Planning Steps

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations

Narrative Question

Provide an overview of the state's prevention system (description of the current prevention system's attention to individuals in need of substance use primary prevention), early identification, treatment, and recovery support systems, including the statutory criteria that must be addressed in the state's Application. Describe how the public behavioral health system is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of mental health and SUD services. States should also include a description of regional, county, tribal, and local entities that provide mental health and SUD services or contribute resources that assist in providing these services. This narrative must include a discussion of the current service system's attention to the MHBG and SUPTRS BG priority populations listed above under "Populations Served."

1. Please describe how the public mental health and substance use services system is currently organized at the state level, differentiating between child and adult systems.

The Department of Behavioral Health (DBH) provides prevention, intervention and treatment services?and supports children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. The agency serves eligible adults, children and youth and their families through a network of community-based providers and government delivered services. DBH also operates Saint Elizabeths Hospital—the District's inpatient psychiatric facility.??

Based on US Census Bureau data, the estimated population of Washington, DC as of July 2024 is 702,250. Race and ethnicity are comprised of Black or African Americans 43.3%, White 39.1%, Hispanic or Latino 11.6% and Asian 4.1%. The median household income is $108,210 and the poverty rate is 14.5%.

There are 321,556 total households with average household size 1.99 people. There are 132,975 families with average family size 2.98 people. Those living alone account for 46.7%.

Education attainment includes 63.6% Master's degree or higher, 26.1% Bachelor's degree, 92.8% High school or higher and 4.3% 9th to 12th grades, no diploma.

A recent Point in Time (PIT) revealed 6,521 individuals experiencing homelessness in DC, including 3,875 single adults, 608 of whom were unsheltered. Additionally, of this population, 44% of single adults were chronically homeless, and a significant portion had mental health (38%) or substance use (22%) issues.

Per the DBH FY23 Measures report (https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/FY23%20MHEASURES.1.pdf) 45,451 (43,427 MH and 5,038 SUD) individuals obtained mental health or substance use disorder services. Of those, 3,014 were served by both MH and SUD providers. Individuals receiving both MH and SUD comprised 7% of all MH consumers and 60% of SUD clients. Females accounted for 52% versus 48% of males received MH services. SUD services experienced the converse with 64% of males and 36% of females. Males and females received both services were 65% and 35%, respectively.

Our mission 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. DBH is led by Director, Dr. Barbara J. Bazron, Ph.D. and has 1219 employees. The Director reports to the Mayor of the District of Columbia. ?

Both the youth and adult systems benefit from DBH's centralized policy leadership, robust provider network, and performance monitoring systems. Cross-sector partnerships enhance access to physical health care, social services, and community support.

Most of our block grant programming is either directly delivered by the Department of Behavioral Health (DBH) or provided through contracts or grants to community providers. Our Child, Adolescent and Family Services Administration, Adult and Transitional Youth Administration, Crisis Services, Forensic Services and Office of Consumer and Family Affairs manage the grants and contracts executed with providers.

Our network of community-based providers certified in mental health rehabilitation services and/or substance use disorder treatment deliver the full range of services across all eight wards of the District of Columbia. Currently we have 77 providers; 53 provide mental health rehabilitation services (MHRS) and 34 provide substance use disorder (SUD) services. Of the MHRS providers 32 provide services to adults only, 3 to youth only, and 18 agencies that provide services to both adults and youth,

DBH's investment in workforce development, technical assistance, and evidence-based practice implementation strengthens our capacity to meet the needs of all residents, with particular attention to the specialty populations required in both mental health and substance use block grants. This coordinated approach ensures equitable, person-centered, and responsive services across fiscal years 2026-2027.??

MENTAL HEALTH SERVICES?
DBH offers a range of treatment and support services for children, youth, and their families including specialized evidence-based practices for youth and families recovering from trauma, emergency care and ongoing treatment primarily through certified, community based mental health providers. Ongoing treatment includes individual, group, and family counseling, diagnostic assessment, medication management, recovery support services and family support.

Most consumers receiving services through the DBH have experienced psychological trauma.? Given the prevalence and impact of violence amongst DC residents in the behavioral health system, the need for integrated services and evidence-based practices that are trauma informed in continues to be critical.??

Children w/Serious Emotional Disturbance?
DBH provides a comprehensive menu of Evidence-Based Practices (EBPs) for early childhood through young adulthood to include: Attachment Biobehavioral Catch-Up (ABC), Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Trauma Systems Therapy (TST), Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Intensive Home and Community-Based Services (IHCBS); Motivational Enhancement Treatment- Cognitive Behavioral Therapy (MET-CBT), and Transition to Independence Process (TIP). ?

In FY 24, 4,948 youth were served, 52% identified as male, and 48% identified as female.? Sixty percent of youth served were identified as African American, .2% identified
as American Indian, .1% identified as Asian, 1.3% identified as White, 38.4% identified as Unknown.?

DBH contracts with a vendor to provide implementation support for evidence-based and best practices which includes training, consultation, fidelity monitoring, and data analysis. Training courses are offered to enhance and sustain the current workforce. In addition, fidelity monitoring assesses the quality of services and provider's compliance with model standards. ?

Lastly, DBH completes a monthly data analysis to assess utilization, capacity, staffing, and outcomes which informs strategies to increase access, customize training, and outreach.?

Adults with Severe Mental Illness including Older Adults?
The adult mental health rehabilitation services (MHRS) include diagnostic-assessment, medication/somatic treatment, counseling, community support, crisis/emergency, rehabilitation/day, intensive day treatment, assertive community treatment, Psychosocial Rehabilitation (Clubhouse); and Trauma Recovery and Empowerment Model. ?

To further support the consumer recovery process, the DBH provides the Evidence-Based Supported Employment program.? The Evidence Based Supported Employment programs serves adult consumers diagnosed with a serious mental illness or substance use disorder for whom competitive employment has been interrupted or intermittent because of significant mental health or substance use challenges.??

Evidence-Based Supported Employment strives to help enrollees obtain part-time or full-time employment. The consumer receives support in a competitive employment setting that pays at least the minimum wage. The program offers intake, assessment, job development, treatment team coordination, disclosure counseling, benefits counseling and follow-along support for all participants enrolled in the program.???

Consumers who obtain competitive employment through Supported Employment, increase their income potential, reduce dependency on entitlement programs, improve self-esteem, improved quality of life, create better social inclusion opportunities and reduce mental health and/or SUD symptoms.? Employment has been determined to be an important component of an individual recovery process.???

The Department of Behavioral Health has designated the utilization of the Daily Living Activities-20 (DLA-20)?as the District's standardized functional assessment tool for adults receiving behavioral health services throughout its network of providers. The DLA-20, which is an evidence based functional assessment tool designed to track and assess a person's ability to independently function in 20 different areas of daily living. The DLA-20 allows for the collection of data to better inform clinical practices and to identify the need for clinical changes to ensure better outcomes for adults living with a SMI.? It also allows for a systematic measurement of consumer progress, monitoring of high-risk groups, and to better understand adult consumers' functioning on a systems level. Used over time, the DLA-20 will demonstrate measurable outcomes to effectively define the value of care and will inform practice challenges and successes as a system.??

Older Adults enrolled in the public mental health system during FY24 include 7492 adults aged 55-64 and 3958 adults aged 65 and above. Most older adults receiving services in the District's public mental health system live in the community. Significant resources

and supports are identified to support the care needs for this population as many consumers have complex medical needs as well as a SMI diagnosis.?

Individuals w/Serious Mental Illness Experiencing Homelessness?
The District's continuum of care provides persons experiencing or at risk of experiencing homelessness a range of services including homelessness prevention assistance, supportive services, outreach, severe weather and emergency shelter, transitional housing, rapid rehousing, targeted affordable housing, and permanent supportive housing. These services are available to families and unaccompanied individuals with many programs focused on providing service to key subpopulations such as persons living with disabilities, persons experiencing chronic homelessness, veterans, or transition aged youth (TAY). ? DBH works closely with the DC Department of Human Services to engage unhoused residents in care and provide the full range of services they need to function effectively within the community.
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Individuals w/Early Serious Mental Illness
The District's FEP program for young adults with Early Serious Mental Illness (ESMI) has consistently grown, since its launch in June 2024. Despite some changes in staff, the program has provided treatment support and services to over 13 young adults, in FY 2025 alone. ?Of the 13 TAY in receipt of support and services in FY 25, all (100%) reported a reduction in hospitalizations (no occurrences) since starting services. The young adults served have reported more of an interest in finding and keeping employment and/or furthering or continuing their education. Data collection and data analysis has been limited, however, anecdotal information received from young adults in the programs suggest that they feel that their quality of life has improved since connecting with the provider agency. ?

Individuals in need of behavioral health crisis services
DBH is actively working to realign and expand crisis services in alignment with the SAMHSA guidelines. Crisis services, including someone to talk to (Access Helpline), someone to respond (mobile crisis and the Community Response Team or CRT), and a place to go (the Comprehensive Psychiatric Emergency Program or CPEP) are currently provided directly by employees of the Department of Behavioral Health as well as by DBH's certified community providers.

DBH's expansion and realignment of crisis services began in earnest in 2020 and 2021. The COVID-19 pandemic shined a bright light on system vulnerabilities as new mental health challenges have emerged as a result of the collective trauma, loss, and stress brought on by the pandemic. Longstanding inequities in access to quality mental health care and services for substance use disorders are ever more apparent. Simultaneously, the nation's reckoning with racial injustice and persistent calls for police reform have highlighted the need to dramatically realign how we respond to individuals experiencing behavioral health crises. DC's Mayor Muriel Bowser launched a 911 call diversion program on June 1, 2021, to move away from an automatic law enforcement response to a health first and clinician led approach to behavioral health crisis.

DBH provides crisis services on the telephone and in person in the home, school, or a community location. Most people who call for crisis support get the help they need in the moment on the telephone as crisis counselors listen, help solve problems, offer healthy coping strategies, and refer to ongoing care when needed.

The Access HelpLine, which is our 988 Call Center, is now fully staffed with the hiring of additional crisis counselors. We also added a chat and text function last September which expands access and supports people who prefer this method of communication. In FY 2024, DBH received about 10,200 calls to 988, a slight increase from 9,700 calls in FY 2023.

Our Community Response Team or CRT is comprised of teams of licensed clinicians, peers, and behavioral health specialists who provide an in person clinical response to crisis calls when needed. The CRT responds to crisis calls from individuals and their loved ones as well as calls from neighbors, business owners, ANC commissioners, and strangers to engage individuals who appear to need behavioral health support. The CRT has a regular and ongoing presence in communities and provides trauma support and psychological first aid to communities impacted by tragic events. In a small number of incidents, once onsite, the CRT determines that MPD support is required because of safety concerns.

DBH/MPD Training
DBH staff are co-located at the Office of Unified Communications to support the diversion of certain 911 mental health-related calls to DBH instead of an automatic law enforcement response. To be clear, our MPD partners have a crucial role to play in assuring the safety of the individual, the community, and the responders when necessary. Mayor Bowser has directed that every officer be trained to recognize mental health indicators and to de-escalate those situations confidently and competently when they do respond.

DBH has partnered with MPD since 2009 to train patrol officers called Crisis Intervention Officers to recognize the signs of mental illness and substance use disorders and to use the most effective de-escalation techniques. The CRT also participates in cadet training. In FY 22, the Mayor mandated that all police officers and recruits receive Mental Health First Aid for First Responders training. Working with MPD, 97 percent of active officers have been trained either as crisis intervention officers or in Mental Health First Aid.

Enhancing and Expanding Crisis Services

As part of the transformation underway, DBH is enhancing and expanding crisis services with a trauma-informed framework. Our goal is to save lives by helping anyone experiencing a behavioral health crisis anytime, anywhere. Crisis services are delivered by clinicians and peers at home, in public schools, and in the community by telephone and in person anytime, day or night.

DBH contracts with a certified behavioral health agency for youth crisis services. We value the work of our long-standing partner and are taking steps to make the best use of our resources. Most crisis occur in our public schools, and currently licensed clinicians are conducting risk assessments and providing support for schools impacted by tragic events. Crisis services are currently available to children, youth and their families 24 hours a day, seven days per week with the Community Response Team now providing crisis services for children and youth during the evening hours and on weekends.

SUBSTANCE USE SERVICES
The DBH Substance Use Disorders (SUD) Services Division addresses substance use-related issues by regulating and setting policy for a continuum of care that includes prevention, treatment and recovery. Our goal is to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, underage alcohol, and tobacco use primarily in youth and young adults.???

Child and Adolescent System??
For individuals under 18, DBH's prevention efforts include universal and targeted school-based behavioral health programs, youth -specific substance use prevention campaigns, and early intervention through partnerships with schools, child welfare, and juvenile justice agencies. Treatment services are developmentally appropriate and family-centered, offering outpatient therapy, intensive in-home supports, crisis stabilization, and age-appropriate intensive outpatient programs. Recovery supports include peer mentoring, youth leadership opportunities, and family engagement activities. Specialty populations within the youth system, such as pregnant and parenting teens and youth in need of primary prevention services, are prioritized through targeted outreach, linkage to medical care, and integrated behavioral health supports.??

?
Adult System??
For individuals 18 and older, DBH offers a full continuum of care organized by American Society of Addiction Medicine (ASAM) levels of care: outpatient (1.0), intensive outpatient (2.1), clinically managed low-intensity residential (3.1), clinically managed high-intensity residential (3.5), medically monitored intensive inpatient (3.7), and recovery services. Prevention initiatives include overdose prevention and support strategies, such as naloxone distribution and fentanyl test strips for persons who inject drugs, public awareness campaigns, and targeted outreach to those at risk of substance use disorders. Treatment services address the needs of adults with SMI through integrated care models. Recovery supports include peer recovery coaching, housing assistance, supported employment, parenting programs, and long-term recovery planning.??

Pregnant women and women with dependent children
Priority admission to treatment, residential programs that accommodate children, linkage to prenatal and pediatric care, parenting support, and case management.?DBH measures this population by data points including percentage of pregnant women receiving priority admission within required timeframes.?

Persons who inject drugs
Access to overdose prevention education, medications for substance use disorder (MSUD), and referral to infectious disease testing and?care.?DBH measures this population by data points including percentage of clients initiated on MSUD within 14 days of request.?

Persons in need of recovery support services for SUD
Peer coaching, housing, employment, transportation assistance, and ongoing recovery planning.?DBH measures this population by data points including number of consumers accessing Recovery Services at the onset, during, or after treatment is completed.? For FY 2023, 1915 consumers were served, FY 2024, 1512 consumers were served and FY 2025 to date, 3484 consumers were served. ?

Individuals with co-occurring MH and SUD
Integrated, trauma-informed care addressing both conditions simultaneously.?DBH measures this population by data points including percentage of clients receiving integrated, trauma-informed treatment plans. In the last full year, FY2024, 3839 consumers had a co-occurring mental health and substance use disorder.?

Persons with SUD who have or are at risk of HIV/AIDS
HIV testing, education, prevention, and treatment services embedded in behavioral health settings.?DBH measures this population by data points including percentage of clients receiving HIV testing at intake.?

Persons with SUD who have or are at risk of tuberculosis
Screening, prevention education, and coordination with medical providers for treatment.?DBH measures this population by data points including percentage of clients screened for tuberculosis at intake.?

Individuals in need of substance use primary prevention
Community outreach, evidence-based prevention programs, and targeted interventions for high-risk groups.?DBH measures this population by data points including number of participants engaged in evidence-based prevention programs.?

Under the umbrella of the Drug Free Youth DC campaign, SUD Prevention operates a number of prevention specific campaigns as well as a prevention website (www.drugfreeyouthdc.com) to disseminate data driven prevention messaging across the district. The website serves as the primary method for disseminating substance specific information and sharing resources throughout the District of Columbia and beyond in addition to the DBH Prevention Centers.?

Included within the site is information on the District's laws as it pertains to substances and the increase in the age to legally purchase tobacco products from 18 to 21. Also included are links to all of the District's social marketing strategies aimed at preventing
substance use. These social marketing strategies focus on underage drinking, opioid misuse for youth and adults, synthetic drug use for youth and adults, and marijuana use.

2. Please describe the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of mental health and substance use services.

The District of Columbia Department of Behavioral Health (DBH) serves as the State Mental Health Authority (SMHA) providing services and contracting community providers for mental health services and supports. The mission of DBH is to develop, manage, and oversee the District of Columbia's behavioral health system for adults, children, and youth and their families using a population health approach that advances health equity.?? DBH is responsible for developing and monitoring comprehensive and integrated behavioral health systems of care for adults and for children, youth and their families, and serves as the state mental health authority and as the single state agency for substance abuse services.??????

DBH is responsible for:
Mental Health and Substance Use Disorder services.?
Certifying all providers of behavioral health services.?
Ensuring timely access to services.?
Monitoring the service system.?
Providing on-going technical assistance and training in evidence-based, evidence-informed and best practices to support the delivery of quality care.?
Supporting service providers by operating DBH Fee for Service (FFS) system.?
Providing grants and contract funding for services not covered through the FFS system.?
Regulating the providers within the District's public behavioral health system.?
Identifying the appropriate number and mix of programs, services, and supports necessary to meet the behavioral health needs of District residents.??

DBH is a member of the Health and Human Services Cluster led by the Deputy Mayor for Health and Human Services. The cluster includes Department on Aging and Community Living, Child and Family Services, Department of Disability Services, Department of Health, Department of Health Care Finance, Department of Human Services, and Health Benefit Exchange Authority. ?

DBH also partners with the following youth servicing agencies, DC Department of Youth Rehabilitation Services, Office of the State Superintendent of Education, DC Public Schools and DC Public Charter School Board.

3. Please describe how the public mental health and substance use services system is organized at the regional, county, tribal, and local levels. In the description, identify entities that provide mental health and substance use services, or contribute resources that assist in providing these services. This narrative must include a description of the current service system's attention to the MHBG and SUPTRS BG priority populations listed above under "Populations Served."

The District of Columbia is a federal district, not a state. As such, we do not formally have a region or county. Our local level encompasses eight (8) wards over four (4) quadrants (NE, SE, NW, SW). There are no federally recognized tribes in the District of Columbia.??
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Mental health and substance use services are delivered by the DBH provider network. As of July, 2025 DBH had a total of 77 providers.??

MHRS – Adult Only: 32 – SMI* **, BHCS, ?
MHRS – Youth Only: 3 – SED **, ESMI, BHCS?
MHRS – Dual: 18 –SMI, SED, ESMI, BHCS?
Total MHRS: 53?

?*Homeless population
** Court involved adults or juveniles

SUD – Adult Only: 30 –? PWWDC, PWID, EIS/HIV, TB, PRSUD?
SUD – Youth Only: 1 – PWID, PRSUD?
SUD – Dual: 3 – PWID, PRSUD?
Total SUD: 34?
?
Dual Provider (MHRS & SUD): 12 -- ?SMI, SUD ***
*** Co-occurring

Free Standing Mental Health Clinic Providers: 21 – SMI, ?
Free Standing Mental Health Clinic Only: 2 – SMI,??

Federally Qualified Health Center: 8 – SMI, SUD?

Certified Peers: 207 – SMI, SUD
Prevention Centers: 4 – PP?

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Footnotes: