DEPARTMENT OF BEHAVIORAL HEALTH

FY 2025 PERFORMANCE PLAN

NOVEMBER 26, 2024

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

CONTENTS

1 INTRODUCTION

This document presents the Fiscal Year 2025 Performance Plan for the Department of Behavioral Health.

This Performance Plan is the first of two agency performance documents published each year. The Performance Plan is published twice annually – preliminarily in March when the Mayor's budget proposal is delivered, and again at the start of the fiscal year when budget decisions have been finalized. A companion document, the Performance Accountability Report (PAR), is published annually in January following the end of the fiscal year. Each PAR assesses agency performance relative to its annual Performance Plan.

Performance Plan Structure: Performance plans are comprised of agency Objectives, Administrative Structures (such as Divisions, Administrations, and Offices), Activities, Projects and related performance measures. The following describes these plan components, and the types of performance measures agencies use to assess their performance.

Objectives: Objectives are statements of the desired benefits that are expected from the performance of an agency's mission. They describe the goals of the agency.

Administrative Structures: Administrative Structures represent the organizational units of an agency, such as Departments, Divisions, or Offices.

Activities: Activities represent the programs and services an agency provides. They reflect what an agency does on a regular basis (e.g., processing permits).

Projects: Projects are planned efforts that end once a particular outcome or goal is achieved.

Measures: Performance Measures may be associated with any plan component, or with the agency overall. Performance Measures can answer broad questions about an agency's overall performance or the performance of an organizational unit, a program or service, or the implementation of a major project. Measures can answer questions like "How much did we do?", "How well did we do it?", "How quickly did we do it?", and "Is anyone better off?" as described in the table below. Measures are printed throughout the Performance Plan, as they may be measuring an objective, an administrative structure, an activity, or be related to the agency performance as a whole.

Measure Type	Measure Description	Example
Quantity	Quantity measures assess the volume of work an agency performs. These measures can describe the inputs (e.g., requests or cases) that an agency receives or the work that an agency completes (e.g., licenses issued or cases closed). Quantity measures often start with the phrase "Number of...".	"Number of public art projects completed"
Quality	Quality measures assess how well an agency's work meets standards, specifications, resident needs, or resident expectations. These measures can directly describe the quality of decisions or products or they can assess resident feelings, like satisfaction.	"Percent of citations issued that were appealed"

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Measure Type	Measure Description	Example
Efficiency	Efficiency measures assess the resources an agency used to perform its work and the speed with which that work was performed. Efficiency measures can assess the unit cost to deliver a product or service, but typically these measures assess describe completion rates, processing times, and backlog.	"Percent of claims processed within 10 business days"
Outcome	Outcome measures assess the results or impact of an agency's work. These measures describe the intended ultimate benefits associated with a program or service.	"Percent of families returning to homelessness within 6-12 months"
Context	Context measures describe the circumstances or environment that the agency operates in. These measures are typically outside of the agency's direct control.	"Recidivism rate for 18-24 year-olds"
District-wide Indicators	District-wide indicators describe demographic, economic, and environmental trends in the District of Columbia that are relevant to the agency's work, but are not in the control of a single agency.	"Area median income"

Agencies set targets for most performance measures before the start of the fiscal year. Targets may represent goals, requirements, or national standards for a performance measure. Agencies strive to achieve targets each year, and agencies provide explanations for targets that are not met at the end of the fiscal year in the subsequent Performance Accountability Report. Not all measures are associated with a target. For example, newly added measures do not require targets for the first year, as agencies determine a data-informed benchmark. Additionally, change in some quantity or context measures and District-wide indicators may not indicate better or worse performance, but are "neutral" measures of demand or input, or are outside of the agency's direct control. In some cases the relative improvement of a measure over a prior period is a more meaningful indicator than meeting or exceeding a particular numerical goal, so a target is not set.

2 DEPARTMENT OF BEHAVIORAL HEALTH OVERVIEW

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.

Objectives:

1. Behavioral health system oversight

2. Prevention and early intervention

3. DBH-operated community-based programs

4. Recovery and resilience

5. Saint Elizabeths Hospital

6. Community partnerships

7. Efficient, Transparent, and Responsive Government

Activities:

1. Quality Inpatient Care

2. Prevention interventions

3. School Mental Health Services

4. Crisis Services

5. Supportive Services (Housing, Peers, Intensive Care Coordination)

6. Urgent Care

7. Clinical best practices

8. Ensure provider network adequacy

9. Monitor behavioral health treatment system

10. Substance Use Disorder Assessment and Referral Center

11. Safety

12. Transition to community

13. Forensic Monitoring

14. Early Interventions

3 OBJECTIVES

3.1 BEHAVIORAL HEALTH SYSTEM OVERSIGHT

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
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)	Efficiency	Up is Better	New in 2025	53.6%	**54%**
Percent of beneficiaries (ages 18+) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Efficiency	Up is Better	New in 2025	76.86%	**60%**
Percent of beneficiaries (Ages 6 to 17) who received clinical follow-up within 30 days of discharge for psychiatric hospitalization (HEDIS)	Efficiency	Up is Better	New in 2025	82.94%	**75%**
Percent of cases who improved on at least one of 3 outcome indicators between initial and most recent children/youth functional assessment (PECFAS/CAFAS)	Outcome	Up is Better	51.06%	50.53%	**55%**
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with Access	Outcome	Up is Better	76.31%	78.42%	**80%**
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Outcome	Up is Better	69.26%	63.64%	**80%**
Percent of individuals with improvement on one or more outcome indicators on the adult functional assessment (DLA-20)	Outcome	Up is Better	New in 2025	12.87%	**35%**

3.2 PREVENTION AND EARLY INTERVENTION

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
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	Outcome	Up is Better	92.10%	77.74%	**90%**
Percent of Intensive Care Coordination consumers who were enrolled within 90 days of engagement	Outcome	Up is Better	New in 2024	77.18%	**75%**
Percent of school-based behavioral health partnership schools with a school based behavioral health provider	Outcome	Up is Better	64.9%	64.17%	**80%**
Percent of assessed vendors not selling tobacco to minors	Quantity	Up is Better	86%	83%	**80%**

3.3 DBH-OPERATED COMMUNITY-BASED PROGRAMS

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Average length of stay at DC Stabilization Center	Efficiency	Down is Better	New in 2024	12.89	**23**
Average time from 911 call to Community Response Team (CRT) arrival on the scene of an event for Priority 1 calls	Quantity	Down is Better	296.8	1169.33	**30**
Percent of Community Response Team (CRT) deployment where MPD assistance was requested by CRT	Outcome	Down is Better	10.71%	41.67%	**20%**
Percent of DBH operated programs consumers who were satisfied with overall experience	Quality	Up is Better	New in 2024	93.03%	**80%**

3.4   RECOVERY AND RESILIENCE

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

No Related Measures

3.5   SAINT ELIZABETHS HOSPITAL

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days	Outcome	Down is Better	0%	0%	**1.8%**
Percent of patients satisfied with Facility/Environment	Outcome	Up is Better	58.26%	55.47%	**60%**
Percent of unique patients restrained at least once per month	Outcome	Down is Better	0.11%	10.24%	**8%**
Percent of unique patients secluded at least once per month	Outcome	Down is Better	5.33%	4.17%	**4.2%**

3.6   COMMUNITY PARTNERSHIPS

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

No Related Measures

3.7   EFFICIENT, TRANSPARENT, AND RESPONSIVE GOVERNMENT

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
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	Outcome	Up is Better	No data available	59.59%	**No Target Set**

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Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of employees that are District residents	Outcome	Up is Better	37.58%	36.76%	**No Target Set**
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	Outcome	Up is Better	0%	No data available	**No Target Set**
Percent of new hires that are District residents	Outcome	Up is Better	46.67%	46.72%	**No Target Set**
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	Outcome	Up is Better	38.76%	17.95%	**No Target Set**

4   ACTIVITIES

4.1   QUALITY INPATIENT CARE

Provide quality treatment to individuals in care at Saint Elizabeths Hospital.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital	Quantity	Down is Better	102	101.75	*

*Specific targets are not set for this measure

4.2   SCHOOL MENTAL HEALTH SERVICES

Provide individual and group interventions in school settings.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of children who received treatment services from the School-based Behavioral Health Program	Outcome	Up is Better	602	6,599	*

*Specific targets are not set for this measure

4.3   CRISIS SERVICES

Provide telephonic and in-person crisis services via the Access HelpLine (AHL), Community Response Team (CRT), and Comprehensive Psychiatric Emergency Program (CPEP).

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Interventions from Community Response Team (CRT)	Quantity	Up is Better	4,443	3,086	*
Number of 911 calls referred to a behavioral health specialist/clinician that resulted in CRT deployment by category of call for service	Quantity	Neutral	28	26	*
Number of crisis/suicide calls answered by Access HelpLine (AHL)	Quantity	Neutral	New in 2024	1,085	*
Number of eligible calls diverted from OUC to DBH	Quantity	Neutral	New in 2024	695	*

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Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of FD12s (documentation for involuntary hospitalization) written by Community Response Team (CRT) for 911 diverted calls	Quantity	Neutral	14	3	*
Number of OUC-transferred calls AHL resolved on the phone or with a referral to a behavioral health provider	Quantity	Neutral	New in 2024	191	*
Number of OUC-transferred calls DBH answered	Quantity	Neutral	New in 2024	621	*
Number of People Served at Comprehensive Psychiatric Emergency Program (CPEP)	Quantity	Neutral	1,321	1,519	*
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	Quantity	Neutral	23	8	*
Percent of OUC-transferred calls DBH was unavailable to answer	Quality	Down is Better	New in 2024	10.65%	*

*Specific targets are not set for this measure

4.4   SUPPORTIVE SERVICES (HOUSING, PEERS, INTENSIVE CARE COORDINATION)

Connect consumers to DBH housing programs, certify peers and recovery coaches, and provide intensive care coordination to reconnect individuals to care.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of active Certified Peer Specialist	Quantity	Up is Better	New in 2024	188	*
Number of people DBH placed in housing	Quantity	Up is Better	1,699	1,755	*
Number of people served by Intensive Care Coordination team	Quantity	Neutral	N/A	2,236	*

*Specific targets are not set for this measure

4.5 URGENT CARE

Provide community-based urgent care services for adult and child behavioral health consumers.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of adults who received services at DBH's urgent care clinic	Quantity	Neutral	1,493	1,710	*
Number of children who received services at DBH's urgent care and PIECE programs	Quantity	Neutral	New in 2024	252	*
Number of people served at Stabilization Center	Quantity	Neutral	New in 2024	1,916	*
Number of DC Stabilization Center Admissions	Quantity	Neutral	New in 2024	75	*

*Specific targets are not set for this measure

4.6 CLINICAL BEST PRACTICES

Establish and disseminate best practices for behavioral health services.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of people who attend DBH Training Institute trainings	Outcome	Down is Better	5,954	9,312	*

*Specific targets are not set for this measure

4.7 ENSURE PROVIDER NETWORK ADEQUACY

Determine necessary array of services for behavioral health population's needs; certify providers.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Community Residential Facilities licensed	Outcome	Neutral	90	89	*
Number of providers certified	Quantity	Neutral	75	74	*

*Specific targets are not set for this measure

4.8   MONITOR BEHAVIORAL HEALTH TREATMENT SYSTEM

Establish behavioral health quality of care metrics and partner with DHCF in monitoring MCO contracts for behavioral health treatment system.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of people receiving mental health treatment	Quantity	Neutral	New in 2024	41,790	*
Number of people receiving substance use disorder treatment	Quantity	Neutral	4,782	9,310	*

*Specific targets are not set for this measure

4.9   SUBSTANCE USE DISORDER ASSESSMENT AND REFERRAL CENTER

Assess clients in need of SUD services and refer to community providers via the Assessment and Referral Center (ARC).

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of SUD intakes completed at Assessment and Referral Center (ARC)	Quantity	Neutral	New in 2024	951	*

*Specific targets are not set for this measure

4.10   SAFETY

Ensure the safety of individuals and staff at Saint Elizabeth's Hospital.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of assaults by patients on staff or other patients	Quantity	Neutral	372	469	*
Number of Staff and Patient Falls	Outcome	Neutral	185	194	*

*Specific targets are not set for this measure

4.11   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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital	Quantity	Down is Better	136	161.5	*
Number of people discharged from Saint Elizabeths Hospital quarterly into community housing	Quantity	Neutral	167	178	*

*Specific targets are not set for this measure

4.12 FORENSIC MONITORING

Monitor consumers who have a legal status of committed outpatient and ensure they are complying with court orders.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Consumers monitored by Forensic Outpatient Division (FOPD)	Quantity	Neutral	32	25	*

*Specific targets are not set for this measure

4.13 EARLY INTERVENTIONS

Provide individual and group interventions to children.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of child development facilities participating in Healthy Futures program	Quantity	Up is Better	107	99	*
Number of people who attended an Educator Wellness event	Quantity	Up is Better	New in 2024	1,352	*

*Specific targets are not set for this measure

4.14 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of naloxone kits distributed	Outcome	Neutral	81,528	98,488	*
Number of prevention activities by Prevention Centers	Outcome	Up is Better	156	227	*
Number of individuals (adults and youth) reached through planned substance use disorder (SUD) prevention strategies	Quantity	Neutral	4,274	12,193	*

*Specific targets are not set for this measure

5   PROJECTS

5.1   NEEDS ASSESSMENT AND STRATEGIC PLAN

Proposed Completion Date: September 30, 2025

DBH contracted with Advocates for Human Potential to complete a needs assessment that will inform updates to DBH's strategic plan. The needs assessment will examine behavioral health prevention, treatment and recovery needs: (1) within DBH; (2) across the publicly funded behavioral health system; and (3) District-wide. The needs assessment will include an analysis of child/youth behavioral health services. Advocates for Human Potential will collaborate with DBH's Racial Equity Action Team to ensure that the needs assessment and strategic plan are aligned with DBH's racial equity plan. DBH anticipates both the needs assessment and updated strategic plan will be finalized by the end of FY 25.

5.2   LAUNCH SECOND STABILIZATION CENTER

Proposed Completion Date: January 01, 2026

Successful launch of the second Stabilization Center in Columbia Heights. The second Stabilization Center will build on the learnings and successes for the first in NE. The Columbia Hts space will be purpose built to meet the needs of consumers and their connection to community providers. DBH has already begun engaging the community members to ensure their input are fully considered in this process. As with the first Center, "throughput" (tying the care and support services rendered in the Center to the ultimate needs of consumer for long term recovery) will be a primary focus of planning prior to the launch of the Center.

5.3   RACIAL EQUITY PLAN

Proposed Completion Date: April 01, 2025

In order to finalize DBH's Racial Equity Action Plan, DBH has established a team of leaders across the organization, under the leadership of Dr. Jean Moise, Deputy Dir of Adult Services, to: draft and ratify DBH's Racial Equity Vision Statement; complete an internal Agency Scan to identify gaps, opportunities and resources needed to mitigate racial equity challenges; appropriately engage consumers, community stakeholders and network providers; and develop outcomes and metrics to measure progress and future revisions to the Racial Equity Action Plan to ensure alignment with the District's Racial Equity Action Plan from the Mayor's Office.

5.4   YOUTH 3.5 SUD RESIDENTIAL FACILITY

Proposed Completion Date: September 30, 2025

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).

5.5   HOMEWARD DC 2.0 – DATA SHARING AND ANALYSIS

Proposed Completion Date: March 31, 2025

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.

5.6   SYSTEMS REDESIGN

Proposed Completion Date: February 01, 2025

Develop and implement a practice management system which includes a credentialing database. This practice management system supports the transition of billing and claims activities from a fee for service environment to managed care.

5.7   ACCESS TO CRISIS SERVICES

Proposed Completion Date: September 30, 2025

Enhance efficiency of workflows for key Crisis Services functions by moving Community Response Team (CRT) dispatch function to Access Helpline (AHL) and standardizing the parameters for using Co-Response model comprised of CIO-trained officers working in collaboration with five mental health specialists from the Community Response Team. Moving the triage function from CRT to AHL will increase the time CRT teams can spend in the community and may reduce the time it takes to arrive on scene (KPI). Standardizing the use of the Co-Response model will serve as extensions to several community bids and collection of Safety Ambassadors earmarked for areas that are comprised of high utilizers where community outreach and engagement can be implemented to reduce the numbers of consumers in crisis.

5.8   MOBILE MOUD

Proposed Completion Date: September 30, 2025

To reduce overdose deaths, it is essential to increase engagement and retention in MOUD of persons with OUD, especially in areas and among communities with the highest rates of overdose deaths and lowest rates of MOUD utilization. A vendor will have a mobile unit to visit known overdose hotspots throughout the city. Medical professional will be a part of the team and will be able to provide induction of buprenorphine in the field.

5.9   CARE MANAGEMENT

Proposed Completion Date: December 31, 2024

Grantees will identify, connect with and provide comprehensive care management services to those clients with the most complex and high acuity needs who are diagnosed with OUD and/or STUD. Grantee will identify a population of focus from the following: youth, older adults, medically complex, homeless (specific focus on homeless shelters) and co-occurring.

5.10   SCHOOL BASED BEHAVIORAL HEALTH EXPANSION MODEL

Proposed Completion Date: September 30, 2025

DBH continues to implement the school based behavioral health expansion model by providing prevention, early intervention and treatment services and supports to children, youth, and their families. During the 2024-2025 school year, the Department of Behavioral Health (DBH) will support community-based organizations (CBOs) in implementing innovative strategies to increase the percentage of schools with a School-Based Health Program (SBHP) provider. For schools already matched with a CBO provider but have been WITHOUT a clinician for a year or more, CBOs must submit an implementation plan including the use of an innovative strategy (e.g., one clinician covering two schools, use of prevention specialist and a clinician).

5.11   INNOVATIVE STRATEGIES FOR CBO

Proposed Completion Date: January 30, 2025

For schools unmatched with a CBO, DBH will post a grant solicitation for existing CBOs to apply for new schools using prescribed innovate strategies or for new CBO partners to be selected to implement prescribed innovative strategies.