SAMHSA REVISION REQUEST RESPONSES

A. Planning Steps

1. Step 1: Assess the strengths and needs of the service system to address the specific populations.

REVISION REQUEST DETAIL:
Need to give more description of the strengths and needs of the service system to address the SMI/SED population

Strengths of the Adult Service System

The overview of the adult service system describes a range of services and initiatives that address the various stages of recovery of individuals with serious mental illnesses and/or substance use disorders. This may include persons with long-term community tenure, crisis community stabilization, crisis emergency stabilization, and periodic inpatient stays in a community hospital.

The primary goal for the adult service system is to develop and provide an integrated system of care for adults with serious mental illnesses and/or co-occurring substance use disorders. In order to address these behavioral health issues DBH contracts with a network of both mental health and substance use disorder providers. With regard to adults with serious mental illnesses, the community providers offer a range of mental health services and supports. The adult mental health rehabilitation services (MHRS) include: 1) diagnostic/ assessment; 2) medication/somatic treatment; 3) counseling; 4) community support; 5) crisis/emergency; 6) rehabilitation/day services; 7) intensive day treatment, and 8) assertive community treatment (ACT).

The DBH adult service system addresses the needs of individuals with serious mental illnesses and/or substance use disorders through a broad array of treatment services, programs, and supports across a variety of settings. All of the services, programs and initiatives that are listed are viewed as strengths of the adult service system. They include but are not limited to: 1) inpatient and community-based services; 2) creation of health homes for adults with serious mental illnesses and may also have a chronic health issue; 3) community crisis stabilization beds; 4) DBH operated community emergency psychiatric services and mobile crisis services; 5) DBH operated community mental health services; 6) DBH operated substance use disorder assessment and referral center; 7) DBH operated and contract operated intake points for behavioral health services; 8) DBH contracted District prevention centers; 9) DBH operated adult substance abuse rehabilitative services; 10) DBH operated and contract operated forensic outpatient services; 11) grant funded DBH District Jail-Women's Facility initiative; 12) evidence-based practices (assertive community treatment services and supported employment services); 13) supported housing services including federal voucher programs; 14) homeless services initiatives; 15) older adult initiatives; 16) Mental Health Statistics Improvement Program Survey; 17) provide adult mental health first aid training; and 18) award Mental Health Block Grant sub-grants for community-based adult system of care projects.

A few of the adult service system strengths are briefly described below to reflect the diversity of treatment services, programs and supports available to adults with serious mental illnesses and/or substance use disorders.

- ***Health Homes:*** This initiative is a joint effort by DBH and the Department of Health Care Finance. It integrates mental health and physical health to improve the overall health status of individuals with serious mental illnesses. During FY 2015, 14 DBH certified core services agencies (CSAs) were recommended to receive infrastructure development assistance to hire and train Health Home staff (Director, Nurse Care Manager and Primary Care Liaison) by November 15, 2015. The State Plan Amendment (SPA) was approved by the Center for Medicare and Medicaid Services (CMS) on September 2, 2015. After the start-up phase, Health Homes are scheduled to begin in January 2016 with full implementation by September 2016.

- ***DBH Operated Community Clinics*:**
  1. Mental Health Services Division- The services include same day urgent care clinic, physicians practice group, pharmacy, multicultural services, deaf /hard of hearing services, and intellectual/developmental disability services.

  2. Crisis Emergency Services- The Comprehensive Psychiatric Emergency Program (CPEP) has three (3) complementary programs: 1) Psychiatric Emergency Services; 2) Mobile Crisis Services; and 3) Homeless Outreach Program.

  3. Assessment and Referral Center (The ARC)- Adults access substance use disorder treatment services through the DBH ARC. The client participates in a comprehensive assessment and evaluation to determine the appropriate level of treatment and maintenance of care.

- ***Forensic Outpatient Services:*** These services include: 1) pre-trial and re-entry services; 2) Court Urgent Care Clinic services (individuals are in immediate need of mental health and/or substance use disorder services); 3) DBH staff located at the jail to provide screening and linkage to services; 4) DBH provider programs that provide services; and 5) DBH Re-entry Coordinator placed at the D.C. Jail Women's Facility to assist women with mental health and/or substance use disorder issues being linked prior to discharge with the appropriate service provider.

- ***Evidence-based Practices:*** These services include assertive community treatment (ACT) and supported employment.

- ***Supported Housing Services***: The community residential service options range from individuals in need of 24-hour supervision, less intensive community living, to an independent home setting.

Strengths of the Child and Youth Service System

The overview of the child and youth service system describes a variety of treatment services, programs, and supports to address serious emotional disturbances and other mental health related issues. They include but are not limited to early intervention, behavioral health prevention, treatment services, programs, and supports for children, youth, transition age youth, young adults and families.

The primary goal for the child and youth service system is to ensure that all children/youth and their families have access to a coordinated system of care that is easy to navigate, community-based, family-driven, youth-guided, and able to meet their multiple and changing needs. DBH contracts with community providers for mental health services and supports. The child and youth mental health rehabilitation services (MHRS) include: 1) diagnostic/ assessment; 2) medication/somatic treatment; 3) counseling; 4) community support; 5) crisis/emergency; and 6) community-based intervention.

The DBH child and youth service system addresses the mental health and/or behavioral health needs of pregnant women and their infants, children, youth, transition age youth and young adults, and their families through a broad array of treatment services, programs, and supports across a variety of settings. All of the services, programs and initiatives that are listed are viewed as strengths of the child and youth service system. They include but are not limited to: 1) parent infant early childhood enhancement program; 2) healthy start project; 3) early childhood mental health consultation program (child development centers); 4) primary project; 5) school mental health program; 6) children psychiatric practice group; 7) child/youth same day urgent care clinic services; 8) children and adolescent mobile psychiatric service; 9) child/youth clinical practice unit (evidence-based practices); 10) clinical practice and support unit; 11) residential treatment center reinvestment program; 12) juvenile behavioral diversion program; 13) DBH child/youth services ombudsman program; 14) system of care expansion implementation project; 15) transition age youth initiatives; 16) youth services survey for families; 17) youth mental health first aid training; and 18) award Mental Health Block Grant sub-grants for community-based child/youth system of care projects.

A few of the child/youth service system strengths are briefly described below to reflect the diversity of treatment services, programs and supports available to address serious emotional disturbances, other mental health and behavioral health issues.

- ***Behavioral Health Prevention and Early Intervention Services***: The range of services include: 1) Parent Infant Early Childhood Enhancement Program (comprehensive services to children and families that focus on supporting cognition, language, motor skills, adaptive skills and social emotional functioning; 2) Healthy Start Project (addresses the medical and mental health challenges of women of childbearing age to reduce infant mortality by improving the emotional, mental and physical health of pre- and postnatal women); 3) Early Childhood Mental Health Consultation Program – Healthy Futures (center-based and child and family-centered consultation services to the staff and family members at child development centers); 4) Primary Project (evidence-based, early intervention/prevention program for identified children in Pre-kindergarten through 3rd grade who have mild problems with social-emotional adjustment in the classroom); and 5) School Mental Health

Program (addresses psycho-social and mental health problems that become barriers to learning by providing prevention, early intervention, and treatment services to youth, families, teachers and school staff).

- ***Same Day Urgent Care Clinic Services*:** Provides same day walk-in services for child/youth mental health consumers who need immediate assessment or medication.

- ***Children and Adolescent Mobile Psychiatric Service (ChAMPS):*** Provides 24-hour access to mobile emergency services for children, youth and families experiencing a behavioral or mental health crisis.

- ***Evidence –based and Evidence Supported Practices:*** These services include: 1) Child Parent Psychotherapy for Family Violence; 2) Trauma Systems Therapy; 3) Parent Child Interaction Therapy; 4) Trauma Focused Cognitive Behavioral Therapy; 5) Multi-Systemic Therapy; 6) Multi-Systemic Therapy for Youth with Problem Sexual Behavior; 7) Adolescent Community Reinforcement Approach; and 8) Transition to Independence Process.

- ***Juvenile Behavioral Diversion Program:*** This program is intended for children and youth who are often served within multiple systems who are at risk of re-offending without linkage to mental health services and other important supports.

- ***System of Care Expansion Implementation Project (DC Gateway):*** This SAMHSA funded grant focuses on the development and strengthening of the infrastructure and services to children, youth and their families with mental health concerns across the District and across child serving systems.

- ***Transition Age Youth Initiatives:***
  1. Now Is The Time (NITT): Healthy Transitions- The purpose of this SAMHSA grant is to develop a system of care for transition age youth (TAY) and young adults.

  2. Transition Age Youth Housing Initiative- This initiative includes life skill training for youth and young adults who need support to live independently and succeed.

REVISION REQUEST DETAIL:
Does DC have any special programs specifically for the racial or gender minorities?

Racial or Gender Minorities

In January 2015, District of Columbia Mayor Muriel Bowser and the District of Columbia Public School (DCPS) system Chancellor Kaya Henderson launched a new initiative *Empowering Males of Color*. This initiative is part of the Mayor's effort to advance achievement and opportunity and reduce racial disparities for boys and men of color across the District. Currently, male students of color (African American and Latino boys) make up 43% of the overall DCPS student population and these students as a whole are not meeting their potential. African American male students in particular have the lowest attendance and student satisfaction rates.

In partnership with the White House's *My Brother's Keeper* effort, DCPS will use three (3) key strategies to address the urgent needs of male students of color: 1) mentoring, 2) targeted funding for grants to schools, and 3) a new all-male college preparatory high school.

- ***Mentoring and Fostering a Love of Reading-*** By fourth grade, nearly 50% of African American and Latino males are reading below grade level. To launch this work, DCPS is recruiting 500 volunteers to serve as mentors to males of color throughout the District working to increase the percentage of males of color reading at grade level by the fourth grade. Through partnerships with Reading Partners and Literacy Lab, mentors will volunteer in schools on a weekly basis and help students improve their reading skills. Both Reading Partners and Literacy Lab have proven track records of success with DCPS students. The influx of volunteers will allow these organizations to expand their work in DCPS, help struggling readers and challenge exceptional readers.

- ***Targeted Funding to Schools-*** African American males are the least satisfied with school, with satisfaction rates 16 percentage points lower than the District's most satisfied students. Through this new initiative, DCPS will offer schools the opportunity to create initiatives for males of color to improve academics, as well as support their social and emotional needs. Schools will apply for grants through the "Proving What's Possible" model. The model will allow school leaders to decide what will work best for their school communities. These grants require schools to focus their efforts in one of three (3) areas: academic development, family engagement and social-emotional supports.

- ***New All-Male College Preparatory High School-*** Despite recent gains, African American and Latino males are still graduating at rates lower than their peers; 48% and 57%, respectively. In 2016, DCPS will open a new high school for males of color. Through a partnership with Urban Prep Academies, a highly successful network of all-boys high schools in Chicago, DCPS plans to open the first Urban Prep school in the District. Among Urban Prep's many accomplishments, for five (5) consecutive years 100% of its graduates have been admitted to 4-year colleges and universities. Urban Prep graduates, who come from similar circumstances and backgrounds as DCPS students, enroll and persist in college at rates higher than national averages for African American males.

Gender Minorities

Mayor's Office of Gay, Lesbian, Bisexual and Transgender Affairs: This is a permanent, cabinet-level office within the Office of Community Affairs in the Executive Office of the Mayor, established by statute in 2006 to address the concerns of the District of Columbia gay, lesbian, bisexual and transgender (GLBT) residents. The District's has one of the highest concentrations of GLBT residents in the country with an estimated 7-10% of the population being GLBT. The Office of GLBT Affairs works in collaboration with an Advisory Committee, appointed by the Mayor, to define issues of concern to the GLBT community and find innovative ways of utilizing government resources to help address these issues. The office offers four (4) services: 1) capacity building; 2) outreach; 3) education/training programs; and 4) technical assistance. The following resources are available to the GLBT community: 1) Directory of

GLBT Organizations in the District of Columbia; 2) Guide to Community Resources; 3) GLBT Publications; and 4) Employment Opportunities.

Step 2: Identify the Unmet Service Needs and Critical Gaps within the Current System

REVISION REQUEST DETAIL:

Please identify in more detail unmet service needs and critical gaps within the current system as it relates to the required populations of SMI and SED, as well as the data sources used to identify the needs and gaps of the populations relevant to each block grant within the state's behavioral health system, especially for those required populations described in this document and other populations identified by the state as a priority.

Needs and Gaps within the Adult Service System

The two (2) initiatives below began prior to the creation of DBH, under the separate mental health and substance use disorder systems, and have remained priorities since the Department's inception on October 1, 2013. They require significant planning, system transformation, and development.

One of the primary needs and critical gaps within the District's health and mental health systems was the lack of health homes. The District Department of Health Care Finance (DHCF) and the Department of Health (DOH) partnered with the DBH predecessor agency, the Department of Mental Health (DMH), to begin the planning process to design health homes tailored to the needs of chronically ill Medicaid beneficiaries who, through better care management and coordination, would most likely experience improved health outcomes and reductions in emergency room visits and avoidable hospital admissions. Through the analysis of Medicaid claims and managed care encounter data, these high-risk Medicaid beneficiaries, many of whom suffered from mental illness, including a serious mental illness or a serious emotional disturbance were identified. Another aspect of the planning process involved determining the co-morbidities of Medicaid beneficiaries with mental health conditions, the utilization patterns of these individuals and the capacity of providers enrolled in the District's Medicaid program to serve as a health home. The District also surveyed states with existing Medicaid health home state plan amendments (SPA) for best practices in health home design and implementation.

A contractor was hired to assist in the process. The initial goal was to seek federal approval from the Centers for Medicare and Medicaid Services (CMS), via a state plan amendment (SPA), to establish health homes beginning in 2014. The District's FY 2014-FY 2015 Mental Health Block Grant Application introduced the establishment of health homes as one of the priority initiatives. The process took longer than anticipated with the SPA not being approved until September 2, 2015. The recommended provider core services agencies (CSAs) start-up phase that involves staff hiring and training is expected to be completed by November 15, 2015. The launch of the District Health Homes initiative will be January 1, 2016 with full implementation by September 2016. This priority initiative is being continued in the District's FY 2016-FY 2017 Mental Health Block Grant Application.

Another primary need and critical gap is related to substance use disorder treatment and recovery services. DBH was created from the merger of the District's mental health and addiction systems

(the Department of Mental Health and the Department of Health/Addiction Prevention and Recovery Administration/APRA). Prior to that time DOH/APRA had been trying to implement a State Plan Amendment (SPA) approved in 2012 called Adult Substance Abuse Rehabilitation Services (ASARS), which would allow Medicaid reimbursement for certain substance use disorder treatment services. After the merger the decision was made to create new certification standards that would incorporate the requirements of the ASARS SPA and would also reflect the new American Society of Addiction Medicine (ASAM) criteria and the differing Levels of Care. These changes, as well as aligning the certification application with other programs offered by DBH, will allow a higher quality, more person-centered substance use disorder treatment and recovery system in the District. Additionally, being able to receive Medicaid reimbursement for most of the treatment services will enable DBH to offer additional recovery support services, which were previously funded through a grant, without interruption in services.

The implementation of Medicaid billing for ASARS was begun in FY 2013 through a partnership with the Department of Health Care Finance to amend the ASARS SPA and develop regulations that would allow implementation of Medicaid services and billing. The work continued through FY 2014. CMS approved the amended SPA in August 2015. The new certification regulations which implemented the SPA were finalized in September 2015 and Medicaid billing is expected to begin by November 1, 2015. DBH is working closely with the Department of Health Care Finance in the implementation of this initiative. This initiative is one of the priority initiatives introduced for the first time in the District's FY 2016-FY 2017 Mental Health Block Grant Application.

Needs and Gaps within the Child and Youth Service System

A primary need and critical gap in the child and youth service system is creating environments more conducive for treatment services, programs and supports for the transition age youth and young adults. This population no longer fits in the child/youth system nor do they fit in the adult system. The adult providers could benefit from technical assistance and training to enhance existing knowledge and skills and/or acquire additional information about effective communication and engagement methods and strategies, treatment services, programs and supports that have demonstrated positive outcomes to address the mental health and/or behavioral health needs of transition age youth and young adults.

The Child and Youth Services Division staff will work with the providers to encourage the transition age youth and young adults to participate in staff led discussions as well as peer focus groups to develop ways to make their experience more relevant to their needs. This may involve communication styles, modifying existing programs and/or creating new ones, and other issues.

The Child and Youth Services Division staff will also seek technical assistance and training for providers as well as ways to provide training experiences to transition age youth and young adults.

REVISION REQUEST DETAIL:
Please review your MHS priorities -- they should reflect what the state identified as priorities in the needs assessment.

The Department of Behavioral Health (DBH) Health Home Initiative was introduced in the FY 2014-FY 2015 Mental Health Block Application as a priority area. During FY 2015, 14 DBH certified core services agencies (CSAs) were recommended to receive infrastructure development assistance to hire and train Health Home staff (Director, Nurse Care Manager and Primary Care Liaison) by November 15, 2015. The State Plan Amendment (SPA) was approved by the Center for Medicare and Medicaid Services (CMS) on September 2, 2015.

The success of the Health Home Initiative will be determined by each provider program's ability to achieve outcomes as measured by the Centers for Medicare and Medicaid Services (CMS) and DBH Health Home Core Quality Measures. All state Health Home programs are required to use eight (8) CMS Core Health Home quality measures in order to monitor and evaluate their program. They include: 1) Adult BMI Assessment; 2) Ambulatory Care Sensitive Condition Admission; 3) Care Transition – Transition Record Transmitted to Healthcare Professional; 4) Follow-Up After Hospitalization for Mental Illness; 5) Plan – All Cause Readmission; 6) Screening for Clinical Depression and Follow-Up Plan; 7) Blood Pressure Screening; and 8) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. They are derived from and aligned with: 1) the mandatory quality measure reporting requirements included within section 401 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA); 2) the voluntary quality measure reporting requirements within section 2701 of the Affordable Care Act; and 3) the mandatory quality measure reporting requirements within section 3502 of the Affordable Care Act. The purpose of the core set is to assess individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes specific to the provision of health home services.

The District has also identified local measures that will augment the federally mandated data set. These seven (7) Health Home Quality Metrics for Reporting include: 1) Prevention Quality Indicators Inpatient Utilization; 2) Emergency Department Utilization; 3) Tobacco Cessation Screening; 4) Tobacco Cessation; 5) Individual Rehabilitation Plan; 6) Individuals With Regular Physical Health Exams/Checkups; and 7) Consumer Satisfaction.

The data related to the CMS and the District Core Health Home quality measures will be collected beginning January 2016.

B. Planning Tables

Table 2 State Agency Planned Expenditures

REVISION REQUEST DETAIL:
Since this is a two year application, please give - State Agency Planned Expenditures for two (2) years.

The projection is for fiscal years FY 2016-FY 2017 (10/1/15-9/30/17).

Activity	Mental Health Block Grant	Medicaid (Federal State and Local)	Other Federal Funds (e.g., ACF (TANF), CDC, CMS, Medicare, SAMHSA, etc.)	State Funds	Local Funds (excluding local Medicaid)	Other
State Hospital	[redacted]	$6,484,646	$7,495,422	$0	$159,875,642	$1,087,550
Other 24-Houe Care	$0	$6,109,944	$600,000	$0	$12,477,864	$0
Ambulatory/Community Non-24-Houe Care	$898,543	$12,728,148	$4,954,342	$0	$27,492,498	$9,693,380
Mental Health Primary Prevention	$0	$0	$0	$0	$423,700	$0
Evidenced Based Practices for First Episode Psychosis (10% of state total MHBG Award)*	$105,711	$368,504	$0	$0	$1,544,958	$0
Administration (Excluding Program and Provider Level)	$52,855	$6,328,402	$0	$0	$165,135,154	$0
Total	**$1,057,109**	**$32,019,644**	**$13,049,764**	$0	**$366,949,816**	**$10,780,930**

*Note: 5% raised to 10% in February 2016 after 9/1/15 submission of Mental Health Block Grant Application.

Table 3 State Agency Planned Block Grant Expenditures by Service

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REVISION REQUEST DETAIL:
This is a two (2) year application and the State Agency Planned Block Grant Expenditures by Service should represent the two years.

Service	Expenditures
Healthcare Home/Physical Health	$956,678
Community Support (Rehabilitative)	$805,568
Total	**$1,762,246**

The Congress of the United State through the FY 2016 Omnibus bill (Public Law 114-113) increased SAMHSA's overall budget, and increased the first episode project initiative from 5% to 10% of a state's overall Mental Health Block Grant award. States were required to fund only those evidence-based programs that target first episode psychosis (FEP). SAMHSA provided a guidance document to instruct states on submitting revised project descriptions. The projects were due March 14, 2016. Following the SAMHSA review states were given feedback about their 10% FEP projects. **The DC project SAMHSA final approval is pending.**