

FY2017 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

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.

FY17 Top Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Certification and Contracts: DBH synchronized its provider certification and the Office of Contracts and Procurement processes.	This process has increased DBH's efficiency in certifying providers and promoting continuity of care for DC residents.	It created a reduction in the administrative requirements for providers and the time associated with becoming a DBH provider. As a result, DC residents are able to access services in a timely manner.
Health Homes: DBH modified the Health Home 1 program that provides services to persons with serious mental illnesses to be consistent with the Health Home 2 program that provides services to individuals with chronic illnesses.	The DBH modification of the Health Home system provides improved clinical infrastructure for DBH providers and consumers.	This allows DC residents to have greater choice in their selection of the Health Home with comparable services regardless of whether it is a mental health or primary care provider.
DC Peer Academy: It was launched in 2017 to provide peer run organizations training and technical assistance in order to enhance services provided to consumers in DC. Each organization is assigned a business coach and team of subject matter experts designed to increase organizational stability of peer-run organizations, establish a community of practice and educate the community.	The first cohort of the Peer Academy ends in 2018. The program is intended to expand the array of peer provided services in the District. Additionally, DBH will enhance the program structure for continuing education activities that support the Certified Peer Specialists and peer-run organizations.	DC Peer Academy participants are required to provide free educational opportunities to consumers, Certified Peer Specialists, primary caregivers of children receiving behavioral health services; peer-run organizations and behavioral health advocates. By strengthening peer-run organizations, DBH has an opportunity to increase behavioral health services in the broader community.

2017 Strategic Objectives

Objective Number	Strategic Objective
1	Ensure the public behavioral health system is person-centered, and promotes and supports the leadership of peers with lived

	experience in recovery and the development of the system of care.
2	Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents
3	Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness.
4	Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment.
5	Create and maintain a highly efficient, transparent and responsive District government.**

2017 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY 2017	KPI Status	Explanation
1 - Ensure the public behavioral health system is person-centered, and promotes and supports the leadership of peers with lived experience in recovery and the development of the system of care. (1 Measure)									
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth	Annually	40	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23	Unmet	58% of the target was met. DBH determined that the peers in larger classes do not get the individual attention they need, whereas smaller classes meet their individual needs. In this case down is better.
2 - Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents (12 Measures)									
Percent DBH operated School Mental Health Programs that have a universal evidence-based violence prevention program	Annually	64.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	65.3%	Met	
DBH Primary Project children screened with Teacher Child Rating Scale	Annually	4000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5060	Met	
Number of adults reached through planned prevention strategies	Annually	13626	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4069	Unmet	97% of target met. The target number of individuals who will be reached are estimates based on the numbers reached during the previous year. The actual number of individuals reached is impacted by the number of requests that the SUD Prevention Division

									receives for materials and the number of individuals directly engaged during events.
Number of youth reached through planned prevention strategies	Annually	7143	Annual Measure	Annual Measure	Annual Measure	Annual Measure	5167	Unmet	11% of target was met. Once the youth meets the legal requirements that are mandated by the court, the criminal justice system or DYRS some may discontinue the intensive outpatient substance use disorder treatment. As a result they are administratively discharged which causes lower completion rates.
Percent of adults who successfully complete residential level of substance use disorder treatment	Quarterly	60%	62.2%	67.4%	56.1%	63.4%	62.3%	Met	97% of the target was met. The target number of individuals who will be reached are estimates based on the numbers reached during the previous year. The actual number of individuals reached is impacted by the number of requests that the SUD Prevention Division receives for materials and the number of individuals directly engaged during events.
Percent of youth who successfully complete residential substance use disorder treatment	Annually	20%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	93.1%	Met	
Number of clients who receive Recovery Support Services during or after substance use disorder treatment	Annually	3000	Annual Measure	Annual Measure	Annual Measure	Annual Measure	167	Unmet	DBH received an Access to Recovery (ATR) Grant from SAMHSA that ended during FY17. Estimates were set based on ATR requirements and once grant funding ended previous targets were not sustainable which explains the reduction in RSS clients receiving treatment.
Percent of Adults Receiving Community Services within 30 days of Discharge from Acute Hospitalization	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	42.5%	Unmet	42% of the target was met. Mitigating circumstances include: 1) individuals selecting non-CSA providers post discharge, and 2) provider schedule of

									appointment post 30 days based on clinical needs.
Percentage of Child/Youth that receive Community Services within 30 days of Discharge from Acute Hospitalization	Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	29.4%	Unmet	The Children's National Health System is where the majority of DC children receive inpatient hospital care. Due to concerns about confidentiality this Hospital no longer provides this data.
Percent of patients re-admitted to SEH within 30 Days Discharge	Annually	6.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	4.4%	Met	
Percent of adults who successfully complete intensive outpatient substance use disorder treatment	Quarterly	41.2%	No data available	32%	No data available	24.5%	28.8%	Unmet	This KPI was originally a semi-annual measure and was changed by the OCA to a quarterly measure only capturing Q2 and Q4 data.
Percent of youth who successfully complete intensive outpatient substance use disorder treatment	Quarterly	16.5%	No data available	10.4%	No data available	20.5%	15.9%	Nearly Met	Once the youth meets the legal requirements that are mandated by the court, the criminal justice system or DYRS some may discontinue the intensive outpatient substance use disorder treatment. As a result they are administratively discharged which causes lower completion rates.

3 - Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness. (2 Measures)

Number of housing subsidies awarded to persons who are mentally ill and homeless.	Quarterly	50	No data available	26	No data available	25	51	Met	
Average length of time homeless persons on DBH wait list until housed	Annually	28	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23	Met	

4 - Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment. (3 Measures)

Total Number of public events per quarter	Quarterly	15	113	88	135	150	No data available	Met	
Total number of hits in social media (Facebook	Quarterly	15	15762	30000	25500	51100	122362	Met	

and Twitter)									
Total number of hits in website traffic	Quarterly	15	157206	169710	204772	241050	772738	Met	

We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2017 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2017
1 - Consumer and Family Engagement (1 Measure)						
No. of Certified Peers employed in meaningful work	Quarterly	79	85	85	95	344
1 - Training (1 Measure)						
No. of persons trained in train-the-trainer Person-Centered Planning.	Quarterly	26	20	6	15	67
2 - Child/Youth Mental Health Services (2 Measures)						
No. of children and youth diverted from Psychiatric Residential Treatment Facilities	Quarterly	110	130	0	4	244
No. of children receiving non-Crisis/Emergency MHRS (Age 0-20)	Quarterly	2856	3051	2860	2133	10900
2 - Early Childhood and School Mental Health Programs (1 Measure)						
No. of Primary Project children receiving early intervention services each quarter	Quarterly	199	315	329	0	843
2 - Inpatient Psychiatric Services (2 Measures)						
Average daily census of non-forensic patients	Quarterly	101	98	96	97	392
Average daily census of forensic patients	Quarterly	167	169	169	173	678
2 - Mental Health Services provided to adults (2 Measures)						
No. of adults receiving a non-Crisis/Emergency Mental Health Rehabilitation Service (MHRS). (Age 21+)	Quarterly	14407	14327	13375	12182	54291
No. of adults receiving Health Home services	Quarterly	1432	1523	1711	1788	6454
2 - Prevention interventions (1 Measure)						
No. of prevention activities by Prevention Centers	Quarterly	131	160	192	173	656
2 - Recovery Support Services (2 Measures)						
No. of individual clients in treatment services who are also enrolled in recovery services	Quarterly	54	49	21	37	161
No. of clients who remain housed after completing 6-month Environmental Stability program	Quarterly	60	77	74	50	261
2 - Substance Use Disorder Treatment Services for youth and adults (2 Measures)						
No. of individuals receiving an intake assessment.	Quarterly	1891	2602	2590	2562	9645

No. of individuals enrolled in treatment services	Quarterly	2939	2921	2839	2685	11384
3 - Housing Services (1 Measure)						
No. of people moving out of Saint Elizabeths Hospital and Psychiatric Residential Treatment Facilities into community settings	Quarterly	100	88	59	96	343
4 - Communication Strategies (2 Measures)						
No. of public outreach events	Quarterly	113	0	135	150	398
No. of communications including press announcements, tweets, Facebook posting and other social media	Quarterly	15762	30000	25500	51100	122362
4 - Outreach Activities (1 Measure)						
The number of people visiting the MARC.	Quarterly	189	235	444	30	898

2017 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
ADULT SERVICES - SUPPORT HOUSING - MHSS (2 Strategic initiatives)				
Assessment Tool	Use of the common assessment tool (VI-SPDAT) for homeless individuals will be promulgated across the entire DBH provider network including mental health and substance use providers by end of FY 17 to ensure homeless individuals are participating in the District's Coordinated Entry system and to assist in prioritizing DBH resources.	Complete	The DBH mental health service provider network (Core Service Agencies) continues to increase use of the VI-SPDAT assessment tool. At the end of FY17 quarter 4, 40 of 40 vouchers DBH allocated for homeless consumers assessed as most vulnerable had been awarded or are in use (36 in housing; 4 searching).	
Expand Outreach to Chronically Homeless.	In partnership with the ICH, DBH launched the CAHBI initiative (Cooperative Agreements to Benefit Homeless Individuals), which expanded street outreach and shelter inreach services throughout the city. All new providers are fully staffed, and in FY17, these agencies will be integral partners to the city's Coordinated Assessment and Housing Placement System, working to engage and connect to housing nearly 300 chronically homeless individuals that will receive assistance under the DHS Coordinated Assessment and Housing Placement (CAHP) Program.	Complete	The CABHI Project goal was to identify and enroll 300 individuals with mental health, substance use disorder, or co-occurring diagnoses. In July 2017, 321 persons were served. While the number of persons housed was not part of the original goal, during the same period 100 clients received housing. This was an added benefit based on the Teams hard work, commitment and initiative.	

CHILDREN AND YOUTH - MHSS (2 Strategic initiatives)				
Transition-Age Youth (TAY)	Implementation of new program of small cadre of Core Services Agencies who will receive training and additional support to specialize in transition-age-youth service delivery by end of FY 17	Complete	At the end of FY17 the Our time Transition Age Youth and Young Adults initiative grew into the Our Time Transition Age Youth Program. Our Time utilized of a small cadre of workers housed within two (2) of the District's Core Service Agencies who were trained to deliver services and supports that are specific to the needs of transition age youth and young adults ages 16-25.	
LetHelpIn Anti-Stigma Campaign	In FY17, DBH's LetHelpIn anti-stigma campaign will target vulnerable youth and young adults ages 15-21 in wards 5, 7 and 8. The campaign employs the use of popular social media outlets such as Instagram, Twitter and Facebook along with the deployment of a colorful mobile unit to help increase mental health awareness. The campaign will: 1. Participate in three public outreach events per quarter as a vendor; 2. Create 300 digital media impressions per quarter (includes Twitter, Instagram, YouTube, and Facebook, and email); 3. Increase LetHelpIn.com web traffic by 10%; 4. 5% Share of Children's Mental Health Awareness Day digital share of voice during the first 2 weeks of May; 5. Collect 500 individual emails for future DBH outreach.	Complete	DBH completed the following events: National Night Out (W8); Anacostia Neighborhood Library (W8); Marshall Heights Community Event W7); Virginia Williams (W5); Council Member Trayon White Back to School Day (W8); Anacostia Arts Center (W8); and Purple Wave/LetHelpIn Concert (W5). Participated in opportunity to share verbal, written information and promotional items with D.C. residents. Events were documented with photos and shared on social media using the #lethelpin hashtag.	
COMMUNICATIONS (1 Strategic Initiative)				
LetHelpIn Anti-Stigma Campaign	In FY17, DBH's LetHelpIn anti-stigma campaign will target vulnerable youth and young adults ages 15-21 in wards 5, 7 and 8. The campaign employs the use of popular social media outlets such as Instagram, Twitter and Facebook along with the deployment of a colorful mobile unit to help increase mental health awareness. The campaign will: 1. Participate in three public outreach events per quarter as a vendor; 2. Create 300 digital media impressions per quarter (includes Twitter, Instagram, YouTube, and Facebook, and email); 3. Increase LetHelpIn.com web traffic by 10%; 4. 5% Share of Children's Mental Health Awareness Day digital share of voice during the first 2 weeks of May; 5. Collect 500 individual emails for future DBH outreach.	Complete	DBH completed the following events: National Night Out (W8); Anacostia Neighborhood Library (W8); Marshall Heights Community Event W7); Virginia Williams (W5); Council Member Trayon White Back to School Day (W8); Anacostia Arts Center (W8); and Purple Wave/LetHelpIn Concert (W5). Participated in opportunity to share	

			verbal, written information and promotional items with D.C. residents. Events were documented with photos and shared on social media using the #lethelpin hashtag.	
CONSUMER & FAMILY AFFAIRS (1 Strategic Initiative)				
Recovery Coach Training	A 36-hour Recovery Coach Training curriculum was developed in 2016 by the substance use disorder staff for the proposed certification program to begin in FY17. The training will prepare persons in recovery, recovery program staff, leaders of recovery provider organizations, peer specialists, and recovery coach candidates to implement recovery coaching skills and strategies within an array of recovery support services.	Complete	The Recovery Coaching training was completed in April 2017 with 18 Recovery Coaches (5 Peer Recovery Coaches and 13 Recovery Coaches). The trainees completed the 40-hour course and received a training certificate.	
DEPUTY DIRECTOR FOR TREATMENT (1 Strategic Initiative)				
Recovery Coach Training	A 36-hour Recovery Coach Training curriculum was developed in 2016 by the substance use disorder staff for the proposed certification program to begin in FY17. The training will prepare persons in recovery, recovery program staff, leaders of recovery provider organizations, peer specialists, and recovery coach candidates to implement recovery coaching skills and strategies within an array of recovery support services.	Complete	The Recovery Coaching training was completed in April 2017 with 18 Recovery Coaches (5 Peer Recovery Coaches and 13 Recovery Coaches). The trainees completed the 40-hour course and received a training certificate.	
EARLY CHILDHOOD & SCHOOL MH PROG - MHSS (2 Strategic initiatives)				
Healthy Futures	Expansion of the Healthy Futures early childhood mental health consultation to 8 additional Quality Improvement Network (QIN sites), 10 home providers and new PreK incentive sites. Healthy Futures is an Early Childhood Mental Health Consultation (ECMHC) program. ECMHC is intended to promote social and emotional development in children and transform children's challenging behaviors. It provides early childhood consultation to parents, teachers and providers about mental health and early identification of young children at risk of or displaying signs and symptoms of mental health disorders which will enable better outcomes for these children.	75-99%	Healthy Futures serviced 7 of the 8 additional QIN Child Development Centers (CDC) and 3 of the 10 Home Providers. Healthy Futures serviced 48 Pre-K Incentive classrooms in 21 CDCs. The additional QIN CDC that was not served in Q4 has not responded to meeting invitations.	The major barrier with the 1 QIN CDC not served was lack of response. The Consultant is working with OSSE so the CDC can begin services. Mary's Center had leadership changes that impeded serving the remaining Homes. DBH spoke with OSSE about this barrier and scheduled a meeting 10/16/17 with Mary's Center and OSSE to develop a plan to serve all the Home Providers.

Comprehensive Plan for Expanding School Mental Health.	DBH, in collaboration with, among others, the Office of the State Superintendent for Education , D.C. Public Schools, the Public Charter School Board and the Department of Health, is developing a Comprehensive Plan for the expansion of the Early Childhood and School Mental Health Program. This Plan will include criteria for the prioritization and allocation of resources.	Complete	A Behavioral Health Work Group developed a comprehensive plan to expand early childhood and school based behavioral health programs and services to all schools by SY17-18. It included District agencies, child advocates and other community partners. DC City Council passed an Amendment to FY18 BSA of 2017 delaying any alterations to these programs and services model for SY17-18, and establishes a task force to examine the issues raised and directs crafting a plan deemed effective with broad support.	
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MENTAL HEALTH SERVICES - MHSS (3 Strategic initiatives)

Access HelpLine integration	Enhance Access HelpLine to operate as a single DBH enrollment and disenrollment authorizer for mental health and substance use disorder services to ensure better integration of resources, integrated treatment, and authorization of services. Currently Substance Use Disorder (SUD) services are authorized externally to the Access HelpLine and information regarding authorized services is siloed.	75-99%	Access Helpline will incrementally start using medical necessity criteria to determine service needs by the end of September 2017. Staff are currently being trained on medical necessity for the various services provided by DBH.	The procurement of an electronic medical necessity software has not been finalized. Once the software is obtained providers will be trained and Beta testing will occur prior to implementing the medical necessity criteria.
Mental Health for Older Adults	DBH is committed to ensuring that it enables people in the behavioral health system who may assess or treat older adults to have the tools they need to assist these individuals in the best manner possible. The Department will work with primary care providers to identify a tool that can be used to screen older adults for behavioral health issues. The Department will also develop or identify a curriculum(s) and training resources and supports that can be used to train hospital and home health care workers to best address the needs of older adults with behavioral health issues	Complete	DBH communicated with home health care providers to determine additional health professional mental health training and support needs. Home Care Partners established a mental health first aid program. The DBH also worked with programs to review their mental health curricula. This Initiative has been completed.	

<p>Improve Mental Health Services</p>	<p>DBH will improve the use of local resources and ensure the most efficacious use of mental health services for consumers. DBH will 1) improve its contract monitoring of providers to ensure local fiscal resources are used efficiently; 2) develop new provider guidelines for discharge planning services for consumers in institutions to ensure appropriate discharge planning occurs in a timely manner; and 3) develop and implement medical necessity criteria for mental health services to ensure services meet consumer needs in a person-centered system.</p>	<p>75-99%</p>	<p>DBH issued a request for proposals for electronic use of medical necessity criteria implemented by 9/30/17. The interagency contract monitoring process continues. The procurement of an electronic medical necessity software is being finalized. The provider orientation on medical necessity concepts and criteria have begun. Post securing the software providers will be trained. Beta testing will occur prior to implementation of medical necessity criteria. The implementation date is tentatively scheduled for 12/17.</p>	<p>The process for obtaining an electronic medical necessity software has not been finalized. Once the software is obtained providers will be trained and Beta testing will occur prior to implementing the medical necessity criteria.</p>
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OFFICE OF THE CHIEF EXECUTIVE (2 Strategic initiatives)

<p>Outdoor Activities</p>	<p>Development of off unit activities in outdoor recreation area. In July 2016, Saint Elizabeths Hospital implemented a new initiative to engage individuals in care in additional off-unit activities in its outdoor recreation area. Each unit has been allotted time throughout the week for various outdoor, off-unit activities, including board games, coloring/art activities, sport games, and music-related activities. The activities are in addition to the Hospital's usual indoor activities in its gyms and therapeutic learning centers. During FY 17 the Hospital will expand and normalize the use of the outdoor recreation activity area as part of its treatment milieu. The Hospital expects that the introduction of additional off-unit, outdoor activities will lead to improved physical health and a reduction in the risk of violent incidents (aggressive behavior, physical assault, property destruction, self-injurious behavior) by individuals in care.</p>	<p>Complete</p>	<p>All admissions units scheduled time in the Outdoor Recreation Yard. This schedule more accurately reflects the frequency of use in the Yard for each respective unit. During the spring and summer months, intensive therapeutic learning centers had groups utilizing the Yard on a daily basis. Boot Camp groups were also offered in the early morning in the Yard. In addition, various departments and units have utilized the Yard for cook-outs.</p>	
<p>Improved Discharge Planning</p>	<p>In FY17, Saint Elizabeths Hospital staff will implement strategies aimed at increasing the effectiveness of post discharge linkages with community-based treatment and support services. The measurement of effective linkages will include the Interdisciplinary Recovery Plan (IRP) Observation Audit and the Discharge Plan of Care (DPOC) Audit. The IRP Audit will examine if the family and/or Community Support Workers are invited to IRPs, and if there is active discussion about the discharge plan at each IRP. The DPOC Audit will address whether patients are linked to a Core Service</p>	<p>Complete</p>	<p>Q4 data shows Saint Elizabeths Hospital social workers have consistently implemented strategies to improve and increase effective linkage for individuals in care to community based treatment and support services ensuring the</p>	

	Agency/active treatment post discharge, and to appropriate housing.		families and community support workers were invited to the individual Recovery Planning meetings and ensuring the individuals in care are linked to a Core Service Agency and/or ACT provider at discharge and that the discharge plan of care is transferred to that provider.	
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