

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH**



Department of Behavioral Health Behavioral Health Planning Council (BHPC)  
In-Person/Virtual Meeting  
February 24, 2023, 10:00am-12:00pm

**MINUTES**

**Meeting called to order at 10:03am**

**Welcome, Introductions and Roll Call:** Mark LeVota

**Approval of Agenda and Minutes:** Mark LeVota

- There was a motion and seconded to approve the minutes as presented. It was accepted without dissent.
- There was a motion and seconded to approve the agenda as presented, with the note below. It was accepted without dissent. It was noted that Anthony Hall is unable to attend and give the Public Engagement Report.

**BHPC Members:** Elizabeth Maldonado, Gail Avent, Nicole Denny, Nadine Parker, Donna Flenory, Jaclyn Verner, Ramon Carmona, Nicole Gilbert, Jean Harris, Hilary Kacser, Jo Patterson, Tia Brumsted, Eric Scharf, Mark LeVota.

**DBH:** Renee Evans-Jackman, Toussaint Tingling-Clemmons, Mia Olsen, Melody Calkins, Philippa Stuart, Laquita Howard, Bernadette Boozer, Laura Heaven, Lanada Williams, Trina Logan, Sharon Hunt.

**DC Government:** N/A.

**Public Attendees:** Aaron Lawler (XFERALL), Michael Grier (GW University).

**Planning Council Planning (Mark LeVota):**

- Mr. LeVota facilitated a conversation about the expectations of the Planning Council members and others on their expectations for the work of the Council and how it could be improved. Issues raised included:
  - How can the committee structure be improved with the goal to provide recommendations to the Director on issues of concern to the Council.
  - Addressing the need to build working relationships between the various agencies and other advisory bodies in the government.

**Department of Behavioral Health Updates (Barbara Bazron):** Due to scheduling conflicts Dr. Bazron was unable to join the Council for her report.

**988 Transition Report (Lanada Williams):**

- Lanada Williams presented a report on the status of the implementation of the 988 Suicide and Crisis Lifeline number.
  - It was noted that the answer rate is above the national average and stands at about 93%.
  - Reported that the 988 Coalition has continued to provide input to the process.
  - Addressed a question regarding how to incorporate peer support specialists on the call line; it was noted that this is still being addressed. This led to an extensive discussion on this issue.

### **Live.Long.DC. & SOR 3 Grant Reports (Sharon Hunt):**

- Sharon Hunt provided a current status of the overdose crisis. Concern was expressed at growing number of overdoses incidences over the past year. She reviewed a number of regarding the development of this program in the city.
- Questions regarding the public availability of Narcan, peer support for individuals with SUD issues, housing issues and the aging community were addressed.

### **Block Grant Annual Report (Renee Evans-Jackman & Toussaint Tingling-Clemmons):**

- Staff provided an overview of the Mental Health Block Grant and the Substance Abuse Block Grant programs.

### **35 K St. Report (Rhonda Barnes):**

- An update on the consumer experience survey was provided. Overall the results were generally very positive. It was noted that the survey is being translated into Spanish and Abrahamic to improve.

### **Standing Committee Reports:**

- **System and Benefits Design Committee (Mark LeVota):**
  - No committee report at this time. Mr. LeVota indicated that is intending to find a new chair given his new role as the full Council Chair.
- **Advocacy and Outreach Committee (Donna Flenory):**
  - This committee had no report to present.
- **Connection to Care Committee (Angele Moss-Baker):**
  - Angele Moss-Baker reported that the committee is planning to work with the Office of Community Affairs to work on issues of concern.
- **Planning and Accountability Committee (Jean Harris):**
  - The committee has not met recently but will follow-up on the report that was presented today.
- **Ad hoc Bylaws Revisions Committee (Mark LeVota):**
  - Mr. LeVota outlined the process with regard to the bylaws revision process, indicating it will be a two-step process to address some immediate issues with regard to seating new members and further work on an overall revision of the bylaws.
- It was noted that new members orientation is being redeveloped and implemented in the next year.
- Mr. LeVota indicated that there is an expectation that all of Planning Council members are serving on a committee; the intent is to have a more active committee process in the coming year.

### **Announcements & Public Comments:**

- Mr. Michael Grier a GW Dr.PH student is working a project with regard to wearable application to address potential opioid overdoses.

**The meeting adjourned at 11:59am**

# Welcome to The Behavioral Health Planning Council General Body Meeting

February 24, 2023

*Please be sure to sign-in.  
Leave your full name, affiliation  
and membership status in the chat.*



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## Agenda

10:00 AM	Call to Order, Welcome, Introductions & Roll	Mark LeVota
	Approvals of Agenda & Minutes	Mark LeVota
	Planning Council Planning	Mark LeVota
	988 Transition Report	Lanada Williams, Bernadette Boozer
	Live.Long.DC. & SOR 3 Grant Report	Sharon Hunt
	Block Grant Annual Report	Renee Evans-Jackman, Toussaint Tingling-Clemmons
	Standing Committee Reports	
	• System & Benefit Design	Mark LeVota
	• Advocacy & Outreach	Cheryl Doby-Copeland
	• Connection to Care (35 K.AdHoc)	Esther Ford
	• Planning & Accountability	Jean Harris
	• Bylaws Revisions (Ad hoc)	Chair TBD
	Announcements & Public Comments (Please limit comments to 3 Minutes)	Mark LeVota
	Members Roll	Mark LeVota
12:00 PM	Adjournment	Mark LeVota

\* Agenda Change: There will not be DBH Updates or Public Engagement reports as Dr Bazron and Anthony Hall each had unavoidable conflicts



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# PLANNING COUNCIL PLANNING

Mark LeVota, BHPC Chair



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**988**  
SUICIDE  
& CRISIS  
LIFELINE

DBH 988 Transition  
Update

Lanada Williams, MA, NCC,  
LPC, LCPC  
Suicide 988 Prevention  
Coordinator



GOVERNMENT OF THE  
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DC MURIEL BOWSER, MAYOR

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**NATIONAL SUICIDE PREVENTION LIFELINE**  
 1-800-273-TALK (8255)  
 suicidepreventionlifeline.org

Launched July 16, 2022

**988 SUICIDE & CRISIS LIFELINE**

**DBH** DISTRICT OF COLUMBIA

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## 988 Transition Report

**UPDATES:**

- The local answer rate for January 2023 was 93%.
- Beginning to explore challenges and successes, reviewing 988 Implementation plan to set top priorities
- TAY focused 988 strategy messaging meetings
- 988 Coalition Meeting bimonthly

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## 988 Transition Report

- As an affiliate of the Suicide Prevention Lifeline, all Access Helpline staff will begin training to provide chat and text using the Pure Connect portal, a chat and text platform offered by Vibrant.
- The Department of Behavioral Health was awarded the 988 State and Territory Cooperative Agreement grant and will be using that award to expand its workforce and to provide specialized training to DBH call takers.
- DBH launched a new phone system on February 6<sup>th</sup>. The new phone system will support the collection and analysis of more reliable and actionable data.
- The Access Helpline has received several positive acknowledgements from call takers in the midst of suicide-related crises of clinically effective support and resources while encountering a traumatic experience. We are in the infancy stages of exploring backup center options and are being intentional in incorporating self-care tools and strategies for staff.



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## LIVE.LONG.DC. & SOR 3 GRANT REPORT

Sharon Hunt, State Opioid Treatment Authority




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Current Status of the Overdose Crisis

<p>94% of the District's overdose deaths in 2020, 95% in 2021, and 96% in 2022 (first 11 months) involved fentanyl or a fentanyl analog.</p>	<p>The individuals who have a fatal overdose in the District are predominately:</p> <ul style="list-style-type: none"> <li>• African American (85%)</li> <li>• Male (73% in 2022)</li> <li>• Between 40 and 69 years old (72%); 31% are between 50 and 59</li> </ul>
<p>82% of fatal overdoses in 2021 occurred in residences – (homes, shelters, long-term care, etc.); 72% of fatal overdoses occurred in the decedent's own residence. Through January-September 2022, these numbers were 72% and 64% respectively.</p>	<p>After increasing 46% between 2019 and 2020, overdose deaths increased 3.9% in 2021 (from 411 to 427). Compared to the first 11 months of 2021, fatalities have increased 4.9%.</p>



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## State Opioid Response Funding

Year	FY21 SOR 1, Year 2 No-Cost Extension	FY21 SOR 2, Year 1	FY22 SOR 2, Year 1 Carryover	FY22 SOR 2, Year 2	FY23 SOR 2, Year 2 No-Cost Extension	FY 23 SOR 3, Year 1
Amount	\$15,685,682	\$23,821,155	\$8,169,687	\$23,821,155	\$6,769,519	\$24,139,141

**SOR 3, Year 1**-In total, the SOR team currently manages 42 unique initiatives – over 46 grants, 19 contracts, and 6 MOUs

- \$24,141,139 for each year, FY 23 and 24
- Can address stimulant use and stimulant use disorders as well as opioids
- Cannot support: food, construction, any service that can be billed to Medicaid, incentives, and hiring bonuses



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## SOR 3 Funding Updates

- Re-released Recovery Housing/Low Barrier Housing RFA and will be awarding two grants.
- Releasing RFAs for Youth Peers and Opioid Treatment Program Activities in the next month.



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## LIVE.LONG.DC/SOR 3 Updates: Prevention

- Awarded four grants to existing DC Prevention Centers.
- Awarded continuation grants to seven faith-based organizations.
- Planning for a youth campaign and a repository of prevention resources.



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## LIVE.LONG.DC/SOR 3 Updates: Harm Reduction

- Harm Reduction Coordinator will start in March.
- Held kick-off meeting with syringe services programs (SSPs) in January.
- All DCPSs have naloxone as of November.
- Developed an MOA template for charter schools and seven LEAs have signed.
- Distributed 13,368 naloxone kits first quarter.
- Distributed 6,745 fentanyl test strips.
- Received approval from SAMHSA for mobile drug checking machines to be used by SSPs.



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## LIVE.LONG.DC/SOR 3 Updates: Target Overdose Hotspots with Coordinated Outreach

- Conducted Ward-level calls this month.
- Conducted an in-person meeting in Ward 8 on February 15 to discuss better coordination among community-based organizations including gun violence prevention groups and make plans for targeting hotspots.
- Hiring a full-time staff person to facilitate ward-level activities.
- Distributing DC Health non-fatal data reports that use overdose data from FEMS to get a demographic profile of those impacted to better identify specific areas to target for interventions and outreach.
- Building a partnership with DC Housing Authority to get their staff trained on naloxone administration and getting needed resources into the community.



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## **LIVE.LONG.DC/SOR 3 Updates: Expanding/Enhancing Treatment**

- Hiring a consultant to provide training and technical assistance focused on opioid use disorder, related resources to long-term care facilities/skilled nursing facilities. This will enhance the accredited online course that was funded to cover this topic.
- Expanded BUP-DAP program, medication for opioid use disorder (MOUD) for the uninsured, to Unity Health Care.
- Hiring staff for mobile van, which is out in the community five days a week and on selected weekends in neighborhoods most impacted.
- FEMS has two operating community outreach specialists/paramedic teams that intervene with individuals refusing transport following an overdose. They are hiring for two other teams.



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## **BLOCK GRANT ANNUAL REPORT**





Renee Evans-Jackman, Director of the Grants Management Office  
Toussaint Tingling-Clemmons, Grants Management Specialist



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## Mental Health Block Grant Annual Report


SABG/MHBG	Indicator	Target	Met	Comments
MHBG	% of consumers who remained in their community residential facility placement for at least 90 days from their move-in date, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges	91 % of consumers who remained in their CRF placement for at least 90 days in FY22		A small number of consumers had more than one disruption, and since the overall number of people applicable in the metric was small, this had an outsized effect on overall performance. The consumers' clinical teams implemented enhanced treatment plans to address the instability.
MHBG	% of certified peers employed within the public behavioral health system	80% of certified peers employed in FY22		We make quarterly contact with peers to verify employment status. We also maintain a contract that allows us to bring Peers on board and increases opportunities for Peer presence.
MHBG	% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days of enrollment	90% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days		4% off our target. Programs and other teams will conduct TA to improve performance.
MHBG	% of children newly enrolled in mental health services who had their first clinical service within 30 days of enrollment	85% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21		5% off our target. Numbers have steadily improved over the fiscal year.

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## Substance Abuse Block Grant Annual Report

SABG/MHBG	Indicator	Target	Met	Comments
SABG	% of vendors not selling tobacco to minors	95% of vendors will not sell tobacco to minors in FY22		There was a legislative change that took place within the District of Columbia creating a delay in conducting compliance checks.
SABG	% of SUD residential clients who stepped down to a lower level of care	47% of SUD residential clients stepped down to a lower level of care in FY22		19% off target. The program in conjunction with providers are piloting a new tracking sheet from disenrollment to other levels of care.
SABG	% of clients in SUD treatment who received linkage to primary care, mental health, and social supports via care coordination services	55% of clients received at least one Care Coordination Service during the fiscal year		We have created a strong system to support co-occurring conditions.
SABG	# of substance use disorder providers who serve youth/transition age youth	4 substance use disorder providers who serve youth/transition age youth		Aided by a strong roster of providers.
SABG	% of certified peers employed within the public behavioral health system	80% of certified peers employed in FY22		Conducting quarterly meetings with peers allows us to stay on course.



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# 35K STREET URGENT CARE CLINIC CONSUMER EXPERIENCE SURVEY

Rhonda Barnes, Deputy Director & IDD/DHH Program Manager  
Yasmin Leftwich, Patient Services Coordinator



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## FY23 Survey Process & Overview

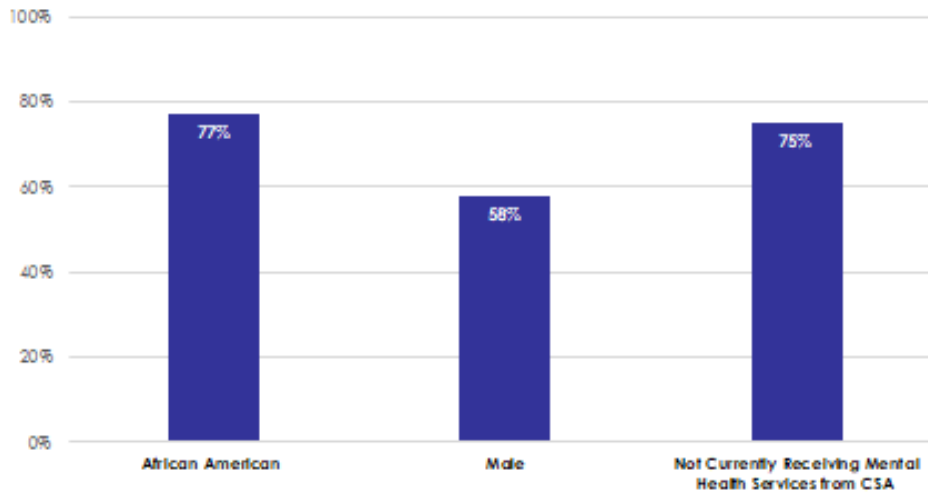
- **35K Urgent Care Clinic Consumer Experience Survey (sample = 191)**
  - **Data Collection Timeframe:** Quarterly; October 2022 – September 2022 (FY23 Q1)
  - **Inclusion:** All consumers who received Same-day Urgent Care services.
  - **Exclusion:** Consumers only receiving services via the Pharmacy at 35 K, Medical Records, or other programs located at 35 K.
  - Upon completing services, consumers are asked to complete the survey.
- Survey contains **20 survey items** (see Appendix)
  - **General demographic questions** (e.g., initials, gender, race)
  - **Satisfaction survey questions** (e.g., satisfied with front desk, security, etc.)
  - **Satisfaction Survey Response Options** (Yes, No, or N/A)
  - Two open-ended questions for **consumer feedback** (i.e., helpful improvements)



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# Sample Demographics



Note: Race = Black/African American = 143 (77%); White/Caucasian = 12 (6%); Hispanic/Latino = 10 (5%); Other = 8 (4%); Asian/Pacific Islander = 2 (1%); More than One Race = 10 (5%); Gender = Male = 104 (58%); Female = 72 (39%); Transgender = 2 (1%); Do Not Wish To Answer/Other = 3 (2%); Currently receiving MHS from CSA = Yes = 43 (25%); No = 131 (75%). Note: Missing data not included in total count.



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# Reasons for Not Currently Receiving Mental Health Services from a CSA

## New Client//Need Services (n = 23)

- First time
- Need help.
- To receive services

## Other (n = 7)

- Lost contact
- Lost touch. Covid changed access. The process is too much to obtain.
- Recently released from jail

## Location (n = 6)

- Just moved to DC
- Just returned home
- New to area

## Insurance (n = 5)

- Medicaid hasn't gone through yet
- No health insurance
- No insurance

## Other Provider (n = 5)

- Have different service at school
- Seeing a private therapist

## Didn't Need It (n = 4)

- Because it's not needed
- I don't have mental health issues

## Didn't Know (n = 3)

- Don't know what CSA is
- Don't know what that is

## Unsure or Don't Know (n = 2)

- I don't know
- IDK

## Mental Health (n = 2)

- ...assistance with my anxiety/depression
- Talk to someone

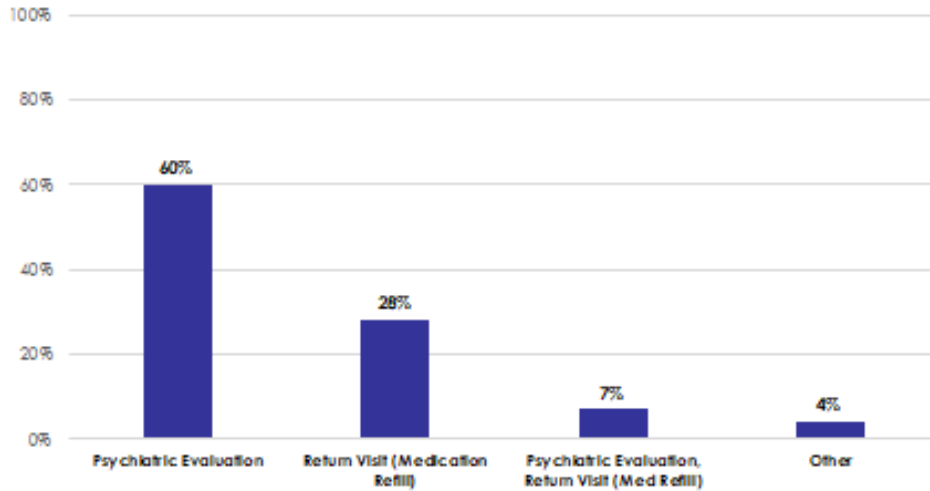
Note: These are sample comments. 131 consumers report not receiving MHS from a CSA; 57 consumers provided usable comments. Among the 43 consumers currently receiving mental health services from a CSA, 17 providers were listed.



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# Why did you come in today?



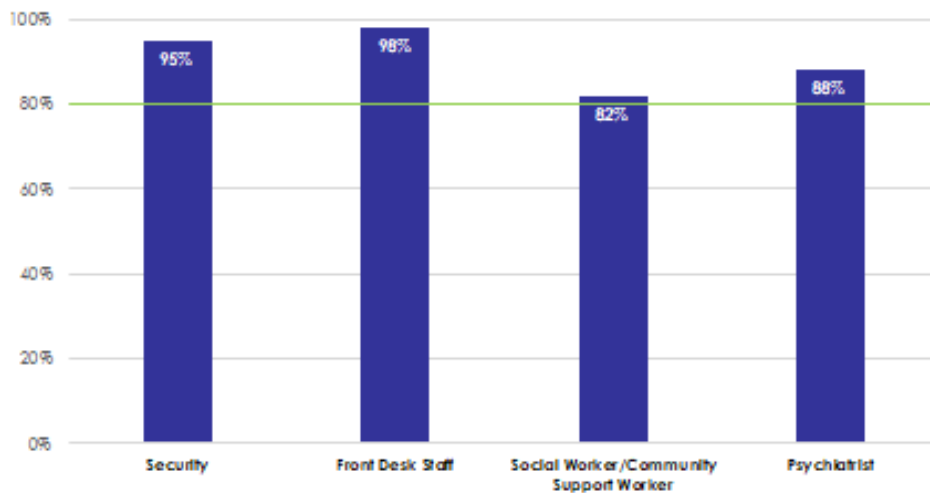
Note: Psych Eval = 108 (60%); Return Visit (Med Refill) = 51 (28%); Psych Eval, Return Visit (Med Refill) = 13 (7%); Other = 8 (4%). Other comments: e.g. "recent problem"; P.C. told me to come; apply for services, etc. Consumer may note more than one reason for visit.



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# % Satisfied - 35K Staff



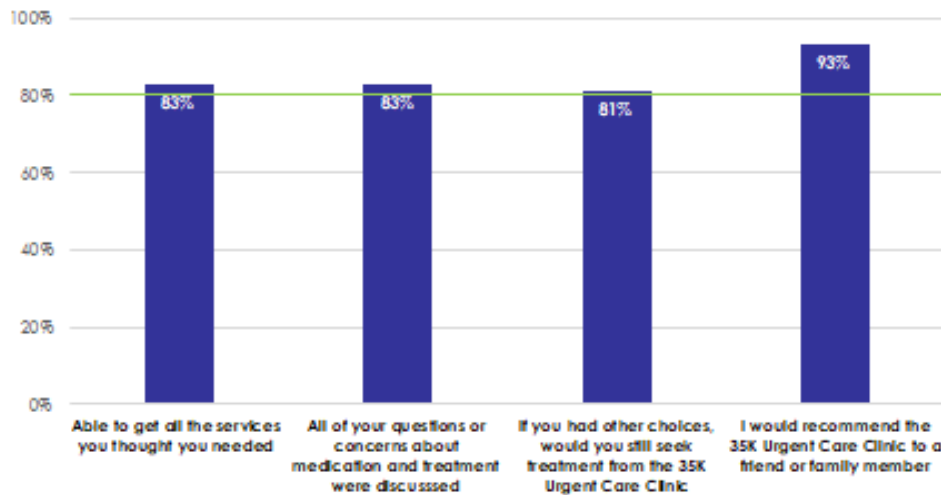
Note: Security = Yes = 171 (95%); No = 9 (5%); Front Desk Staff = Yes = 181 (98%); No = 3 (2%); Social Worker/Community Support Worker = Yes = 140 (82%); No = 3 (1%); N/A = 29 (17%); Psychiatrist = Yes = 142 (88%); No = 1 (1%); N/A = 18 (11%).



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## % Satisfied – Overall Experience



Note: Able to get all the services = Yes = 126 (83%), No = 8 (5%), N/A = 20 (12%); All of your questions or concerns = Yes = 140 (83%), No = 8 (5%), N/A = 21 (12%); If you had other choices = Yes = 127 (81%), No = 13 (8%), N/A = 20 (12%); I would recommend = Yes = 158 (93%), No = 6 (4%), N/A = 5 (3%)



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## Client Feedback (sample comments)

What would improve your experience at 35K Urgent Care today?

**Access (n = 14 comments)**

- More staff available (Drs)
- At least a bilingual staff...

**Staff (n = 8)**

- More clarity
- More attentive psychiatrists...

**Need for Services (n = 8)**

- Depression
- Meds

**Facilities (n = 7)**

- Higher security from Hi-Tec Crime
- Maybe a vending machine or two

**Other/Parking (n = 5)**

- Probably should pay more to staff
- Extra parking

**General Positive Comment (n = 35)**

- Everything was fine.
- It was great!

What was most helpful about the services you received at 35K Urgent Care today?

**Staff (n = 67 comments)**

- Compassionate People
- Everyone was very helpful and kind.
- People are very wonderful.

**Medication (n = 21)**

- Getting my medication
- They help me with getting medications.

**Access (n = 13)**

- You get seen ASAP
- The urgency and safety.
- Fast processing

**Other (n = 18)**

- Services
- Mental Health Eval

Note: These are the major themes/categories and sample comments. Count is the number of comments (not consumers). Consumers may identify more than one recommendation for improvement or helpful aspect of service. 77 and 111 consumers offered usable data, respectively.



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# Appendix – Survey Questions

1. Date of Survey
2. Assigned Identifier
3. First Initial, Last Initial
4. Date of Birth
5. Race
6. Gender
7. Why did you come in today?
8. Are you currently receiving mental health services from a Core Service Agency (CSA)?
9. If YES to question 8, what is the name of your CSA?
10. If NO to question 8, please state the reason.
11. Were you satisfied with your interaction with the security?
12. Were you satisfied with your interaction with the front desk staff?
13. Were you satisfied with the interaction with the social worker/community support worker?
14. Were you satisfied with services that you received from the psychiatrist?
15. Were you able to get all of the services you thought were needed?
16. Were all of your questions or concerns about medication and treatment discussed?
17. If you had other choices, would you still seek treatment from the 35K Urgent Care Clinic?
18. I would recommend the 35K Urgent Care Clinic to a friend or family member?
19. What would improve your experience at the 35K urgent Care Clinic today?
20. What was most helpful about the services that you received at the 35K Urgent Care Clinic today?



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# STANDING COMMITTEE REPORTS

- System & Benefit Design Mark LeVota, Chair
- Advocacy & Outreach Cheryl Doby-Copeland, Chair
- Connection to Care Esther Ford, Chair
- Planning & Accountability Jean Harris, Chair
- Bylaws Revisions (Ad Hoc) Chair TBD



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# ANNOUNCEMENTS & PUBLIC COMMENTS

*Please limit comments to 3 minutes or less.*



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## Thank You for Attending The Behavioral Health Planning Council General Body Meeting

February 24, 2023

### *Did you sign-in?*

*If not, please leave your full name, affiliation and membership status in the chat.*



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