

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Executive Office of Mayor Muriel Bowser**



Office of the City Administrator

January 15, 2021

Fiscal Year (FY) 2020 was an unprecedented year for all DC residents, businesses and the District Government. In March 2020—the second quarter of the fiscal year—Mayor Bowser declared a public health emergency and District government quickly pivoted to respond to the COVID-19 global health pandemic. To align with recommended social distancing and public safety guidelines, in just one day, over 60 percent of District government employees transitioned to a telework posture. In addition, many District agencies limited or temporarily ceased most in-person activities and services.

The global health emergency required the District to significantly reallocate financial and personnel resources to respond to the pandemic. With the change in operations and a substantial decrease in revenues, the District's response required all agencies to determine how to best provide services to District residents, visitors and employees, while maintaining the necessary protocols to help slow the spread of COVID-19.

As such, the global health pandemic greatly impacted some agencies' abilities to meet their FY20 key performance indicators (KPIs) and strategic initiatives established prior to its onset as agencies shifted resources to respond to COVID-19. Therefore, outcomes for KPIs and strategic initiatives reflect a shift in District priorities and efforts during this crisis. While we continue to believe strongly in performance tracking to improve District services, the data for FY20 is not fully indicative of agencies' performance and should be reviewed factoring in the unprecedented challenges encountered in FY 2020.

Sincerely,

A handwritten signature in black ink that reads 'Kevin Donahue'.

Kevin Donahue  
Interim City Administrator



# Department of Behavioral Health FY2020

**Agency** Department of Behavioral Health

**Agency Code** RMO

**Fiscal Year** 2020

**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.

## 2020 Accomplishments

| Accomplishment  | Impact on Agency  | Impact on Residents  |
|---|---|--|
| <p>DBH collaborated with DHCF on implementation of DC's Section 1115 Medicaid Behavioral Health Demonstration. In January 2020, the District began a phased implementation of the 1115 services starting with the ability of Medicaid to reimburse for services to Medicaid beneficiaries receiving care at St Elizabeths Hospital and the Psychiatric Institute of Washington and/or residential substance use disorder treatment programs. Other services that were phased in during FY20 include:</p> <ul style="list-style-type: none"> <li>- Clubhouse services;</li> <li>- Recovery support services;</li> <li>- Supported employment for people with serious mental illness and substance use disorders;</li> <li>- Trauma-targeted services;</li> <li>- Crisis stabilization (including CPEP, youth mobile crisis, and adult mobile crisis).</li> </ul> <p>Prior to launching these services, DBH completed rulemaking for each of the services and provider certification standards: DBH also hosted briefings to familiarize providers with the certification standards and goals of these services.</p>  | <p>The waiver allows for a broader continuum of Medicaid behavioral health services and supports for individuals with SMI/SED and/or SUD. This means that District residents have access to a more robust array of services and a wider array of service providers to meet their behavioral health needs. District residents will have increased access to services that specifically address trauma and will also have increased access to peers (e.g., in Recovery Support and Clubhouse services). People in crisis will be able to connect with one of four behavioral health crisis stabilization programs (one of which is specifically focused on children and youth) to minimize the need for institution-level care. The waiver also provides District residents with SMI or SUD assistance in obtaining and maintaining employment. Because of these delivery system improvements, DC aims to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with behavioral health needs.</p> | <p>DBH will have better data and insights on services provided by DBH service delivery partners. In addition, implementation of this waiver allows for previously locally-funded services to be billed to Medicaid, thereby allowing DBH to re-invest local dollars to expand services as required by the 1115 Waiver.</p>   |
| <p>COVID-19 Response<br/>Direct service delivery</p> <ul style="list-style-type: none"> <li>• Maintained continuity of DBH operated in-person services and supports (SEH, CPEP, 35K Urgent Care, 24/7 Crisis Response Team);</li> <li>• Enhanced staff of Mental Health Hotline to make it more available for residents with stress or anxiety;</li> </ul> <p>DBH Certified Provider Support</p> <ul style="list-style-type: none"> <li>• Provided written guidance around service delivery in the new environment and held weekly meetings with the provider network to review guidance from DC Health, share information about self-care;</li> <li>• Distributed PPE, cleaning supplies, and infrared thermometers to providers and supported residences;</li> <li>• Worked with DC Health to include behavioral health providers in the centralized purchasing program;</li> <li>• Continued certifications and licensures that expired in the early months of the pandemic through 7/31/20;</li> <li>• Maximized telemedicine opportunities, working in partnership with DHCF;</li> </ul> <p>Leveraging Federal Resources</p> <ul style="list-style-type: none"> <li>• Secured \$3.8 million from FEMA to fund staff for the Virtual Family Assistance Center, services for members of the deaf and hard of hearing and developmental disabilities communities, outreach and support and expanded services to address stress, grief and loss among District residents and front-line workers.</li> <li>• Secured \$2 million in a SAMSHA COVID-19 emergency grant to support grief and trauma care to the community.</li> </ul> | <p>Residents of the District with or at risk of mental health or substance use problems had continued access to services and supports to meet their needs during the pandemic. During the first six months of the pandemic:</p> <ul style="list-style-type: none"> <li>• 628 family members were served by the Virtual Family Assistance Center. Of those, 237 family members have received crisis counseling and 231 have been referred for other support services within the community;</li> <li>• Crisis Response Team provided support to 3,499 residents;</li> <li>• Provided services tailored to the needs of behavioral health care workers and District residents.</li> </ul>  | <p>To ensure the safety of staff, providers, and clients, DBH transitioned to the use of virtual platforms for regular meetings and trainings. This required enhanced technical assistance in the use of these technologies while also developing skills in communicating without the benefit of the social signals (e.g., facial expressions) that are available with in-person meetings. Moreover, given that many DBH employees continued to work in-person during the pandemic, the agency had to be sensitive to the stress facing frontline health care workers.</p> <p>DBH's Executive Team had a weekly COVID 19 meeting to monitor the agency's progress and target interventions and resources as need. DBH has Also developed a COVID-19 dashboard to monitor the impact of the pandemic on our workforce, services, and consumers. The dashboard includes enrollment data, the number of suicide prevention calls, the number of encounters at CPEP, and deaths.</p> |

| Accomplishment  | Impact on Agency  | Impact on Residents  |
|---|---|--|
| <p>Addressing Opioid Overdose Deaths<br/>Text to Live Naloxone Public Engagement Campaign:</p> <ul style="list-style-type: none"> <li>DBH was among the first in the Nation to provide access to naloxone by text. Without requiring the download of an app or accessing any special website, Text to Live allows residents to text LiveLong DC to 888-111, and instantly receive a map of the nearest pharmacy or community site to access free naloxone. A map of treatment clinics also is provided.</li> </ul> <p>Peer-Operated Centers:</p> <ul style="list-style-type: none"> <li>In March 2020, DBH awarded grants to four providers to open peer-operated centers (POCs), which are focused on serving individuals with opioid use disorder (OUD) and their families. By April, they had fully adjusted to the new reality of offering services virtually, and by the end of September, were able to serve 11,339 individuals and conduct 729 group sessions led by a peer support worker.</li> </ul> <p>Street Outreach Teams</p> <ul style="list-style-type: none"> <li>In October 2019, DBH awarded grants to three organizations to deploy outreach teams to connect to individuals with OUD. These teams have conducted 7,029 face-to-face outreach engagements with individuals experiencing homelessness, of which 282 have been referred to and participated in State Opioid Response (SOR)-funded programs. This includes 57 individuals referred to supported employment and 146 referred to supported housing. The outreach teams also have dispersed over 2,000 naloxone kits.</li> </ul> <p>Faith-based Partnership</p> <ul style="list-style-type: none"> <li>DBH awarded the second year grants to 23 faith based organizations to continued opioid awareness activities and promote harm reduction services.</li> </ul> | <ul style="list-style-type: none"> <li>With over 35 pharmacies and community sites participating, the District makes Naloxone easily available – at no cost, without a prescription, and without requiring an ID. Widespread promotion of Text to Live and the effectiveness of naloxone will help address stigma, encourage more residents to carry naloxone, and ultimately save lives.</li> <li>The POCs provide a comfortable and secure location in local communities where individuals can access much needed peer support and recovery services while gaining awareness and connecting to DBH and other District resources. Two of the POCs have become emergency food distribution sites during the public health emergency in order to provide further support to their communities.</li> <li>Communities have become more aware of harm reduction interventions and can get access to naloxone through the outreach teams.</li> <li>Residents struggling with behavioral health challenges often turn to faith leaders for support and guidance and to sustain recovery efforts. This partnership supports harm reduction services and encourages treatment.</li> </ul> | <ul style="list-style-type: none"> <li>Text to Live gives DBH and its LIVE.LONG.DC. partners a unified harm reduction, social marketing campaign based on the most effective technique for saving lives from overdose – the immediate administration of naloxone.</li> <li>The POCs complement the vast array of behavioral health services and supports offered through the DBH-certified network. Peers with “lived experience” can often be more effective engaging behavioral health consumers than trained behavioral health professionals.</li> <li>These efforts have helped DBH to spread more opioid awareness and harm reduction services throughout the District, in addition to gathering valuable qualitative and colloquial knowledge about drug trends in various communities.</li> <li>These efforts helped DBH to spread opioid awareness and harm reduction services.</li> </ul> |

## 2020 Key Performance Indicators

| Measure   | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Quarter 1 | FY 2020 Quarter 2 | FY 2020 Quarter 3 | FY 2020 Quarter 4 | FY 2020 Actual | KPI Status  | Explanation for Unmet FY 2020 Target  |
|---|-----------|----------------|----------------|----------------|----------------|-------------------|-------------------|-------------------|-------------------|----------------|-------------|---|
| <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>   |           |                |                |                |                |                   |                   |                   |                   |                |             |   |
| Percent certified peers employed during the quarter   | Quarterly | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 78%               | 78.6%             | 78.1%             | 80.3%             | 78.7%          | New in 2020 |   |
| Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process   | Annually  | New in 2020    | New in 2020    | New in 2020    | New in 2020    | Annual Measure    | Annual Measure    | Annual Measure    | Annual Measure    | 77.68%         | New in 2020 |   |
| <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, including justice-involved consumer competency restoration, to support the behavioral health, wellness and recovery of District residents. (10 Measures)</b> |           |                |                |                |                |                   |                   |                   |                   |                |             |   |
| Percent of children newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first service within 30 days of enrollment  | Quarterly | New in 2019    | New in 2019    | 73.1%          | 75%            | 72.8%             | 69.5%             | 74%               | 86.2%             | 74.2%          | Nearly Met  | This target was nearly met (74%) with performance improving during the COVID pandemic; possibly due to the increased availability of telehealth services. Traditionally scheduling/keeping in-person appointments have been a challenge for caregivers. |
| Percent of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) services who had their first service within 30 days of enrollment  | Quarterly | New in 2019    | New in 2019    | 82.1%          | 75%            | 80.1%             | 80%               | 85%               | 83.1%             | 82.1%          | Met         |   |

| Measure  | Frequency     | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Quarter 1   | FY 2020 Quarter 2   | FY 2020 Quarter 3   | FY 2020 Quarter 4   | FY 2020 Actual | KPI Status  | Explanation for Unmet FY 2020 Target |
|--|---------------|----------------|----------------|----------------|----------------|---------------------|---------------------|---------------------|---------------------|----------------|-------------|--------------------------------------|
| Percent of Mental Health Rehabilitative Services (MHRS) consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days   | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 43.8%               | 51%                 | 44.1%               | 43.6%               | 45.2%          | New in 2020 |                                      |
| Percent of consumers who completed competency restoration program who were found competent   | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 54.8%               | 67.8%               | 75%                 | 87.5%               | 62.1%          | New in 2020 |                                      |
| Percent of school-based behavioral health partnership schools with a school based behavioral health clinician  | Semi-Annually | New in 2020    | New in 2020    | New in 2020    | New in 2020    | Semi-Annual Measure | Semi-Annual Measure | Semi-Annual Measure | Semi-Annual Measure | 82.2%          | New in 2020 |                                      |
| Percent of individuals from Saint Elizabeths Hospital readmitted within 30 days  | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 2.4%                | 0%                  | 0%                  | 0%                  | 0.9%           | New in 2020 |                                      |
| Percent of substance use disorder (SUD) withdrawal management clients who stepped down to a lower level of care  | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 36.7%               | 45.7%               | 57.7%               | 63.6%               | 45.4%          | New in 2020 |                                      |
| Percent of substance use disorder (SUD) residential treatment clients who stepped down to a lower level of care  | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 31.3%               | 29.4%               | 25.9%               | 35.3%               | 30.3%          | New in 2020 |                                      |
| Percent of methadone clients who were served in two consecutive quarters   | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 88.1%               | 86%                 | 86.2%               | 88.4%               | 87.1%          | New in 2020 |                                      |
| Percent of children receiving mental health services whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment   | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 61.6%               | 63.9%               | 50.4%               | 61.1%               | 58.9%          | New in 2020 |                                      |
| <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> |               |                |                |                |                |                     |                     |                     |                     |                |             |                                      |
| 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                                 | Quarterly     | New in 2020    | New in 2020    | New in 2020    | New in 2020    | 71.4%               | 81.8%               | 91.7%               | 90.9%               | 86.2%          | New in 2020 |                                      |

| Measure   | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Quarter 1 | FY 2020 Quarter 2 | FY 2020 Quarter 3 | FY 2020 Quarter 4 | FY 2020 Actual          | KPI Status  | Explanation for Unmet FY 2020 Target |
|---|-----------|----------------|----------------|----------------|----------------|-------------------|-------------------|-------------------|-------------------|-------------------------|-------------|--------------------------------------|
| <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. (1 Measure)</b> |           |                |                |                |                |                   |                   |                   |                   |                         |             |                                      |
| Percent of vendors not selling tobacco to minors  | Annually  | New in 2020    | New in 2020    | New in 2020    | New in 2020    | Annual Measure    | Annual Measure    | Annual Measure    | Annual Measure    | No applicable incidents | New in 2020 |                                      |

## 2020 Workload Measures

| Measure   | FY 2018 Actual | FY 2019 Actual          | FY 2020 Quarter 1       | FY 2020 Quarter 2       | FY 2020 Quarter 3       | FY 2020 Quarter 4       | FY 2020 PAR             |
|---|----------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <b>1 - D.C. Certified Peer Academy (2 Measures)</b>   |                |                         |                         |                         |                         |                         |                         |
| Number of new Certified Peer Specialists to include those in specialty tracks of family and youth               | New in 2020    | 38                      | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents |
| Number of people trained in Recovery Coaching   | New in 2020    | 136                     | No applicable incidents | 40                      | No applicable incidents | No applicable incidents | 40                      |
| <b>1 - Training (1 Measure)</b>   |                |                         |                         |                         |                         |                         |                         |
| Number of people who attend DBH Training Institute trainings  | New in 2020    | New in 2020             | 511                     | 674                     | 632                     | 1066                    | 2883                    |
| <b>2 - Child/Youth Mental Health Services (3 Measures)</b>  |                |                         |                         |                         |                         |                         |                         |
| Number of children, youth, and young adults (0-17) receiving non-Crisis/Emergency mental health treatment       | 3605           | 3515                    | 14,838                  | 2143                    | 2856                    | 3252                    | 3252                    |
| The number of individuals referred to Resiliency Specialist   | New in 2019    | No Applicable Incidents | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents |
| The number of individuals referred to Resiliency Specialist after a child fatality                              | New in 2020    | New in 2020             | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents | No applicable incidents |
| <b>2 - Early Childhood and School Mental Health Programs (1 Measure)</b>  |                |                         |                         |                         |                         |                         |                         |
| Number of child development centers participating in Healthy Futures program                                    | New in 2020    | New in 2020             | 42                      | 42                      | 42                      | 42                      | 42                      |
| <b>2 - Inpatient Psychiatric Services (2 Measures)</b>  |                |                         |                         |                         |                         |                         |                         |
| Average daily census of civil (non-court-involved) patients at Saint Elizabeths Hospital                        | 102            | 124                     | 347                     | 119                     | 118                     | 108                     | 173                     |
| Average daily census of forensic (court-involved) patients at Saint Elizabeths Hospital                         | 162            | 146                     | 151                     | 148                     | 95                      | 87                      | 120.3                   |
| <b>2 - Mental Health Services provided to adults (2 Measures)</b>   |                |                         |                         |                         |                         |                         |                         |
| Number of adults (18+) receiving non-crisis/emergency mental health treatment                                   | 18,842         | 20,474                  | 14,838                  | 16,877                  | 20,944                  | 22,590                  | 75,249                  |
| Number of adults receiving Health Home services   | 1984           | 1467                    | 1178                    | 1275                    | 1340                    | 1385                    | 1385                    |
| <b>2 - Prevention interventions (2 Measures)</b>  |                |                         |                         |                         |                         |                         |                         |
| Number of individuals (adults and youth) who participated in substance use disorder (SUD) prevention activities | New in 2020    | New in 2020             | 4641                    | 3410                    | 1368                    | 3058                    | 12,477                  |
| Number of prevention activities by Prevention Centers   | 546            | 368                     | 64                      | 41                      | 56                      | 85                      | 246                     |
| <b>2 - Recovery Support Services (1 Measure)</b>  |                |                         |                         |                         |                         |                         |                         |
| Number of people receiving substance use disorder (SUD) recovery services                                       | New in 2020    | New in 2020             | 271                     | 378                     | 425                     | 941                     | 941                     |
| <b>2 - Substance Use Disorder Treatment Services for youth and adults (2 Measures)</b>                          |                |                         |                         |                         |                         |                         |                         |
| Number of individuals receiving an substance use disorder (SUD) intake assessment                               | 5881           | 4054                    | 1369                    | 2418                    | 1864                    | 3586                    | 3586                    |
| Number of people receiving substance use disorder (SUD) treatment services                                      | 4825           | 4733                    | 6715                    | 3516                    | 4062                    | 4148                    | 4148                    |
| <b>3 - Housing Services (2 Measures)</b>  |                |                         |                         |                         |                         |                         |                         |
| Number of people discharged from Saint Elizabeths Hospital into community housing                               | 261            | 309                     | 89                      | 86                      | 57                      | 34                      | 266                     |
| Number of people DBH places in housing  | New in 2020    | New in 2020             | 2022                    | 1681                    | 1655                    | 1670                    | 1670                    |
| <b>4 - Communication Strategies (1 Measure)</b>   |                |                         |                         |                         |                         |                         |                         |
| Number of public outreach events  | 628            | 659                     | 201                     | 168                     | 211                     | 141                     | 721                     |
| <b>4 - Outreach Activities (2 Measures)</b>   |                |                         |                         |                         |                         |                         |                         |

| Measure   | FY 2018 Actual | FY 2019 Actual | FY 2020 Quarter 1 | FY 2020 Quarter 2 | FY 2020 Quarter 3 | FY 2020 Quarter 4 | FY 2020 PAR |
|---|----------------|----------------|-------------------|-------------------|-------------------|-------------------|-------------|
| Number of interventions from Crisis Response Team | New in 2020    | New in 2020    | 4042              | 3165              | 1531              | 1609              | 10,347      |
| Number of hits to the DBH website                 | New in 2020    | New in 2020    | 155,408           | 160,784           | 112,186           | 118,735           | 547,113     |

## 2020 Operations

| Operations Header  | Operations Title   | Operations Description   | Type of Operations |
|--|--|--|--------------------|
| <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. (3 Activities)</b>  |  |  |                    |
| CONSUMER & FAMILY AFFAIRS  | Consumer and Family Engagement                                 | Ensure consumers and families are engaged and involved in the development and improvements of the service system.  | Daily Service      |
| TRAINING & EMPLOYEE DEVELOPMENT  | Training   | The DBH Training Institute provides opportunities for DBH and provider staff to enhance skills related to train-the-trainer modules.   | Daily Service      |
| PREVENTION SERVICES  | D.C. Certified Peer Academy                                    | This project provides technical assistance activities to engage peer leaders from the mental health and substance use communities.   | Daily Service      |
| <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, including justice-involved consumer competency restoration, to support the behavioral health, wellness and recovery of District residents. (7 Activities)</b> |  |  |                    |
| EARLY CHILDHOOD & SCHOOL MH PROG - MHSS  | Early Childhood and School Mental Health Programs              | Early Childhood and School Mental Health Program provides prevention, screening, early intervention and treatment for children and youth in schools and Early Childhood Development Centers.   | Daily Service      |
| PREVENTION SERVICES  | Prevention interventions                                       | Strategic preventive interventions aimed at preventing and/or delaying the onset of alcohol, tobacco, and other drug use among youth and adults.   | Daily Service      |
| MENTAL HEALTH SERVICES - MHSS  | Mental Health Services provided to adults                      | Community-based treatment services provided to adults who have a serious mental illness in order to assist them in their recovery.   | Daily Service      |
| CHILDREN AND YOUTH - MHSS  | Child/Youth Mental Health Services                             | Community-based treatment and supportive services provided to children, youth and young adults who have a serious mental illness or serious emotional disorder in order to assist them in their recovery.  | Daily Service      |
| Recovery Support Services  | Recovery Support Services                                      | Clients in active treatment or in recovery from substance use disorders receive services to help them achieve and maintain their recovery.   | Daily Service      |
| Substance Use Disorder Treatment Services for youth and adults   | Substance Use Disorder Treatment Services for youth and adults | Community-based services to assist people reach recovery from Substance use disorders.   | Daily Service      |
| Chief Executive Officer (Saint Elizabeths Hospital)  | Inpatient Psychiatric Services                                 | Mental health services provided in the District's public psychiatric hospital for individuals who need an inpatient level of care to prepare them for return to the community.   | Daily Service      |
| <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 Activity)</b>  |  |  |                    |
| ADULT SERVICES - SUPPORT HOUSING - MHSS  | Housing Services   | DBH consistently works to address the needs of its clientele by connecting them to a range of housing options based on their needs from independent living to more intensive care. Proving subsidies is a core function of housing services at the agency.   | Daily Service      |
| <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. (2 Activities)</b>   |  |  |                    |
| COMMUNICATIONS   | Communication Strategies                                       | Develop and implement communication strategies to promote recovery and well-being.   | Daily Service      |
| Substance Use Disorder Screenings  | Outreach Activities  | SUD Mobile Assessment and Referral Center (MARC) is a mobile unit which visits various communities and residents are offered screenings for SUD treatment, health screenings, HIV/AIDS, HEP C testing, education and linkage to services. During outreach activities staff engage residents for readiness for SUD treatment and provide them with behavioral health education and resource information. This heightens the awareness of SUD and treatment options, reducing the stigma associated with co-occurring disorders. | Daily Service      |

## 2020 Strategic Initiatives

| Strategic Initiative Title  | Strategic Initiative Description | Completion to Date | Status Update | Explanation for Incomplete Initiative |
|---|----------------------------------|--------------------|---------------|---------------------------------------|
| <b>Child/Youth Mental Health Services (2 Strategic initiatives)</b> |                                  |                    |               |                                       |
|   |                                  |                    |               |                                       |

| Strategic Initiative Title  | Strategic Initiative Description   | Completion to Date | Status Update   | Explanation for Incomplete Initiative |
|---|--|--------------------|---|---------------------------------------|
| Establish integrated neighborhood health and social services delivery systems     | Support CFSA on the planning of Families First DC to include resource and referral development through the 10 Success Centers and implementation of Families First Prevention Act upon approval.   | Complete           | <p>DBH partnered with CFSA throughout the fiscal year supporting the implementation of Family First Prevention Act and Families First DC Success Centers. Both are designed to support families in the community, prevent family disruption, integrate services and empower communities. The role that DBH provided one co-located staff person to assist in the education of DBH behavioral health services, linkage to behavioral health services within the DBH network and data collection. DBH provided data to support the literature review and resource evaluation completed by CFSA to prepare for and solicit ten community agencies to support Families First DC:</p> <p>Ward 7</p> <ol style="list-style-type: none"> <li>1. Benning Terrace/Benning Park – East River Family Strengthening Collaborative</li> <li>2. Clay Terrace (Richardson Dwellings) – Sasha Bruce</li> <li>3. Mayfair/Paradise – North Capitol Collaborative</li> <li>4. Stoddart Terrace/ 37th -Life Deeds</li> <li>5. Benning &amp; Minnesota – East River Family Strengthening Collaborative</li> </ol> <p>Ward 8</p> <ol style="list-style-type: none"> <li>6. Woodland – Smart from the Start</li> <li>7. Anacostia – Martha’s Table</li> <li>8. Congress Heights – Far Southeast Family Strengthening Collaborative</li> <li>9. Washington Highlands – A Wider Circle</li> </ol> <p>10. Bellevue – Community of Hope.</p> <p>DBH also hosted a presentation for all the awardees, August 18, 2020 on DBH services and will continue to be a partner and support as needed. DBH participated in monthly meetings with CFSA regarding both initiatives.</p>   |                                       |
| Enhance the continuum of care for child and youth services                        | Work with both internal and external stakeholders to expand evidence-based programs including High Fidelity Wraparound and the provision of intensive outpatient and/or day treatment services for children and youth.   | Complete           | <p>There is a hold on loading Mental Health Block Grant funds to PO for remainder of option year. Current funds do not cover all of March and preceding months. CYSD is working internally with Fiscal Services to resolve gap in funding for HFW. Funding for HFW was not in the budget for FY20 therefore multiple modification to the PO were completed to cover expenses for the year. A new FFT provider is certified and currently serving cases with a steady stream of referrals increasing capacity to serve families by 70%. Due to COVID, trainings were transitioned virtually. DBH has been able to provide financial assistance to sustain Multi-Systemic Therapy (MST) in the District. As an impact of the pandemic, there was an expressed need for financial support in coverage for trainings and consultation to sustain existing team and hire additional therapists. Since the pandemic, the current number of youth served have increased by over 50%. The financial support provided by DBH will assist MST with increasing capacity by almost 100%. As a result of the 1115 waiver implementation, two providers completed virtual Trauma Systems Therapy (TST) training to meet criteria for DBH Certification. In FY 20 Q4, both agencies were certified by DBH as TST providers. During the pandemic, there has been a 2% increase in number of youth served which has been a result of teams following fidelity standards.</p> <p>Intensive Day treatment and Attachment and Bio-Behavioral Catch-Up (ABC) were discussed in FY20. However, due to impact of COVID and budget, this priority has been postponed. CFSA has initiated a new referral process where workers are utilizing a portal. At this time, there is a learning curve around the knowledge of EBPs. DBH has provided trainings to increase knowledge among CFSA administrations. In Q4, DBH has established a quarterly meeting with CFSA to collaborate regarding providing clinical services to CFSA youth and further partnering. CYSD will be providing more technical assistance around programs and services.</p> |                                       |
| <b>Early Childhood and School Mental Health Programs (1 Strategic Initiative)</b> |  |                    |   |                                       |
| Implement the School-Based Mental Health Expansion Model                          | Through 11 new community based organizations and 3 new FTE clinicians, hire behavioral health clinicians for an additional 102 schools. Implement school based mental health training and evaluation. Once Cohort 2 is implemented, 50% of the participating schools will be in Wards 7 and 8. | 75-99%             | As of September 2020, there are 13 community based organizations (CBOs); 47 schools were added for a total of 161 schools participating in the school-based behavioral health expansion. DBH currently employs 3 clinical specialists with plans to fill an additional 3 vacancies in FY21. During FY20, DBH’s clinical specialists along with the Community of Practice offered training for the school and provider teams. Furthermore, the evaluation contract was awarded in March 2020. Of the total participating schools with a CBO, 56 schools or 52% are in Wards 7 or 8. Of those 56 schools, 86% have a CBO clinician in place and providing services.   |                                       |
| <b>Inpatient Psychiatric Services (1 Strategic Initiative)</b>                    |  |                    |   |                                       |
| Upgrade pharmacy software   | Implement upgrade of software for existing pharmacy dispensing machines at Saint Elizabeths Hospital and new machines at 35 K Street, and Comprehensive Psychiatric Emergency Program (CPEP). This is a budget enhancement measure.  | 50-74%             | Server has been delivered and setup. Next phase of project is implementation of news system and validating testing.   |                                       |
| <b>Mental Health Services provided to adults (2 Strategic initiatives)</b>        |  |                    |   |                                       |

| Strategic Initiative Title   | Strategic Initiative Description  | Completion to Date | Status Update  | Explanation for Incomplete Initiative |
|--|---|--------------------|--|---------------------------------------|
| 1115 Medicaid Behavioral Health Transformation Demonstration                               | Work with DHCF and CMS to implement expanded services that will be Medicaid reimbursable. Identify and implement programmatic changes required for reimbursement, regulations, policies, bulletins, certification, certificates of need, licensures, and HCAs.  | Complete           | <p>CMS approved the waiver on November 6, 2019. The 1115 waiver was launched on January 1, 2020. The following services became Medicaid-billable on that day: Services provided in an IMD (including PIW, SEH, and SUD residential treatment centers) Recovery Support Services Clubhouse services Psychologists and other licensed BH providers (DHCF)</p> <p>The waiving of \$1 MAT co-pay (DHCF) also began as on January 1, 2020.</p> <p>In February, the following rules were published, which allowed for Supported Employment for individuals with SMI and trauma services (Trauma Recovery and Empowerment Model, TREM, and Trauma Systems Therapy, TST) to become Medicaid billable, respectively: Published Chapter 37 (Mental Health Supported Employment Services and Provider Certification Standards), emergency and proposed rulemaking, February 7 Published Chapter 34 (Mental Health Rehabilitation Services Provider Certification Standards) emergency and proposed rulemaking, February 7</p> <p>In June, the updated Chapter 37 (Mental Health and Substance Use Disorder Supported Employment Services and Provider Certification Standards) was published, which adds Supported Employment services for people with SUD.</p> <p>In July, Chapter 80 (Certification Standards for Behavioral Health Stabilization Providers) published, which governs the following programs: (a) Comprehensive Psychiatric Emergency Program ("CPEP"); (b) Psychiatric Crisis Stabilization Programs; (c) Youth Mobile Crisis; and (d) Adult Mobile Crisis and Behavioral Health Outreach.</p> <p>In August, Chapter 65 (Transition Planning Eligibility, Provider Certification and Service Standards) was shared with DM/OPLA for review and approval.</p> <p>The remaining actions items associated with the 1115 Medicaid Behavioral Health Transformation Demonstration initiative, will continue under DBH's FY21 Strategic Initiative "Continue Behavioral Health System Redesign". To prevent any confusion or duplication of efforts this strategic initiative has been documented as complete.</p> |                                       |
| READY Center   | <p>Partnering with the Mayor's Office of Returning Citizens' Affairs (MORCA), community based organizations and other DC Government agencies, DBH's engagement in the READY Center helps returning citizens succeed by providing intervention and treatment referrals for those with mental health and/or substance use disorders, including emergency psychiatric care and community based outpatient and residential services.</p> <p>DBH will carry out initiatives to not only link returning citizens to CSAs but ensure that they actually receive the service for which they were referred. Returning citizens will get an appointment to DBH services within 30 days prior to their release from DOC custody and then utilize the READY Center within 7 days of release and get linked to DBH services. DBH will track attendance at intake appointments for DBH services following release from DOC custody.</p> | Complete           | The Ready Center has been closed since early March in response to the COVID-19 public health emergency. Forensic Division staff have been working remotely to provide behavioral health linkage to returning citizens.   |                                       |
| <b>Outreach Activities (1 Strategic Initiative)</b>  |   |                    |  |                                       |
| Community Response Team  | Further expand the community response team that includes a 24-hour outreach transformation team to address mental health and substance use issues across the city and track utilization of services   | Complete           | The CRT is currently in operational status at both locations. The SOR contractors have been onboarded and are integrated into the current DBH CRT. The backfill and new hire process is currently underway. Enhanced training and exploration of partnerships is in process. We continue to build on our relationships with DHS, MPD, Secret Services, ICH, etc. We are looking forward to enhancing our existing partnerships as the landscape of service delivery shifts in accordance with global safety guidelines. The CRT completed trauma and grief trainings with the Wendt Center and has been increasing its support of communities impacted by gun violence.  |                                       |
| <b>Recovery Support Services (1 Strategic Initiative)</b>                                  |   |                    |  |                                       |
| Implement LIVE.LONG.DC. Initiative to Reduce Opioid-Related Deaths by 50% by the Year 2020 | Carry out initiatives assigned to DBH in DC's opioid strategic plan, including public awareness campaigns, expanding screenings, and increasing prevention activities.  | Complete           | July report to EOM submitted to EOM on August 12, 2020, but not yet reviewed by Dr. Bazron. Monthly report identifies updates/impact on the 50 strategic initiatives. See attached draft report. Final report will be updated August 24, 2020.   |                                       |
| <b>Training (1 Strategic Initiative)</b>   |   |                    |  |                                       |



| Strategic Initiative Title                            | Strategic Initiative Description  | Completion to Date | Status Update  | Explanation for Incomplete Initiative |
|---|---|--------------------|--|---------------------------------------|
| Increase Provider Engagement and Technical Assistance | <p>Promote transparency, timely and collaborative discussions, clear decision-making processes, and mutual respect between DBH and its contracted providers, in ways that address administrative, financial, programmatic, and structural barriers that hinder care coordination and service integration.</p> <p>This will include (1) engaging with providers as DBH finalizes revisions to the Chapter 34 (Mental Health Rehabilitation Services (MHRS)) and Chapter 63 (Adult Substance Use Rehabilitation Services (ASARS)) regulations and the MHRS and ASARS State Plan Amendments; (2) working with providers to implement a new Technical Assistance framework that was developed during FY19; and (3) increasing the quality and quantity of eLearning and classroom courses available to the provider network and peers by developing five courses to support their efforts to address the opioid epidemic.</p> | Complete           | TA was provided in collaboration with DBH Accountability Administration (AA) and Administrative Operations Administration (AOA). With AA we provided TA to those providers who failed their claims audits and those with allegations or suspicions of fraud. We provided TA to 3 new providers who ushered through the on-boarding process. We collaborated with AOA to specifically work with our SUD providers on billing to Medicaid. |                                       |