

# Department of Behavioral Health FY2018

## FY2018 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.

## FY18 Top Accomplishments

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
<p>1. Peer Operated Centers: DBH employed innovative thinking to exceed the goal of launching two Peer Operated Centers in FY 2018. An additional funding source was identified to support a third youth-focused Peer Operated Center. The additional Center will be the first youth-run and operated Center to serve youth and young adult consumers. Each Center is designed to provide a combination of "stage appropriate", emotional, informational and social supports that are responsive to a range of needs experienced by people with behavioral health needs that are in a continuum</p>	<p>Peer Operated Centers provide a safe and welcoming trauma-informed facility which is readily and easily accessible to DC residents in recovery and their families seeking information on and access to, behavioral health treatment, prevention and recovery. Centers are hiring a staff of consumers, including Certified Peer Specialist and Recovery Coaches, provide case management and referral services, and organize social activities and support groups. Collectively, Centers will operate Monday thru Friday 8am – 10pm and Saturday 10am – 2pm in ward 5 and 8. Centers will respectively 1) Support families to navigate the behavioral health system and reconnect consumers with their families; and 2) Strengthen the peer, consumer, youth, LGBTQ communities in their recovery-focus and resiliency-orientation. The youth peer operated center will serve families, youth and young adults involved in the child welfare system and/or at risk of involvement.</p>	<p>Peer Operated Centers provide a lower level of behavioral health care by establishing a network of non-clinical behavioral health services and supports designed to attain and sustain long-term recovery. Centers are expected to:</p> <ol style="list-style-type: none"> <li>1) Provide skill-building interventions and supports such as classes/workshops to support recovery and wellness for the individuals and families;</li> <li>2) Outreach to individuals and families regarding behavioral health treatments, education and recovery supports available to District residents;</li> <li>3) Assist individuals and families on how to access, engage and navigate the public behavioral health system; and</li> <li>4) Assist individuals and families on how to negotiate insurance barriers to treatment.</li> </ol>
<p>2. Pre-Arrest Diversion Program (PADP): Launched on 4/24/18, the Pre-Arrest Diversion Program is a collaborative intervention with the Metropolitan Police Department (MPD) and Department of Human Services (DHS) focused on</p>	<p>PADP supports District residents in several ways: 1) offers residents with behavioral health needs who come into contact with MPD with an alternative to incarceration; 2) provides MPD with a resource to utilize when they come into contact with behavioral health consumers that allows the officers to remain</p>	<p>PADP supports other DBH programs including: 1) assisting enrolled participants in the Forensic Outpatient Competency program maintain compliance and offer community services for those who experience crisis and lack the support of community based providers; 2) collaborating with the Homeless Outreach Program (HOP) by providing an additional resource when</p>

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
diverting individuals experiencing homelessness, mental health, and substance use issues from the criminal justice system for low level offenses. The current client census is 49 and the active outreach cases is 17.	in service; 3) engages in community based outreach and crisis responses to promote the safety of District residents; 4) has assisted individuals connect to medical and psychiatric care resources reducing the need for emergency first responders to intervene in situations; and 5) has worked to support the provider community with connecting with and serving consumers. This results in more District residents connecting with behavioral health services and supports.	individuals with behavioral health and legal involvement are identified but do not meet HOP's criteria for engagement; and 3) impacting the Mobile Crisis Services (MCS) program by intervening in situations where MPD is requesting assistance and evaluation by DBH staff. When PADP-trained MPD officers contact PADP for assistance, this potentially reduces the number of calls made to MCS for assistance/evaluation. While the impact on MPD is still relatively small to match the current scale of the program, awareness of the potential in PAD is growing. Involved officers have felt a sense of satisfaction and hope at being able to connect residents with acute needs with a program that can ensure they are receiving appropriate services. When briefed on a success story, one commander said: "Sometimes I do wonder how effective we are, and this answers that question. This is really great to see." An assistant chief noted, "Stories like this remind me of why I do this job."
3. Management of SEH Pretrial Admission Waitlist: DBH began implementing a plan to manage St. Elizabeths Hospital (SEH) pretrial admission waitlist in August 2017 to address the increased number of pretrial referrals from the court system. To create increased access to pretrial admission beds at SEH, a geriatric not guilty by reason of insanity (NGRI) all-male unit was converted to a male pretrial step down unit, a step down process from admissions to step down units was defined, and a new Therapeutic Learning Center focused on the specific needs of the pretrial population was launched. In FY18, DBH saw the successful results of this effort, as the waitlist began decreasing, and there has been no waitlist since April 2018.	Of 333 pretrial admissions since July 2017, 148 were on the wait list for admission. Between July and December 2017, 139 of them were admitted. After January 1, 2018, only 9 individuals waited to get into the hospital, and 8 of those 9 individuals waited one day to be admitted. There has been no wait list since mid-April 2018.  District residents in the pretrial portion of the legal system have had faster access to the beds at SEH for mental health treatment and competency restoration and evaluation. Consequently, they have the potential for a speedier legal process. Since January 2018, these individuals have spent little to no time in the DC Jail, protecting them from a setting where they may be more vulnerable. They have also received mental health treatment that is targeted toward the intersection of their mental illness and their legal process.	The demand for inpatient competency restoration at SEH by the legal system has dramatically increased since 2013, going from 49% of all admissions between July 2013 to June 2014 to 76% of all admissions between July 2017 and June 2018. Over that same period of time, there were no changes in the number of pretrial admission beds and a decrease in the number of forensic evaluators. Two hundred forty-one inter-unit individuals in care (IIC) transfers were conducted to accommodate the influx of pretrial IIC. Since the Show Cause hearings were initiated, SEH was able to complete competency evaluations and submit letters to the court on time and without request for continuances. DBH has demonstrated its responsiveness to the court and has received positive feedback from judges on the hospital's progress and management of the wait list. The DBH CompKit was also developed during this time to help standardize the delivery of competency restoration to IIC across settings; the CompKit was shared across outpatient and inpatient competency restoration programs and was translated into 9 languages to create greater accessibility to the materials.

## 2018 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	

Objective Number	Strategic Objective
	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.**

## 2018 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
<b>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 Measures)</b>									
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth in FY18	Quarterly	20	0	0	4	24	28	Met	
Number of people trained in Recovery Coaching in FY18	Quarterly	20	0	29	0	21	50	Met	
<b>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 (7 Measures)</b>									
Achieve a five percent increase in the number of developmental/behavioral health screenings completed by primary care providers over the previous fiscal year total.	Quarterly	53,586	13,288	11,787	13,623	13,836	52,534	Nearly Met	Each year the DC Mental Health Access in Pediatrics (MAP) Care Coordinator reaches out to pediatric primary care facilities regarding enrollment in the MAP program to provide referrals, consultations and education on mental health needs presented by their patients. This year new enrollment declined, possibly due to many practices already being enrolled in DC MAP and challenges connecting with those centers not enrolled. In addition, when outreach efforts are successful it may take several months to schedule a face to face meeting with the facility representative or provider to discuss the benefits of the MAP program and how it can help their practice address behavioral needs of patient. Also, two primary care facilities that had participated in the MAP program became inactive.

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Achieve a five percent increase in the number of consumers receiving a substance use disorder (SUD) assessment and are referred to treatment in FY18	Quarterly	4124	1246	1004	875	822	3947	Nearly Met	DBH exceeded FY17 performance but did not meet the increased target. There was an increase in clients presenting at intake with untreated physical health co-morbidities that required diversion to somatic health treatment. In FY19, DBH will expand intake sites, which will give clients more options for locations to get assessments and be referred for SUD treatment.
Increase in the number of Crisis Intervention Officers (CIO) trained in FY18	Quarterly	188	59	26	39	30	154	Unmet	DBH and MPD increased the number of trainings in FY17 and therefore the number of officers trained. In FY18 they maintained this number of trainings but did not add any additional sessions. The number of officers trained in FY18 was higher than FY17.
Achieve a five percent increase in utilization of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) over FY17 number	Annually	125	Annual Measure	Annual Measure	Annual Measure	Annual Measure	151	Met	
Achieve a five percent increase in utilization of Child Parent Psycho-Therapy (CPP) over FY17 number	Annually	43	Annual Measure	Annual Measure	Annual Measure	Annual Measure	60	Met	
Achieve a five percent increase in the number of individuals (adults and youth) reached through planned prevention strategies over FY17 number	Quarterly	19,289	1977	2758	6329	9631	20,695	Met	
Percent of post fall assessments conducted with 72 hours of event	Quarterly	90%	92.3%	93%	94.3%	95%	93.3%	Met	
<b>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. (1 Measure)</b>									
Number of housing subsidies to individuals who are mentally ill and homeless in FY18	Quarterly	50	11	16	13	12	52	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
<b>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)</b>									
Achieve a ten percent increase in website traffic in FY18 over baseline established in FY17	Semi-Annually	850,011	Annual Measure	Annual Measure	Annual Measure	Annual Measure	957,646	Met	
Achieve a twenty percent increase in social media hits (Facebook and Twitter) over baseline established in FY17	Semi-Annually	146,834	Annual Measure	Annual Measure	Annual Measure	Annual Measure	750,100	Met	
Increase in number of public events over baseline established in FY17	Annually	583	Annual Measure	Annual Measure	Annual Measure	Annual Measure	638	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.

## 2018 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
<b>1 - Consumer and Family Engagement (1 Measure)</b>						
Number of Certified Peers employed in meaningful work	Quarterly	95	100	110	118	423
<b>1 - Training (1 Measure)</b>						
Number of supervisors, trainers and other management-level staff trained in the train-the-trainer modules	Quarterly	18	88	67	38	211
<b>2 - Child/Youth Mental Health Services (2 Measures)</b>						
Number of children and youth diverted from Psychiatric Residential Treatment Facilities	Quarterly	16	12	15	10	53
Number of children receiving non-Crisis/Emergency MHRS	Quarterly	2349	2923	3305	3605	3605
<b>2 - Inpatient Psychiatric Services (2 Measures)</b>						
Average daily census of non-forensic patients	Quarterly	98	107	100	103	102
Average daily census of forensic patients	Quarterly	178	162	160	148	162
<b>2 - Mental Health Services provided to adults (2 Measures)</b>						

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
Number of adults receiving a non-Crisis/Emergency Mental Health Rehabilitation Service (MHRS)	Quarterly	13,782	15,982	17,145	18,842	18,842
Number of adults receiving Health Home services	Quarterly	1557	1750	1896	1984	1984
<b>2 - Prevention interventions (1 Measure)</b>						
Number of prevention activities by Prevention Centers	Quarterly	123	120	154	149	546
<b>2 - Recovery Support Services (2 Measures)</b>						
Number of individual clients in treatment services who are also enrolled in recovery services	Quarterly	51	68	105	178	178
Number of clients discharged after completing up to 6 months of Environmental Stability.	Quarterly	1	0	0	0	1
<b>2 - Substance Use Disorder Treatment Services for youth and adults (2 Measures)</b>						
Number of individuals receiving an intake assessment	Quarterly	2545	3952	5054	5881	5881
Number of individuals enrolled in treatment services	Quarterly	2741	3592	4281	4825	4825
<b>3 - Housing Services (1 Measure)</b>						
Number of people moving out of Saint Elizabeths Hospital into community settings	Quarterly	57	92	44	68	261
<b>4 - Communication Strategies (2 Measures)</b>						
Number of public outreach events	Quarterly	116	103	155	254	628
Number of communications including press announcements and social media (Facebook and Twitter)	Quarterly	172,005	192,100	245,716	386,315	996,136
<b>4 - Outreach Activities (1 Measure)</b>						
Number of people visiting the SUD Mobile Assessment and Referral Center (MARC)	Quarterly	0	0	23	2226	2249

## 2018 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
<b>ADULT SERVICES - SUPPORT HOUSING - MHSS (1 Strategic Initiative)</b>				
		Complete		

Title	Description	Complete to Date	Status Update	Explanation
Housing Options and Vouchers	In FY18, DBH will continue to utilize the array of housing resources within the Department and work collaboratively with DHS, DHCD, DCHA, and community-based organizations that serve the homeless population to: 1) identify vulnerable and chronically homeless persons for match to available housing resources; 2) work with provider agencies to support transition from homelessness into housing; 3) provide oversight and technical assistance to provider agencies to ensure supports are available to consumers to successfully maintain their housing. DBH will also continue to utilize the Coordinated Entry/Coordinated Assessment and Housing Placement (CAHP) system and to serve on the Inter-Agency Council on Homelessness (ICH) to implement strategies to increase affordable housing and allocate housing resources to reduce homelessness in the District.		The DBH mental health service provider network integrated the VI-SPDAT survey, CAHP system, and Coordinated Entry process into client support practice. Since Coordinated Entry began, 217 DBH consumers received vouchers from other programs. DBH serves on the inter-agency ICH and several sub-committees to identify strategies to reduce homelessness in DC and remove barriers to affordable housing.	
<b>CHILDREN AND YOUTH - MHSS (1 Strategic Initiative)</b>				
Intellectual Developmental Disabilities/Mental Illness	This is a collaboration between the Department of Behavioral Health, Department of Disability Services, Child and Family Services Agency, community-based programs, and the Georgetown University Center for Excellence in Developmental Disabilities. The focus is on trauma informed care and dual diagnosis (IDD/MI) for transition age youth 16-25. During FY18 the following activities will occur: 1) assess for intellectual disability, co-occurring mental health disorder and trauma history; 2) provide training and technical assistance for stakeholders; 3) help build the capacity of communities to sustain the flow of disability-related services to prevent penetration of crisis oriented episodic services; 4) ensure coordination and collaboration of services; 5) establish systems and protocols consistent with specific treatment outcomes; 6) ensure treatment is person-centered or individualized for persons with an IDD/MI and trauma history; and 7) identify best practice models and treatment interventions for this population.	Complete	The grantee, Georgetown University, held one information session and four training sessions. Fifty-four individuals were trained on the Trauma Screening Tool, and 31 individuals were screened using this tool as of 9/30/18. Georgetown completed 18 case consultations on transitional age youth and held an additional six transition planning sessions for four more individuals. Fourteen outside agencies had at least one staff member (often two) attend training sessions, and there were representatives from multiple branches within DBH trained as well.	
<b>CONSUMER &amp; FAMILY AFFAIRS (2 Strategic initiatives)</b>				
: CPS and Recovery Coaches Employed in Community Settings	DBH has a well-developed peer certification program that is being enhanced to include substance use disorder treatment, in addition to youth, adult and family peer programs already established. Increasing the use of peers and	Complete	Twenty-nine Recovery Coaches were trained in quarter 2 and an additional 21 began the training in quarter 4. The second group will complete their training during FY19 quarter 1. Also, in FY18 DBH	

Title	Description	Complete to Date	Status Update	Explanation
	<p>recovery coaches in the System of Care will both enhance the services being provided and allow for greater employment opportunities among DBH consumers. Current certified peers and recovery coaches are employed throughout the public behavioral health system. During FY18, the DBH Consumer and Family Affairs Administration will monitor the number of persons who successfully complete these courses as well as the settings in which certified peer specialist and recovery coaches are employed.</p>		exceeded its goal for Certified Peer Specialists by training 24 individuals.	
D.C. Certified Peer Academy	<p>The D.C. Peer Academy launched in the 4th quarter of FY17. By the end of FY17, program participants will have completed individualized work plans. Full implementation of this project begins in FY18 on October 1, 2017. The DC Certified Peer Academy offers access to subject matter experts and support to help expand certified peer-run organization's knowledge, expertise, sustainability, and capacity to carry out their mission. The intensive technical assistance will support the implementation and sustainment of activities to engage peer leaders from mental health and substance use communities and assist in the achievement of DBH implementation plans to expand recovery support efforts.</p>	Complete	<p>The D.C. Peer Academy completed the intensive technical assistance for three organizations, and a total of three new Peer Operated Centers were opened in FY 2018. The Community of Practice for Executive Directors was launched April 16, 2018 and completed a census survey to understand organizational profiles. The continuing education summer series was completed.</p>	
<b>DEPUTY DIRECTOR FOR TREATMENT (2 Strategic initiatives)</b>				
Consumer Placement in Recovery Support Services	<p>In FY18 the activities will include: 1) identify tools and review for screening and assessment of best practices; 2) meet with stakeholders for internal and external feedback and gain executive level approval; 3) implement instrument/tool at the provider level; 4) modify policy and procedure for DBH and external partners; 5) provide technical assistance on an as needed basis; and 6) conduct evaluation and provide feedback.</p>	50-74%	<p>DBH will utilize the Recovery Support Services (RSS) Questionnaire currently loaded in DATA/WITS as the RSS assessment tool. This tool was introduced and vetted with the RSS providers who have a favorable response to adopting the tool. DBH is currently making changes to the tool's formatting through the DATA/WITS vendor.</p>	<p>DBH is in the process of making changes to the tool's formatting through the DATA/WITS vendor.</p>
Increase CABHI Provider Outreach Capacity	<p>CABHI will expand the number of working outreach teams per provider in order to increase capacity. By increasing capacity each provider will be able to increase their enrollments by 20%.</p>	Complete	<p>During quarter 3 the Cooperative Agreements to Benefit Homeless Individuals (CABHI) outreach teams included approximately 47 veterans and 386 non-veterans.</p>	



Title	Description	Complete to Date	Status Update	Explanation
<b>EARLY CHILDHOOD &amp; SCHOOL MH PROG - MHSS (1 Strategic Initiative)</b>				
DC Social Emotional Early Development Project	This 4-year SAMHSA grant supports strengthening and expanding mental health services for children ages 0-6 at risk of or diagnosed with serious emotional disturbances and their families. In FY 18 DBH will establish the System of Care with three (3) Early Childhood providers and provide training to the providers in three (3) evidence-based programs (Child-Parent Psychotherapy, Parent Child Interaction Therapy, and Strengthening Family Coping Resources).	50-74%	Nine clinicians participated in the Child-Parent Psychotherapy (CPP) Learning Collaborative and 45 families received CPP services in FY18. Four clinicians participated in the Parent Child Interaction Therapy (PCIT) Learning Collaborative with the final session 7/18. Services began in July 2018 and 10 families received PCIT services. The Strengthening Family Coping Resources (SFCR) training was rescheduled from September 2018 to February 2019 so clinicians from the new, yet to be selected, DC SEED provider could participate.	The Strengthening Family Coping Resources (SFCR) training was rescheduled from September 2018 to February 2019 so clinicians from the new, yet to be selected, DC SEED provider could participate.
<b>OFFICE OF THE CHIEF EXECUTIVE (1 Strategic Initiative)</b>				
Improve Treatment Engagement in Group Settings	Saint Elizabeths Hospital provides integrated mental health services for individuals in recovery or returning to the community. Treatment is multidisciplinary, individualized, and recovery based. Therapeutic Learning Centers (TLC) provide treatment based on individual needs and discharge criteria. Individuals attend treatment groups until they reach maximum benefit, are unable to benefit from the group, or no longer appropriate for the group. SEH has seen a decline in group attendance. In FY18, SEH will target individuals who regularly attend TLC groups, but are not consistent in their attendance. The aim is for 60% of individuals in TLC to receive an average of 15-hours of active treatment per week.	Complete	In FY18 64% of individuals in care in the Therapeutic Learning Center (TLCs) received 15 hours of active treatment per week. In October 2017 the TLCs and unit programming were modified in an effort to improve attendance/engagement in treatment. Programming operational changes were implemented to provide more structure and support for group attendance, and motivational activities were implemented on the TLCs to support increased attendance to groups.	
<b>PREVENTION SERVICES (1 Strategic Initiative)</b>				
Opioid Awareness Campaign	The DBH Substance Use Disorder Services (SUDS) Prevention Division is developing an Opioid Awareness Campaign to raise awareness about the risks associated with opioid use and to direct individuals toward help. Phase 1 and Phase 2 of the Opioid Awareness Campaign will occur in FY18. In Phase 1 guerilla marketing and promotional	Complete	In FY18, DBH launched an Opioid Awareness Campaign aimed at both adults and youth. For adults, the agency 1) shed light on an increased risk of harm due to the potential of heroin being laced with deadly additives such as fentanyl and carfentanil; and 2) promoted harm reduction by encouraging consumers	

Title	Description	Complete to Date	Status Update	Explanation
	items will be used to reach the target population. Phase 2 will focus more on youth, social media and other print media that will be used to engage the target population.		and those connected to consumers to have access to Naloxone in the event of an overdose from opioid use. The youth campaign drew a contrast between how young people "think" they look when misusing opioids (e.g., fun loving) versus how they may "actually" look (e.g., lethargic).	
<b>TRAINING &amp; EMPLOYEE DEVELOPMENT (1 Strategic Initiative)</b>				
Training Series	DBH has trained 325 people since FY15. Due to staff turnover, at least two (2) trainings will be held in FY18 and perhaps two (2) in subsequent years. A maximum of 30 people will be trained in each session for a total of 60 people.	Complete	The DBH Training Institute certified 59 people as trainers in Stages of Change, 114 in Motivational Interviewing, and 38 in Person-Centered Treatment Planning by the end of the fourth quarter. Stages and Motivational Interviewing trainings far exceeded the initial goal that was set. The Person-Centered training of trainers (TOT) was only two certifications shy of identified goal, but it was adequate to meet the needs of the provider network.	