



Department
of Behavioral
Health

Ready. Willing. Able.

Employee Realignment Implementation Guide

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* Consumer and Family Affairs Administration is organized into teams.

A Message from Dr. Royster



Team,

I am super excited that the realignment is here!

We are positioning our organization to take service delivery to the next level for better outcomes for the people we serve. Over the next several months, we will have lots of conversations about how the changes will impact each of us and how the new organizational structure will improve our work as an agency. Our objectives are to reduce silos, increase efficiency and effectiveness of DBH operations, and continue to build one DBH.

I am confident that the realignment will improve internal and external communication and inter-departmental participation, make service areas more transparent to the public and easier to access. As I have stressed, the realignment is not a reduction in force plan. It will, however, foster an environment of individual accountability and performance linked to our strategic goals and annual performance plans. Our goal is to work smarter.

Throughout the next six-month implementation process, we will maintain effective and timely communication process at all levels to make sure we all have the same information, create opportunities for feedback, and maintain our momentum through October 1.

As I testified at the recent Council oversight hearing, I spent time assessing the strengths and areas of opportunity of DBH and am focused on building one organization with one vision and one voice. Let's strive to deliver the right services in the right amount at the right time.

I am confident that the hardworking, dedicated staff with whom I have the honor of working are ready, willing and able to take on the challenge of building a post-Dixon, post-Department of Justice DBH.

Let's have fun and run to the future!

Dr. Royster

Guiding Principles

Openness

The realignment implementation process will be open and inclusive with clear timelines and milestones developed with participation at all levels of the agency. Each employee is a valued member of the process. Listening, engaging, understanding, and responding appropriately to employee concerns are characteristics of an open and transparent DBH. Multiple opportunities for employee feedback are built into the implementation process.

Consumer and Client Focused

There will be no disruption in services. The realignment is designed to strengthen the public behavioral health care system. The realignment implementation process will build in opportunities for the participation of consumers and clients and engage them as partners in promoting access and accountability.

The District of Columbia is a thriving community where prevention is possible and recovery from mental health and substance use disorders is the expectation.

Accountability

The realignment will strengthen accountability and ensure that all employees know their roles and recognize opportunities to carry out our vision and mission. In an accountable DBH, each employee accepts personal responsibility to deliver on commitments. Meeting commitments creates a culture of success and mutual accountability and respect. DBH will continue to motivate employees to demonstrate the values that guide our work.

Empower

Empowering staff inspires confidence and encourages everyone to embrace the realignment, actively engage in the implementation process, and contribute to creating a common organizational culture. An inclusive work environment values and recognizes the unique qualities, ideas and perspectives of each employee.

Communication

The implementation process will be managed with openness, fairness, and regular and timely communication so employees can stay connected and motivated to embrace change. Throughout the realignment process, DBH will maintain an environment that encourages participation, and share information through various ways including individual and group meetings, the website and Intranet, the newsletter, and messages from Dr. Royster.

New Organizational Structure

Our newly realigned DBH consists of the Behavioral Health Authority, six administrations, and Saint Elizabeths Hospital. Each administration is divided into divisions which may break down into smaller units called branches. The six administrations are (1) Accountability Administration (2) Administrative Operations (3) Clinical Services Administration (4) Community Services Administration (5) Consumer and Family Affairs Administration and (6) Systems Transformation Administration. The DBH leadership team includes the leaders of the administrations, divisions and branches.

BEHAVIORAL HEALTH AUTHORITY

The Behavioral Health Authority plans and develops mental health and substance use disorders services; ensures timely access; monitors the service system; supports service providers by operating DBH's Fee for Service (FFS) system; provides grant or contract funding for services not covered through the FFS system; regulates the providers within the District's public behavioral health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the behavioral health needs of District residents. The Authority is made up of:

- **Office of the Director** – leads management and oversight of the public behavioral health system; directs the design, development, communication, and delivery of behavioral health services and supports; and identifies approaches to enhance access to services that support recovery and resilience. The Office of the Director includes the Chief of Staff who oversees risk management and compliance with Language Access requirements and the Americans with Disability Act.
- **Office of the Ombudsman** - identifies and helps consumers and clients resolve problems, complaints and grievances through existing processes; educates on available services and helps to maximize outreach; refers individuals when appropriate to other District agencies for assistance; and comments on behalf of residents on District behavioral health policy, regulations and legislation.
- **Legal Services**—provides legal advice to the Director on all aspects of DBH's operations and activities; drafts, researches and/or reviews legislation, regulations, and policies affecting DBH's mission and programs; formulates strategic advice on DBH Program development and compliance and oversight activities.
- **Legislative & Public Affairs**—develops, leads and coordinates the agency's public education, internal and external communications, and public engagement and outreach initiatives; manages legislative initiatives and acts as the liaison to the Executive Office of the Mayor and the DC Council; facilitates responses to constituent complaints and service requests, and provides information and support for special projects.

ACCOUNTABILITY ADMINISTRATION

The Accountability Administration oversees provider certification, mental health community residence facility licensure, program integrity, quality improvement, incident management, major investigations, claims audits, and compliance monitoring. It issues the annual Provider Scorecard. The Accountability Administration includes a new division called Program Integrity that strengthens provider oversight and overall system performance review. This Administration contains the following:

- **Office of Accountability**—leads the Accountability Administration by providing oversight and management of DBH certification, licensure, incident management, and program integrity activities.
- **Investigations Division**—conducts major investigations of complaints and certain unusual incidents and develops the final investigative report submitted to the agency Director, General Counsel, and other appropriate parties that includes recommendations for remedial action.
- **Licensure Division** —reviews and processes applications for licensure for Mental Health Community Residence Facilities (MHCRF) for approval, monitors MHCRF compliance with agency regulations and policies and generates and enforces statements of deficiencies and corrective action plans when necessary.
- **Certification Division** —reviews and processes applications for certification and recertification for behavioral health providers for approval, monitors provider compliance with certification regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary.
- **Program Integrity Division** —provides oversight of certified providers through audits and reviews to ensure they meet service delivery and documentation standards for mental health and substance use disorder services.



ADMINISTRATIVE OPERATIONS ADMINISTRATION

Led by the Chief Operating Officer, the Administrative Operations provides highly functioning administrative activities to support the vision and mission of DBH. The Administration is responsible for the business functions including budget and financial management, human resource management, property and space management, records management, and general administrative support.

- **Office of the Chief Operating Officer** –provides leadership, management, and vision necessary to ensure proper operational controls, administrative and reporting procedures, and people systems are in place to effectively manage day-to-day operations and to guarantee financial strength and operating efficiency of DBH.
- **Claims and Billing Division** – manages the services revenue cycle for Saint Elizabeths, CPEP, and DBH operated adult and child/youth outpatient clinics; processes claims for the certified community based behavioral health providers, and responsible for billing and claim adjudications including local payments, claim accounts receivable, customer service for provider claims, claim reporting, and eligibility file management.
- **Fiscal Services Division** – coordinates, in conjunction with the Director and senior management, financial plans to fulfill ongoing program requirements; leads operational and capital budget preparation, execution, and administration; coordinates budget loading and tracking activities; provides guidance on strategic financial planning and fiscal soundness of spending plans; develops options to achieve budget objectives; conduct fiscal monitoring for compliance, audits, risk assessments, fiscal orientations, site visits and closeout reports for all sub grants, and monitors spending for Human Care Agreements and Contracts.
- **Records Management Division** –manages the medical records program and maintains official medical records for DBH consumers and clients; oversees the development, implementation, maintenance of, and adherence to DBH policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the provider’s information privacy practices.
- **Human Resources Division**—develops and administers human resource services including management advisory services, human resources policy development, position classification/ position management, staffing and recruitment, employee and labor relations, performance management, benefits administration, records management, human resources information systems, and human rights, and equal employment.
- **Revenue Management Division** – plans, implements and manages finance and revenue generating sources for DBH-directly-provided services and Saint Elizabeths.

CLINICAL SERVICES ADMINISTRATION

Led by the Chief Clinical Officer, the Clinical Services Administration supervises the operation of all clinical programs and sets standards for the provision of clinical care throughout the public behavioral health system. It includes all DBH-directly-provided assessment, referral, and clinical services; forensic services, the comprehensive emergency psychiatric program, and the disaster behavioral health program. The Administration oversees involuntary commitment at community hospitals, and coordinates services that assist individuals transitioning from psychiatric hospitals and nursing homes to community based behavioral health services. This administration includes the following:

- **Office of the Chief Clinical Officer**—supervises and sets standards for the provision of clinical care throughout the agency and public behavioral health system for children, youth, and adults; oversees community hospitals that treat consumers on an involuntary basis; and serves as the petitioner in guardianship cases, and oversees the agency’s disaster response for the city.
- **Behavioral Health Services Division**—directs and manages mental health services at two agency-operated locations, currently 35 K St NE and 821 Howard Rd SE.
 - **Adult Services Branch**— provides clinical assessment and treatment of persons who are 18 years of age and older who present with urgent same-day mental health concerns, and evaluations for persons in crisis that do not arise to the level of needing an emergency room visit are also provided.
 - **Children Services Branch** —provides urgent same-day service and clinical assessment and treatment for children up to 7 years old who present with challenging social, emotional and disruptive behaviors that cause impairment in functioning at home, school/daycare and the community.
 - **Pharmacy Branch**—provides psychiatric medications for residents enrolled in the public behavioral health system who are uninsured and unable to pay for medications.
- **Comprehensive Psychiatric Emergency Program Division (CPEP)**—provides emergency mental health services to adults 18 years of age and older, including immediate and extended observation care to individuals who present in crisis, as well as services in the community; participates in the District’s cold weather alert response.
 - **Psychiatric Emergency Services Branch**—provides immediate access to multi-disciplinary emergency psychiatric services 24/7; assesses and stabilizes psychiatric crises of patients who present voluntarily or involuntarily who live or visit the District, and formulates appropriate next level of care in the community or at other treatment facilities.
 - **Mobile Crisis/Homeless Outreach Branch** —Mobile Crisis provides crisis

intervention and stabilization services to residents and visitors who are experiencing psychiatric crises in the community or at home; services include linkage to DBH, psychoeducation, treatment compliance support, and grief and loss services to individuals after a traumatic event. Homeless Outreach connects homeless individuals and families with behavioral health services and assists in the District's encampment protocol.

- **Access Helpline Division**—enrolls consumers into services, authorizes appropriate units and duration of services based on clinical review of medical necessity criteria and capacity limits; ensures District residents receive crisis services, as well as provides telephonic suicide prevention and other counseling as appropriate.
- **Forensics Division**—provides and oversees continuum of behavioral health and others services for justice-involved individuals from pre-arrest to post-incarceration to ensure their successful return to the community.
- **Assessment & Referral Center Division**—assesses and refers adults seeking treatment for substance use disorders to appropriate services, including detoxification, inpatient, medication assisted treatment or outpatient substance use disorder treatment programs or recovery support services. The Mobile Assessment and Referral Center, a mobile outreach vehicle, visits communities throughout the District to conduct assessment, referral, and HEP-C and HIV testing.

We keep a change in place by helping to create a new, supportive, and sufficiently strong organizational culture.

John P Kotter

QuoteAddict

COMMUNITY SERVICES ADMINISTRATION

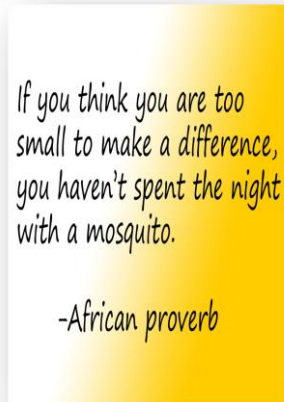
The Community Services Administration develops, implements and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for adults, children, youth, and their families that are culturally and linguistically competent and supports resiliency and recovery. This administration includes services and supports in the former Adult Services, Children/Youth Services, and Substance Use Disorder Prevention Services, and Treatment and Recovery Services. It contains the following:

- **Office of Community Services**—leads oversight and management of the agency's integrated community-based, prevention, early intervention and specialty behavioral health programs.

- **Prevention & Early Intervention Division**—develops and delivers prevention and early intervention services, education, support, and outreach activities to help inform and identify children, youth and their families who may be at risk or affected by some level of mental health and/or substance use disorder. This division applies a public health and community-based approach to delivering evidence-based substance abuse prevention and mental health promotion programs. It includes the Early Childhood Branch, School Mental Health Branch, and a Substance Use Disorder Prevention Branch.
 - **Early Childhood Branch**— provides school-based and center-based early childhood mental health supports and child and family-centered consultation to staff and families to build their capacity to promote social and emotional development, respond to mental health issues and prevent escalation of challenging behaviors, and increase referrals for additional services.
 - **School Mental Health Branch**—provides school-based, primary prevention services to students and school staff and consultation to schools, principals, teachers and classrooms on early intervention and treatment to students and parents.
 - **Substance Use Disorder Prevention Branch**—ensures comprehensive prevention systems by developing policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, underage alcohol and tobacco use.
- **Specialty Care Division**—develops, implements and ensures sustainability of specialized and evidence-based behavioral health programs for adults, adolescents, transition-aged youth, children and their families, and new grant funded initiatives that impact the well-being of individuals and communities. This division includes the Community-Based Services Branch and a New Initiatives Branch.
 - **Community-Based Services Branch**— oversees development, implementation and monitoring of community-based mental health and substance use disorders services including evidenced-based and promising practices, to address the needs of adults, children, youth and their families.
 - **New Initiatives Branch**—provides overall technical direction and administration of a broad range of grant-funded projects and other new initiatives, tracks and monitors their progress and outcomes, and makes recommendations on their integration into the agency and full-scale implementation.

- **Linkage & Assessment Division**—provides community-based mental health and substance use disorder screening, assessments, and referrals for adults, children, youth and families, ensuring they have easy access to a full continuum of quality behavioral health services and supports. It includes the Assessment Center Branch, the Co-Located Program Branch, and the Psychiatric Residential Treatment Facility Branch.

- **Assessment Center Branch** — provides the Superior Court of the District of Columbia with court-ordered, high-quality, comprehensive, culturally competent mental health consultation, and psychological and psychiatric evaluations for children and related adults with involvement in child welfare, juvenile justice and family court.
- **Co-Located Programs Branch**—oversees the co-location of DBH clinicians at various District government agency and community-based sites who conduct behavioral health screenings, assessments and consultations, and make referrals to the behavioral health provider network.
- **Psychiatric Residential Treatment Facility Branch**—provides centralized coordination and monitoring of placement, continued stay, and post-discharge of children and youth in psychiatric residential treatment facilities (PRTF), and oversees the coordination of the PRTF medical necessity review process.



If you think you are too small to make a difference, you haven't spent the night with a mosquito.

-African proverb

- **Housing Development Division**—develops housing options and administers associated policies and procedures governing eligibility, access to housing, and issuance of vouchers for eligible individuals enrolled with DBH; monitors providers' compliance with contracts and provides technical assistance to providers on the development of corrective action plans; develops and monitors any Memorandum of Understanding or grant agreements related to housing development and funding of housing vouchers.
- **Residential Support Services & Care Continuity Division**—manages the housing program to support consumers based on housing needs and required level of support; provides referrals to landlords; assures properties are inspected and approved; monitors service provision according to individualized clinical treatment

plans; assures coordination and resolves problems among landlords, tenants, and providers, and conducts regular reviews to transition ready individuals to more independent housing of their choice.

CONSUMER AND FAMILY AFFAIRS ADMINISTRATION

The Consumer and Family Administration promotes and protects the rights of individuals with behavioral health disorders; encourages and facilitates consumer and client and family leadership of treatment and recovery plans, and ensures consumer and client voice in the development of the behavioral health system. The Administration also promotes consumer and client leadership, manages the peer certification training, and provides expertise on the consumer and client perspective. This Administration is made up of the following teams: Peer Support, Consumer Engagement, Consumer Rights, Quality Improvement and Saint Elizabeths.

SYSTEMS TRANSFORMATION ADMINISTRATION

*When you're
finished
changing,
you're finished.*
Ben Franklin

The Systems Transformation Administration conducts research, analysis, planning and evaluation leading to defined individual, service and system outcomes; works to improve efficiency and collaboration among internal and external partners; develops and implements learning opportunities to advance system change, and greater effectiveness of the service delivery system.

The Systems Transformation Administration uses information systems and data to develop a transformational strategic plan as well as programmatic regulations, policies, and procedures to support the DBH mission. The Administration includes functions of the former Provider Relations, Information Technology and Applied Research and Evaluation, and the Office of Strategic Planning, Policy and Evaluation. The Administration is made up of the following:

- **Office of System Transformation**—leads the development and implementation of programmatic, organizational, and system change management process, and manages the grant process.
- **Information Systems Innovation & Data Analytics Division (ISIDA)**—provides and maintains high-quality hardware and software applications that support the provision and monitoring of consumer and client services. It also produces and analyzes data for decision-making. This division is made up of the Data and Performance Management Branch, Information Systems Support Branch, and Technology Infrastructure Branch.

- **Data & Performance Management Branch** —meets the agency’s data reporting and analysis needs by working with staff to identify what information is needed, creating reports and dashboards that presents and makes the information accessible, and helping staff understand what the information means and how it can be used to improve performance.
- **Information Systems Support Branch**—ensures continuity of operations and continual improvement of existing practice management, billing software applications, electronic health record applications and other systems, and provides business analysis support for new systems.
- **Technology Infrastructure Branch** —manages the agency’s technical support systems, including server maintenance; maintains asset inventory, and provides multi-functional device support and management.
- **Strategic Management and Policy Division**—develops programmatic regulations, policies and procedures to support the agency’s mission and manages the Performance Plan and Performance Accountability Report.
- **Network Development Division**—monitors and provides technical assistance to individual providers and the provider network on emerging clinical, care coordination, administrative and organizational issues to ensure and enhance the provision of services. Supports the development of new providers interested in certification.
- **Training Institute Division** —enhances the knowledge and competencies of the DBH provider network and internal and external customers through performance-based and data-driven learning environments.

SAINT ELIZABETHS HOSPITAL

Saint Elizabeths Hospital provides inpatient psychiatric, medical, and psycho-social person-centered treatment to adults to support their recovery and return to the community. The Hospital’s goal is to maintain an active treatment program that fosters individual recovery and independence as much as possible. The Hospital is licensed by the District’s Department of Health and meets all the conditions of participation promulgated by the federal Centers for Medicare and Medicaid Services. Saint Elizabeths is made up of the following:

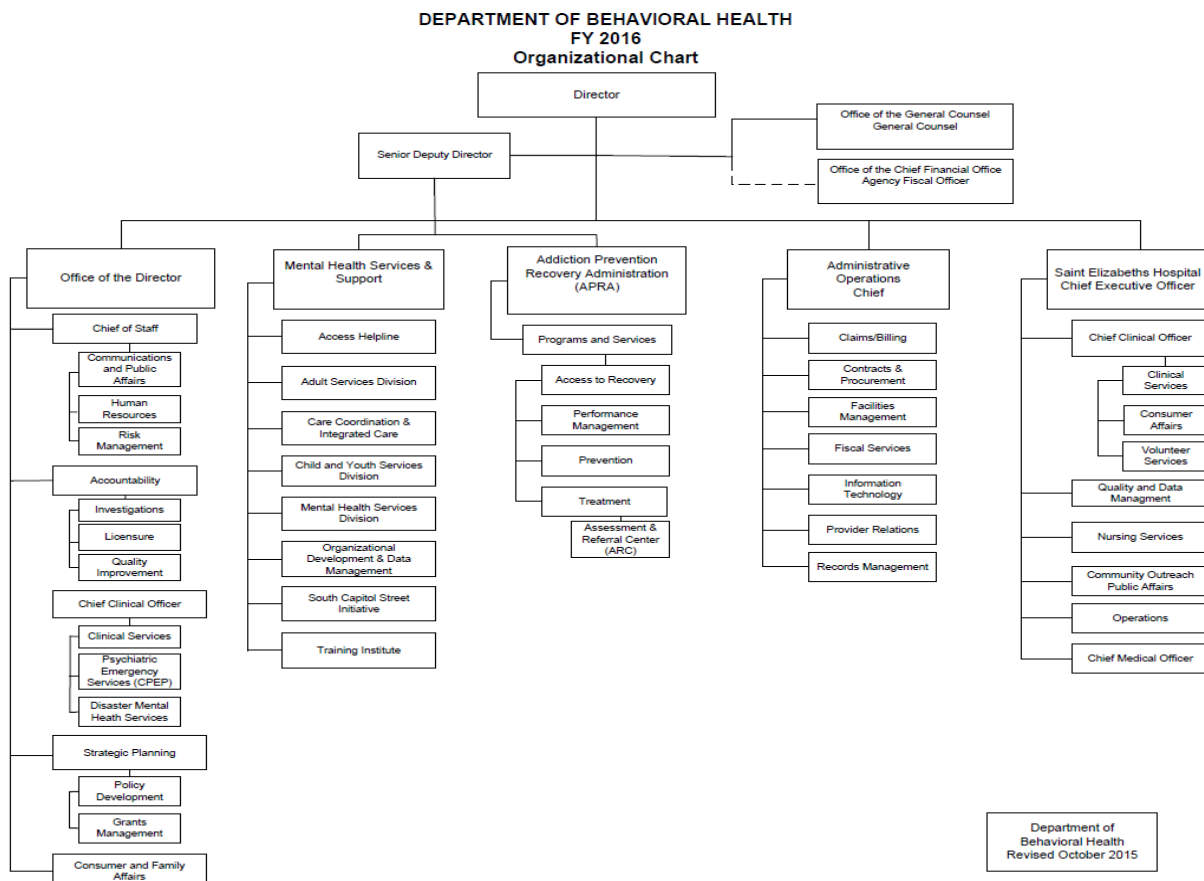
- **Office of the Chief Executive** – provides overall executive management and leadership for all services and departments of Saint Elizabeth.
- **Office of the Director of Medical Affairs**—provides the clinical, operational, strategic, and cultural leadership necessary to deliver care that is high- value (in terms of cost, quality and patient experience) to support their recovery and reintegration into the community.

- **Chief Clinical Officer** – provides clinical leadership and interdisciplinary treatment teams; ensures the provision of social work services, treatment programs, rehabilitation services, utilization review, and volunteer services
- **Nursing Services** – provides active treatment and comprehensive, high-quality 24 hour nursing care through a recovery-based therapeutic program; establishes the training curriculum for all levels of hospital staff and ensures compliance with training programs for clinical and clinical support staff to maintain the health and safety of patients and staff
- **Office of the Chief of Staff**- primarily responsible for the organization, ongoing management and oversight of key Hospital administrative functions; regularly interacts and coordinates with medical staff and executive leadership, and serves as liaison with external partners including the Department of Corrections, DC Superior Court, and the District of Columbia Hospital Association.
- **Quality and Data Management** – provides quality improvement utilizing performance improvement techniques; uses data and research to guide clinical practices, provides oversight of reporting functions; and manages the reporting functions from the electronic medical record.
- **Office of the Chief Operating Officer** - provides the operational, strategic, and cultural leadership necessary to plan, direct and manage major administrative functions. This ensures the provision of high quality services while also meeting the needs of individuals in care and external stakeholders. The Chief Operating Officer regularly interacts and coordinates with finance, information systems, human resources, performance improvement, and risk management.
- **Engineering and Maintenance** provides maintenance and repairs to ensure a functional, safe, and secure facility to maximize the benefits of the therapeutic environment.
- **Fiscal and Support Services** -- provides for the formulation, execution, and management of the Hospital's budget, billing and revenue operations; approves and finances all requests for procurements; and oversees the overall financial integrity of the Hospital to ensure the appropriate collection, allocation, utilization and control of resources.
- **Housekeeping** – maintains a clean and sanitized environment to enhance the therapeutic environment and level of clinical performance.
- **Materials Management** – receives and delivers materials, supplies, and postal and laundry services; maintains an inventory of goods, replenishes stock, and performs electronic receiving for all goods and services.
- **Nutritional Services** – provides optimum nutrition and food services, medical nutrition therapy and nutrition education services in a safe and sanitary environment.

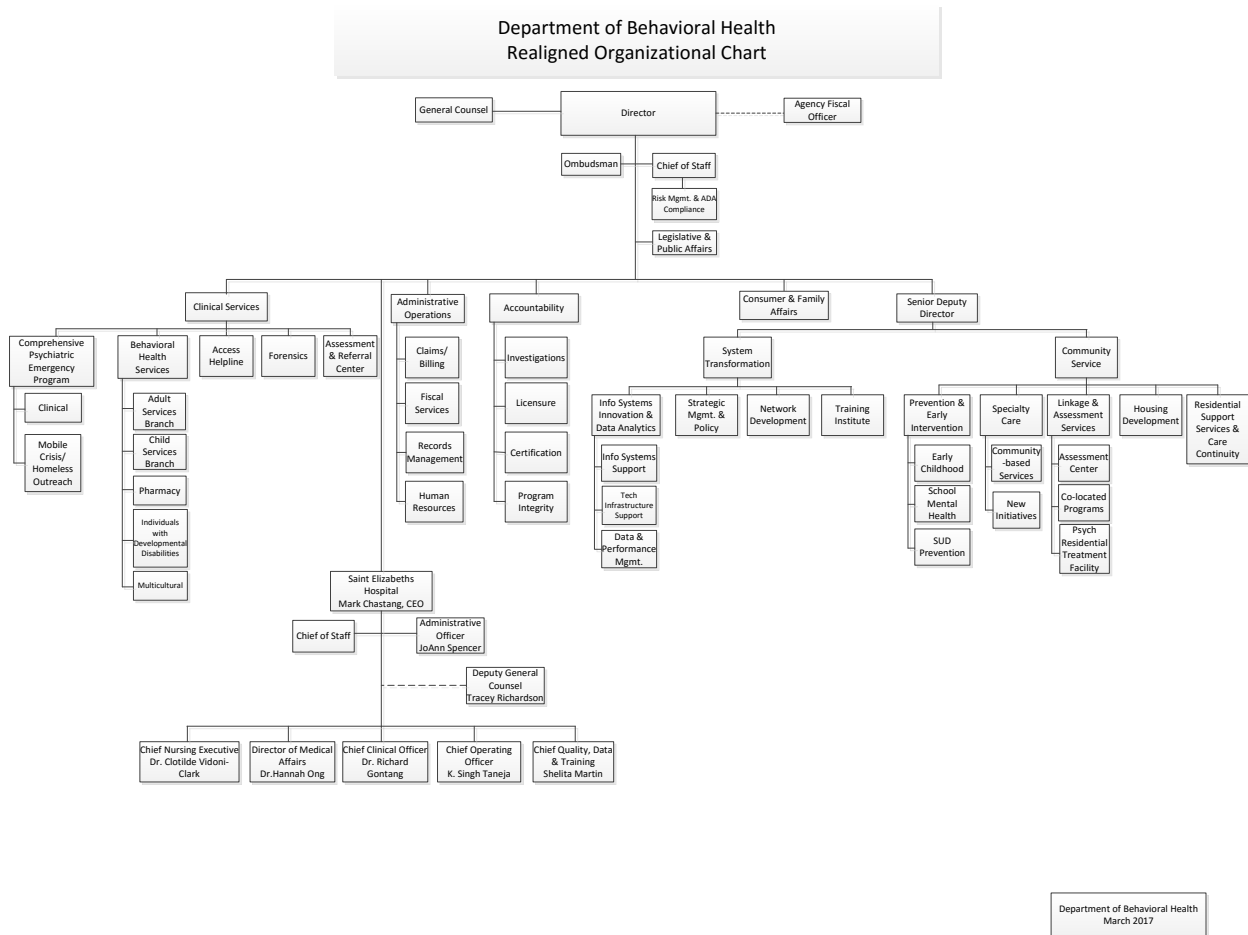
- **Security and Safety** – provides a safe and secure facility for patients, visitors, and staff to support a therapeutic environment.
- **Transportation and Grounds** – manages the resources, administrative functions, contracts, and personnel; provides transportation and maintenance services including solid and medical waste disposal, and snow and ice removal.

Organizational Chart: Before and After Realignment

BEFORE REALIGNMENT



AFTER REALIGNMENT



Implementation Timeline

Date	Description or Action	Vehicle
March 28	Dr. Royster announcement and discussion of new structure and implementation process	Quarterly All Staff Meeting (64 NY Ave-Saint Elizabeths TBD)
March 29	Meeting with union leaders to review structure and implementation process	Quarterly union meeting
March-April	Executive team meetings with each manager to discuss structure and new role. Managers meet with staff Staff orientation	One/one meetings and area staff meetings
April-September	Engagement with staff around new structure and implementation	Dr. Royster video Employee Newsletters Brown Bag discussions Employee Survey
April -May	Communication with consumers and clients Notification to providers and partners Website posting Ongoing interaction with the unions	Flyers and consumer forums Regular meetings Letters from Dr. Royster Activities consistent with Collective Bargaining Agreements
May-September	Official notification to employees Official notification to unions	Human Resources
June 8	Update/feedback on implementation process	Quarterly All Staff Meeting
July-August	Staff interaction with new areas Staff moves	Meetings, tours, shadowing Employee Survey
September	Final staff moves	
September 14	Update/feedback on implementation process	Quarterly All Staff meeting
October 1	Effective Date of Realignment	
October	Open House	
October	Assessment of implementation process	Employee Survey Evaluation tool

Frequently Asked Questions

Q1. When will the realignment be effective? When will my work change?

Over the next months, we will prepare for the effective date of October 1, 2017 with introductions to new managers and team members, meetings between new areas, meeting with union representatives. We also will perform administrative functions required to effectuate the realignment including official personnel notifications and office relocations. Remember for most of us our work will not change. If your work does change, the actual date of when that will occur will depend on your area. You will be given appropriate notice before any change occurs.

Q2. On October 1, 2017, where do I report?

A: You will report to the same work space unless your work location has changed. You will know about that well before October 1, 2017.

Q3. When will I receive official notification of my transfer to my new work assignment?

A: If there is a change in your work assignment, your old supervisor will meet with you and introduce you to your new supervisor. You also will receive an official personnel action from Human Resources.

Q4: Will the realignment affect my benefits?

A: No. Your benefits will not change.

Q5: Will my new supervisor revisit my performance plan/smart goals?

A: If your reassignment is effective before June 30, 2017, a new supervisor could change your performance plan in accordance with personnel regulations. October 1, 2017 begins a new performance period and a new performance plan must be developed.

Q6: When will I see my new position reflected in PeopleSoft? Will there be a delay in pay?

A: There will be no delay in pay. You will see your new position reflected in PeopleSoft after you have been given the appropriate written notification from Human Resources.

Q7: Does this realignment change my current pay in any way?

A: No. The realignment does not change your current compensation.

Q8: Will the realignment affect my actual pay date?

A: No, you will continue to be paid every other Friday. Please remember to enter your time into PeopleSoft on time as usual.

Q9: Does this realignment affect my years of service?

A: No.

Q10: Will the realignment affect my annual and sick leave balances?

A: No.

Q11: Will my new supervisor honor leave that was pre-approved by my old supervisor?

A: Our goal would be to honor all previously approved leave requests. If a situation occurs where a newly formed team has conflicts with multiple team members approved for leave at the same time, your new supervisor will work you and your new colleagues to identify a solution.

Q12: Will my new work position mean I am no longer in the union?

A: No.

Q13: Will I have the same tour of duty?

A: This may vary depending on the work assigned to the newly formed team. You and your new supervisor will discuss this to identify a solution that works for the team.

Q14: How will my new work assignment affect my AWS or Telecommute?

A: Employees will need to re-apply for AWS or Telecommute. Approval will be at the discretion of your supervisor in accordance with the priorities of the office.

Q15: How will the decision about staff relocations are made?

A: The decision will be based on the overall needs of DBH, the space requirements of each area, and your new work assignment.

Q16: If I am a term or temporary worker, how does this realignment affect my status?

A: The terms of your employment will remain unchanged at the present time and will continue to expire at its current term. Any employee serving under a term appointment shall not acquire permanent status or be converted to a regular Career Service appointment on the basis of the realignment. District personnel regulations and Collective Bargaining Agreement provisions will apply.

Q17: Who do I contact for union or labor relations questions, grievances or issues?

A: There are no changes. You should continue to correspond and communicate with your current union representatives to address any labor relations questions or issues.

Q18: If I don't agree with my new work assignment, will there be an opportunity to explore other options?

A: The realignment decisions were carefully made based on the agency's needs. If you think your skills can be better used in another area, you should talk to your supervisor, Human Resources or Dr. Royster.

People often resist change for reasons that make good sense to them, even if those reasons don't correspond to organizational goals. So it is crucial to recognize, reward, and celebrate accomplishments.

Rosabeth Moss Kanter

QuoteAddicts.com

Q19: If my job duties change will I be provided orientation or training?

A: Yes. Receiving supervisors will provide the necessary orientation and training to new employees.

Q20. How can I get involved in the implementation process?

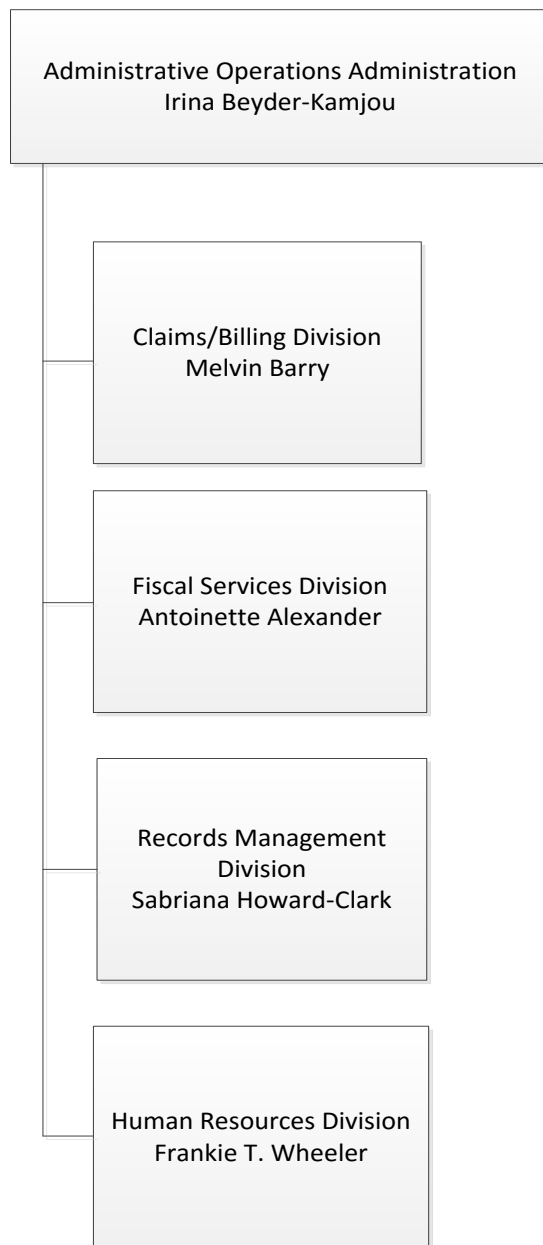
Stay aware and engaged. During the next six months, you will have multiple opportunities to discuss the new structure and provide input including individual meetings, area meetings and quarterly staff meetings. The employee newsletter also will include realignment updates.

Appendices-Administration Organizational Charts

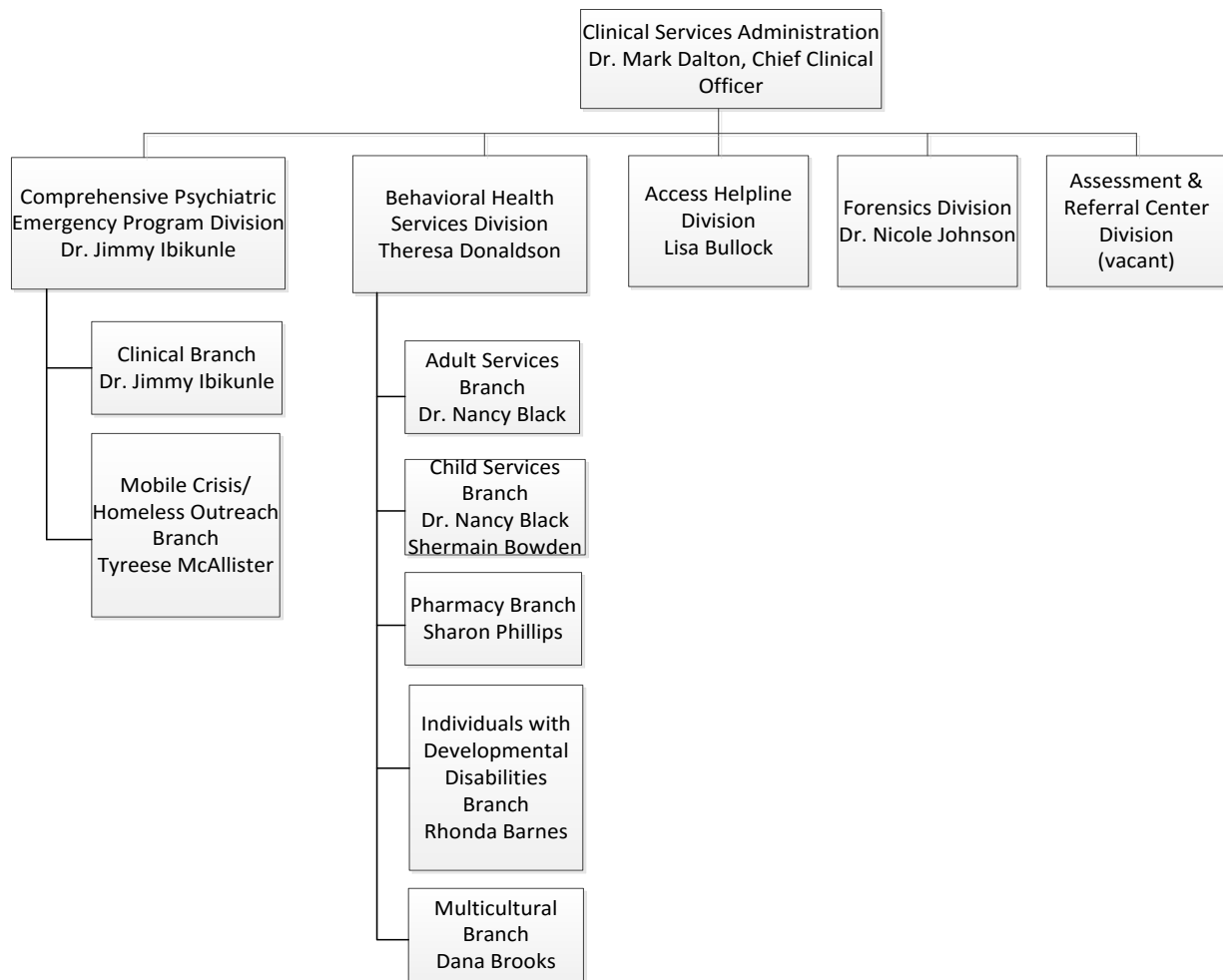
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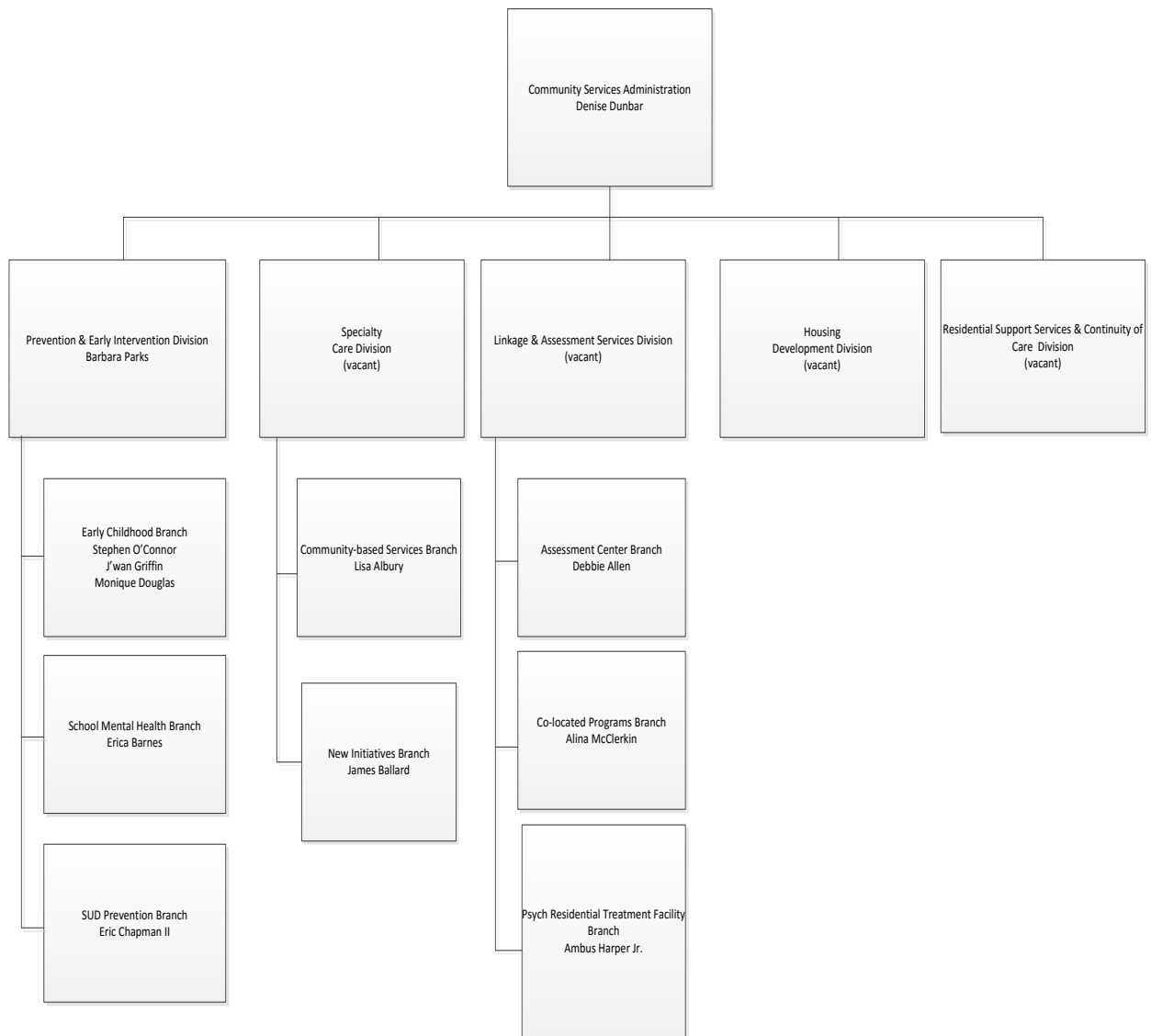
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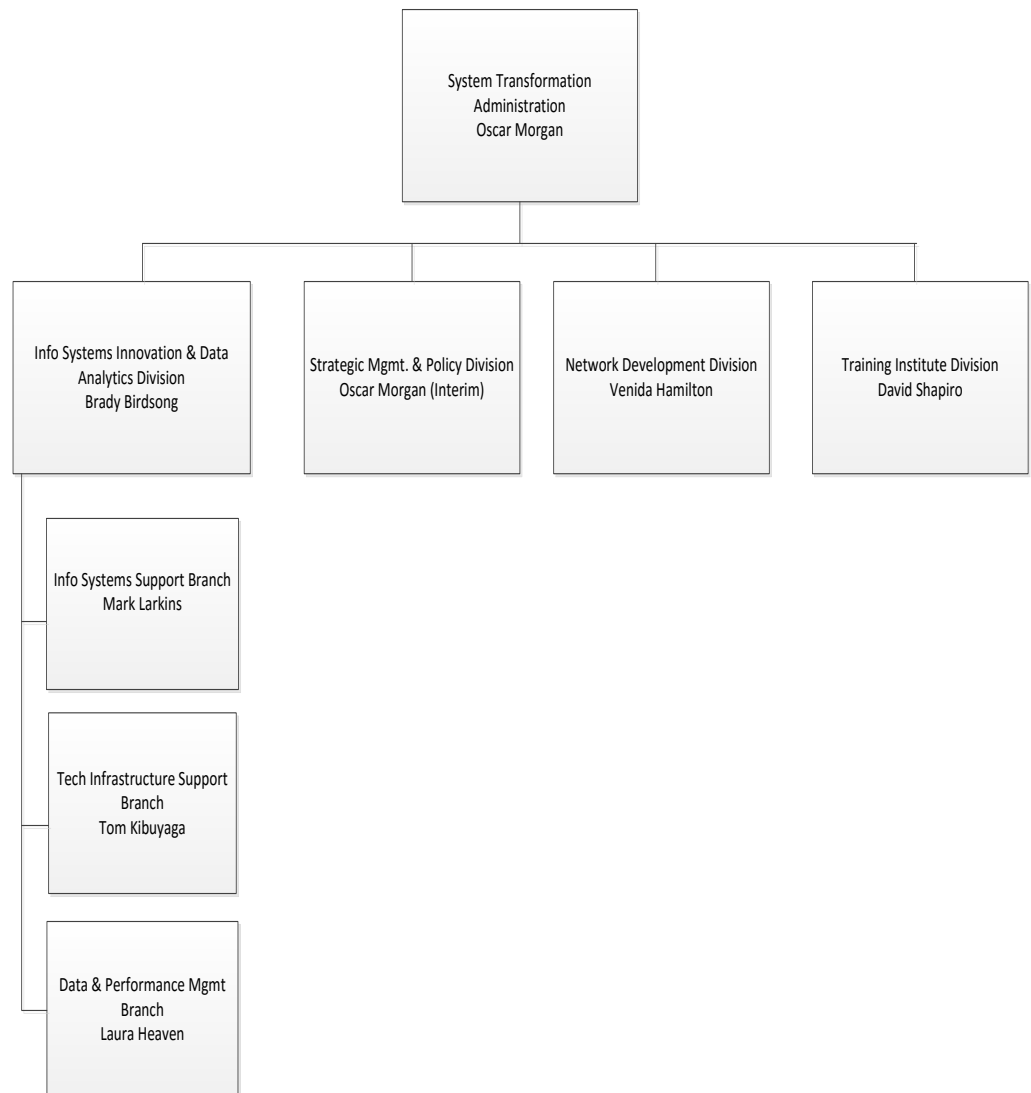
Appendix C: Clinical Services Administration: Marc Dalton, MD, Clinical Director



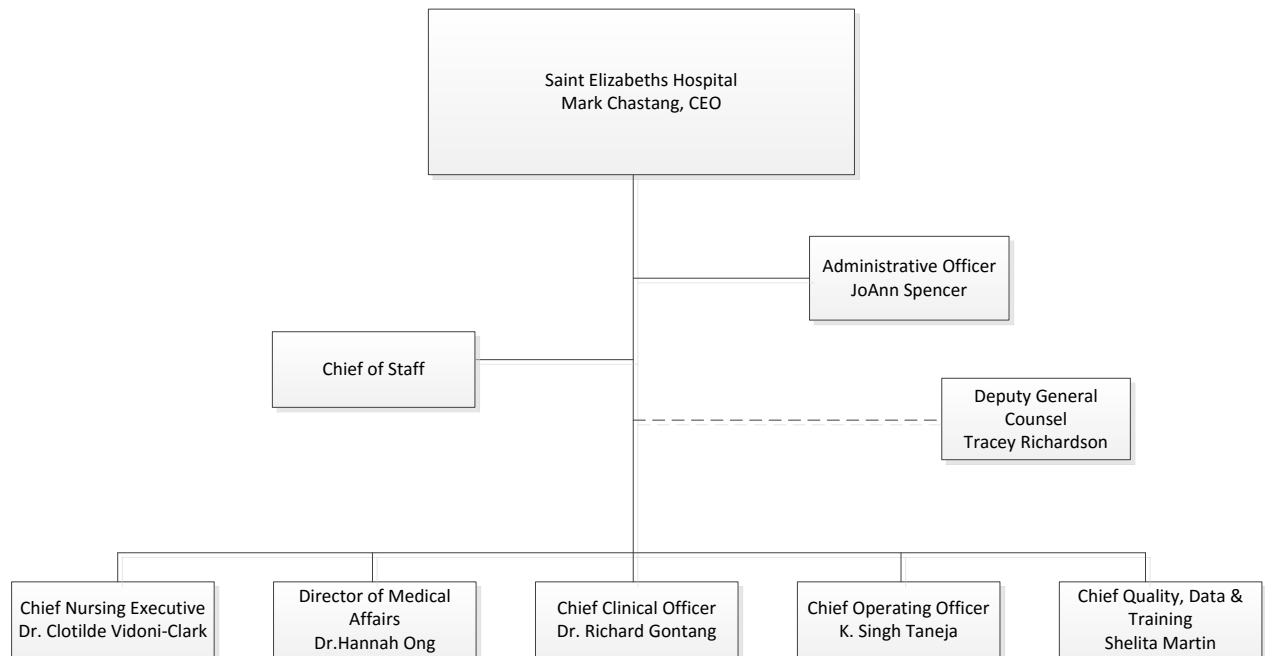
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Appendix E: Systems Transformation Administration: Oscar Morgan, Director



Appendix F: Saint Elizabeths Hospital: Mark Chastang, Chief Executive Officer



Acknowledgements

We would like to thank the staff who have contributed and participated in the long journey of the realignment.

DBH Executive Team - for all of your support and for holding the history and legacy of the former agencies in our work

Human Resources Team – for the many countless hours you put into the tedious work of developing the realignment package for approval

Laura Heaven – for your excellent research and analytical skills in developing the original national review that laid the foundation for this realignment plan

Davida Crockett - for your outstanding work on the realignment guide

Ana M. Veria - for taking the lead to develop the manager orientation guidelines

Realignment Leadership Team – for supporting the vision and carrying the 1300+ employees of DBH in your hearts and minds as we considered the implementation and follow up of the plan

Human Resources Team

Deborah Allen-Williams

Linda Barrett

Tia Beyman

Carol Brown

Mariam Brown

Louisa Buadoo-Amoa

Naomi Chapman

Francine Dease

Vivian Ellis

Elizabeth Falodun

Anglia Fulwood

Annie Harris

Cynthia Hawkins

Kiana Hinton

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Published March 2017

