly to an expanded set of eligible 911 call types here that approach is likely to result in a better outcome. Implementation work will continue with support from the Harvard Kennedy School's Government Performance Lab and an evaluation is being finalized in partnership with the Lab@DC. In addition to the 911 call diversion, DBH and MPD are standing up a pilot Co-Response or CoR team that will deploy five CIO-trained officers paired with five behavioral health specialists from the CRT. DBH is also strengthening access to crisis services by providing targeted outreach.</p>	<p>Completed to date: Complete</p> <p>The Access Helpline will continue to expand access to services after implementing 988 chat and text functionality focusing especially on outreaching to youth and young adults. Efforts will continue to be made to expand the workforce of the Community Response Team as well as to identify locations within each ward where teams can be assigned and deployed from in an effort to reduce response times. We will continue to support the efforts of the CoResponse Team by filling vacancies, revisiting the curriculum that reflects a more balanced collaboration. Our Training Department will begin providing First Aid Mental Health training to cadets with the Fire and Emergency Services personnel. Lastly, we are looking to expand our access to another local hospital that will allow FD-12 admissions to both children and adults while also trying to identify another location that our Comprehensive Psychiatric Emergency Program (CPEP) can expand to.</p>
Healthy Futures -Pilot Treatment Program	<p>DBH will continue to implement treatment services in eight (8) current Healthy Futures Child Development Center (CDC) sites. Capacity for the service will be up to 75 young children and families based upon identified need in eight (8) identified CDCs in areas of the District most impacted by the COVID-19 pandemic either through disproportionate death rates or high infection rates in the respective neighborhoods or Wards.</p>	<p>Completed to date: Complete</p> <p>There are 2 full-time clinicians serving 4 active cases across 8 centers. In Q4 Spanish-language treatment services were available at Rosemount which received news that it will stay open. Evaluation with the Georgetown University evaluation team is in place. The Starbright Institute is continuing trauma focused play therapy supervision for FY24. Arrangements are being made for Theraplay training SMART (Sensory Motor Affect Regulation Training) phase 1, has been completed. While the program originally sought to provide services for up to 75 children, best practice dictated that the maximum for 2 FT clinicians was 16 cases. The two full-time positions which were ARPA funded were converted to locally funded positions and services will continue in FY25.</p>
Homeward DC 2.0 - Data Sharing and Analysis	<p>Establish a routine data sharing process between DBH and DHS and qualitative and quantitative analysis and reporting to better understand the intersection of homelessness and behavioral health services, including FD-12s.</p>	<p>Completed to date: Complete</p> <p>We continue to test data logic and strategy which will provide underlying structure for this project which will be refined in discussions with DHS and ICH partners for ongoing use to identify high risk individuals in PSH prior to their becoming "chronic crisis" cases, at which time the options for these consumers beyond brief involuntary psychiatric admissions become severely limited.</p>

Teacher Support Program (Educator Wellness Program)

DBH will continue to implement the educator wellness program to provide mental wellness support to educators in the District of Columbia. A dedicated Program Director will manage and assist with implementation of the activities and events, as well as conduct a public relations campaign. The Director will coordinate and implement support groups, wellness activities and events, provide consultation services if needed, and connect educators to additional resources.

Completed to date: Complete
In Q4, the program served a total of 377 educators. A key highlight of the quarter was the Back-to-School Educator Wellness Expo, where educators and school administrators gathered to discuss the importance of cultivating a "whole school culture of wellness." Participants had the opportunity to engage in a variety of wellness and stress-relief activities. While the program successfully reached many participants, there remains significant work ahead. Efforts are ongoing to engage schools that have not yet connected with the program, ensuring that all educators have access to these valuable resources.

DC Stabilization Center

The DCSC, operated by Community Bridges, Inc., will provide low barrier access to behavioral health and medical services to acutely intoxicated adults in a safe, therapeutic environment. It will offer services to anyone in need, including those with opioid use disorder (OUD), 24 hours/day, 365 days/year, at no cost. Consumers will receive care over a 23-hr period or less. Longer stay beds (up to 72 hrs) are available when extended observation is required. The DCSC will provide: basic medical care; recovery coaching; consumers' immediate personal needs (e.g. food, shower, laundry, etc.); medication-assisted treatment for individuals with OUD (i.e., buprenorphine inductions); referrals to community-based ongoing care; and wrap around supports. The DCSC provides an alternative to Fire and Emergency Services (FEMS) transports to hospital EDs or possible unnecessary interactions with law enforcement. During FY24, DBH will work to open a second stabilization center by Q2 or Q3 of FY25.

Completed to date: Complete
The DCSC had 1,636 admissions in Q4, with 500 of those admissions being new patients. DBH is continuing to work with the vendor, CBI, and external partners on reviewing how best to work/interact with patients who are 'familiar faces' at the DCSC. DBH is also guiding the design-build efforts on the second Center (1338 Park Road NW), using lessons learned from the 35 K St NE location and build out.

Implement the School-Based Behavioral Health Expansion Model

DBH will continue to implement the school based behavioral health expansion model by providing the support required to match each school with a school-based behavioral health clinician to provide prevention, early intervention and treatment services and supports to children, youth, and their families. The School Behavioral Health Program (SBHP) will implement 2 pilots to increase the percentage of schools with a SBHP provider, and contract with a vendor to implement the new Student Peer Educator Pilot aimed at increasing awareness of behavioral health resources in each DC Public and Public Charter School for youth and their families.

Completed to date: Complete
During Q4, the highest percentage of providers across the landscape of the District's schools occurred in July at 62% and the lowest percentage occurred at 58% in September. Despite retention incentives and opportunities for implementing innovative strategies, clinician resignations occurred and CBO/School partnerships ended. The Pilot 1B for Charter Local Education Agencies had 2 additional LEAs join the Pilot and 2 LEAs to choose CBO partnerships and discontinue receipt of the grant. The Student Peer Educator Pilot built infrastructure and trained youth to implement the pilot during the upcoming Option Year.

Continued Implementation of LIVE LONG DC; District's Strategic Opioid Plan

LIVE. LONG. DC., the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths, will:

- Educate District residents and stakeholders on opioid use disorder, its risks, and prevention and harm reduction approaches through coordinated community efforts
- Support the awareness and availability of, and access to, harm reduction services in the District of Columbia
- Ensure knowledge of, and equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment
- Expand reach and impact of high-quality recovery support services available and promote a recovery-oriented system of care
- Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system
- Educate and train the behavioral health workforce and other stakeholders about opioids and OUD and provide the community with information about services and supports.

Completed to date: Complete

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.

Youth 3.5 SUD Residential Facility	<p>The Department of Behavioral Health will work with a contracted vendor to establish a 3.5 Youth Substance Use Disorder (SUD) Residential facility in the DC area. The facility will support youth 24 hours 7 days a week and provide up to 16 beds for youth aged twenty-one (21) and under who are experiencing significant challenges in their daily functioning due to SUD. DBH will work with the contracted vendor to create and finalize the medical necessary criteria for the admission process, create Memorandum of Understandings (MOUs) with sister agencies (e.g., DYRS, CFSA, CSS) to increase collaboration and strengthen relationships, and begin to render substance use treatment services using adolescent specific considerations as outlined in American Society of Addiction Medicine (ASAM).</p>	<p>Completed to date: Complete During Q4 the revised solicitation was reported and providers submitted applications. The review committee reviewed applications and decision will be made in FY25 Q1.</p>
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Continued Implementation of Intensive Care Coordination Teams

The intensive care coordination teams will continue to engage consumers who are not enrolled with a DBH certified provider but have been identified as needing behavioral health services and supports. In some cases, consumers have been connected to a provider, but are not meaningfully engaged or participating in services. The ICC will:

- Continue to expand engagement with consumers referred by EOM, city council and other stakeholders .
- Expand engagement and collaboration with ICH and DHS for people in shelters, encampments, and scattered site housing .
- Assess needs and provide care coordination for individuals identified through the CRT to ensure their on-going connection to care
- Provide care coordination for consumers enrolled in agencies closing their services.

Completed to date: Complete

The Intensive Care Coordination Team continues to engage consumers who are not enrolled with a DBH certified provider but who have been identified as needing behavioral health services and supports. The team stays connected with the consumer for up to 90 days after enrollment to ensure that the person is well connected with their identified provider. In Q3 there were 212 case discharges of consumers who were confirmed securely attached to care, or who could not be found by the team after 90 days of attempts to locate. The team also connected 563 consumers to on-going care after an involuntary hospital admission in Q3.

6 2024 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 KPI Met?	Explanation of Unmet KPI
Provide oversight of the behavioral health system of care to ensure the delivery of high-quality services											
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	52.9%	51.1%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	50.5%	55%	Nearly Met	The FY24 CAFAS/PECFAS outcomes report continues to show that the population being served continues to be low acuity youth (a total score of 70 or below).The current average score for both initial and most recent assessment place the youth on the mild to low moderate range of impairment. In FY24, DBH provided training and technical support around compliance with CAFAS guidelines.
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with Access	Up is Better	83.5%	76.3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	78.4%	80%	Nearly Met	78% out of targeted goal of 80% were satisfied with access. Reasons for consumer's dissatisfaction varied. Consumers referenced barriers associated with personal preference for provider and particular locations not being ideal for travel or dissatisfaction with the area of the city that the provider is located in. Consumers also expressed preferences for access beyond provider normal operating hours.

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 KPI Met?	Explanation of Unmet KPI
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Up is Better	81.5%	69.3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	63.6%	80%	Unmet	64% out of targeted goal of 80% were satisfied with the person-centered planning process. Reasons for consumer's dissatisfaction varied. Frequently consumers referenced barriers associated with access to consistent program staff, staff changes and access.
Percent of individuals with improvement on one or more outcome indicators on the adult functional assessment (DLA-20)	Up is Better	New in 2024	New in 2024	Annual Measure	Annual Measure	Annual Measure	Annual Measure	12.9%	New in 2024	New in 2024	
Percent of beneficiaries (age 13+) who received a follow-up service within 30 days after Emergency Department visit for alcohol or other drug use or dependence (HEDIS)	Up is Better	New in 2024	New in 2024	Annual Measure	Annual Measure	Annual Measure	Annual Measure	53.6%	New in 2024	New in 2024	
Percentage of beneficiaries (Ages 6 to 17) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Up is Better	New in 2024	New in 2024	Annual Measure	Annual Measure	Annual Measure	Annual Measure	82.9%	New in 2024	New in 2024	
Percentage of beneficiaries (ages 18+) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Up is Better	New in 2024	New in 2024	Annual Measure	Annual Measure	Annual Measure	Annual Measure	76.9%	New in 2024	New in 2024	

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

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 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	86.1%	92.1%	88.2%	88.2%	55.6%	78.9%	81.6%	90%	Nearly Met	Four (4) consumers who discharged from a hospital was placed in CRFs this quarter left (eloped) the CRF prior to the 30-day review. Four (4) consumers with psychiatric hospitalizations prior to the 30-day review RSS will facilitate weekly meetings with the CSA treatment team to improve community integration outcomes including maintain housing placement.
Percent of school-based behavioral health partnership schools with a school based behavioral health provider	Up is Better	61.5%	64.9%	Semi-Annual Measure	68.5%	Semi-Annual Measure	Semi-Annual Measure%	63.6%	80%	Unmet	Although there have been opportunities for innovative and flexible strategies to address the workforce shortage, there have been clinician vacancies and endings of CBO and school partnerships.
Percent of Intensive Care Coordination consumers who were enrolled within 90 days of engagement	Up is Better	New in 2024	New in 2024	79.8%	68.6%	94.6%	65.7%	71.9%	New in 2024	New in 2024	

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

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 KPI Met?	Explanation of Unmet KPI
Average time from 911 call to Community Response Team (CRT) arrival on the scene of an event for Priority 1 calls	Down is Better	New in 2022	New in 2022	2,874	129	No applicable incidents	505	877	30	Unmet	CRT has seen a steady increase in calls for consumers experiencing behavioral health symptoms, yet requiring law enforcement assistance due to potentially violent and unsafe behaviors. This trend demonstrates positive partnership and the highlights the benefits of law enforcement with behavioral health to maintain safety and facilitate access to treatment for behaviors that are directly related to mental illness, for which otherwise may have resulted in arrest and criminal justice involvement.
Percent of Community Response Team (CRT) deployment where MPD assistance was requested by CRT	Down is Better	New in 2022	New in 2022	42.9%	50%	No applicable incidents	0%	41.7%	20%	Unmet	There were several outlier calls that occurred outside of the response time expectations. CRT was able to successfully make contact with consumers that were outside of the 60 minute response time, impacting the overall percentage. While we expect to continue to have outlier calls, CRT has also made considerable efforts to increase staffing and ability to respond to calls within the 60 minute timeframe, decreasing the impact of the outlier calls on the total average for response times.
Percent of DBH operated programs consumers who were satisfied with overall experience	Up is Better	New in 2024	New in 2024	95.7%	100%	90.9%	85.5%	90.9%	New in 2024	New in 2024	
Average length of stay at DC Stabilization Center	Down is Better	New in 2024	New in 2024	10.38	12.79	14	13.26	12.83	New in 2024	New in 2024	

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

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 KPI Met?	Explanation of Unmet KPI
Percent of patients satisfied with Facility/Environment	Up is Better	51.2%	58.3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	55.5%	60%	Nearly Met	55% of targeted goal of 60% was met. Overall, Patient's responses varied related to their satisfaction with the facility and the environment. Based on recorded response Patient's commonly dissatisfaction because they believe that their hospitalization was not warranted and dietary preferences/quantity. Synonomously, there were patients who expressed that they were happy and that "Its been going good in this area.
Percent of unique patients secluded at least once per month	Down is Better	2.9%	5.3%	4.9%	3.7%	3.9%	4.2%	4.2%	4.2%	Met	
Percent of unique patients restrained at least once per month	Down is Better	7.4%	0.1%	12.1%	9.3%	9.8%	9.7%	10.2%	8%	Unmet	During this last quarter there has been an increase in the number of forensic 'first-time' admissions in comparison to the previous two quarters; the demographics of these individuals in care has also changed. The ages on the individuals being admitted are younger than previously and the number with substance abuse issue has also increased. The staff has had to refine de-escalation techniques and seek to employ early interventions.
Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days	Down is Better	0%	0%	0%	0%	0%	0%	0%	1.8%	Met	
Create and maintain a highly efficient, transparent, and responsive District government.											
Percent of new hires that are District residents	Up is Better	New in 2023	46.7%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	46.7%	-	-	

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024	FY 2024 Target	Was 2024 KPI Met?	Explanation of Unmet KPI
Percent of new hires that are current District residents and received a high school diploma from a DCPS or a District Public Charter School, or received an equivalent credential from the District of Columbia	Up is Better	New in 2023	0%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	No applicable incidents	-	-	
Percent of employees that are District residents	Up is Better	New in 2023	37.6%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	36.8%	-	-	
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time.	Up is Better	New in 2023	38.8%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	42.1%	-	-	
Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years.	Up is Better	New in 2023	New in 2023	Annual Measure	Annual Measure	Annual Measure	Annual Measure	59.6%	-	-	

Workload Measures

Measure	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024
Clinical best practices							
Number of people who attend DBH Training Institute trainings	4,215	5,954	1,481	2,599	3,191	2,041	9,312
Ensure provider network adequacy							
Number of providers certified	76	75	74	76	74	74	74
Number of Community Residential Facilities licensed	92	90	86	87	87	89	89
Monitor behavioral health treatment system							
Number of people receiving substance use disorder treatment	4,741	4,782	1,037	3,652	2,848	1,773	9,310
Number of people receiving mental health treatment	New in 2024	New in 2024	27,456	34,056	38,366	41,790	41,790
Early Interventions							
Number of child development facilities participating in Healthy Futures program	97	107	111	86	94	99	99
Number of people who attended an Educator Wellness event	New in 2024	New in 2024	165	310	500	377	1,352
Prevention interventions							
Number of prevention activities by Prevention Centers	269	156	25	34	86	82	193
Number of naloxone kits distributed	65,124	81,528	15,780	15,804	23,752	43,152	98,488
School Mental Health Services							
Number of children who received treatment services from the School-based Behavioral Health Program	642	602	1,858	2,168	2,185	2,081	8,292
Supportive Services (Housing, Peers, Intensive Care Coordination)							
Number of people served by Intensive Care Coordination team	New in 2024	New in 2024	411	574	222	1,029	1,662
Number of people DBH placed in housing	1,676	1,699	1,670	1,743	1,747	1,755	1,755
Number of active Certified Peer Specialist	New in 2024	New in 2024	154	154	169	188	188
Crisis Services							
Number of FD12s (documentation for involuntary hospitalization) written by Community Response Team (CRT) for 911 diverted calls	27	14	1	1	1	0	3

Workload Measures (continued)

Measure	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024
Number of 911 calls referred to a behavioral health specialist/clinician that resulted in CRT deployment by category of call for service	66	28	7	4	1	0	12
Number of people who had a behavioral health claim within 7 days of a Community Response Team (CRT) diversion, a follow-up service from CRT, a linkage to services outside of the DBH network, or a voluntary hospitalization after a 911 diverted call	37	23	6	2	1	0	9
Number of Interventions from Community Response Team (CRT)	6,700	3,320	768	798	753	770	3,089
Number of eligible calls diverted from OUC to DBH	New in 2024	New in 2024	179	200	162	154	495
Number of OUC-transferred calls DBH answered	New in 2024	New in 2024	157	174	152	138	621
Number of OUC-transferred calls AHL resolved on the phone or with a referral to a behavioral health provider	New in 2024	New in 2024	55	46	32	58	191
Percent of OUC-transferred calls DBH was unavailable to answer	New in 2024	New in 2024	12.3%	13%	6.2%	10.4%	10.6%
Number of crisis/suicide calls answered by Access HelpLine (AHL)	New in 2024	New in 2024	271	310	267	237	775
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	1,428	1,321	856	863	1,210	1,519	1,519
Forensic Monitoring							
Number of Consumers monitored by Forensic Outpatient Division (FOPD)	62	32	33	32	24	25	25
Substance Use Disorder Assessment and Referral Center							
Number of SUD intakes completed at Assessment and Referral Center (ARC)	New in 2024	New in 2024	325	262	248	116	951
Urgent Care							
Number of people served at Stabilization Center	New in 2024	New in 2024	473	1,075	1,550	1,916	1,916
Number of adults who received services at DBH's urgent care clinic	1,478	1,493	440	826	1,268	1,710	1,710

Workload Measures (continued)

Measure	FY 2022	FY 2023	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	FY 2024
Number of children who received services at DBH's urgent care and PIECE programs	New in 2024	New in 2024	115	178	225	252	252
Quality Inpatient Care							
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	93	102	100	106	103	98	101.8
Safety							
Number of assaults by patients on staff or other patients	351	372	131	119	109	110	469
Number of Staff and Patient Falls	131	185	51	36	63	44	194
Transition to community							
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	123	167	36	40	49	53	178
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	27.5	136	148	155	170	173	161.5