



## Director's Listening Sessions with Providers – Final Summary Report

### **Background**

In the summer of 2019, Dr. Barbara J. Bazron, Director of the Department of Behavioral Health, invited providers to attend one of four listening sessions to learn more about their views of the current behavioral health landscape and their suggestions for potential system improvements. Dr. Bazron invited mental health and substance use disorder provider CEOs, members of their staff, and members of the Behavioral Health Planning Council to these sessions. It should be noted that a number of individuals in care were also in attendance.

Below is background information on each session and a summary of the recurring themes and recommendations presented during these events. The attached appendices include the detailed notes from each session.

We appreciate the time and insight from providers regarding their service innovations, areas for improvement within the system of care, and other suggestions. Director Bazron looks forward to continuing these listening sessions quarterly and working together to help ensure that all District residents have access to high-quality behavioral health services and the ability to lead healthy and fulfilling lives. Together, we will provide individuals with behavioral health issues with the services and supports they need to travel down the pathway to the middle class.

### **Background Information on Provider Sessions**

<b>DATE/ TIME</b>	<b>LOCATION</b>	<b>PROVIDERS REPRESENTED</b>	<b>NUMBER OF ATTENDEES</b>
Thursday, June 20, 2019  3:00 pm – 4:30 pm	Catholic Charities/Anchor Mental Health (Ward 5)  1001 Lawrence St., NE Washington, DC 20017	1. Deaf Reach 2. Anchor Mental Health 3. Samaritan Inns 4. Pathways to Housing DC 5. Catholic Charities 6. Spring Leaf Solutions	21 Total: 10 Providers from 6 Organizations; 2 BHPC Members; and 9 DBH Staff
Wednesday, June 26, 2019  10:30 am – 12:00 pm	MBI (Ward 8)  2041 Martin Luther King Jr. Ave., SE Washington, DC 20020	1. District Healthcare Services 2. Community Connections 3. Neighbors Consejo 4. Inner City 5. Family Preservation	66 Total: 59 Providers from 11 Organizations; and 7 DBH Staff

		6. Global Resources & Supports 7. Federal City Recovery 8. Holy Healthcare Services 9. Community Wellness Ventures 10. Dreamers and Achievers 11. MBI	
Wednesday, July 10, 2019  12:30 pm – 2:00 pm	Regional Addiction Prevention (RAP) (Ward 5)  1949 4 <sup>th</sup> St., NE Washington, DC 20002	1. RAP 2. Kinara Health Care 3. Clean and Sober Streets 4. SOME 5. Life Stride 6. Absolute Healthcare 7. PIW	16 Total: 11 Providers from 7 Organizations; and 5 DBH Staff
Thursday, July 25, 2019  11:00 am – 12:30 pm	Holy Comforter Community Action Group (CAG) (Ward 6)  1238 Pennsylvania Ave., SE Washington, DC 20003	1. Life Stride 2. Family Solution of Ohio 3. Calvary 4. SOME 5. Holy Comforter (CAG) 6. Amazing Love 7. Woodley House 8. Integrated Health Resources 9. New Living	16 Total: 12 Providers from 9 Organizations; and 4 DBH Staff

**Summary of Recurring Themes and Recommendations**

**Integrated, Whole-Person Care:** Providers would like a system of care that fully integrates services for mental health and substance use disorders. District agencies and services should be well coordinated to efficiently meet the needs of each person. For example, we heard the following comments from providers:

- *Consumers are tired of running around to access services, they are looking for a one-stop-shop, a more centralized place where they could access both services. We are running the clients around, and it has to do with the referral platform. They can't just go to one place. Transportation is a problem, just getting them to each location for assessments is a barrier.*
- *We need one data system for MH and SUD; providers do not want to have to worry about putting someone in a bucket instead of spending time with them. We want a streamlined payment system.*
- *You'll never get integration until we have a unified treatment planning, one treatment plan for each person. We use DataWits as the fall guy (for lack of integration), but we should also look at unified treatment planning.*

**Recommendations from Listening Sessions:**

1. Create a “one-stop -shop” for residents seeking resources for both substance use disorders and mental health services in the District, increasing access to assessments and treatment.
  - a. Increase access points for substance use disorders assessments.

- b. Consider incentivizing one diagnostic assessment to cover both mental health and substance use disorders.
  - c. Consider instituting unified treatment planning, creating one treatment plan for each person to address all of their mental health and substance use disorder needs.
2. Create one streamlined IT/data system, eliminating the need for data about substance use disorders and mental health services to be captured separately by more than one system.
3. Create a platform to capture the system's capacity and provider availability (bed boards).
4. Review and improve collaboration with other District resources, specifically the FD-12 policy with the DC Metropolitan Police Department (MPD), and housing policies/resources with the Department of Human Services (DHS).

**Workforce Development:** Providers would like the tools and resources to recruit, develop, and retain qualified staff to meet the needs of residents and provide the highest quality care. Providers highlighted how workforce shortages and frequent turnover hinder their ability to most effectively provide behavioral health services. For example, we heard the following comments from providers:

- *I am a certified peer specialist class of 2012. Under you, Dr. Bazron, it has grown. I want you to be able to utilize peer specialists more, to be able to extend the role to use the experience of people with lived experiences. People think certified specialists should start by working on ACT teams, but for some peer specialists working on ACT teams can be re-traumatizing. A better understanding of the role can help improve the system. Our lived experiences mean something.*
- *From a system perspective, from a leadership perspective, we need to look at the barriers [to workforce development.*
- *On the clinical side, I suggest we offer CEUs for trainings. Otherwise we have to send staff to another training for those CEUs.*

**Recommendations from Listening Sessions:**

1. Increase and Support Peer Support Services
  - a. Help ensure that peer specialists are genuinely involved in the treatment planning process and that their involvement is not confined to a limited role.
2. Recruit and Retain Qualified Staff
  - a. Support training programs in the District to develop and recruit talent early.
  - b. Address the gap between the cost of psychiatrists and the reimbursement rates that providers receive for psychiatry services.
  - c. Consider temporary, permanent, or specific opportunities to change qualification or training requirements to reduce the barriers related to recruiting or maintaining staff.
3. Maintain a Qualified Workforce
  - a. Integrate cross-training for co-occurring conditions to ensure both DBH and providers are knowledgeable about mental health and substance use disorders treatment.
  - b. Offer more trainings that award continuing education credits, are given in the evenings, are given by content experts, and are reimbursed or paid for.
  - c. Create tools, resources, and direction for providers to address staff burnout.
  - d. Reinstitute an administrative overhead rate to reduce the administrative burden.
  - e. Revisit mandatory training and licensure for community support workers to reduce fraud.
  - f. Ensure professionals who interact with communities are culturally and linguistically competent, and confident in their intervention techniques to pro-actively address issues like addiction, trauma, and sex trafficking.

**Children and Youth Services:** Providers would like accessible, integrated, and family-focused children and youth services to ensure the District is meeting their needs. The importance of prevention and early intervention was emphasized many times. For example, we heard the following comments from providers:

- *We need programs that focus on the families. It is one thing to treat the kids, but they go back home. Kids can be more supported if we support families.*
- *It seems like there are many organizations engaged in this work, but each organization is doing things a different way. We need to make sure there are programs embedded in schools, especially in wards that may lack access, so that children get the services they need.*
- *We need to know what we are working towards, and having data related to those services and the goals would be helpful.*

**Recommendations from Listening Sessions:**

1. Use family-focused interventions to address mental health and substance use disorders treatment.
  - a. Look at Child and Family Services Agency's (CFSA) Homebuilders model.
  - b. Expand substance use disorders treatment for adults with children, allowing children to be housed with parents during treatment.
  - c. Evaluate the current payment structure and its ability to cover family and child-focused assessments and care.
2. Expand screening and services to ensure children do not miss being connected to resources before they reach adulthood.
  - a. Educate parents on the signs and symptoms of first-episode psychosis.
3. Develop a specific department within DBH for children and youth.
4. Strengthen the relationship between DBH and the Office of the State Superintendent of Education (OSSE) to ensure better coordination of services and reduce silos.
5. Ensure behavioral health programs are embedded in schools to reduce no-shows and increase access.

**Communication:** Providers would like a centralized place to both receive information from DBH and to access information about the District's resources. For example, we heard the following comments from providers:

- *[It is important to have] an electronic central information hub around what kinds of services are available and knowing how to make those connections would be helpful.*
- *I think there needs to be improvement in communication. I love that mobile crisis is 24/7 but I hadn't heard it before.*

**Recommendations from Listening Sessions:**

1. Create a well-advertised, electronic navigation tool or a resource guide to allow providers access to up-to-date resources for their clients.
2. Regularly put updates, highlights, and system developments online to make the information available to providers.
3. Reinstitute a DBH newsletter.