Department of Behavioral Health Strategic Plan

2019













Letter from the Director

Dear District Residents and Partners,

I am proud to release the Department of Behavioral Health Strategic Plan which is the result of months of engagement with providers, consumers, clients, and other partners to improve behavioral health care for all residents. This Strategic Plan represents a shared vision for an integrated, recovery-oriented, culturally appropriate behavioral health care system that is person-centered and promotes parity with physical health care. The Plan advances health equity with strategies for achieving system outcomes as well as population health improvements and aligns with the DC Healthy People 2020 Framework, which ranks mental health and substance use disorders among the leading health indicators.

Work already is well underway to implement the Strategic Plan with achievements in expanding behavioral health services to all public schools, making easier access to substance use disorder treatment services, and doubling our resources for individual psychiatric crisis and public emergencies. I am very excited about the new Medicaid



funding for inpatient care and the recovery support services provided by peers that the new 1115 Behavioral Health Transformation Demonstration Project brings to our residents.

This Strategic Plan serves as our guidepost to ensure that our efforts are coordinated, sustained, and accountable. We are excited to work with you to realize a wellness-oriented community where all District residents can live healthy, fulfilling lives.

Sincerely,

Barbara J. Bazron, Ph.D.

Barbara Jazron

Director, Department of Behavioral Health

Introduction

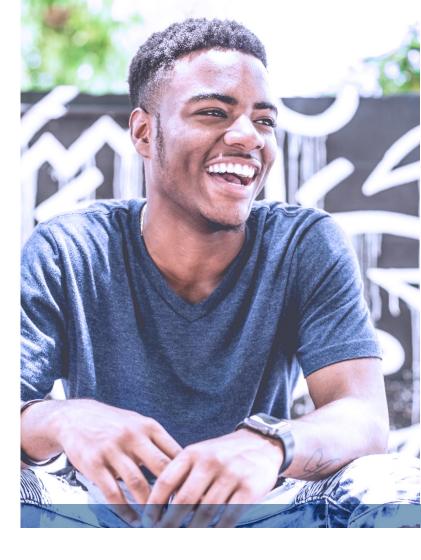
The District of Columbia Department of Behavioral Health (DBH) envisions a thriving community where prevention is possible, and recovery from mental health and substance use disorders is the expectation. DBH and its partners are committed to this vision by providing evidence-based prevention, intervention, and treatment services for children, youth, and adults that are innovative, personcentered, well-coordinated, and easy to navigate. DBH is proud of the services it provides and its recent programmatic accomplishments, including our work to address the opioid epidemic, expand schoolbased behavioral health services, and create a new 24-hour Community Response Team.

These efforts, while powerful, are not enough. There are nearly daily reminders of the impact that mental illness and substance use disorders are having on individuals, families, and communities across the

District. Recent assessments and community engagement efforts have identified the need to reduce fragmentation of services; better integrate mental health, substance use disorder, and primary care medical services; and expand access to peer support, trauma-informed care, and recovery support services. Our challenges are clear, and it is no surprise that mental health and substance use disorders are considered to be a leading health problem facing the District and our health system.

This Strategic Plan is evidence of our continued commitment to address the challenges we face and transform the District's behavioral health system. Together with our partners, we are making notable progress—but we must continue to innovate and refine our services in ways that promote prevention and early intervention, expand access and engagement in care, improve care coordination and service integration, and foster recovery and resilience. DBH must also continue to strengthen internal systems to improve communication, promote accountability, and build workforce capacity.

This Strategic Plan provides a roadmap for DBH and its partners to align our collective efforts with our vision and guide DBH's continued efforts to become a nationally recognized behavioral health system. This three-year plan is a critical step in DBH's efforts to lead change.



OUR APPROACH

In the Summer of 2018, DBH embarked on a comprehensive, collaborative community engagement and planning process to develop this Strategic Plan. DBH brought together consumers, clients and their families, advocates, behavioral health practitioners, community-based service providers, government leaders, and other community members. Throughout the process, hundreds of stakeholders and partners were invited to participate in 15 community engagement sessions and several online follow-up surveys. More than 400 people provided important feedback, which shaped and drove the development of the plan. This Strategic Plan would not have been nearly as strong without this collaborative process.

DBH also used the Results-Based Accountability (RBA) model to inform components of the Strategic Plan, which included meetings with service providers to gather feedback on community need and outcome measurement. The RBA process collected additional information from consumers through six RBA listening sessions.

OUR STRATEGIC PLAN

The Strategic Plan is organized around five high-priority goals, each of which has a set of objectives and strategic initiatives that together outline the steps that DBH will take over the next three years to achieve its vision and inspire action across the system. The goals are high-level statements that clarify what needs to be done to achieve DBH's vision. The objectives describe the specific, measurable steps that need to occur to achieve the goals. The strategic initiatives are the activities that, when implemented, will drive achievement towards the goals and objectives.

The first step to implement the Strategic Plan is creating a series of detailed action plans. These plans will guide the initial implementation process and help ensure that system-wide efforts are aligned, focused, and well-coordinated. These action plans will also include a set of measurable indicators and timelines for each objective, which will allow DBH to monitor progress and hold itself accountable. The plans will be developed through a series of targeted, collaborative efforts.

District residents deserve access to high-quality behavioral health services and the opportunity to lead healthy and fulfilling lives, and this Strategic Plan will enhance our work to achieve this goal.

- I. Vision
- II. Mission
- III. Values
- IV. Goals, Objectives, and Initiatives

Strategic Plan

OUR VISION STATEMENT

The District of Columbia is a thriving community where prevention is possible, and recovery from mental health and substance use disorders is the expectation. The Department of Behavioral Health (DBH) is committed to:

- * A wellness-oriented community where there is no stigma toward receiving behavioral health treatment;
- ★ People with behavioral health disorders living long, safe, and fulfilling lives;
- ★ Preventing trauma, homelessness, substance use disorder, and criminal justice system involvement;
- * Strong collaborations with partner organizations to achieve this vision.

OUR MISSION

The mission of DBH is to develop, manage, and oversee a public behavioral health system for adults, children, and youth and their families that is consumer driven, community-based, and culturally competent and supports prevention, resiliency, and recovery and the overall well-being of the District of Columbia.



OUR VALUES

- * **Respect.** All persons who come in contact with the public behavioral health care system are treated with dignity and valued for their abilities and contributions.
- * Accountability. DBH is responsible to consumers and family members for support and unobstructed access to services. The agency encourages all interested parties to participate in the planning, development, implementation, and monitoring of treatment, services, and policy.
- * Recovery. DBH services are provided based on the belief that people can recover from mental and substance use disorders. Services and support for consumers, clients, and their families are tailored to: Empower them to improve their quality of life; Address individual needs; Focus on strengths and resiliency; Provide choices and immediate access; and Provide opportunities to participate in rehabilitation, regardless of disability.
- * Quality. The system is responsive, cost-effective, and incorporates high standards, best practices, cultural sensitivity, and consumer satisfaction. Service providers are committed to professional integrity, objectivity, fairness, and ethical business practices.
- * Education. DBH takes the following actions to improve the service delivery system: Shares information among consumers, family members, providers, and the public; Promotes prevention, wellness, and recovery; Reduces stigma; Recognizes the needs of others for information; and Communicates in an open and candid manner.
- * Caring. DBH encourages genuine partnerships among consumers and clients, family members, providers, and others that foster unconditional positive regard for the concerns of those who seek and receive services.



Goal 1: Prevention & Early Intervention

This goal promotes behavioral health wellness through prevention and early intervention services and supports.

Awareness and education campaigns designed to reduce the occurrence of mental illness and substance use disorders and to lessen the stigma associated with them are critical components of a behavioral health strategy. Efforts that promote universal behavioral health screenings to identify those who need and would benefit from referrals to services are also essential. These screenings allow people to identify issues and engage in timely, appropriate treatment before the issues could become severe and lead to other adverse outcomes, such as homelessness, suicide, and criminal justice system involvement.

DBH is committed to prevention and early intervention by promoting education, awareness, and screening campaigns that are comprehensive, data-driven, and culturally and linguistically responsive. These efforts can help people who live in the District to identify issues early; gain the knowledge, skills, and necessary supports to make healthy choices; change harmful behaviors; recognize if they or those around them may have a problem; and link themselves or those around them to the care they need in a timely way.

OBJECTIVES

STRATEGIC INITIATIVES

Increase Awareness. Increase awareness of and counteract stigma toward mental health and substance use disorders.

- A. Implement targeted awareness campaigns to educate the community about health promotion, behavioral health conditions, and risk factors, along with self-help and treatment options.
- B. Coordinate training programs and professional development opportunities in agencies across the District including the Office of the State Superintendent of Education (OSSE), DC Public Schools (DCPS), DC Public Charter Schools, and DBH to bring awareness of mandatory youth behavioral health trainings for school administrators and educators.
- C. Improve the DBH website to ensure that it provides relevant and user-friendly content for consumers, providers, and partners.
- D. Implement the evidence-based Whole School, Whole Community, Whole Child approach that provides parents, educators, school staff, and child care providers access to trainings on how to communicate effectively about behavioral health.

GOAL 1: PREVENTION & EARLY INTERVENTION

OBJECTIVES

STRATEGIC INITIATIVES

Illness and Substance Use Disorders. Reduce the occurrence and severity of mental illness and substance use disorders

among at-risk populations in the District.

- Reduce Occurrence and Severity of Mental A. Implement screenings and early intervention activities in non-clinical targeted settings, such as schools, child development centers, and other community settings.
 - B. Promote universal screenings for mental health and substance use disorders in primary care medical and urgent care settings.
 - C. Implement a system-wide trauma-informed approach to care guided by SAMSHA's six key principles (including safety and peer support) and ten implementation domains for organization change (including physical environment and governance/leadership).
- Reduce Adverse Outcomes. Reduce the impact of adverse outcomes (e.g., homelessness, justice system involvement, poverty) associated with mental illness and substance use disorders.
- A. Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to people in recovery.
- B. Continue our partnership and collaboration with the Interagency Council on Homelessness (ICH) to: 1) increase service connectivity; 2) improve homelessness prevention efforts for those exiting Saint Elizabeths and other hospitals; and 3) improve targeting of available housing resources.
- C. Increase access to harm reduction education to individuals, families, and communities.
- D. Develop and implement protocols for Mental Health Rehabilitation Services (MHRS) and Substance Use Disorder (SUD) Services, utilizing the Homeless Management Information System (HMIS) to identify consumers who are experiencing homelessness, are ready for independent living, and would benefit from housing supports.



Goal 2: Access To Quality Services

This goal ensures that individuals and families receive high-quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.

Routine and timely assessment coupled with the immediate availability of evidence-based treatment that is well-coordinated, trauma-informed, and person-centered is essential to accessing quality service.

DBH is committed to a "no wrong door" approach and to the implementation of comprehensive, routine assessments. DBH is also committed to enhanced care coordination to ensure that high-quality services are available in a timely and integrated manner across the District's service continuum.

OBJECTIVES

1 Increase Alignment between Community Need and the District's Behavioral Health System. Conduct a comprehensive behavioral health needs assessment to ensure that services across the District are aligned with community need.

- A. Build on the 2016-2017 DC Health Systems Plan by assessing community behavioral health needs and the strength of DC's Behavioral Health System through:
 - Quantitative data collection (including hospital discharge data);
 - Qualitative data collection (interviews, focus groups, surveys);
 - · Community engagement (resident and provider forums);
 - Integrated analysis and prioritization of key findings with community residents, service providers across sectors, and senior leadership at DBH;
 - · Reporting of key findings, priorities, and recommendations;
 - Identification of proven evidence-informed strategies in light of findings, priorities, and recommendations.
- B. Strengthen our culturally and linguistically responsive service delivery system by developing guidelines and standards.
- 2 Increase Access to Routine
 Comprehensive Assessment. Increase the
 number of individuals who receive routine,
 comprehensive assessments and are
 connected to the right services, at the
 right time, in the right amount.
- A. Establish and implement best practices for comprehensive and routine medical and behavioral health assessment and referral across all DBH contracted behavioral health service delivery providers.
- B. Expand co-located, integrated behavioral health models to DC sister agencies and other community partners to promote timely access to behavioral health services, including in primary care and urgent care settings.
- C. Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.

GOAL 2: ACCESS TO QUALITY SERVICES

OBJECTIVES

- Jacobs Increase Access to Substance Use Disorder Services. Ensure timely access across the District to high-quality substance use disorder treatment and recovery support services.
- A. Develop and implement a model for initiating medication-assisted treatment (MAT) in emergency departments (ED) and other community partner settings with a warm handoff from peer recovery coaches to community-based services.
- B. Create 24-hour SUD assessment and referral sites in the District.
- C. Expand the number of SUD intake and assessment sites throughout the community.
- 4 Reduce Barriers to Care. Increase care coordination to ensure that consumers/ clients can move seamlessly across the continuum of care.
- A. Provide culturally competent outreach and community response through a Community Response Team (CRT), which will provide a multisite, multidisciplinary, 24/7 model of care to improve behavioral health outcomes in the District.
- B. Expand school-based behavioral health programs to all public and charter schools to improve access to care within the school-based population.
- C. Strengthen health information technology and operational system standards to ensure continuity of care for individuals transitioning from institutional or acute care facilities to community outpatient providers.
- D. Improve information sharing, health information exchange, and other care coordination systems between residential facilities and outpatient treatment providers.
- E. Implement screening for social determinants of health and other barriers that hinder care coordination and develop enhanced referral mechanisms.
- 5 Improve Consumer/Client Experience.
 Improve the consumer/client experience
 with the mental health and substance use
 disorder service delivery system.
- A. Implement training, staff development, and public health education activities based on guidelines reflecting current best practices for cultural and linguistic competence.
- B. Develop and implement plans to incorporate consumer/client input to inform DBH decision-making related to program and service improvements.
- C. Expand the use of peer counselors to promote consumer/client engagement and improve outcomes across the array of DBH and community-based programs.
- D. Employ a comprehensive trauma-informed approach to treatment, including standardized screening, assessment, and treatment protocols.
- 6 Improve the Quality of Services. Improve the quality of mental health and substance use disorder services by enhancing program monitoring, evaluation, and continuous quality improvement activities.
- A. Implement existing or newly developed clinical practice standards for all DBH staff and contracted providers.
- B. Enhance leadership-driven standards and processes that support the implementation of continuous quality improvement (CQI) activities of DBH staff and contracted providers.
- C. Increase delivery, monitoring, and evaluation of evidence-based services and programs.
- D. Integrate peer counselors into existing and emerging CQI activities.

Goal 3: Recovery & Resilience

This goal builds and supports a community that promotes recovery and resilience to help individuals and families thrive.

Affirming that all can recover from or manage mental illness and substance use disorders and thrive in the community is critical when addressing the behavioral health needs of individuals. Promoting resilience involves creating opportunities for individuals and families to cope with challenges and to reduce or manage adverse outcomes. Supporting people as they make decisions about their care and designing programs to ensure that they receive community, family, and peer support services will foster recovery and resilience. A focus on optimism; building upon an individual's skills, supports, and resources; and addressing the person's needs holistically is at the core of recovery.

DBH is committed to developing innovative and effective person-centered practices that promote community integration, enhance connections with family and peers, and reinforce natural supports for recovery and resilience.

OBJECTIVES

Increase Person-Centered Practice.

Increase the number of individuals served or supported by DBH who receive personcentered care that empowers them, their families, and/or their caregivers.

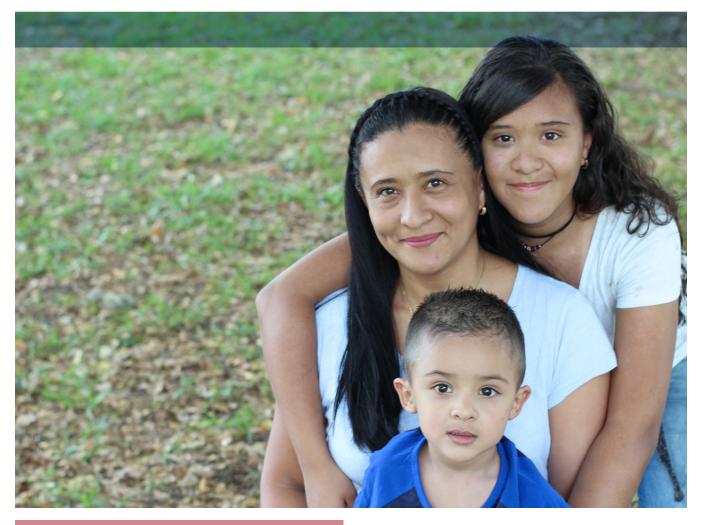
- A. Promote the use of research-based person-centered practices that individualize care and support shared decision-making, such as motivational interviewing and stage-wise assessment.
- B. Develop practice standards, trainings, and accountability measures that drive system-wide improvements in person-centered assessments and treatment plans.
- C. Design a system that encourages individuals to have control over the amount, length, and type of services they receive and that honors the culture, strength, and unique recovery of those served.
- 2 Increase Community Integration and Independence. Increase consumers'/ clients' ability to integrate into their community, maximize independence, and participate fully in their environment.
- A. Enhance engagement of community employers to support consumers/clients in securing and maintaining meaningful employment.
- B. Integrate Free Standing Mental Health Clinics (FSMHC) into DBH and the District's broader service system.
- C. Support treatment interventions that reduce rates of incarceration, when appropriate.
- D. Conduct regular level-of-care assessments for consumers in community residential facilities (CRF) to support independence and integration into the community.
- E. Require regular level of care assessments for Assertive Community Treatment (ACT) consumers to ensure access to the appropriate level of placement.

GOAL 3: RECOVERY & RESILIENCE

OBJECTIVES

January Increase Peer Services and Natural Supports. Increase the use of peer services and natural supports for clients served or supported by DBH.

- A. Expand peer and natural support initiatives and models based on best practices to bridge peer-identified gaps in behavioral health services.
- B. Provide resources to peer-operated centers, in order to connect hard-to-reach consumers/clients and their families with clinical treatment.
- C. Build system capacity to incorporate peer and natural supports in the ongoing treatment of consumers.



Goal 4: Partnership, Integration, & Coordination

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

It is vital to work internally within DBH and externally with community partners to improve collaboration, coordinate care, integrate services, marshal resources, and align strategies. Strong organizational structures and systems that drive service integration and care coordination are essential to effective partnerships that seek to reduce the impact of mental illness and substance use disorders in the District.

DBH is committed to addressing the administrative, operational, and policy-oriented barriers to care coordination and service integration in ways that break down the silos between the mental health and substance use systems and promote effective and efficient community partnerships.

OBJECTIVES

Reduce Barriers to Care Coordination and Service Integration. Reduce the administrative, financial, programmatic, and structural barriers that hinder care coordination and service integration.

- A. Integrate Medicaid payment strategies for medical/surgical and behavioral health services that promote both fiscal and practice-level integration.
- B. Participate in service planning for the new acute care hospital in Southeast DC to ensure that behavioral health care services provided by the new hospital are appropriate and well-coordinated with Saint Elizabeths Hospital, DC's other hospitals, and behavioral health services throughout the District.
- C. Promote better information sharing and health information exchange between DC's psychiatric hospitals and psychiatric units and other clinical and non-clinical partners.
- D. Promote integration of behavioral health services with primary care and other clinical and community settings.
- E. Support evidence-informed programs and policies that improve care transitions from the hospital and other acute care settings to the home.
- 2 Strengthen Relationships with Contracted Providers. Promote transparency, timely and collaborative discussions, clear decision-making processes, and mutual respect between DBH and its contracted providers.
- A. Develop and implement best practices for information technology platforms to support DBH and provider programs and services.
- B. Improve messaging mechanisms to share key information with providers.
- C. Continue to review and update policies and regulations to address provider challenges.
- D. Facilitate the sharing of clinical and operational best practices among providers.

GOAL 4: PARTNERSHIP, INTEGRATION, & COORDINATION

OBJECTIVES

- Increase the Integration of Mental Health and Substance Use Services. Support program, policy, and system initiatives that facilitate the integration of mental health and substance use disorder services across the District.
- A. Integrate Mental Health and Substance Use capabilities across DBH direct services: Assessment and Referral Center (ARC), Urgent Care, Comprehensive Psychiatric Emergency Program (CPEP).
- B. Implement current best practices and models from other jurisdictions on system-wide integration of mental health and SUD.
- C. Integrate federal block grant applications for mental health and SUD.
- D. Place recovery coaches at DBH clinical service sites to help individuals identify and make necessary connections to SUD treatment.
- 4 Enhance Community Partnerships.
 Enhance community partnerships between
 DBH and its clinical and non-clinical partners
 throughout the District.
- A. Complete an agency-wide inventory and evaluation of existing MOUs (memorandum of understanding) and MOAs (memorandum of agreements) to determine which ones need to be modified, extended/continued, discontinued, or created. Develop a centralized repository of all past and current agreements.
- B. Promote new and existing partnerships with community partners, such as Neighborhood Collaboratives, to build health system capacity to serve children/youth, those impacted by incarceration, those who are unstably housed/homeless, and other vulnerable segments.



Goal 5: Leadership, Innovation, & Accountability

This goal will transform the District's behavioral health system into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, research, training and education, transparency, and innovative programs.

Success in implementing DBH's Strategic Plan will require strong leadership; a committed, well-trained workforce; and an effective internal system capable of facilitating partnership and promoting quality and accountability.

DBH is committed to promoting a common vision, developing strong community partnerships, building internal capacity, and developing the data collection, monitoring, and performance improvement systems necessary to promote accountability and implement innovative, evidence-based, and emerging programs.

OBJECTIVES

Promote a Strong Workforce. Increase competency, retention, and accountability of the behavioral health workforce to foster innovation and ensure that staff are capable of meeting the needs of DC's residents and providing the highest quality care.

- A. Conduct behavioral health workforce needs assessment to identify strengths, weaknesses, and actions necessary to improve competency, recruitment, and retention.
- B. Develop core competency skillsets for primary position categories in the system to establish and standardize performance benchmarks.
- C. Streamline DBH's learning and development functions to deliver high-quality workforce support aligned with agency priorities.
- D. Begin monitoring comprehensive and customized provider employee onboarding plans.
- 2 Enhance Performance Management
 Systems. Enhance existing planning,
 accountability, and outcome monitoring
 systems to promote data-driven decision
 making and the achievement of DBH goals.
- A. Review and refine evidence-based practice (EBP) monitoring and reporting to improve system performance.
- B. Research and explore implementation of best practice payment systems, such as value-based payments.
- C. Use innovative approaches to report program performance measures and population outcome indicators.

GOAL 5: LEADERSHIP, INNOVATION, & ACCOUNTABILITY

OBJECTIVES

- Jacan Increase Innovative Programs. Work collaboratively to promote innovative programs and practices that lead to improvements in the lives of individuals, families, and communities.
- A. Research and develop new evidence-based programs and promising practices that address service gaps for high-risk, priority populations.
- B. Leverage the state's flexibility afforded by the Section 1115 Medicaid waiver authority to drive behavioral health care delivery system change from volume-driven care to value-based care.
- 4 Enhance DBH's Research Infrastructure.
 Build on DBH and Saint Elizabeths' tradition of research and evaluation to promote innovation and support evidence-informed decision-making.
- A. Increase research activities and start new initiatives to bring the latest advances in health care to the District's services.
- B. Increase research specific to the DC population so that treatments targeted to our population can be designed and implemented.
- C. Expand clinical and translational research at Saint Elizabeths Hospital and throughout the agency.
- Promote Clinician Education. Promote the education of the next generation of clinicians to work with the District's diverse population.
- A. Embed trainees at all levels of DBH service and create opportunities throughout the Saint Elizabeths Hospital medical educational programs to train, recruit, and retain the next generation of clinicians to work with the District's diverse population.
- B. Support and maintain the highest level of accreditation possible for educational training programs.
- C. Promote agency thought leaders to present at local, national, and international conferences to attract the best and the brightest students and to encourage Saint Elizabeths Hospital faculty to present at national conferences.

