Director's Listening Session with Providers – Meeting Notes

Date: Thursday, 11/14/2019, 12:30-2:00 pm

Location: Prestige Healthcare Resources, Inc. 1418 Good Hope Road, SE

Attendees:

- Wes Jones, CEO, Umbrella Therapeutic Services
- Corrie Turpin, Director, Umbrella Therapeutic Services
- Joseph Snider, Director, Umbrella Therapeutic Services
- Torrance Poindexter, COS, Umbrella Therapeutic Services
- David Shrank, Clinical Director, Life Stride
- Natasha Throne, CSW, Spring Leaf
- Gilberto Sherwood, COO, Life Care
- Esonija D'Almeida, Clinical Director, Life Care
- Maurice Gibson, Certified Peer Specialist, Behavioral Health Planning Council
- Harry Willis, Certified Peer Specialist, Behavioral Health Planning Council
- Yves Kokw, CSW Lead, Prestige Healthcare Resources
- Wilson Elco, CSW Lead, Prestige Healthcare Resources
- George Morning, Outreach, Prestige Healthcare Resources
- Omolere Omomowo, CFO, Prestige Healthcare Resources
- John Smith, Director, Prestige Healthcare Resources
- Wilhelm Bonnette, Operations Manager, Prestige Healthcare Resources
- Ed O'Neill, Director of Business Development, Prestige
- Kevin Petty, CEO, Amazing Gospel Souls Inc.
- Lamonica Jeffery, Executive Director, Revise Inc.
- Lambert Mbom, QI/QA, Consultant, Goshen and Prestige.
- Chele Robinson, Network Development Specialist, DBH
- Raessa Singh, Systems Transformation, DBH
- Venida Hamilton, Director of Network Development, DBH
- Jennifer Cannistra, Director of Systems Transformation, DBH
- Dr. Marc Dalton, Clinical Services Director, DBH

Overview Summary:

Q1: How can we best bolster the existing system of care with the new opportunity afforded by the 1115 waiver?

- New CSAs should be more included in ongoing implementation and grant opportunities.

Q2: How can we better engage with parents?

- Provide more training and education to parents on both their children's mental health and their own.

- Utilize community “influencers” who can connect with other community members to reduce stigma and spread information by reevaluating how peer programs are marketed to communities.
- We should focus on destigmatizing mental health and substance use issues.
- Identify and address root causes of mental health and substance use, which may include housing instability, financial instability, and trauma.

Q3: What are some changes we need to make to the system of care?

- Youth are more influenced by their environment than before; approaches to mental health and substance use interventions must utilize tools and technologies that are familiar to youth (YouTube, Instagram, etc.).
- DBH should review the grants management process to ensure grant dollars are benefitting intended populations, and that organizations receiving grants are respected/trusted by the communities in which they serve.
- We must meet the individuals where they are, and we have to be culturally competent in our approaches.
- We need to be creative in our approaches to mental health and SUD interventions to accommodate the many types of people needing services.

Q4: How do we become more solutions focused?

- There should be more consumers and community members in the room when discussing system gaps, needs, and solutions.
- Alternative therapies like art, music, and drama should be implemented, especially considering the need for more clinicians to provide traditional therapies.
- We need to offer social model detox in the District again.
- DBH should do scorecards again.
- DBH could consider a tiered system where providers have different tiers. Tier-one is just mental health or SUD providers, tier-two is both SUD and mental health, and tier-three is specialty services.
- There should be better collaboration and resources to increase positive outcomes for consumers/clients/community members interacting with the legal justice system.
- One idea to consider is having eight core service agencies, one in each ward and each developing a level of care for the people in their communities. That CSA would be responsible for care in their jurisdiction, bringing in providers to provide the services needed.

Detailed Notes:

Q1: How can we best bolster the existing system of care with the new opportunity afforded by the 1115 waiver?

- New CSAs should be more included in grants and in this new waiver, but I am most concerned about being excluded from opportunities. Inclusion is my biggest concern. My team is doctor heavy and we have ample people who can engage with the community. We are being asked by schools to come in and assist, for free. Our counterparts have received grants to engage with schools, and we did not receive those grants. (Wes Jones, Umbrella)

- *Dr. Bazron follow up:* Did you apply?
  - Yes, we were denied.
- *Dr. Bazron follow up:* Did you follow up about why you were denied?
  - Yes, we were told the person went on vacation and would get back to us when she returned but we didn't hear anything after that.
- *Dr. Bazron follow up:* To add more context, we got 6 million dollars from the Mayor and 3 million dollars from the Council for in-school services. We put out grant opportunities for programs to apply to provide those services. We will help you follow up to find out why you weren't awarded the funds.
- I don't know how 4 agencies can take on the entire public school system. (Wes Jones, Umbrella)
  - *Dr. Bazron follow up:* There are 11 agencies that can have up to 25 schools, which were awarded in a competitive process. There is a specific step-wise process. What we did was to look at the supervision for the Clinicians in the schools to ensure there is a 1-6 ratio for supervisors/supervisees in the school.
- Their caseloads are so big that they can't get to everyone. They are working with students, but it's hard to get parents in. There has to be a way to leverage relationships with parents because they are the ones who can undermine the interventions and then nothing gets fixed. (Wilson Elco, Prestige)

Q2: How can we better engage with parents?

- We have been providing trainings, for the parents. There is a factor of social acceptance, there is a belief that when my child is at school they should be able to handle what happens when they are there. If there is not an understanding of behavior and what the consequences are, they may not understand the interventions. We can flood the schools with professionals but if we are talking about kids in DC specifically, where possessing marijuana has no consequence, when we look at those pieces it comes down to education, not just scare tactics. When parents are invested they pay more attention. (George Morning, Outreach, Prestige)
- The resources are valuable but we need to change our mindset. If I think about myself, I am low income, usually when you have someone in the community who people trust, and they've overcome things, sometimes we have to start from the bottom up to use those people to engage other people in the community, to influence them. When people admire you they follow you. When you become an influencer people follow you. (Lamonica Jeffery, Revise Inc.)
- We have to talk about it from the root. If we tackle it from other places it won't work. (Joseph Snider, Umbrella Therapeutic Services)
  - It can work, you can still reach that child. I was reached by a third party. Children are looking for someone to care for them. School can be a refuge for these children. It can work, just keep doing everything that can be done and you can use that one child to influence others. (Lamonica Jeffery, Revise Inc.)
- First, we have to start by destigmatizing mental health and substance use issues. Removing the stigma should be a big message. Second, to reach the parents we should engage them in services as well. How we get them connected to services. Linking services can be an issue, they have to think about how they will pay for the services. We can help by streamlining that process to get them linked and connected to services. Third, we need more places that can do

intake or detox. Places that are local so people can get care and not have to go all the way to West Virginia to get the care they need. Finally, we need to figure out how to revitalize resources. As we are trying to reach people, they are looking for housing, education or jobs, and those resources in the city are exhausted quickly and become unavailable. They aren't able to work on their mental health or substance use issues until they meet those needs. To assist with this we need to look at what's billable and what's not. (Joseph Snider, Umbrella Therapeutic Services)
  - *Dr. Bazron follow up:* DC is very fortunate, 99% of residents can get care, either through Medicaid or the Alliance. But we need to work on the process.
- We need more access to trauma-based services, especially for children. Trauma services are usually focused on the family, not just the child, for the parent it's hard for them to engage because their own trauma hasn't been addressed. Functional therapies focus on the family, which could allow parents to address their own issues. (Corrie Turpin, Umbrella Therapeutic Services)
  - *Dr. Bazron follow up:* We have openings in these therapies, why do you think that is?
    - People aren't ready to relive trauma. (Lamonica Jeffery, Revise Inc.)
    - They get hooked on their CSA, they want to stay "at home" with their CSA. (Wes Jones, Umbrella)
      - *Dr. Bazron follow up:* So you'll need to train your staff to deliver these services?
    - Yes, but the services are closed (for certification). (Wes Jones, Umbrella)
- We need to address stigma. Sometimes, many people don't want to seek treatment due to stigma so we should talk about mental health and connect it to physical wellness. (Wilson Elco, Prestige)
  - *Dr. Bazron follow up:* After the storm in Haiti, we were asked to provide services for families in DC who were impacted. Clinicians asked about having office hours, but we knew the families were never going to go to an office. We had to be culturally responsive in that way; we had to go to their community – where they lived and worked.
- The challenges that our students face in school, it has more to do with where they grew up and their parents. If I am not stable as a parent there is no way for the child to be stable. We need to engage parents. The government must help with things like stable housing. If we can stabilize housing and then stabilize the parent's mental health, that would be translated back to the child. We need a working format to get those parents stabilized before we look at the kids. The kids are coming from very unstable homes. (Omolere Omomowo, Prestige)

<u>Q3: What are some changes we need to make to the system of care?</u>

- I run a peer-run organization designed to deal with housing. Today, the challenge that we all have as providers, agencies, and governments, is we aren't keeping up with the environment. Our children and young people are more influenced by their environment than before. If we are dealing with recovery we have to change the environment. (Kevin Petty, Amazing Gospel Souls Inc.)
  - *Dr. Bazron follow up:* what does that look like?
    - I have to build trust in order to steer you into treatment. The physical environment plays a role in that. We remember when the TV went off at midnight, the young people today don't have that on and off switch. The environment is tough for young

people today, there is a lot of noise. Social media is part of the noise. We have to fight against that to get access to our young people. (Kevin Petty, Amazing Gospel Souls Inc.)
    - *Dr. Bazron follow up:* How do people use social media as part of your treatment?
        - We use YouTube videos, mediation, TedTalks. (Esonija D'Almeida, Life Care)
        - We can use Facebook and Instagram to track people to find them. (David Shrank, Life Stride)
- We have to look at the root cause of why we have these issues. If I go to my doctor and ask for a painkiller, and he gives me one but never asks me what the root cause of my pain is, I will be back for more medicine. We envision our care through Maslow's hierarchy of needs. Based on their assessment we should be looking at where they are, looking at the school system, looking at the environment at home, then we can use the resources we need to address the root issues. Wes mentioned grants, to follow up on that - they are awarded but we don't look at those who have a direct impact by the grant. There are agencies who aren't doing that work, they are instead contracting it out to other agencies. Can resources be allocated to providers who people in the community trust? You mentioned social media, we use social media regularly. How can we incorporate these into grants to engage parents and make sure we have easy and accessible care for children and parents? We have these resources but they aren't being utilized. When awarding these grants, we need to look at whether the funds have a direct impact on that population. Maybe before the grant is issued we can look at what the needs are and then look at the credibility of that organization in the community. Then ensure people in the community are being impacted by those dollars with education and resources for parents and children. (John Smith, Prestige)
    - *Dr. Bazron follow up:* What I hear you saying is that we should look closely at the Statement of Work (SOW) and makes sure it addresses the needs of the community. And we should ensure that a provider receiving a grant has credibility in the community.
- We are relying on the paperwork for deciding who gets grants, and people are experts at putting the paperwork together. There should be another level of review. DBH has compliance officers, maybe they could go out to review the organization first. (Kevin Petty, Amazing Gospel Souls Inc.)
- Dealing with the grants, what I am seeing with grants is that they are still using the CSAs to collect data so they (DBH) can get more grant money. With the SOW, we actually put more details in the application than the SOW requires just to find out today that things are outsourced to other agencies, it was shocking. Within DBH, a lot of CSAs give data in the application but we aren't receiving funds because it's already outsourced to other agencies. (Gilberto Sherwood, Life Care)
    - *Dr. Bazron follow up:* So you are giving up your information but you aren't getting anything in return.
        - We have to ask for TA. (Gilberto Sherwood, Life Care)
        - *Dr. Bazron follow up:* You are talking about the whole grants management process, I hear you saying you stepped up to apply and then didn't get anything in return.
- We first have to meet the individuals where they are, and we have to be culturally educated. What I found is that if I don't understand the culture, they say "how do you know, how would you understand." Once they understand that you understand their culture, you gain their trust. (Torrance Poindexter, Umbrella Therapeutic Services)

- *Dr. Bazron follow up:* What does it look like to meet people where they are? It is hard to hold people accountable when you use terms they don't understand.
    - As a community response peer specialist, we stress meeting people where they are. A lot of times, professionals ask questions that turn people off, and we come in and sit down and get coffee together, and we can talk and get to details of things. We mingle, we laugh, and cry together and get on the same level. (Maurice Gibson, Certified Peer Specialist, Behavioral Health Planning Council)
        - *Dr. Bazron follow up:* It is all about relationships. People won't forget the way you make them feel. You have to meet people where they are and speak directly and clearly.
    - It's all about being creative, you're dealing with different people so you have to approach them differently. Culture is more than just being black or white, there are minuet culture and language that you have to pay attention to. For grants, it doesn't matter what's on paper, it matters what work is happening. I am solutions-based, we have to come to the table with some solutions, even if they won't work. (Lamonica Jeffery, Revise Inc.)

<u>Q4: How do we become more solutions focused?</u>

- There should be more people like me in the room, more people who are being served. If you aren't talking to communities, and you're only talking to providers, you miss information. DBH is actually one of the stigmatizing agencies, and I was traumatized; people need to be competent at their jobs at DBH to avoid this. You have to physically go to the community, and you should be actionable in the community, not just based in the community. (Lamonica Jeffery, Revise Inc.)
- I had a conversation with my supervisor about music therapy and revitalizing resources. We use Credible to input data, but what are we doing with data? In mental health services, we don't track the data the same way, there is no reporting, and there should be an overall report on what's working and what's not working. This can be used to add additional services, especially when there aren't enough clinicians to service the community. If we don't have enough therapists, we should have other services besides traditional therapy. Music, drama, and art therapy should be implemented. If we can't give them things like housing and jobs, there should be other services to help our consumers address the stressors of life. (Natasha Thorn, Spring Leaf)
- We are better than we think we are, as a system and as an org. I've been here for 30 years. And I appreciate the role you play, I have not seen a DBH director, APRA director that has been open to speaking about what we need to do. In regards to things missing from the system, we need a social model detox. The people suffering from SUD in this community aren't going to go to PIW, it isn't part of their culture. Detox isn't internalized. When we were doing social model detox, we created teachable moments that can happen to anyone. Also, we need to have residential therapeutic communities, with stays of 6 months or better. We have to attract the influencers Lamonica was talking about. People in recovery can be oblivious to what's happening in mental health now because they've moved on with their lives. Some of these people are driving Uber, and we don't create systems for them to give back instead. We don't do enough to include them. We need to think about how we market

the peer certification to this community, we have to do a better job. We also need to go back to scorecards. (Wilhelm Bonnette, Prestige)

  - *Dr. Bazron follow up:* We had scorecards, we had a review that told us how we were working as a system and how people were getting care. And scorecards were about how the agencies were doing. My goal is to move us to value-based purchasing but we can't do that without these tools. It's not going to be easy; it took us two years to get the CSR in place, and it took us three years to get scorecards in place. We all have to be walking in lockstep to say we want to know who is doing a good job.
    - We need to move to a tiered system where your providers have different tiers. Something like tier-one is just mental health or SUD providers, tier-two is both SUD and mental health, and tier-three is specialty services. (Wilhelm Bonnette, Prestige)
  - *Dr. Bazron follow up:* Another idea is what if we had eight core service agencies, one in each ward and each had to develop a level of care for the people in their communities. What is your reaction to that? Maryland had this system, each county had a CSA and that CSA was responsible for care in their jurisdiction. They were responsible for bringing in providers to provide services needed. Each jurisdiction looked very different based on the needs and characteristics of the community. But you didn't have 81 providers, so it was much easier because we could talk to one CSA and they were in a management role.
    - *Crowd nodding and verbalizing agreement.*
- One other aspect to note is that people don't have nearly as much of a chance with the legal justice system. We need more integration between the behavioral health and justice system to ensure people aren't chewed up and spit out by the system. (David Shrank, Life Stride)
  - *Dr. Bazron follow up:* I've had several meetings with DC Judges; one meeting was about how we offer diversion services to youth, i.e. what do we do, how do we do it for the youth. We can't do this alone; I am a thin sliver in a broader community, and we can't meet all the mental health and SUD, and gambling needs of our community alone.
  - To get help with substance abuse issues they want you to have encountered the justice system first. For instance, if you want help for your child, even CBOs say they can't help. They have to meet criteria, which includes being involved with the justice system. We are trying to do this work but it's so messy. These barriers also add mental health stressors for the parents. (Lamonica Jeffery, Revise Inc.)
- When the child is dealing with things in the home, and there isn't an outlet outside of foster care, what special unit can be put in place to address those mental health and SUD issues before they escalate? (Natasha Thorn, Spring Leaf)