

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



Department of Behavioral Health Behavioral Health Planning Council (BHPC)  
Regularly Scheduled Virtual Meeting  
April 29, 2022, 10:00am-12:00pm

**MINUTES**

To assist in the reduced transmission of the novel Coronavirus COVID-19 and out of the abundance of caution for the safety and well-being of our members, The Behavioral Health Planning Council has continued with teleconference meetings, ensuring a Quorum was reached via WebEx.

**Meeting was called to Order at 10:00am**

**Welcome, Introductions and Roll Call:** Senora Simpson

**Approvals of Agenda & Minutes Motion:** Donna Flenory and Gail Avant

**BHPC Members:** Harry Willis, Gail Avent (TFCC Committee Member), Jaclyn Verner (Disability Rights DC), Tia Brumsted (OSSE), Donna Flenory (Foster & Adoptive Parent Advocacy Center), Mark LeVota (DCBHA), Nicole R Denny (DBH Expansion), Hilary Kacser (Warm Healing Waters), Cheryl Copeland, Senora Simpson, Jennifer Joyce (DHCF), Charles Gervin, Nicole Gilbert (CFSA), Ifeoma Muoka (DDS), Luis Diaz (CJCC), Jean Harris, Nadine Parker (NCCPUD), Alvin Hinkle, Elizabeth Maldonado (CAN), Jo Patterson (Parent Watch/ECIN).

**DBH:** Jelani Murrain, Phyllis Jones, Lanada Williams, Richard Bebout, Sharon Hunt, Julie Wiegandt, Rhonda Barnes, Philippa Stuart, Mia Olsen, Trina Logan, Richard Bebout, Dan Riffle, Melody Calkins, Jean Moise, Marina Soto, Rhonda Barnes, Denise McKain, Laura Heaven.

**DC Govt:** Theresa Early (DHS).

**Public Attendees:** Alana Aronin (Children's National Hospital), Travis Montera (Community Health Solutions w/ Emergent Biosolutions, manufacturers of Narcan Nasal Spray), Eric Scharf (Depression & Bipolar Support Alliance), Nadine [Last Name Not Indicated], Garvin R, Alicia Woodward, Marissa [Last Name Not Indicated], Jenny Heflin, Farah Khan, Andrea Mazzini, Simon Fuerstenberg, Kwame Alston, Richard [Last Name Not Indicated].

**New Business:**

- **Membership Solicitation for FY23.** Jelani Murrain reported that DBH is accepting applications for vacancies to represent Wards 1, 2, 3 and DBH labor union employees. For more information and to apply, contact dbh.bhpc@dc.gov.
- **Communications & Public Engagement Report.** Phyllis Jones reported on community resource pop-ups, and other community outreach activities to address substance abuse. Travis Montera will collaborate with DBH to increase Narcan distribution. DBH will distribute flyers and Naloxone at a future BHPC meeting.
- **988 Transition Report.** Lanada Williams reported on preparations for the July 16<sup>th</sup> launch of the 988 Suicide & Crisis Lifeline. BHPC will designate members to join the implementation workgroup.
- **Live.Long.DC. & SOR 3 Grant Reports.** Sharon Hunt and Julie Wiegandt reported on Live.Long.DC accomplishments and planned activities as well as priorities for SOR 3. They also solicited ideas for new projects.

**Old Business:**

- **Block Grant Annual Report Update.** Jelani Murrain gave an overview of combined steps 1 and 2, noting that the 2023 submission is due on September 1. The timeline for finalizing the submission is to be determined. Mr. Murrain will share last year's submission and engage the Planning & Accountability Committee to prepare resubmission.
- **35 K Street Update.** Rhonda Barnes reported on efforts to improve service delivery and consumer experience at the Urgent Care Clinic. Mrs. Barnes will conduct a Consumer Experience Survey to collect updated data.

**Standing Committee Reports:**

Committees held breakout sessions then reported to the general body.

- **System and Benefit Design Committee.** Mark LeVota reported a continued focus on supporting DBH in preparing for the transition to managed care (October 2023) with action items relating to 1) the overall plan, 2) a consent management tool, and 3) provider accreditation.
- **Advocacy and Outreach Committee.** Cheryl Doby-Copeland reported 1 or 2 volunteers for the 988 initiative. The committee will also work toward improving message inclusivity (e.g., youth/adolescents services, mental health, marijuana use as a co-occurring concern, community understanding of the Good Samaritan Law).
- **Connection to Care Committee.** Alvin Hinkle (for Esther Ford) reported on a desire to focus efforts on increasing membership and supporting returning citizens in connecting to care, resources, etc. He will discuss further with Mrs. Ford.
- **Planning and Accountability Committee.** Jean Harris reported that the committee will focus on contributing to the block grant submission, particularly regarding the following areas of unmet need: 1) the importance of the distinction between and continued utility of the helpline v. warmline, and 2) improving transitions between levels of care (i.e., transition age youth aging out of foster care into the adult system of care, adults transitioning into the elder system of care).

**Announcements** – None.

**Public Comments** – None.

**The meeting was adjourned at 11:56am**

# Behavioral Health Planning Council Meeting



April 29, 2022

GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

District of Columbia Department of Behavioral Health

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## Agenda

10:00 AM	Call to Order, Welcome, Introductions & Roll	Senora Simpson
10:05 – 10:10	Approvals of Agenda & Minutes	Senora Simpson
10:10 – 10:40	Department of Behavioral Health Updates Membership Solicitation for FY23	Barbara Bazron
10:40 – 10:45	Communications & Public Engagement Report	Phyllis Jones
10:45 – 10:55	988 Transition Report	Lanada Williams, Richard Bebout
10:55 – 11:10	Live Long DC Report SOR 3 Grant Update	Sharon Hunt Sharon Hunt
11:10 – 11:20	Old Business Block Grant Annual Report 35 K Street Update	Jelani Murray Rhonda Barnes
11:20 – 11:40	New Business Standing Committee Breakout Sessions/	
	<ul style="list-style-type: none"> <li>System &amp; Benefit Design</li> <li>Advocacy &amp; Outreach</li> <li>Connection to Care (35 K Ad Hoc)</li> <li>Planning &amp; Accountability</li> </ul>	Mark LeVota, Melody Calkins Cheryl Doty-Capeland, Denise McKain Esther Ford, Angele Moss-Baker Jean Harris, Laura Heaven
11:40 – 11:55	Announcements & Public Comments (Please limit comments to 3 Minutes)	
11:55 – 12:00	Members Roll	Senora Simpson
12:00 PM	Adjournment	



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# Membership Solicitation for FY 23

Presented by Jelani Murrain on behalf of  
Barbara Bazron, Director of DC Department of Behavioral Health



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## Overview

- DBH is currently accepting applications to fill four vacancies on the BHPC.
  - One vacancy each for District residents currently residing in Wards 1, 2, and 3; and
  - One vacancy for a current member of a labor union that represents DBH employees.
- Interested individuals can submit an application to [dbh.bhpc@dc.gov](mailto:dbh.bhpc@dc.gov).



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# BHPC Membership Form

**1. Choose one or more of the following that best identifies yourself:**

- ☐ I am a consumer/client of mental health and/or substance use disorder services with lived experience with mental health, substance use or co-occurring issues
- ☐ I am a community member with family member(s) with lived experience with mental health, substance use or co-occurring issues
- ☐ I am a parent to a child/adult with serious emotional disturbance and/or substance use disorders

I am a District resident of:

- ☐ Ward 1
- ☐ Ward 2
- ☐ Ward 3
- ☐ I work for a labor union that represents DBH employees



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## Proposed Membership Solicitation Process

1. Fill Current Vacancies: DBH provides a 30-day application period through approved channels for interested participants who fit the membership criteria per the Bylaws for currently unfilled BHPC positions.
2. Fill Annual Vacancies: The BHPC reviews membership statuses at the end of the fiscal year and informs Dr. Bazron of membership openings. Members with expired terms are also informed.
3. Review and Appoint Members: DBH reviews application forms and Dr. Bazron appoints new members.
4. Notification: Applicants are notified in writing of whether their application was approved.
5. Training/Orientation: Prior to their official appointment start date, new members will be required to attend an orientation. New members are strongly encouraged to attend BHPC meetings in the interim.
6. Announcement: Dr. Bazron announces new members during the following BHPC meeting. New members will start their term at the start of FY 23.



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## Q&A

Q: How can interested members fill out an application?

A: The membership form will be sent through provider email lists. You can also receive a copy by emailing [dbh.bhpc@dc.gov](mailto:dbh.bhpc@dc.gov)

Q: When will I find out if I am selected to be a member?

A: After the 30- day application period, there will be a 30-day review and selection period. Applicants will be notified in writing prior to their FY 23 start date.

Q: What happens if I am not selected?

A: Applicants are welcome to re-apply every fiscal year. In addition, all BHPC meetings are open to the public.

- For more information on the BHPC, including how you can join future meetings, please visit: <https://dbh.dc.gov/service/behavioral-health-planning-council-bhpc>.



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## COMMUNICATIONS & PUBLIC ENGAGEMENT REPORT



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## Community Resource Pop Ups

- Thur, April 28, 4200 Kansas Ave NW
- Friday, April 29, Columbia Heights Metro Station
- Thur, May 5, 4500 Minnesota Ave. NE
- Friday, May 6, 700 Kennedy St. NW
- Thur, May 12, 5000 Block of H Street SE
- Friday, May 13, Anacostia Metro Station
- Saturday, June 4t, Quincy St. "Youth Got Talent" block party 3:00pm-8:00pm
- Friday, May 27, 4500 Minnesota Ave block party 4:00pm-8:00pm
- Saturday, July 16, Public Safety Day with ANC7 - Location/Time TBD



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## Social Media



@DBHRecoversDC



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## Live.Long.DC. Harm Reduction

The Department of Behavioral Health and the Metropolitan Police Department want you, your family, and your friends to be safe.

**LIVE LONG DC**  
Saving lives from the opioid epidemic

**PLEASE CALL 9-1-1  
IF SOMEONE IS  
OVERDOSING**

**BE  
READY**  
TO SAVE A LIFE

AND ALWAYS CARRY NALOXONE

Text **LiveLongDC**  
to **888-811**

to find naloxone near you or  
get it delivered.

NO ID. NO COST. NO PRESCRIPTION.



U.S. GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
DC MURIEL BOWSER, MAYOR

Know your **rights**.

You are **lawfully  
protected** when  
helping to save an  
overdose victim.



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## Live.Long.DC. Harm Reduction

**LIVE LONG DC**

is the District's effort to  
prevent overdose deaths.

There are two important  
laws that make it safe  
for you to call 9-1-1 if  
you, a friend, or a family  
member is overdosing.  
These laws protect you  
from being arrested:



### THE "GOOD SAMARITAN"

**LAW** means MPD officers  
**WILL NOT** arrest you  
for any drugs or alcohol  
on the scene when  
you've sought health  
care or administered  
naloxone to help  
someone who has  
overdosed.



### THE OPIOID OVERDOSE

**LAW** means that  
**having a kit** (needles,  
spoons, pipes, or other  
paraphernalia) is **NO  
LONGER illegal**. You will  
not get in trouble when  
MPD officers arrive to  
help someone who has  
overdosed.



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## Public Engagement

Clean out your medicine cabinets and properly dispose of unwanted or unused medications at a collection site near you:

<http://go.usa.gov/xzSyV>

**NATIONAL PRESCRIPTION DRUG  
TAKE BACK DAY**

Unused or expired medications often are misused, which can lead to addiction, overdose, and even death. Turn in your unneeded medications for safe disposal.

**Saturday,  
April 30, 2022  
10AM-2PM**

Join DC's fight against the opioid epidemic. You can remove the potential for abuse of prescription drugs.

DC VET DC DBH DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH



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**988  
SUICIDE  
& CRISIS  
LIFELINE**

**DBH 988 Transition Update:**

Richard Bebout, Ph.D., Chief of Crisis Services

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

**DBH**

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# 988 Implementation Coalition Committee

Wanda Abston, Len Williams

Jordan House/SOMF, Susan Nightingale

Metropolitan Police Department, Lachele Bryant

Depression and Bipolar Support Alliance, Eric Schief

DC National Alliance on Mental Illness, Jean Harris

DC Office of Unified Communications, Trayshelle Jackson, CMCP

Office of the Chief Technology Officer, Cynthia Romero

Office of the State Superintendent of Education, Claudia Price

GWU Prevention & Community Health, Dr. Olga Acosta Price

Education Development Center, Amy Loudemilk, MSW

American Foundation for Suicide Prevention, Deborah Steinberg

District of Columbia Behavioral Health Association, Mark LeVota

GWU Prevention & Community Health, Kaila Crew

GWU Prevention & Community Health, Jonathan Lee

Washington Hospital Center, Keith Gestel

Washington Hospital Center, Chandra Colvin

Washington Hospital Center, Larry Gentry

Psychiatric Institute of Washington, Bonita Bolden

Catholic Charities -ChAMPS, Edlynne Thomas



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## What is 988?

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### About 988

- In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline's (1-800-273-8255) network of over 200 locally operated and funded crisis centers across the country. On July 16, 2022, the U.S. will transition to using the 988 dialing code, and it is a once-in-a-lifetime opportunity to strengthen and expand the existing Lifeline.

- The DC's Access Helpline is recognized by SAMHSA as a National Suicide Prevention Hotline. The Department of Behavioral Health's Access Helpline serves as the District's certified crisis center that responds 24/7 to suicide and crisis calls.

<https://www.nasmhpd.org/content/988-implementation-guidance-playbooks>



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## Vision for 988 and Crisis Services

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**July 16, 2022: A transformative moment for the crisis care system in the U.S.**



### Short-term goal

A strengthened and expanded Lifeline infrastructure to respond to crisis calls, texts, and chats anytime

### Long-term vision

A robust system that provides the crisis care needed anywhere in the country

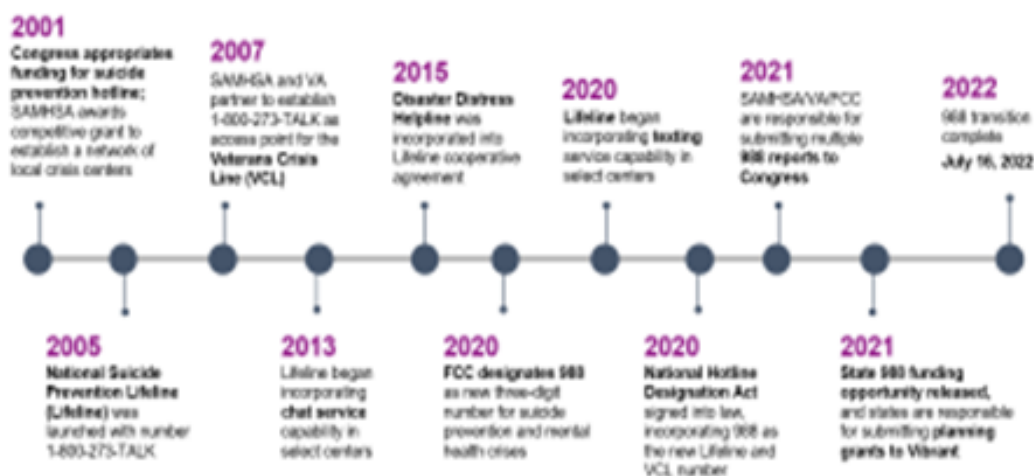


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## 988 Builds Directly on The Existing National Suicide Prevention Lifeline

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## Where we are now!

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### DRIVE A COMMON 988 NARRATIVE

- January 20, 2021, DBH was awarded the 9-8-8 State Planning Grant.
- DBH created a 988 Implementation Coalition with three workgroups to develop the 988 plan.
- Suicide Prevention Resource Center launched a Community of Practice. DBH and DC Health along with 16 multidisciplinary partners will attend monthly webinars and meetings from March 2022-August 2022 exploring specific steps to strengthen data infrastructure suicide prevention.
- 988 State and Territory Cooperative Agreement was recently awarded to build capacity. DBH will utilize this funding to hire staff and resources prepare to "go live" on July 16, 2022

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## 988 Partner Communication Efforts

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### Goal: Coordinated and Aligned Communication About 988

#### Drive a Common Narrative

Speak with one voice  
to ensure there is a clear  
understanding  
about what 988 is and how it will work.

#### Align Materials

Build upon the SAMHSA materials  
with your state, local, territory, tribal, or  
community coalitions, to meet the needs of  
your specific audiences.



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## National 988 Messaging Framework

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### THE FRAMEWORK IS:

- Guidance/approach for messaging about 988
  - Complements SAMHSA partner toolkit
- Informed by diverse 988 Messaging Task Force,
  - Co-leads: SAMHSA, Vibrant and Action Alliance
- Built on the Action Alliance's *Framework for Successful Messaging*
- Available online
  - <http://988messaging.org/>



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## Some Resources that Support 988 and Crisis Services

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### SAMHSA:

- 988 State and Territory Cooperative Agreement (12/22)
- Community Mental Health Services Block Grant – 5% Crisis Services set-aside
- Certified Community Behavioral Health Center (CCBHC) grant
- Zero Suicide Grant
- Garrett Lee Smith Youth Suicide Prevention (GLS) Grant
- Rural Emergency Medical Services Grant
- State Opioid Response (SOR) Grant & Tribal Opioid Response (TOR) Grant
- Tribal Behavioral Health Grant (Native Connections)
- State Transformational Technology Initiative Grants (TTI-NASMPD)
- Governors Challenges to Prevent Suicide Among Service Members, Veterans, and their Families



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## SOR 3 Briefing for Behavioral Health Planning Council



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## Today's Goals

- Review current state of overdoses, overview of LIVE.LONG.DC. (LLDC) 2.0 and LLDC accomplishments and planned activities
- Priorities for upcoming SOR 3 grant
- Ideas for new projects



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95% of the District's overdose deaths in 2021 involved fentanyl or a fentanyl analog.

The individuals who overdose in the District are predominately:

- African American (84%)
- Male (75%)
- Between 40 and 69 years old (74%)

Current Status of the  
Overdose Epidemic

82% of fatal overdoses are occurring in residences – homes, shelters, long-term care, etc.). 73% of fatal overdoses occurred in the decedent's own residence.

After increasing 46% between 2019 and 2020, overdose deaths increased 3.6% from 411 to 426 in 2021



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## Summary of LIVE.LONG.DC. (LLDC) 2.0

- LLDC is the strategic framework that guides our work around the opioid epidemic.
- Some of the key priorities in LLDC 2.0 are:
  - Harm reduction
  - Peer workforce development
  - Expanded access to treatment services and supports
  - Improved coordination between treatment and recovery supports
  - Enhanced engagement with at-risk populations: pregnant and parenting individuals, young adults, and residents at skilled nursing facilities



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## Harm Reduction

### Accomplishments

- Increased naloxone distribution 78% from 2020 to 2021
- Increased the number of CBOs distributing naloxone from 40 to 85
- Started funding the distribution of fentanyl test strips (FTS)
- Awarded grants to faith-based organizations to coordinate overdose prevention and education activities

### Planned

- Continue to support naloxone and FTS distribution
- Enhance naloxone distribution strategy to include businesses
- Focus OD prevention efforts on individuals who have non-fatally overdosed (via FEMS)
- Use OD data to focus street outreach on public hotspots and residential buildings



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## Expand Treatment Access Points

### Accomplishments

- Launched DBH mobile van in FY21
- Started a partnership with FEMS to link non-fatal OD survivors to treatment
- Launching DC Stabilization and Sobering Center in FY22

### Planned

- Continue to support staffing on the mobile van and peers at the DCSSC
- Expand the geographic reach of Opioid Treatment Programs (OTPs) using new regulations around mobile/satellite sites
- Partner with DHCF to support their integrated care initiative that supports SUD treatment in primary care



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## Enhance Care Coordination – Especially in the Criminal Justice System

### Accomplishments

- Awarded seven care management grants in FY21 – their focus is on individuals with OUD/STUD and co-morbid conditions
- Supporting READY Center for post-release services and coordination
- Funding MOUD at the DC Jail
- Women's treatment unit opened, and men's unit scheduled for FY22

### Planned

- Continue supporting care management activities until they can be successfully transitioned to MCOs
- Target recovery and harm reduction services to returning citizens



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## Target Overdose Hotspots with Coordinated Outreach

### Accomplishments

- Started ward-level meetings to identify and coordinate around known hotspots
- Began receiving real-time OD data from FEMS, which allows us to identify specific addresses and buildings as hotspots
- Continued to partner with DC Health on neighborhood-level hotspot mapping

### Planned

- Continue to support harm reduction outreach teams – HIPS and FMCS – and other outreach teams
- Provide enhanced funding for more consistent presence at high OD areas – e.g., specific metro stations
- Continue ward-level engagement with devoted staff support



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## SOR 3: Funding Considerations

- Initiatives need to be implementable
  - Timeline must be realistic (especially if funds need to be competed)
  - Provider capacity and workforce constraints need to be addressed
- Initiatives proposed by the community should be prioritized
  - Given that they align with overall funding goals and meet the criteria for implementation



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## SOR 3: Funding Priorities

- High number of overdoses in residences
  - Prioritizing follow up immediately after an overdose and outreach in residential buildings
- Prevalence of fentanyl in drug supply
  - Continuing to support harm reduction and naloxone and ensuring providers know how to treat fentanyl use (e.g., higher dosing)
- Coordinated Care at the Individual and Community Levels
  - Continuing supporting care management activities until they can be successfully transitioned to MCOs
  - Continue ward-level engagement with devoted staff support



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## Question for Discussion

- Do we have any blind spots or major issues that we aren't addressing?



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## OLD BUSINESS

Block Grant Annual Report  
35 K Street Update



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# Annual Block Grant Report

## Combined Step 1

- Strengths and Organizational Capacity
  - DBH Values
  - Organizational Structure
- Public Behavioral Health System Currently Organized at State Local Levels-Child System
  - Prevention Activities
  - Diverse Racial & Ethnic Initiatives and Services for Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) Youth & Young Adults



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## Step 1 – Cont'd

- Public Behavioral Health System Currently Organized at State Local Levels – Adult System
  - Older Adults with SMI
  - Rural SMI/SED population
  - Homeless SMI/SED population
  - Early Serious Mental Illness SMI/SED
  - Prevention Activities
  - Problem Identification and Referral
  - Services for Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ)
  - Persons Who Inject Drugs



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## Combined Step 2

- DC Population Overview
- Unmet Needs/Gaps: Children & Youth
- Unmet Needs/Gaps: SUD Network & National Opioid Epidemic
- Unmet Needs/Gaps: Live Long DC 2.0
- State Epidemiological Outcomes Workgroup
- Proposed Plan to Address and/or Critical Gaps: Children & Youth
- Proposed Plan to Address Needs and/or Critical Gaps
- Special Populations



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## Annual Block Grant - 2023

- Due: September 1, 2022
- DBH Annual BG Report Team
  - Jelani Murrain
  - Jana Berhow: Director of Care Access and Innovation
  - Terri Spencer: DBH Contractor
  - Randy Raybon: Policy Analyst
  - Sharon Hunt: State Opioid Treatment Authority
  - Eric Chapman: SUD Chief of Prevention, Youth Treatment, and Recovery
  - Javon Oliver: SUD Program Coordinator
- Block Grant Annual Report Timeline: TBD



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## COVID Mitigation Funds Update

- MHBG: DBH, Division of Licensure: PPEs for MHCRFs.
  - 51 residents contracted COVID-19
  - 23 staff employed at the MHCRFs contracted COVID-19
  - Four (4) residents and staff died due to COVID-19
  - Cost: \$125,000
- Budget Period: 9/1/21 – 9/30/25



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## COVID Mitigation Funds Update – Cont'd

- SABG – SEH: In-house, PCR Testing
  - Analyzes COVID test results in 30 minutes
  - Allows SEH to test 20 patients, staff and vendors per week
  - Cost: \$128,250
- Budget Period: 9/1/21 – 9/30/25



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## Behavioral Health Services Division Government Operated Services at 35 K Street

Nancy Black, MD DLFAPA, DFAACAP, ABPN, certified in Adult and Child & Adolescent Psychiatry, COL (ret) – Director  
Rhonda L. Barnes, LICSW – Deputy Director



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### Urgent Care Clinic – 35 K Street Improvement to Service Delivery and the Consumer Experience

- ☐ Important Averages:
  - Average consumer served per week – 40
  - Average wait time based on service need/ personnel- 1.5- 2 hours
- ☐ During the pandemic, service delivery was continuous. Services were delivered via face-to-face or telehealth. The clinic continues to operate utilizing this hybrid model.
- ☐ To support improved customer service, there are 2 staff assigned to work the front desk. This supports a more efficient registration process. The main number is answered more quickly which improves the customer service experience.
- ☐ Intra-agency collaboration continues with the ARC (Assessment and Referral Center), CPEP (Comprehensive Psychiatric Emergency Program) and CRT (Community Response Team) to ensure seamless service delivery.



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## Service Delivery Improvements and the Consumer Experience (continued)

- ❑ Dedicated Patient Services Coordinator who assists consumers with applying for insurance benefits, coordinates with ACT (Assertive Community Treatment) providers, supports individuals with private insurance to identify a provider via their insurance network, among a multitude of tasks that improve the consumer experience.
- ❑ If a consumer presents at Urgent Care and needs social services such as housing, food, clothing, etc., our social work staff assists with identifying the appropriate resources that could meet the identified need.
- ❑ Service delivery has been expanded to include the provision of resources, referrals and linkage to ongoing behavioral health services. -If an individual crosses our threshold who may not need mental/ behavioral health services, s/he can be referred to the appropriate outside resource.
- ❑ During the Thanksgiving and Christmas holidays, staff go the extra mile to ensure that consumers feel nurtured and cared for by providing gift cards and gifts baskets.



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## NEW BUSINESS

### Standing Committee Breakout Sessions

- System & Benefit Design
- Advocacy & Outreach
- Connection to Care
- Planning & Accountability



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