

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



Department of Behavioral Health Behavioral Health Planning Council (BHPC)
Regularly Scheduled Virtual Meeting
August 26, 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: Senora Simpson approved the agenda and minutes.

BHPC Members: Gail Avent (TFCC), Tia Brumstead (OSSE), Ann Chauvin (Woodley House), Cheryl Doby-Copeland, Donna Flenory (FAPAC), Esther Ford, Nicole Gilbert (CFSA), Jean Harris, Hilary Kacser (DisordR), Mark Lavota (DCBHA), Elizabeth Maldonado (CAN), Nadine Parker, Eric Scharf (DBSA NCA), Senora Simpson, Jaclyn Verner (Disability Rights), Harry Willis.

DBH: Bernadette Boozer, Melody Calkins, Charles Gervin, Sharon Hunt, Phyllis Jones, Anthony Hall, Laura Heaven, Alvin Hinkle, Yasmin Leftwich, Trina Logan, Denise McKain, Jean Moise, Randy Raybon, Philippa Stuart, Lanada Williams.

DC Govt: Theresa Early (DHS), Jennifer Joyce (DHCF).

Public Attendees: Nicholas Weil, Alana Aronin, Sarah Barclay Hoffman, Andrea Jones, Roz Parker, Patricia Quinn, Victoria Roberts, Shamaal Sheppard, Pamela Wood.

Department of Behavioral Health Updates:

- **Transition to Managed Care.** Barbara Bazron announced that DBH has hired a project manager for the Stabilization and Sobering Center, which will open in early CY2023. Dr. Bazron also reported that on October 1, 2023, behavioral health services currently overseen by DBH will transition to managed care operations. This change will enable DC residents to receive stable, whole person care that seamlessly integrates somatic and behavioral health services. She also provided an overview of DBH's role as the behavioral health authority, ongoing rate study which will ensure coverage of services, a model of the redesign and the integration timeline. Dr. Bazron (slide from Marina or Madonna Green) will provide a list of approved national accreditation options for providers.
- **FY23 Membership Appointments.** Barbara Bazron welcomed Eric Scharf, Rachael Shpak and Ramon Carmona, newly appointed members of the BHPC. Dr. Bazron also provided an overview of the solicitation process and noted that there is still a vacancy for Ward 3 representative.
- **Communications & Public Engagement Report.** Phyllis Jones introduced Anthony Hall, the new Director of Public Engagement. She also noted that DBH will likely have a new Communications Director by the next meeting. In the future, Mr. Hall and the Communications Director will present the Communications & Public Engagement Report and will collaborate with the Advocacy and Outreach Committee on future efforts. Ms. Jones then discussed the Mayor's announcement of the 988 Suicide & Crisis Lifeline launch, Behavioral Health Heat Risks education

outreach, Chuck Brown Day, and other community events. Ms. Jones also announced that the 14th Annual Olmstead Conference will be held virtually on September 14-16, 2022 (point of contact, Trina Logan).

- **988 Transition Report.** Lanada Williams and Richard Bebout reported updates on the July 16th launch, increased utilization, and next steps for the 988 Suicide & Crisis Lifeline (e.g., implementing chat, text functions).
- **Live.Long.DC. & SOR 3 Grant Report.** Sharon Hunt reported the latest Opioid overdose data. She also provided an overview of FY21-FY23 State Opioid Response (SOR) funding, FY22 accomplishments, collaborations with federal partners, the public education campaign, and other proposed initiatives. Dr. Hunt announced that International Overdose Awareness Day is August 31, 2022.

Old Business:

- **Block Grant Annual Report.** Melody Calkins reported that DBH completed the FY23 application which seeks SAMHSA funding for community mental health services and substance abuse prevention and treatment. After review and approval by Dr. Bazron, DBH will submit the application to SAMHSA by the September 1 deadline. DBH expresses appreciation to Dr. Simpson and the BHPC for their feedback and participation in preparing the application.
- **35 K Street Update.** Rhonda Barnes and Yasmin Leftwich provided an overview of the Consumer Experience Survey process, data analysis and next steps for quality improvement. The next round of quarterly data collection will be conducted in October. Ms. Barnes discussed the sample methodology and feasibility of increasing the survey sample size. Ms. Barnes and the 35 K Street Team will continue to collaborate with the Connection to Care Committee to address quality of care concerns.
- **BHPC Self-Assessment Survey.** Senora Simpson reported that on August 24th, members received the survey and are asked to submit responses to ssimps2100@aol.com by September 10, 2022. Dr. Simpson will analyze and report findings at the next meeting.

New Business:

- **Ad hoc Bylaws Revisions Committee.** Senora Simpson announced that this committee will review and amend the bylaws to cover virtual meetings and other considerations.
- **Standing Committee Reports**
 - **System and Benefit Design Committee.** Mark LeVota reported that the committee met on August 25. The meeting included a presentation from a technical assistance provider for electronic health records (EHR). DHCF received funding to help provider organizations improve their respective EHRs while meeting local and federal requirements once DBH discontinues provision of iCAMS and DataWits EHR licenses.
 - **Advocacy and Outreach Committee.** Cheryl Copeland reported that the committee has not met recently but she will follow up with Phyllis Jones and Anthony Hall regarding participation in the upcoming Olmstead Conference. Dr. Copeland will also invite Ms. Jones and Mr. Hall to the next committee meeting which will likely occur prior to October's general body meeting.
 - **Connection to Care Committee.** Esther Ford reported that the committee met on August 17 to discuss 1) the quality of 35 K services, 2) updating core service information on DBH's website, and 3) concerns regarding the ARC's treatment workflow (i.e., consumers waiting for TB test results).
 - **Planning and Accountability Committee.** Jean Harris reported that the committee met since June's general body meeting to prepare supporting documentation for Dr. Simpson's block grant letter. Ms. Harris also highlighted her outreach and committee membership solicitation efforts.

Announcements – No Announcements.

Public Comments – No Comments.

The meeting was adjourned at 11:49am

Behavioral Health Planning Council Meeting



August 26, 2022

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

District of Columbia Department of Behavioral Health

1

** Amended Agenda **

10:00 AM	Call to Order, Welcome, Introductions & Roll	Seneca Simpson
10:05 - 10:10	Approval of Agenda & Minutes	Seneca Simpson
10:10 - 10:40	Department of Behavioral Health Updates Transition to Managed Care FY23 Membership Appointments	Barbara Eason
10:40 - 10:50	Communications & Public Engagement Report	Phyllis Jones
10:50 - 10:55	WB Transition Report	Lenada Williams, Bernadette Eason, Richard Eshout
10:55 - 11:05	Live Long, DC & SOR J Grant Report Old Business	Sharon Hunt, Julie Wojcinski
11:05 - 11:10	Block Grant Annual Report	Jafari Murrells, Melody Caldwell
11:10 - 11:15	35 K Sunset Update	Yacinta Leibwicz, Rhonda Eason
11:15 - 11:25	BBHC Self-Assessment Survey New Business	Seneca Simpson
11:25 - 11:45	Standing Committee Reports • System & Benefit Design • Advocacy & Outreach • Connection to Care (35 K Ad Hoc) • Planning & Accountability • Bylaws Revisions (Ad Hoc)	Mark LaVita Cheryl Doby-Copeland Beth Ford Juan Ramir Chloe TED, DBH Support TED
11:45 - 11:55	Announcements & Public Comments (Please limit comments to 3 Minutes)	Seneca Simpson
11:55 - 12:00	Members Roll	Seneca Simpson
12:00 PM	Adjournment	Seneca Simpson



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2

DEPARTMENT OF BEHAVIORAL HEALTH UPDATES

Transition to Managed Care
FY23 Membership Appointments



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3



Behavioral Health Planning Council Update from
Dr. Barbara J. Bazron, Ph.D., Director

August 26, 2022



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4

TRANSITION TO MANAGED CARE



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5

Principles for the Redesigned System

1. Redesigned System will provide integrated, whole person care for individuals with behavioral health needs
 - For example, MCOs **must integrate care coordination across somatic and behavioral health** and cannot carve-out or separate how they manage behavioral health care
2. Redesigned System differences will be **invisible to consumers, patients and families**
 - Exception is that they will experience improved access, coordination, and outcomes
3. Redesigned System differences will result in **more stability for behavioral health providers**
 - Behavioral health providers will provide quality services and get paid in a timely manner
4. DBH, as the District's Single State Authority for behavioral health will be the **subject matter expert for the delivery of services**



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3

6

5

Moving Towards Behavioral health Transformation and Integration

1. Regulation of behavioral health services to ensure quality, network adequacy
2. Behavioral health education.
3. Disease prevention and health promotion.
4. Provide a recovery-oriented system of care for residents with mental health disorders, addictions and the abuse of alcohol, tobacco and other drugs.
5. Develop and maintain an efficient and cost-effective behavioral health financing system.
6. Establish, implement and evaluate the District's strategic behavioral health plan.



Statutory Authority

Purpose of the Department is the Department of Behavioral Health Establishment Act of 2015, effective December 24, 2015 (D.C. Law 20-086); D.C. Official Code § 7-1-41.02; (2018 Reg)



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4

7

Redesign Model

Dept of Behavioral Health (DBH)

Non-Medicaid behavioral health grants and other funds

- Set Behavioral Health DBH Standards and Guidelines
- Planning and Investment for BH throughout the District
- Performance Improvement including incentives
- Set MCO Operating Standards for BH care network
- Set Clinical Standards for BH Providers
- License BH Providers
- Review BH Subsidies and Equity Distribution with and without grants to inform planning, standards and regulations

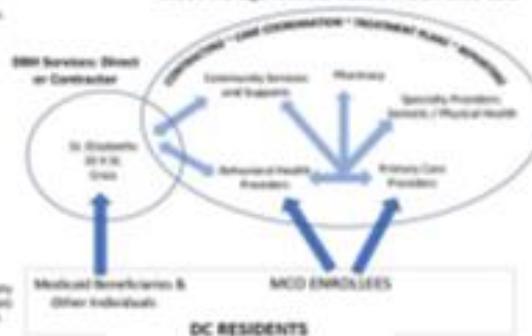
Dept of Health Care Financing (DHCF)

All Medicaid Financing

- Set Medicaid Standards and Guidelines
- Set MCO Operating Standards for Medicaid Care, Plan Selection
- Fund the MCOs, which will seek care providers in their care network
- Review standards to inform standards and regulations

WHOLE PERSON, INTEGRATED CARE

MCOs Manage Provider Network & Enrollee Care



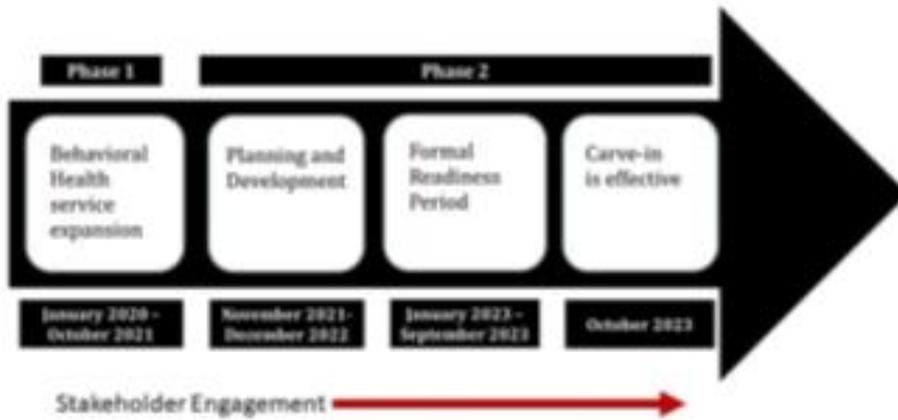
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5

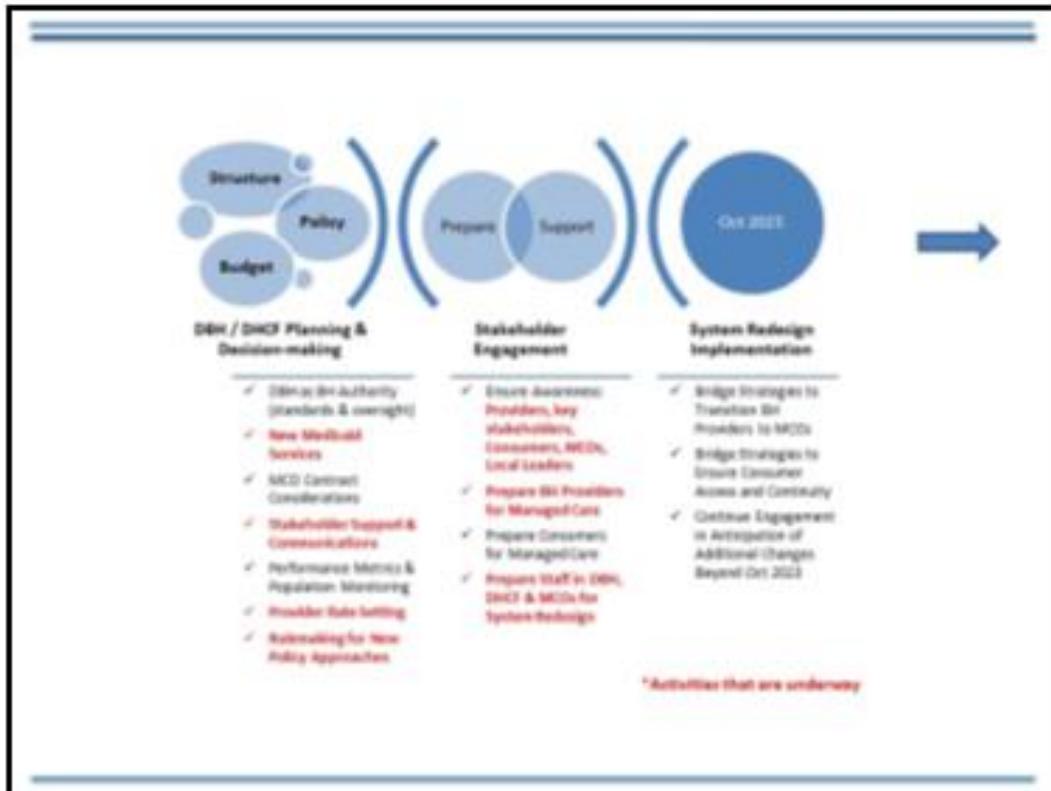
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6

Behavioral Health Care Integration Timeline



9



10



Questions/Items
for discussion....



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11

**FY 23
MEMBERSHIP
APPOINTMENTS**

**TOGETHER
WE
ACHIEVE
MORE**

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12

BHPC Membership Solicitation Update

- **July 12:** Dr. Bazron appointed three new members to the BHPC and sent letters of appointment.
- **July 25:** DBH solicited applications to fill the Ward 3 vacancy, posting announcements on the BHPC website and via email to network partners.
- **August 23:** Application period closed; no applications were received.



13

Welcome New Members!

- New Membership Appointments
 - **Eric Scharf**, Ward 1 Rep
 - **Rachael Shpak**, Ward 2 Rep
 - **Ramon Carmona**, Labor Union Rep
- New FY23 appointments will begin on October 28, 2022
- BHPC Support Staff will contact new members regarding orientation



14



Questions/Items
for discussion....



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13

15

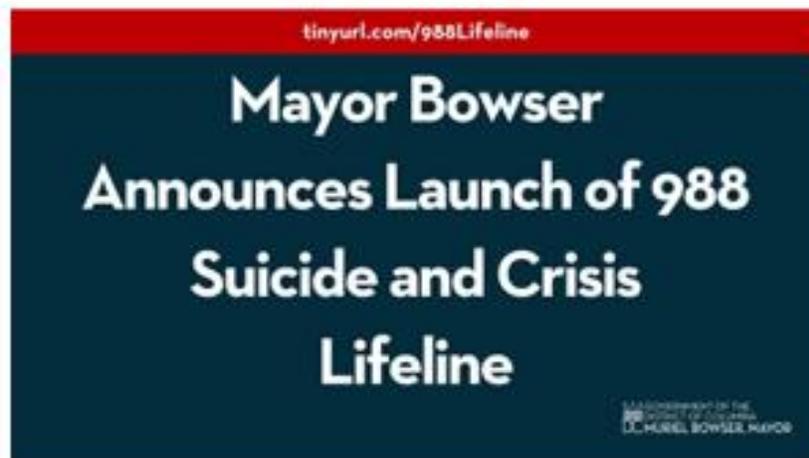
COMMUNICATIONS & PUBLIC ENGAGEMENT REPORT



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16

Media: 988 Suicide and Lifeline Launch



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17

Media: Behavioral Health Heat Risks

For the first time, risks to both behavioral health and physical health included in the Mayor's Heat Emergency Activation.



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18

Public Engagement: Beat the Streets



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19

Public Engagement: Chuck Brown Day



Go-Go get
Naloxone!



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20

Public Engagement: Community Events



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21

Social Media

1,604 followers. 3x increase since pre-pandemic.

Social Media Analytics					
Month	Tweets	Impressions	Profile Visits	Mentions	New Followers
July	59	20.5K	28.1K	687	49
June	36	22.3K	20.9K	1,696	22
May	69	30.7K	36.8K	805	36

Social Media Analytics May 2021 compared to May 2022					
Month	Tweets	Impressions	Profile Visits	Mentions	New Followers
May 2022	69	30.7K	36.8K	805	36
May 2021	45	14.2K	3,184	95	25



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22

988 TRANSITION REPORT



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23

988 SUICIDE & CRISIS LIFELINE

DBH 988 Transition Update

Bernadette Bonner, Ph.D., MSW
ACSW, LMFT
Deputy Chief, Crisis Services

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



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24

Future State of 988 and Crisis Services

988

July 16, 2022: A transformative moment for the crisis care system in the DC



A strengthened "Front Door" for all behavioral health expanding AHL infrastructure to respond to crisis calls, texts, and chats anytime

We envision a day when everyone across our system has someone to call, someone to respond, and a safe place to go for crisis care.



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25

988 Transition Report - Updates



- Launch Date – 7/16/2022 – The Aconis Helpline increased staff coverage to accommodate expected increase in call volume.
- Based on weekly DCNET reports for weeks 7/4 to 7/11 and 7/11 to 7/18, we saw an increase call response by 84.5% (from 110 to 203) in calls coming through the National Lifeline.
- The call response rate was 95% for the weekend 988 launched and now appears to be approximately 50% higher than pre-launch levels, compared to the tripling we saw over the transition weekend compared to one week prior.
- The increased call volume seemed primarily to reflect public interest based on press coverage.



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26

988 Transition Report

- As an affiliate of the Suicide Prevention Lifeline, the Access Helpline is reviewing data more closely as all centers are experiencing discrepancies related to planned and unplanned system changes as well as human errors.
- The Department of Behavioral Health was awarded the 988 State and Territory Cooperative Agreement grant and will be using that award toward expanding workforce development and providing specialized training to their call takers.
- DBH will be moving to a new phone system in September and discussions are underway regarding the set up to seamlessly receive calls from the Lifeline. New changes in the phone system will get us closer to implementing chat and text functionality.
- 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.



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27

Thank You!

988 Implementation Coalition Committee

Wanda Alston, Len Williams

Jordan House/SOME, Susan Nightingale

Metropolitan Police Department, Melanie Mingos,
LPC, NCC

Depression and Bipolar Support Alliance, Eric Scharf

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

Transition Age Youth Director, Leslie Ann Byam

DC Department of Health Care Finance, Jennifer
Joyce, LICSW

Education Development Center, Amy Loudermilk,
MSW

American Foundation for Suicide Prevention,
Deborah Stanberg

District of Columbia Behavioral Health Association,
Mark LeVota

GWU Prevention & Community Health, Kaila Caw

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, Bihyenne Thomas

Department of Behavioral Health - Bernadette Boorer,
Lanada Wilkins



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28

LIVE.LONG.DC. & SOR 3 GRANT REPORT



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29

94% of the District's overdose deaths in 2020, 95% in 2021, and 96% in 2022 (first 5 months) 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 (72%)

Current Status of the Overdose Epidemic

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.

After increasing 46% between 2019 and 2020, overdose deaths increased 3.9% in 2021 (from 411 to 427). Compared to the first 5 months of 2021, fatalities have decreased 3.5%.



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30

30

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 Request	FY 23 SOR 3 Request
Amount	\$15,685,682	\$23,821,155	\$1,169,687	\$23,821,155	Pending \$5,664,503	Pending \$24,131,227

SOR 2, Year 2 Budget (\$23,821,155)- In total, the SOR 2 team currently manages 36 unique initiatives – over 41 grants, 13 contracts, and 8 MOUs



SOR 3: Proposed New Initiatives

- Provide substance use disorder training and technical assistance to child welfare, parole and probation, and long-term care/skilled nursing facility staff to increase workforce capacity.
- Implement substance use disorder screening at children's hospital; youth peer workforce and prevention activities in schools to address increase in youth overdoses.
- Place peers in shelters to address large number of overdoses.
- Provide mass spectrometry machines to harm reduction teams to improve drug testing capabilities.
- Expand capacity for mail-order naloxone to address high demand.
- Implement enhanced services to support pregnant and parenting women (AIM bundle).
- Support recovery housing for individuals who are struggling with recovery (e.g., avoid evictions prevent overdose). RFA released today along with RFAs for Expanded Access to Treatment and Syringe Services Programs.



Harm Reduction

A Sample of Accomplishments in FY 22

- Hired a Harm Reduction Supervisor and hiring a Naloxone Coordinator.
- Increased naloxone distribution 78% from 2020 to 2021 (56,810 kits) and in FY 22 we have been distributing about 5,000 units a month.
- Pharmacy distribution program in 31 locations is back on track.
- Fentanyl test strips (FTS) now available through DBH, Text to Live, and at Unity Health Care pharmacy at 2nd and D.



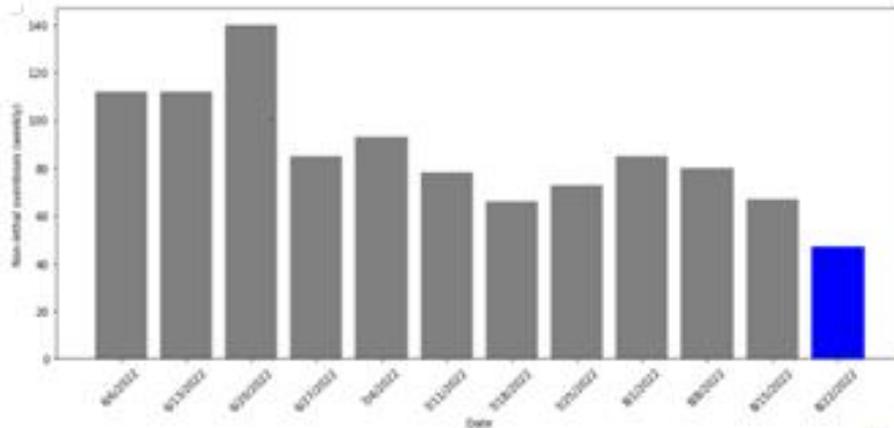
Target Overdose Hotspots with Coordinated Outreach

A Sample of Accomplishments in FY 22

- Holding bi-monthly ward-level meetings to identify and coordinate providers, faith-based organizations, Prevention Centers, and other community-based organizations and stakeholders around known hotspots and residences and held two ad-hoc meetings in Wards 5 and 6 to create a more in-depth strategy. Hiring a full-time staff person in FY23 to facilitate ward-level activities.
- Revising communications plan for disseminating real-time information to outreach teams and impacted neighborhoods during overdose spikes.
- Using 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.

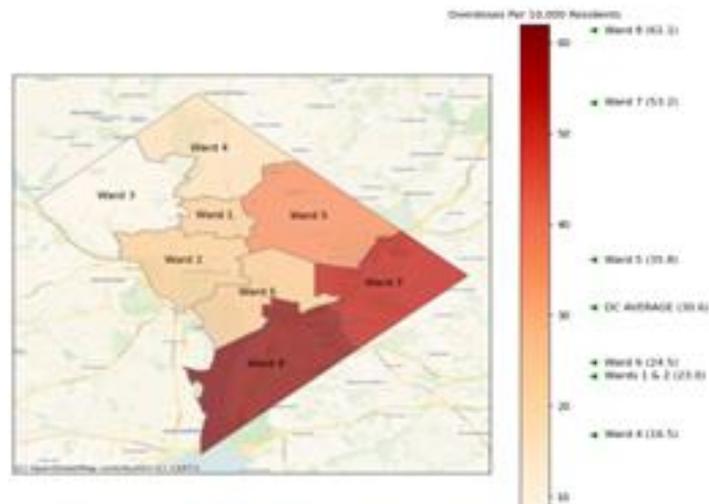


Examples: Historical Weekly Non-Fatal Overdoses



35

Non-Fatal Overdoses Per Capita



36

Patient Sex for Non-Fatal Overdoses

	% Overdoses from Male Patients
Ward 1	78.5
Ward 2	77.0
Ward 3	71.3
Ward 4	74.1
Ward 5	75.7
Ward 6	73.0
Ward 7	74.3
Ward 8	66.8
DC Average	73.2



37

Expand Treatment Access Points

A Sample of Accomplishments in FY 22

- Finalized MOU with FEMs and they have hired three community outreach specialists (2 are peers) to intervene with individuals refusing transport following an overdose.
- Linked a treatment provider with a long-term care facility where there were multiple overdoses; provider conducted assessments and linked residents to treatment. Working on hiring a contractor to provide training to other long-term care/skilled nursing facilities.
- Released RFA for expanded treatment.
- BUP-DAP program, medication for opioid use disorder (MOUD) for the uninsured, now running out of 35 K Street.
- Sustaining support for pregnant and parenting individuals in the community through Hillcrest Children and Family Center.
- Mobile van out in the community five days a week and on selected weekends in neighborhoods most impacted.



38

Public Education Campaign

- Conducting International Overdose Awareness Day Activities in all Wards on August 31, 2022 (a total of 17 events): <https://livelong.dc.gov/page/news-and-events-0>
- New "Hope" Campaign: Text "Ready" to 888-811 and get a list of open treatment programs.



39



40

Collaboration with Federal Partners

- Attended a meeting with White House Office of National Drug Control Policy (ONDCP) on August 16 to discuss LIVE.LONG.DC. 2.0, harm reduction activities, and addressing substance use disorders in the jail.
- Being asked to present on an ONDCP webinar in October to highlight the District's low-barrier access to MOUD.
- Collaborating with SAMHSA Region 3 on an onsite visit to the jail and a meeting to discuss expanding access to MOUD in criminal justice settings.



41

OLD BUSINESS

Block Grant Annual Report
35 K Street Update
BHPC Self-Assessment Survey



42

A blue spiral-bound notebook with a white label that says "Annual Report" is shown next to a blue pen on a blue surface.

BLOCK GRANT ANNUAL REPORT



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43

An illustration of two hands holding a tablet. The screen shows a five-star rating system with five orange stars.

35K URGENT CARE CLINIC Consumer Experience Survey



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44

Report Overview

- Survey Development & Overview
- Data Collection Process & Survey Management Process
- Data Findings
 - Consumer Demographics
 - Satisfaction Scores
 - Consumer Comments

Note: 35K collected data daily between May 23, 2022- June 24, 2022.

- Next steps:
 - Share data with internal and external stakeholders
 - Review consumer feedback and recommendations
 - Define staff roles and tasks for tracking quality & practice improvement



FY22 Survey Development & Overview

- Survey Development Process
 - The consumer satisfaction survey that was utilized in 2019 was modified with the assistance of the DBH Data and Performance Management Team.
- 35K Urgent Care Clinic Consumer Experience Survey
 - Data Collection Timeframe: May 23, 2022 - June 24, 2022
 - 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.
- Survey contains 20 survey items (see Appendix)
 - Basic demographic questions (e.g., initials, gender, race)
 - Satisfaction survey questions (e.g., satisfied with front desk; security; etc.)
 - Two open-ended questions for consumer feedback (i.e., helpful; improvements)
- Satisfaction Survey Response Options
 - Yes, No, or N/A



FY22 Survey

Data Collection Process & Survey Management

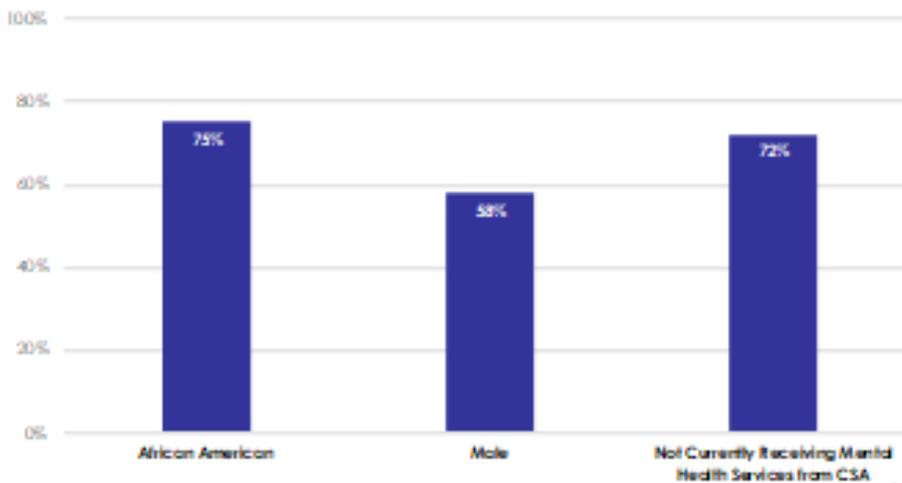
1. Each consumer who received services from the Urgent Care Clinic were asked to complete the Consumer Experience survey upon completion of services.
2. To protect confidentiality, each survey was provided with a unique identifier.
3. Upon completion of the survey, the surveys were placed in an identified survey box.
4. The surveys were collected from the survey box Monday- Wednesday by the Patient Services Coordinator, and the Patient Services Coordinator entered the data gleaned from the surveys into Survey Monkey.
5. The data analysis was completed by the Data and Performance Management Division.
6. The goal is to survey approximately 100 consumers per quarter, 400 per fiscal year.
7. The 35 K Urgent Care Clinic Consumer Experience Survey will be ongoing and will provide data that will support continuous improvement in the consumer experience as well as highlight areas of strengths.

• Note: Overall Sample = 111



47

Sample Demographics



North Beach = Black/African American = 10 (90%) White/Caucasian = 1 (10%) Hispanic/Latino = 2 (18%) Other = 4 (32%) Asian/Pacific Islander = 2 (17%) South Beach (East Beach) = 6 (55%) Other = 1 (16%)
 North + Mid = 10 (90%) South + Other = 7 (63%)
 Currently receiving mental health services from CSA = 31 (28%) Not = 28 (25%)



48

Reasons for Not Currently Receiving Mental Health Services from a CSA

New Patient/Need Services- (n = 13)

- Don't have one
- First time patient
- Haven't started
- Haven't found one
- I do not know where to start
- I'm here to get evaluated
- Intake is next week
- I need help.

Location - (n = 7)

- I've been in jail (incarcerated)
- I have other services, can't think of name right now, sorry
- I was treating in MD
- Just moved
- Location shut down
- Total Healthcare, Baltimore
- Not from Core Service

Unclear or Don't Know (n = 9)

- I don't know
- IDK
- Did not have full knowledge of condition
- Thought all was ok

Medication - (n = 2)

- Ran out
- Need Refill

Mental Health - (n = 5)

- Mental Breakdowns
- Stress
- Stress & Depression

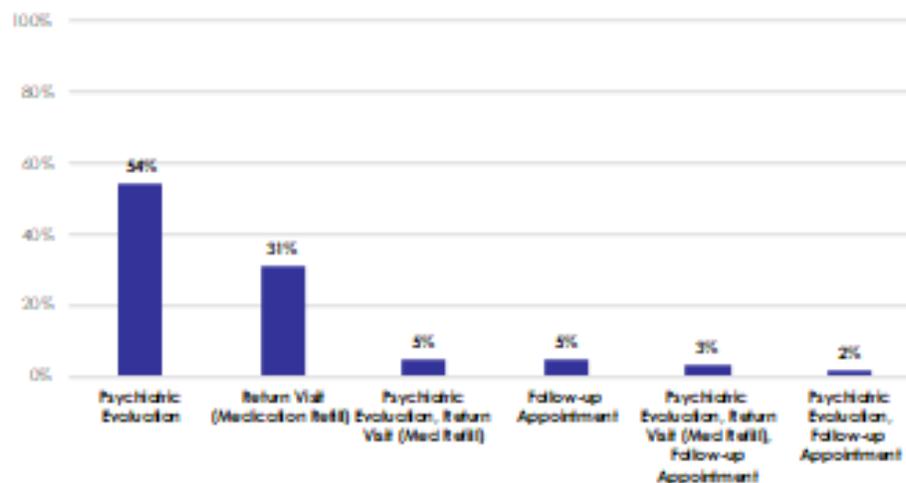
Other Comments - (n = 3)

- Dropped from list
- Not from Core Service

Note: Data is self-reported information. 28 consumers reported not receiving DBH from a CSA. 28 consumers provided additional comments. For those consumers clearly indicating mental health services from a CSA (n = 3) - An CSA called when Brian's brother, Clay Cash, Family Solutions, District of Columbia City - US Prisoners and Jail, Penitentiary, DC, District of Columbia, Washington, DC.

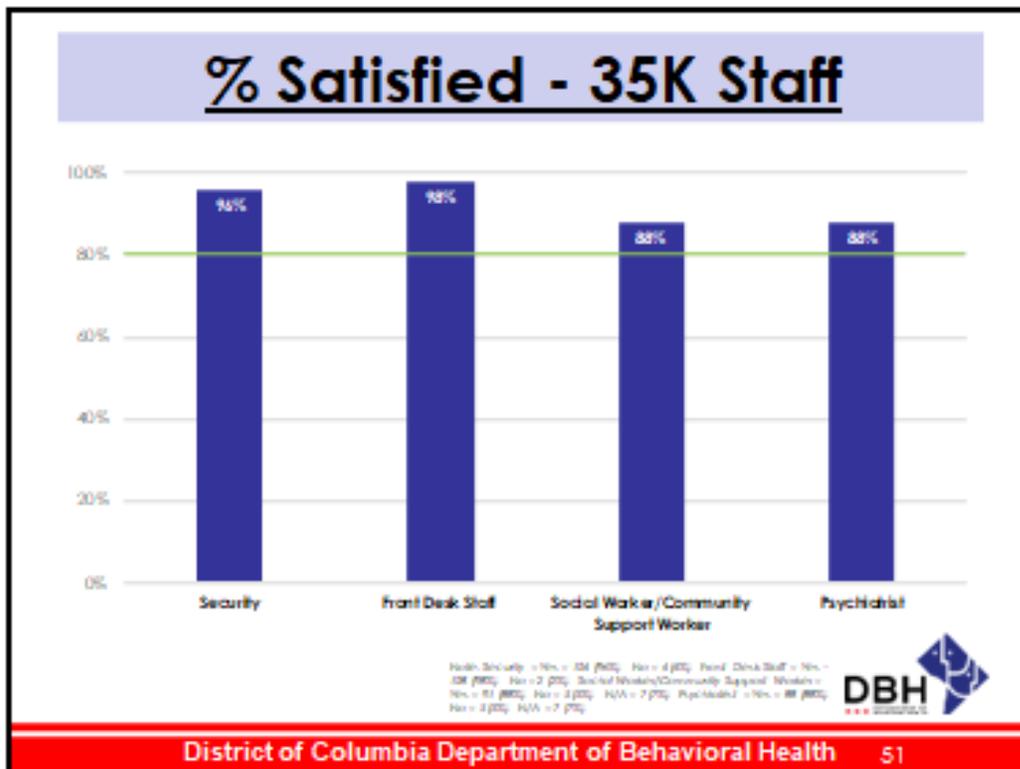


Why did you come in today?

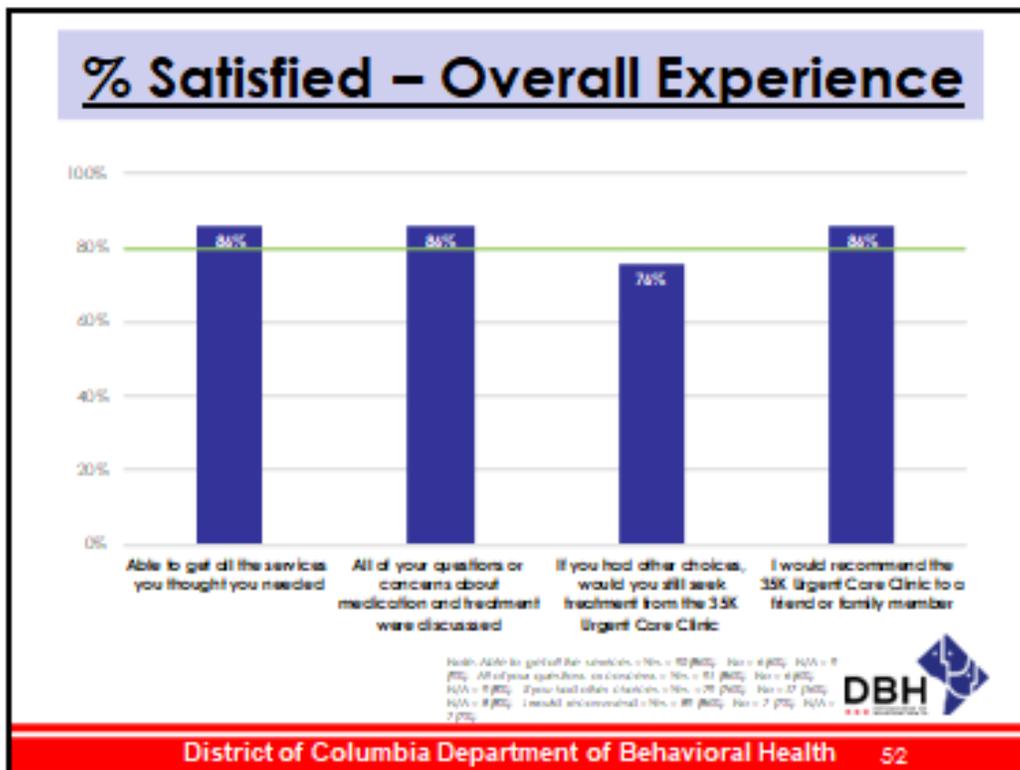


Note: Psych Eval = 22 (20%), Return Visit (Med Refill) = 31 (30%), Psych Eval, Return Visit (Med Refill) = 3 (3%), Follow-up Appointment = 3 (3%), Psych Eval, Return Visit (Med Refill), Follow-up Appointment = 3 (3%), Psych Eval, Follow-up Appointment = 2 (2%). Note: Some consumers said "other reasons" - AKC, CSCA, Intake/psychiatric medication, and other services available, however.





51



52

Client Feedback – Improve Service

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

Medication - (n=4)

- Getting my medication
- If I could talk to someone about my situation and medication
- Treatment
- Ongoing medication management

Staff - (n=8)

- Hire more psychiatrists, "MDs" – Only one of our four attended work today.
- If they would be consistent in the way they treat clients and the procedures in how to apply assistance.
- More doctors
- More Spanish-speaking staff and information on social media.

Access - (n=11)

- Better access/helpline choices
- Clear information
- Help
- More details on the services offered
- Shorter wait time
- Speed of seeing patients, but understand the challenge
- Stay open until 4pm
- Time
- Wait time

Facilities (n=3)

- Change intake seating - makes me uncomfortable
- Cleaner booth, frosted glass lobby, clinic
- I would put a curtain up for privacy in the room with the phones.

General Positive Comment (n=27)

- Everything "GREAT".
- Everything was fine.
- Good as is
- I would continue to come to urgent care.
- It's fine.
- Nothing
- Nothing, it was awesome.
- So far, so good
- This staff you have are great.
- Very helpful

Other (n=4)

- Don't know.
- IDK
- I have no opinion.

Note: There are 46 major items/categories and sample comments. 27 comments provided available data.



District of Columbia Department of Behavioral Health 53

53

Client Feedback – Most Helpful

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

Medication - (n=18)

- Because not a DC resident yet, the doctor had to prescribe a new medicine.
- I got my meds I needed.
- My medication.
- Receiving the medication, I needed
- Counseling, prescription
- That I was able to do walk-in for medications
- Refill my meds

Staff - (n=37)

- Candid disclosure and fully competent people/staff notices posted about services added me to extrapolate how to interact at this location.
- Front desk super helpful.
- People
- They tried to help me.
- They was respectful.
- They was so sweet.
- Very helpful.
- I felt valued.
- The answers
- Getting something off my chest & getting my business handled without a problem or attitude occurring!
- Comfortable staff, welcoming & kind

Access - (n=7)

- Being linked to long-term care and receiving medication
- Was connected to CSA
- The entire process – seamless and streamlined.
- Health insurance
- Guarantee of seeing a doctor and assistance of staff

General Positive Comment (n=8)

- Everything
- They were helpful.
- Staff
- Everything, I'm very satisfied.
- All

Other (n=7)

- Waiting on my pill
- Nothing
- IDK
- The fact that I came to get service.

Note: There are 46 major items/categories and sample comments. 27 comments provided available data.



District of Columbia Department of Behavioral Health 54

54

Summary of Data Findings

- **Majority of Sample** - African American males not currently receiving mental health services from a CSA
- **Main Reasons for Visit** - Psychiatric Evaluation (54%) & Return Visit (Medication Refill) (31)%
- **Highest Staff Satisfaction Scores** - Security (96%) & Front Desk Staff (98%)
- **Overall consumer experience satisfaction scores were consistent** (86%), with the exception of - *If you had other choices, would you still seek treatment from 35K (79%)*.
- **Client Feedback**
 - Need for Improvement & Most Helpful
 - Staff, Medication, Access



55

Final Comments

- This survey offers us an **excellent opportunity to engage consumers to learn more about their consumer experience and identify ways to improve service quality.**
- **Some Observations:**
 - Missing data (i.e., open-ended responses)
- **Reminder: Next steps include ...**
 - **Share data with internal and external stakeholders**
 - **Review consumer feedback and recommendations**
 - **Define staff roles and tasks for tracking quality & practice improvement**



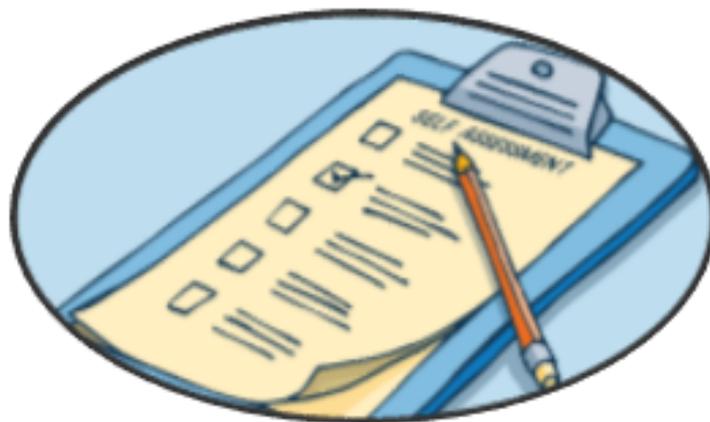
56

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?



57



BHPC SELF-ASSESSMENT SURVEY



58

BHPC Self-Assessment Survey

- 42 Questions
- Key Areas
 - Leadership
 - Organization
 - Functioning
 - Staff Support
 - Constituencies
- August 24, 2022: distributed to BHPC members and partners via email

The image shows a document titled "DBH Department of Behavioral Health BHPC Self-Assessment Survey". It includes a table with columns for "Very Poor", "Poor", "Fair", "Good", and "Excellent". The table rows list various survey items, and the bottom right corner features the DBH logo.



NEW BUSINESS

Standing Committee Reports

- System & Benefit Design
- Advocacy & Outreach
- Connection to Care
- Planning & Accountability
- Bylaws Revisions (Ad Hoc)



Agenda

10:00 AM	Call to Order, Welcome, Introductions & Roll	Senora Simpson
10:05 - 10:10	Approval of Agenda & Minutes	Senora Simpson
10:10 - 10:40	Department of Behavioral Health Update Transition to Managed Care FY21 Membership Appointments	Barbara Barnes
10:40 - 10:50	Communications & Public Engagement Report	Phyllis Jones
10:50 - 10:55	WBI Transition Report	Latasha Williams, Bernadette Bozart, Richard Bohout
10:55 - 11:05	LiveLong,DC & SOR 3 Grant Report Old Business	Sharon Hunt, Julie Wiegand
11:05 - 11:10	Block Grant Annual Report	Jelani Murray, Melody Caldwell
11:10 - 11:15	35 K Street Update	Yacinta Ledwith, Rhonda Barnes
11:15 - 11:25	EHPC Self-Assessment Survey New Business	Senora Simpson
11:25 - 11:45	Standing Committee Reports <ul style="list-style-type: none"> • System & Benefit Design • Advocacy & Outreach • Connection to Care (35 K Ad Hoc) • Planning & Accountability • Bylaws Revisions (Ad hoc) 	Mark LaVota Cheryl Doby-Copeland Erther Ford Joan Bantz Chair TIED, DBH Support TIED
11:45 - 11:55	Announcements & Public Comments (Please limit comments to 3 Minutes)	Senora Simpson
11:55 - 12:00	Members Roll	Senora Simpson
12:00 PM	Adjournment	Senora Simpson



District of Columbia Department of Behavioral Health