COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHAIRMAN VINCENT C. GRAY
COUNCILMEMBER, WARD 7

Department of Behavioral Health
Oversight Questions

1. Please provide a current organizational chart for DBH. Please provide information to the activity level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY18 and to date in FY19.

2. Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY18 and to date in FY19. In addition, please describe any variance between the amount budgeted and actually spent for FY18 and to date in FY19:
   - At the agency level, please provide information broken out by source of funds and by Comptroller Source Group and Comptroller Object;
   - At the program level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object; and,
   - At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.

3. Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the transfer affected.

4. Please provide a complete accounting of all reprogrammings received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

5. Please provide a complete accounting of all of DBH's Special Purpose Revenue Funds for FY18 and to date in FY19. Please include the following:
   - Revenue source and code;
   - Source of the revenue for each special purpose revenue fund (*i.e. license fee, civil fine*);
   - Total amount of funds generated by each source or program in FY18 and to date in FY19;
   - DBH activity that the revenue in each special purpose revenue source fund supports; and,

- The FY18 and to date FY19 expenditure of funds, including purpose of expenditure.

6. Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DBH during FY18 and to date in FY19. This includes any reports of the DC Auditor, the Office of the Inspector General, or the Office of Accountability. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits. Please include the following:

7. Did DBH meet the objectives set forth in the performance plan for FY18? Please provide a narrative description of what actions DBH undertook to meet the key performance indicators. For any performance indicators that were not met, if any, please provide a narrative description for why they were not met and any remedial actions taken. In addition, please provide a narrative description of the performance objectives for FY19 and what actions DBH has undertaken to meet them to date.

8. Please provide DBH's capital budgets for FY18 and FY19, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY18 and FY19. In your response, please include information regarding the iCAMS project or its successor.

9. Please provide a list of all FTE positions detailed <u>from</u> DBH to another agency in FY18 and to date in FY19. In addition, please provide which agency the employee was detailed to and for how long.

10. Please provide the Committee with a list of employees who earn $100,000 or more in FY18 or to date in FY19, including their names, position, salary, grade, step, position description, and agency within DBH.

11. Please provide the following information for all grants awarded to DBH during FY18 and to date in FY19, broken down by DBH program and activity:
    - Grant Number/Title;
    - Approved Budget Authority;
    - Funding source;
    - Expenditures (including encumbrances and pre-encumbrances);
    - Purpose of the grant;
    - Grant deliverables;
    - Grant outcomes, including grantee performance;
    - Any corrective actions taken or technical assistance provided;
    - DBH program and activity supported by the grant; and,
    - DBH employee responsible for grant deliverables.

12. Please provide a complete accounting of all grant lapses including a detailed statement as to why the lapse occurred and any corrective action taken by DBH. Please provide

accounting of any grant carryover from FY16 to FY17 or FY18 to FY19 and a detailed explanation as to why it occurred.

13. Please provide a description of all housing programs administered by DBH. For each, please provide the following information:
    - Name of the program and services provided;
    - Number of individuals served in FY18 and to date in FY19;
    - Capacity of the program;
    - Performance measures and associated outcomes for each program;
    - The name and title of the DBH employee responsible for administering the program;
    - The average wait time for a consumer to access housing through the program;
    - The number of individuals on waiting lists for the program; and,
    - Of those individuals on the wait list, whether any are homeless or in other housing programs.

14. Please provide an update on the work of the children mobile crisis teams. What services are provided? How many individuals were served in FY18? To date in FY19? Please be sure to specifically speak to the work of the Children and Adolescent Mobile Psychiatric Service (ChAMPS), as well as any related services.
    - What is the process in determining what calls are deployable and non-deployable?
    - What is the response time for deployable calls? Please include the longest and shortest response times that occurred in FY18 and FY19 to date.
    - How many mobile crisis teams are there? How are calls triaged to ensure that a team is available upon request?
    - Please explain the nature of the training DCPS staff participated in as well as the number of staff who were trained.

15. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be served by ChAMPS?

16. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," will be admitted into psychiatric hospitalization? What is the process for making this determination and admitting them? For these persons, how many were served in person by ChAMPS before being hospitalized? Does ChAMPS have guidelines for when it will take a person to a psychiatric hospital for admission?

17. What are the procedures and guidelines you follow regarding a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," and who received ChAMPs service to monitor, track, follow-up, and respond to the person's behavioral health needs.

18. How many days, on average, does it take to connect children who have been screened as needing mental health services to a core service agency? What is being done to ensure timely access to care?
    - To the extent possible, please break down days based on type of care (e.g. medication management, CBI, community support, etc.).

19. How many days, on average, does it take for a child who has been referred to a core service agency to receive a diagnostic needs assessment? How many days, on average, elapse between the development of the diagnostic needs assessment and the implementation of services on the treatment plan? What is being done to ensure timely access to care? To the extent possible, please break down days based on type of care (e.g. medication management, CBI). Please provide a comparison between FY17, FY18 and to date in FY19.

20. Please explain the work the Department has been doing to treat children/youth exposed to violence in their communities or at home.

21. Please provide an update on the Department's School Based Mental Health Program including a list of all schools that participate and how many FTEs serve each school. For each school, please also include:
    - The number of students who met with a clinician;
    - The number of students who were referred to care;
    - The outcomes of all care linkages;
    - The most common diagnosis;
    - The referral source (i.e. walk-in, teacher);
    - The number of students participating in prevention programs;
    - What prevention programs and services were offered through the SMHP in FY18 and FY19 to date;
    - The number of FTEs serving in each school

22. Please provide the list of services available as part of the Mental Health Rehabilitation Services (MHRS) system. Specifically, please provide a description of each service and indicate whether or not it is available as part of the Medicaid MHRS program, the non-MHRS program, or both. In addition, please provide the FY18 and current reimbursement rates for each service.
    - Please provide any reports or studies used to determine the impact of a decrease in day services rates on community providers.

23. For MHRS Medicaid payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:
    - Date of service and date the claim was received;
    - Date the claim was received and date the claim was adjudicated;
    - Date the claim was adjudicated and date the claim is warranted for payment; and,
    - Date the claim is warranted for payment and date of the actual payment.

24. For MHRS local-only claim payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:
    - Date of service and date the claim was received;
    - Date the claim was received and date the claim was adjudicated;
    - Date the claim was adjudicated and date the claim is warranted for payment; and,
    - Date the claim is warranted for payment and date of the actual payment.

25. Please provide the monthly MHRS utilization data for FY18 and to date in FY19. Specifically, please include the following:
    - A breakdown of Medicaid MHRS vs. non-Medicaid MHRS;
    - For Medicaid MHRS, please provide a breakdown by managed care vs. fee-for-service (and include a breakdown by specific managed care organization);
    - For non-Medicaid MHRS enrollees, please indicate whether the individual had coverage via the DC Healthcare Alliance or was uninsured; and,
    - For non-Medicaid MHRS enrollees, please provide a breakdown by income.

26. Please provide the name of all certified MHRS providers. For each provider, please provide the following information for FY17, FY18 and to date in FY19:
    - Whether or not the provider utilizes the Medicaid MHRS program, the locally-funded MHRS program, or both;
    - The amount of their Human Care Agreements (HCA);
    - The amount of their purchase orders;
    - Actual expenditures under the purchase order;
    - Any modifications that were made to a HCA or purchase order, including an explanation for the modification;
    - Number of individuals served per purchase order. Please provide a breakdown by Medicaid vs. non-Medicaid enrollees;
    - Service utilization per purchase order; and,
    - Any complaints, investigations, or audits of the provider by DBH and the results of any such investigation or audit.

27. Please provide the following information for MHRS providers for FY17, FY18, and to date in FY19:
    - Rate of claims denial, broken out by provider;
    - Average length of time between when claims are submitted by providers and when they are determined to be "clean" by DBH;
    - Average length of time between when a "clean" locally-funded claim is submitted to DBH and when it is adjudicated;
    - Average length of time between when a "clean" locally-funded claim is adjudicated by DBH and when it is paid;
    - Rate of "clean" Medicaid claims transmitted by DBH to DHCF within 5 working days of receipt;
    - Average length of time between when a "clean" Medicaid claim is submitted to DHCF and when it is adjudicated;
    - Rate of claims paid within 30 days of being warranted, broken out by provider; and,

- Average length of time, broken out by Medicaid and non-Medicaid claims, between when a claim is first submitted and when payment is received.

28. Please share FY18 Provider Scorecards.
    - What services or support is DBH providing to these struggling providers?
    - What corrective action has DBH taken against providers receiving extremely low marks?

29. Please attach the FY18 Community Services Review results of children/youth. Please explain when the targeted review of adults will be conducted. In addition, please describe the review process for substance use disorder services.

30. How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they receive from DBH over the last fiscal year? How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they received from DBH over each of the last five fiscal years?

31. How many DBH clients were incarcerated at the Central Detention Facility (CDF) during the last fiscal year? How many DBH clients were incarcerated at CDF during each of the last five fiscal years? Of those clients, how long did they remain at CDF on average? Over the last 5 fiscal years?

32. How many DBH clients were incarcerated at the Correctional Treatment Facility (CTF) during the last fiscal year? How many DBH clients were incarcerated at CTF during each of the last five fiscal years? On average how long did they stay?

33. How many DBH clients were in the custody of the Federal Bureau of Prisons (BOP), including in halfway houses, during the last five fiscal years? How many DBH clients were in the custody of BOP, including in halfway houses, during each of the last five fiscal years? On average, how long did they stay? Over the last 5 fiscal years?

34. How much money in local dollars was spent in total on DBH clients at CDF over the last fiscal year? How much money in local dollars was spent in total on DBH clients at CDF over each of the last five fiscal years?

35. What is the breakdown of how local dollars were spent on DBH clients at CDF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CDF over each of the last five fiscal years?

36. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients at CTF over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients at CTF over each of the last five fiscal years? Please provide total local dollar expenditure as well.

37. What is the breakdown of how local dollars were spent on DBH clients at CTF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CTF over each of the last five fiscal years?

38. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

39. What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

40. Specifically, what transition planning services has DBH spent local dollars on over the last fiscal year? What transition planning services did DBH spend local dollars on over each of the last five fiscal years? When providing transition planning, how much money in local dollars was devoted to assisting with benefit applications over the last fiscal year? Over each of the last five fiscal years?

41. On average, how far in advance of a DBH client's release from Saint Elizabeths, DC Department of Corrections (DOC) custody, or BOP custody did DBH begin spending local dollars on transition planning during the last fiscal year? Over the last 5 fiscal years?

42. How many of DBH's clients who were in either DOC, BOP, or Saint Elizabeths' custody received transition planning services that were funded by local dollars over the last fiscal year? Over each of the last five fiscal years?

43. How many of DBH's clients who were in DOC or BOP's custody received transition planning services that were funded in a manner other than local dollars over the last fiscal year? Over each of the last five fiscal years?

44. In the past several fiscal years there have been a number of documented cases of CSAs experiencing financial difficulty stemming from payment issues with DBH. Have these issues persisted?

45. What are the average and median wait times for an intake meeting for children referred to CSAs? What is the average and median wait time for a first appointment with a psychiatrist?

46. Are there any services provided through Core Service Agencies or other mental health providers that are not currently reimbursed by Medicaid, and please indicate whether these services could be reimbursed under a 1915(i) state plan option, a waiver, or a demonstration project?

47. What are the reimbursement denial rates for MHRS claims submitted to DHCF by DBH, by type of claim, and the reasons for claim denials? Please explain any steps DBH has taken to ensure that MHRS providers understand which types of claims are reimbursable.

48. Last fiscal year, DBH was in the process of selecting software to determine medical necessity criteria for mental health consumers. Has DBH finalized the criteria? Please provide a full update.

49. DBH regulations provide that DBH conduct targeted compliance reviews of CSAs supported housing assessments and report the results to each CSA under review. DBH policies also require that DBH monitor certified providers to ensure compliance with DBH's housing procedures and programs, and that DBH utilize routine oversight and monitoring activities to determine whether CSAs are meeting their supported housing objectives. How does DBH conduct targeted compliance reviews and monitor certified providers to ensure compliance with its housing procedures and programs? What type of oversight and monitoring does DBH conduct to determine whether CSAs are meeting their supported housing objectives?

50. How does DBH ensure quality of mental health services within its provider network? Does DBH interview consumers of Core Service Agencies while conducting satisfaction surveys?

51. Please provide an organizational chart for all DBH programs, services, and management and administrative functions.

52. What resources, and how many FTEs, are assigned to the Access Help Line? Will there be any changes during the remainder of FY18 or FY19? How is DBH standardizing operating procedures, practices, manuals, or other business process and workflow systems for the Access Help Line? How will Access Help Line staff members be trained to carry out changes to their process, and if needed, to their roles and responsibilities? How can callers to the Access Help Line escalate concerns when they believe contact is not successfully connecting consumers or eligible District residents to needed services? If concerns are escalated, how does DBH define a timely response? How often are escalated concerns currently addressed in a timely manner?

53. Please provide a list of services mandated by DBH regulations, policies, or other requirements that are not always medically necessary. What steps is DBH taking to remove the requirements to provide those services?

54. How many children (0-20) received a service through MHRS during FY18? How does this compare to the number who received a service in FY16 and FY17.

55. Please provide a description and an update on the Behavioral Court Diversion program including:
    - A description of which youth are eligible to participate in the program;

- The process or protocol of selecting or referring youth to the program;
- The number of youth who participated in FY18 and to date in FY19, the type of status offense they were alleged to have committed, the referral source (i.e., judge, probation officer, prosecutor, etc.) and the outcomes for youth in the program;
- The recidivism rate of the youth participants and an explanation of how recidivism rates are measured;
- Any costs associated with the program; and
- The program's capacity and any expansion plan or barriers to expansion.

56. Please provide an update on the Agency's early childhood mental health projects, including any studies or reports.

- For the Parent Child Infant Early Childhood Enhancement Program include a description of the services provided, the type of clinicians employed, their capacity, and the number of children served, and how the cases ended (e.g. successful completion, closure for lack of attendance, etc.) in FY18 and to date in FY19.

- For the Early Childhood Mental Health Consultation Project, list the child care centers, homes, and schools that are participating, the services they have received and provide any progress/outcome measure available.

- For the Behavioral Health Access Project, list the number of individual patients who participate in the Project, the number of pediatric primary care providers who have been using the Project, and any efforts made by DBH to engage other pediatric primary care providers in using the Project.

57. Please provide an update on the work of the Psychotropic Monitoring Group (PMG) and their collaboration with the District of Columbia Drug Utilization Review Board in developing a protocol for identifying children above age five (5) prescribed four (4) or more psychotropic medications.

- Has the report of findings complied and analyzed by the PMG been completed? If so, please provide the results of that report and any other reports by the group written in FY17, FY18, and FY19 to date.

- Please provide an update on how many cases this group has reviewed and the outcomes.

58. During FY18, what percentage of children discharged from a hospital were seen within the community within seven days? When children are not seen until after the 7-day deadline, what are the reasons? Provide numbers and percentages.

59. Please explain the work the Department is doing with Child and Family Services Agency to better serve the mental health needs of foster children in the District. How long does it take for a child who has been identified as needing mental health services before they are

connected to those services? During FY18, what percentage of children were screened within 30 days of entering or re-entering care? Has there been a decrease in time to linkage to first services from FY17 to FY18? If available, please provide any documentation that shows children are receiving more timely services. What efforts have been made to improve more timely services?

60. Please explain the current work the Department is doing to serve DC youth who have been identified as commercially sexually exploited. Are there any evidence-based practices that DBH plans to employ to provide options for this population? What increases in capacity will be necessary for the Department to provide said practices? Does DBH have beds available for this population when they do not have housing options?

61. Please provide an update on the Department's home visiting program. How many individuals were served by this program in FY18 and FY19 to date? Are there any plans to expand this program?

62. Please describe what substance abuse services are offered to children and youth and the process for obtaining these services. Are there any plans for FY19 to expand the types of services offered to children and youth? How many children and youth have received services through the Adolescent Community Reinforcement Approach (A-CRA) in FY18 and FY19 to date?

63. How many children or youth participated in Medicaid and enrolled in a DC Department of Behavioral Health certified core service agency for FY 16, 17, 18, and 19?

64. How many unique persons under the age of 22 enrolled in your Medicaid program have been diagnosed with "serious emotional disturbance" during FY 16, 17, 18, and 19?

65. How many unique persons have been admitted to a psychiatric residential treatment facility ("PRTF") during FY 16, 17, 18, and 19? How many times has each person been admitted to a PRTF and how many days has each person spent during each placement in a PRTF? How many people who were admitted to a PRTF were under the custody of the District of Columbia Child and Family Services Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

66. How many unique persons have been admitted into psychiatric hospitalization during FY 16, 17, 18, and 19? How many times has each person been admitted and how many days has each person spent admitted during each admission? How many people who were admitted were under the custody of the District of Columbia Child and Family Services

Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

67. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received High Fidelity Wraparound ("HFW") service during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received HFW? How many persons were under the custody of DYRS when they received HFW?

68. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested HFW during FY 16, 17, 18, to be authorized or reauthorized and did not receive it? Of those people, how many were under the custody of CSFA at the time HFW was requested? Of those people, how many were under the custody of DYRS at the time HFW was requested?

69. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Community Based Intervention ("CBI") during FY 16, 17, 18, and 19 at each level (Level I, Level II, Level III, or Level IV)? How many times has each person received such service at each level? For how many days has each person received the service for each time they received it and at what level? How many persons were under the custody of CSFA during the time they received CBI at each level? How many persons were under the custody of DYRS when they received CBI at each level?

70. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested CBI to be authorized or reauthorized and did not receive it in FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time CBI was requested? Of those people, how many were under the custody of DYRS at the time CBI was requested?

71. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Assertive Community Treatment ("ACT") during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received ACT? How many persons were under the custody of DYRS when they received ACT?

72. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested ACT to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how

many were under the custody of CSFA at the time ACT was requested? Of those people, how many were under the custody of DYRS at the time ACT was requested?

73. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested Transition to Independence ("TIP") to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time TIP was requested? Of those people, how many were under the custody of DYRS at the time TIP was requested?

74. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Therapeutic Foster Care ("TFC") as defined in 29 DCMR § 4999 during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received TFC? How many persons were under the custody of DYRS when they received TFC?

75. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested TFC to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time TFC was requested? Of those people, how many were under the custody of DYRS at the time TFC was requested?

76. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" were placed in a residential treatment facility in the District of Columbia in FY 16, 17, 18, and 19? How many were placed in a residential treatment facility outside the District of Columbia in FY 16, 17, 18, and 19? For each unique person, how many times were they sent to a residential treatment facility? How many days did the person spend at each placement?

77. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a PRTF?

78. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive HFW?

79. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive CBI?

80. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive ACT?

81. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive TFC?

82. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility in the District of Columbia?

83. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility outside the District of Columbia?

84. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Amerigroup DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16,17, 18, and 19?

85. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is AmeriHealth Caritas DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

86. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Health Services for Children with Special Needs were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

87. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and who's MCO is Trusted Health Plan were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

88. How many complaints, grievances, or concerns did you receive within the past year from or on behalf of a person under the age of 22, enrolled in your Medicaid program, and with a diagnosis of "serious emotional disturbance" about the services for FY 16, 17, 18? Of those complaints, grievances, or concerns how many were regarding the number of complaints, grievance, or concerns about the quality, availability, or the location in which the services were provided for FY 16, 17, 18, and 19?

89. What percentage of Medicaid funds and non-Medicaid funds were expended during the past year on the provision of MHRS services for persons with a "severe emotional disturbance," who are under the age of 22 and enrolled in Medicaid for FY 16, 17, 18, and 19?

90. What are the utilization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19? At what rate does DHCF deny Medicaid reimbursement for claims that DBH has approved and forwarded for payment for MHRS services? What are the reasons for those denials?

91. What are the reauthorization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19?

92. How many unique persons, under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance" were also served by another district agency, including but not limited to the Child and Family Service Agency, the Department of Youth Rehabilitation Services, the Department of Housing and Community Development, the Department of Human Services or were receiving special education or related services from the District of Columbia Public Schools in FY 16, 17, 18, and 19?

93. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 1 year prior to their hospitalization, 6 months prior to their hospitalization, 90 days prior to their hospitalization, 60 days prior to their hospitalization, and 30 days prior to their hospitalization?

94. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

95. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 1 year prior to their

admission, 6 months prior to their admission, 90 days prior to their admission, 60 days prior to their admission, and 30 days prior to their admission?

96. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

97. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 1 year prior to their detention, 6 months prior to their detention, 90 days prior to their detention, 60 days prior to their detention, and 30 days prior to their detention?

98. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 7 days of their release, 30 days of their release, 60 days of their release, 90 days of their release, 6 months of their release, one year of their release, and greater than one year of their release? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

99. For FY 16, 17, 18, and 19, how many children have received mental health screening or services at the Health Horizons Assessment Center, the Healthy Families/Thriving Communities Collaboratives, or any other source?

100. The Pre-Arrest Diversion Program will connect participants with services through the existing DBH structure and rely on current CSAs. Were CSAs, community organizations, or service providers contacted during the development of this program? If so, what opportunities for feedback or program design were they provided?

101. What resources will the program be able to provide those who participate? How will the program handle housing needs? Walk me through exactly what will happen if a participant tells their case manager they are experiencing homelessness. Will they receive preferential treatment for housing access? Will they simply be referred to a shelter?

102. The committee has heard concerns raised about lack of community involvement in the development of the diversion program. Why were there no town halls or meetings with community stakeholders? Interested community organizations have been able to meet with program officials on 2-3 occasions, but only to communicate details of the program, not to allow serious input into its development. Moreover, there appears to be no plan to continue to engage community members in the working group or otherwise. Is there a plan for continued community engagement and for soliciting feedback during and after the pilot period in order to make necessary adjustments?

103. Are diversion program officials working with any community members or organizations about development or implementation of the diversion program? Are there any formal memorandums of understanding between the program and and any organizations? Which. If any, organizations or individuals have formal MOUs with the diversion program?

104. Please provide an organizational chart showing the individuals working with the diversion program. Are there any peers involved in the administration of the program?

105. What is the current budget of the program? What are the program expenses?

106. To date, how many individuals have been referred to the program? How many of those referred enrolled in the program? How many of those enrolled are still enrolled or have successfully completed the program?

107. How have program participants been referred to the program? How many have been referred through social contacts (are all social contact referrals done by MPD)? How many have been referred through pre-arrest diversion? How many, if any, have been referred in a way other than the two just named?

108. How is successful completion of the program determined? When is a participant considered to have "graduated" the program?

109. What, if anything, happens if a participant is arrested while in the program? If a participant is arrested after graduating the program?

110. We know that Lab@DC will be charged with pilot program evaluation. Typically, a truly impartial and rigorous evaluation is conducted by an outside researcher. For instance, Santa Fe's LEAD program is being evaluated by the University of New Mexico Institute for Social Research, and Seattle's LEAD program was evaluated by the University of Washington (http://leadkingcounty.org/lead-evaluation/). What measures are being taken to ensure that there is input regarding evaluation strategy from sources outside District agencies and employees?

111. Especially because this is a pilot program, data collection and evaluation are a crucial component for program improvement and permanent implementation. What data is being collected from this program, how will it be used in pilot evaluation, and what will be the metrics of success? Have DBH, DOH or MPD staff met with the pilot evaluator (the

Lab@DC) to discuss data collection, metrics, etc? Has the evaluator (the Lab@DC) been put in contact with other diversion program evaluators/researchers to learn from their processes?

112. Will/has the evaluator (the Lab@DC) contacted other DC agencies to access data to evaluate the program and/or participant outcomes? or accessed other agency databases for data to evaluate the program and/or participant outcomes? Which agencies? Which databases?

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHAIRMAN VINCENT C. GRAY
COUNCILMEMBER, WARD 7

Department of Behavioral Health
Oversight Questions

1. Please provide a current organizational chart for DBH. Please provide information to the activity level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY18 and to date in FY19.

(Irina)

2. Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY18 and to date in FY19. In addition, please describe any variance between the amount budgeted and actually spent for FY18 and to date in FY19:
   - At the agency level, please provide information broken out by source of funds and by Comptroller Source Group and Comptroller Object;
   - At the program level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object; and,
   - At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.

(Joyce)

3. Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the transfer affected.

(Joyce)

4. Please provide a complete accounting of all reprogrammings received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

(Joyce)

5. Please provide a complete accounting of all of DBH's Special Purpose Revenue Funds for FY18 and to date in FY19. Please include the following:
   - Revenue source and code;
   - Source of the revenue for each special purpose revenue fund (*i.e. license fee, civil fine*);
   - Total amount of funds generated by each source or program in FY18 and to date in FY19;
   - DBH activity that the revenue in each special purpose revenue source fund supports; and,

- The FY18 and to date FY19 expenditure of funds, including purpose of expenditure.

(Joyce)

6. Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DBH during FY18 and to date in FY19. This includes any reports of the DC Auditor, the Office of the Inspector General, or the Office of Accountability. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits. Please include the following:

(Atiya, Jim)

7. Did DBH meet the objectives set forth in the performance plan for FY18? Please provide a narrative description of what actions DBH undertook to meet the key performance indicators. For any performance indicators that were not met, if any, please provide a narrative description for why they were not met and any remedial actions taken. In addition, please provide a narrative description of the performance objectives for FY19 and what actions DBH has undertaken to meet them to date.

(Jen)

8. Please provide DBH's capital budgets for FY18 and FY19, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY18 and FY19. In your response, please include information regarding the iCAMS project or its successor.

(Joyce)

9. Please provide a list of all FTE positions detailed <u>from</u> DBH to another agency in FY18 and to date in FY19. In addition, please provide which agency the employee was detailed to and for how long.

(Irina)

10. Please provide the Committee with a list of employees who earn $100,000 or more in FY18 or to date in FY19, including their names, position, salary, grade, step, position description, and agency within DBH.

(Irina)

11. Please provide the following information for all grants awarded to DBH during FY18 and to date in FY19, broken down by DBH program and activity:
    - Grant Number/Title;
    - Approved Budget Authority;
    - Funding source;
    - Expenditures (including encumbrances and pre-encumbrances);
    - Purpose of the grant;
    - Grant deliverables;
    - Grant outcomes, including grantee performance;
    - Any corrective actions taken or technical assistance provided;
    - DBH program and activity supported by the grant; and,
    - DBH employee responsible for grant deliverables.

(Irina)

12. Please provide a complete accounting of all grant lapses including a detailed statement as to why the lapse occurred and any corrective action taken by DBH. Please provide accounting of any grant carryover from FY16 to FY17 or FY18 to FY19 and a detailed explanation as to why it occurred.

(Irina)

13. Please provide a description of all housing programs administered by DBH. For each, please provide the following information:
    - Name of the program and services provided;
    - Number of individuals served in FY18 and to date in FY19;
    - Capacity of the program;
    - Performance measures and associated outcomes for each program;
    - The name and title of the DBH employee responsible for administering the program;
    - The average wait time for a consumer to access housing through the program;
    - The number of individuals on waiting lists for the program; and,
    - Of those individuals on the wait list, whether any are homeless or in other housing programs.

(Denise, Jim)

14. Please provide an update on the work of the children mobile crisis teams. What services are provided? How many individuals were served in FY18? To date in FY19? Please be sure to specifically speak to the work of the Children and Adolescent Mobile Psychiatric Service (ChAMPS), as well as any related services.
    - What is the process in determining what calls are deployable and non-deployable?
    - What is the response time for deployable calls? Please include the longest and shortest response times that occurred in FY18 and FY19 to date.
    - How many mobile crisis teams are there? How are calls triaged to ensure that a team is available upon request?
    - Please explain the nature of the training DCPS staff participated in as well as the number of staff who were trained.

(Marc)

15. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be served by ChAMPS?

(Marc)

16. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," will be admitted into psychiatric hospitalization? What is the process for making this determination and admitting them? For these persons, how many were served in person by ChAMPS before being hospitalized? Does ChAMPS have guidelines for when it will take a person to a psychiatric hospital for admission?

(Marc)

17. What are the procedures and guidelines you follow regarding a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," and who received ChAMPs service to monitor, track, follow-up, and respond to the person's behavioral health needs.

(Marc)

18. How many days, on average, does it take to connect children who have been screened as needing mental health services to a core service agency? What is being done to ensure timely access to care?
    - To the extent possible, please break down days based on type of care (e.g. medication management, CBI, community support, etc.).

(Denise, Jim)

19. How many days, on average, does it take for a child who has been referred to a core service agency to receive a diagnostic needs assessment? How many days, on average, elapse between the development of the diagnostic needs assessment and the implementation of services on the treatment plan? What is being done to ensure timely access to care? To the extent possible, please break down days based on type of care (e.g. medication management, CBI). Please provide a comparison between FY17, FY18 and to date in FY19.

(Denise, Jim)

20. Please explain the work the Department has been doing to treat children/youth exposed to violence in their communities or at home.

(Denise, Jim)

21. Please provide an update on the Department's School Based Mental Health Program including a list of all schools that participate and how many FTEs serve each school. For each school, please also include:
    - The number of students who met with a clinician;
    - The number of students who were referred to care;
    - The outcomes of all care linkages;
    - The most common diagnosis;
    - The referral source (i.e. walk-in, teacher);
    - The number of students participating in prevention programs;
    - What prevention programs and services were offered through the SMHP in FY18 and FY19 to date;
    - The number of FTEs serving in each school

(Denise, Jim)

22. Please provide the list of services available as part of the Mental Health Rehabilitation Services (MHRS) system. Specifically, please provide a description of each service and indicate whether or not it is available as part of the Medicaid MHRS program, the non-MHRS program, or both. In addition, please provide the FY18 and current reimbursement rates for each service.
    - Please provide any reports or studies used to determine the impact of a decrease in day services rates on community providers.

(Denise, Jim)

23. For MHRS Medicaid payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:
    - Date of service and date the claim was received;
    - Date the claim was received and date the claim was adjudicated;
    - Date the claim was adjudicated and date the claim is warranted for payment; and,

- Date the claim is warranted for payment and date of the actual payment.

(Irina)

24. For MHRS local-only claim payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:
    - Date of service and date the claim was received;
    - Date the claim was received and date the claim was adjudicated;
    - Date the claim was adjudicated and date the claim is warranted for payment; and,
    - Date the claim is warranted for payment and date of the actual payment.

(Irina)

25. Please provide the monthly MHRS utilization data for FY18 and to date in FY19. Specifically, please include the following:
    - A breakdown of Medicaid MHRS vs. non-Medicaid MHRS;
    - For Medicaid MHRS, please provide a breakdown by managed care vs. fee-for-service (and include a breakdown by specific managed care organization);
    - For non-Medicaid MHRS enrollees, please indicate whether the individual had coverage via the DC Healthcare Alliance or was uninsured; and,
    - For non-Medicaid MHRS enrollees, please provide a breakdown by income.

(Jen, Jim)

26. Please provide the name of all certified MHRS providers. For each provider, please provide the following information for FY17, FY18 and to date in FY19:
    - Whether or not the provider utilizes the Medicaid MHRS program, the locally-funded MHRS program, or both;
    - The amount of their Human Care Agreements (HCA);
    - The amount of their purchase orders;
    - Actual expenditures under the purchase order;
    - Any modifications that were made to a HCA or purchase order, including an explanation for the modification;
    - Number of individuals served per purchase order. Please provide a breakdown by Medicaid vs. non-Medicaid enrollees;
    - Service utilization per purchase order; and,
    - Any complaints, investigations, or audits of the provider by DBH and the results of any such investigation or audit.

(Irina)

27. Please provide the following information for MHRS providers for FY17, FY18, and to date in FY19:
    - Rate of claims denial, broken out by provider;
    - Average length of time between when claims are submitted by providers and when they are determined to be "clean" by DBH;
    - Average length of time between when a "clean" locally-funded claim is submitted to DBH and when it is adjudicated;
    - Average length of time between when a "clean" locally-funded claim is adjudicated by DBH and when it is paid;
    - Rate of "clean" Medicaid claims transmitted by DBH to DHCF within 5 working days of receipt;
    - Average length of time between when a "clean" Medicaid claim is submitted to DHCF and when it is adjudicated;

- Rate of claims paid within 30 days of being warranted, broken out by provider; and,
- Average length of time, broken out by Medicaid and non-Medicaid claims, between when a claim is first submitted and when payment is received.

(Irina)

28. Please share FY18 Provider Scorecards.
    - What services or support is DBH providing to these struggling providers?
    - What corrective action has DBH taken against providers receiving extremely low marks?

(Atiya, Jim)

29. Please attach the FY18 Community Services Review results of children/youth. Please explain when the targeted review of adults will be conducted. In addition, please describe the review process for substance use disorder services.

(Atiya, Jim)

30. How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they receive from DBH over the last fiscal year? How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they received from DBH over each of the last five fiscal years?

(Irina)

31. How many DBH clients were incarcerated at the Central Detention Facility (CDF) during the last fiscal year? How many DBH clients were incarcerated at CDF during each of the last five fiscal years? Of those clients, how long did they remain at CDF on average? Over the last 5 fiscal years?

(Marc)

32. How many DBH clients were incarcerated at the Correctional Treatment Facility (CTF) during the last fiscal year? How many DBH clients were incarcerated at CTF during each of the last five fiscal years? On average how long did they stay?

(Marc)

33. How many DBH clients were in the custody of the Federal Bureau of Prisons (BOP), including in halfway houses, during the last five fiscal years? How many DBH clients were in the custody of BOP, including in halfway houses, during each of the last five fiscal years? On average, how long did they stay? Over the last 5 fiscal years?

(Marc)

34. How much money in local dollars was spent in total on DBH clients at CDF over the last fiscal year? How much money in local dollars was spent in total on DBH clients at CDF over each of the last five fiscal years?

(Marc)

35. What is the breakdown of how local dollars were spent on DBH clients at CDF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CDF over each of the last five fiscal years?

(Marc)

36. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients at CTF over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients at CTF over each of the last five fiscal years? Please provide total local dollar expenditure as well.

(Marc)

37. What is the breakdown of how local dollars were spent on DBH clients at CTF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CTF over each of the last five fiscal years?

(Marc)

38. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

(Marc)

39. What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

(Marc)

40. Specifically, what transition planning services has DBH spent local dollars on over the last fiscal year? What transition planning services did DBH spend local dollars on over each of the last five fiscal years? When providing transition planning, how much money in local dollars was devoted to assisting with benefit applications over the last fiscal year? Over each of the last five fiscal years?

(Marc)

41. On average, how far in advance of a DBH client's release from Saint Elizabeths, DC Department of Corrections (DOC) custody, or BOP custody did DBH begin spending local dollars on transition planning during the last fiscal year? Over the last 5 fiscal years?

(Marc, Mark)

42. How many of DBH's clients who were in either DOC, BOP, or Saint Elizabeths' custody received transition planning services that were funded by local dollars over the last fiscal year? Over each of the last five fiscal years?

(Marc, Mark)

43. How many of DBH's clients who were in DOC or BOP's custody received transition planning services that were funded in a manner other than local dollars over the last fiscal year? Over each of the last five fiscal years?

(Marc)

44. In the past several fiscal years there have been a number of documented cases of CSAs experiencing financial difficulty stemming from payment issues with DBH. Have these issues persisted?

(Irina, Jen, Jim)

45. What are the average and median wait times for an intake meeting for children referred to CSAs? What is the average and median wait time for a first appointment with a psychiatrist?

(Jen, Jim)

46. Are there any services provided through Core Service Agencies or other mental health providers that are not currently reimbursed by Medicaid, and please indicate whether these services could be reimbursed under a 1915(i) state plan option, a waiver, or a demonstration project?

(Jim, Irina)

47. What are the reimbursement denial rates for MHRS claims submitted to DHCF by DBH, by type of claim, and the reasons for claim denials? Please explain any steps DBH has taken to ensure that MHRS providers understand which types of claims are reimbursable.

(Irina)

48. Last fiscal year, DBH was in the process of selecting software to determine medical necessity criteria for mental health consumers. Has DBH finalized the criteria? Please provide a full update.

(Marc)

49. DBH regulations provide that DBH conduct targeted compliance reviews of CSAs supported housing assessments and report the results to each CSA under review. DBH policies also require that DBH monitor certified providers to ensure compliance with DBH's housing procedures and programs, and that DBH utilize routine oversight and monitoring activities to determine whether CSAs are meeting their supported housing objectives. How does DBH conduct targeted compliance reviews and monitor certified providers to ensure compliance with its housing procedures and programs? What type of oversight and monitoring does DBH conduct to determine whether CSAs are meeting their supported housing objectives?

(Atiya, Jim)

50. How does DBH ensure quality of mental health services within its provider network? Does DBH interview consumers of Core Service Agencies while conducting satisfaction surveys?

(Atiya, Jim)

51. Please provide an organizational chart for all DBH programs, services, and management and administrative functions.

(All Administrations)

52. What resources, and how many FTEs, are assigned to the Access Help Line? Will there be any changes during the remainder of FY18 or FY19? How is DBH standardizing operating procedures, practices, manuals, or other business process and workflow systems for the Access Help Line? How will Access Help Line staff members be trained to carry out changes to their process, and if needed, to their roles and responsibilities? How can callers to the Access Help Line escalate concerns when they believe contact is not successfully connecting consumers or eligible District residents to needed services? If concerns are escalated, how does DBH define a timely response? How often are escalated concerns currently addressed in a timely manner?

(Marc)

53. Please provide a list of services mandated by DBH regulations, policies, or other requirements that are not always medically necessary. What steps is DBH taking to remove the requirements to provide those services?

(Marc)

54. How many children (0-20) received a service through MHRS during FY18? How does this compare to the number who received a service in FY16 and FY17.

(Jen, Jim)

55. Please provide a description and an update on the Behavioral Court Diversion program including:
    - A description of which youth are eligible to participate in the program;
    - The process or protocol of selecting or referring youth to the program;
    - The number of youth who participated in FY18 and to date in FY19, the type of status offense they were alleged to have committed, the referral source (i.e., judge, probation officer, prosecutor, etc.) and the outcomes for youth in the program;
    - The recidivism rate of the youth participants and an explanation of how recidivism rates are measured;
    - Any costs associated with the program; and
    - The program's capacity and any expansion plan or barriers to expansion.

(Denise, Jim)

56. Please provide an update on the Agency's early childhood mental health projects, including any studies or reports.
    - For the Parent Child Infant Early Childhood Enhancement Program include a description of the services provided, the type of clinicians employed, their capacity, and the number of children served, and how the cases ended (e.g. successful completion, closure for lack of attendance, etc.) in FY18 and to date in FY19.

    - For the Early Childhood Mental Health Consultation Project, list the child care centers, homes, and schools that are participating, the services they have received and provide any progress/outcome measure available.

    - For the Behavioral Health Access Project, list the number of individual patients who participate in the Project, the number of pediatric primary care providers who have been using the Project, and any efforts made by DBH to engage other pediatric primary care providers in using the Project.

(Denise, Jim)

57. Please provide an update on the work of the Psychotropic Monitoring Group (PMG) and their collaboration with the District of Columbia Drug Utilization Review Board in developing a protocol for identifying children above age five (5) prescribed four (4) or more psychotropic medications.

    - Has the report of findings complied and analyzed by the PMG been completed? If so, please provide the results of that report and any other reports by the group written in FY17, FY18, and FY19 to date.

- Please provide an update on how many cases this group has reviewed and the outcomes.

(Denise, Jim)

58. During FY18, what percentage of children discharged from a hospital were seen within the community within seven days? When children are not seen until after the 7-day deadline, what are the reasons? Provide numbers and percentages.

(Denise, Jen, Jim)

59. Please explain the work the Department is doing with Child and Family Services Agency to better serve the mental health needs of foster children in the District. How long does it take for a child who has been identified as needing mental health services before they are connected to those services? During FY18, what percentage of children were screened within 30 days of entering or re-entering care? Has there been a decrease in time to linkage to first services from FY17 to FY18? If available, please provide any documentation that shows children are receiving more timely services. What efforts have been made to improve more timely services?

(Denise, Jim)

60. Please explain the current work the Department is doing to serve DC youth who have been identified as commercially sexually exploited. Are there any evidence-based practices that DBH plans to employ to provide options for this population? What increases in capacity will be necessary for the Department to provide said practices? Does DBH have beds available for this population when they do not have housing options?

(Denise, Jim)

61. Please provide an update on the Department's home visiting program. How many individuals were served by this program in FY18 and FY19 to date? Are there any plans to expand this program?

(Phyllis)

62. Please describe what substance abuse services are offered to children and youth and the process for obtaining these services. Are there any plans for FY19 to expand the types of services offered to children and youth? How many children and youth have received services through the Adolescent Community Reinforcement Approach (A-CRA) in FY18 and FY19 to date?

(Denise, Jen, Jim)

63. How many children or youth participated in Medicaid and enrolled in a DC Department of Behavioral Health certified core service agency for FY 16, 17, 18, and 19?

(Jen, Jim)

64. How many unique persons under the age of 22 enrolled in your Medicaid program have been diagnosed with "serious emotional disturbance" during FY 16, 17, 18, and 19?

(Jen, Jim)

65. How many unique persons have been admitted to a psychiatric residential treatment facility ("PRTF") during FY 16, 17, 18, and 19? How many times has each person been admitted to a PRTF and how many days has each person spent during each placement in a PRTF? How many people who were admitted to a PRTF were under the custody of the

District of Columbia Child and Family Services Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

(Jen, Jim)

66. How many unique persons have been admitted into psychiatric hospitalization during FY 16, 17, 18, and 19? How many times has each person been admitted and how many days has each person spent admitted during each admission? How many people who were admitted were under the custody of the District of Columbia Child and Family Services Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

(Jen, Jim)

67. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received High Fidelity Wraparound ("HFW") service during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received HFW? How many persons were under the custody of DYRS when they received HFW?

(Jen, Jim)

68. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested HFW during FY 16, 17, 18, to be authorized or reauthorized and did not receive it? Of those people, how many were under the custody of CSFA at the time HFW was requested? Of those people, how many were under the custody of DYRS at the time HFW was requested?

(Jen, Jim)

69. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Community Based Intervention ("CBI") during FY 16, 17, 18, and 19 at each level (Level I, Level II, Level III, or Level IV)? How many times has each person received such service at each level? For how many days has each person received the service for each time they received it and at what level? How many persons were under the custody of CSFA during the time they received CBI at each level? How many persons were under the custody of DYRS when they received CBI at each level?

(Jen, Jim)

70. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested CBI to be authorized or reauthorized and did not receive it in FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time CBI was requested? Of those people, how many were under the custody of DYRS at the time CBI was requested?

(Jen, Jim)

71. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Assertive Community Treatment ("ACT") during FY 16, 17, 18, and 19? How many times has each person

received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received ACT? How many persons were under the custody of DYRS when they received ACT?

(Jen, Jim)

72. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested ACT to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time ACT was requested? Of those people, how many were under the custody of DYRS at the time ACT was requested?

(Jen, Jim)

73. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested Transition to Independence ("TIP") to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time TIP was requested? Of those people, how many were under the custody of DYRS at the time TIP was requested?

(Jen, Jim)

74. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Therapeutic Foster Care ("TFC") as defined in 29 DCMR § 4999 during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received TFC? How many persons were under the custody of DYRS when they received TFC?

(Jen, Jim)

75. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested TFC to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time TFC was requested? Of those people, how many were under the custody of DYRS at the time TFC was requested?

Jen, Jim)

76. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" were placed in a residential treatment facility in the District of Columbia in FY 16, 17, 18, and 19? How many were placed in a residential treatment facility outside the District of Columbia in FY 16, 17, 18, and 19? For each unique person, how many times were they sent to a residential treatment facility? How many days did the person spend at each placement?

(Jen, Jim)

77. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a PRTF?

(Denise, Jim)

78. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive HFW?

(Marc, Denise, Jim)

79. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive CBI?

(Marc, Denise, Jim)

80. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive ACT?

(Marc, Denise, Jim)

81. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive TFC?

(Marc, Denise, Jim)

82. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility in the District of Columbia?

(Marc, Denise, Jim)

83. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility outside the District of Columbia?

(Marc, Denise, Jim)

84. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Amerigroup DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16,17, 18, and 19?

(Jen, Jim)

85. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is AmeriHealth Caritas DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

(Jen, Jim)

86. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Health Services for Children with Special Needs were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

(Jen, Jim)

87. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and who's MCO is Trusted Health Plan were

admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

Jen, Jim)

88. How many complaints, grievances, or concerns did you receive within the past year from or on behalf of a person under the age of 22, enrolled in your Medicaid program, and with a diagnosis of "serious emotional disturbance" about the services for FY 16, 17, 18? Of those complaints, grievances, or concerns how many were regarding the number of complaints, grievance, or concerns about the quality, availability, or the location in which the services were provided for FY 16, 17, 18, and 19?

Raphaelle, Denise, Jim, Patricia)

89. What percentage of Medicaid funds and non-Medicaid funds were expended during the past year on the provision of MHRS services for persons with a "severe emotional disturbance," who are under the age of 22 and enrolled in Medicaid for FY 16, 17, 18, and 19?

(Jen, Jim)

90. What are the utilization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19? At what rate does DHCF deny Medicaid reimbursement for claims that DBH has approved and forwarded for payment for MHRS services? What are the reasons for those denials?

(Irina)

91. What are the reauthorization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19?

(Jen, Jim)

92. How many unique persons, under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance" were also served by another district agency, including but not limited to the Child and Family Service Agency, the Department of Youth Rehabilitation Services, the Department of Housing and Community Development, the Department of Human Services or were receiving special education or related services from the District of Columbia Public Schools in FY 16, 17, 18, and 19?

(Jen, Jim)

93. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 1 year prior to their hospitalization, 6 months prior to their hospitalization, 90 days prior to their hospitalization, 60 days prior to their hospitalization, and 30 days prior to their hospitalization?

(Jen, Jim)

94. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For

each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

(Jen, Jim)

95. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 1 year prior to their admission, 6 months prior to their admission, 90 days prior to their admission, 60 days prior to their admission, and 30 days prior to their admission?

(Jen, Jim)

96. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

(Jen, Jim)

97. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 1 year prior to their detention, 6 months prior to their detention, 90 days prior to their detention, 60 days prior to their detention, and 30 days prior to their detention?

(Jen, Jim)

98. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 7 days of their release, 30 days of their release, 60 days of their release, 90 days of their release, 6 months of their release, one year of their release, and greater than one year of their release? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

(Jen, Jim)

99. For FY 16, 17, 18, and 19, how many children have received mental health screening or services at the Health Horizons Assessment Center, the Healthy Families/Thriving Communities Collaboratives, or any other source?

(Denise, Jim)

100. The Pre-Arrest Diversion Program will connect participants with services through the existing DBH structure and rely on current CSAs. Were CSAs, community organizations, or service providers contacted during the development of this program? If so, what opportunities for feedback or program design were they provided?

(Marc)

100. What resources will the program be able to provide those who participate? How will the program handle housing needs? Walk me through exactly what will happen if a participant tells their case manager they are experiencing homelessness. Will they receive preferential treatment for housing access? Will they simply be referred to a shelter?

(Marc)

101. The committee has heard concerns raised about lack of community involvement in the development of the diversion program. Why were there no town halls or meetings with community stakeholders? Interested community organizations have been able to meet with program officials on 2-3 occasions, but only to communicate details of the program, not to allow serious input into its development. Moreover, there appears to be no plan to continue to engage community members in the working group or otherwise. Is there a plan for continued community engagement and for soliciting feedback during and after the pilot period in order to make necessary adjustments?

(Marc)

102. Are diversion program officials working with any community members or organizations about development or implementation of the diversion program? Are there any formal memorandums of understanding between the program and any organizations? Which, if any, organizations or individuals have formal MOUs with the diversion program?

(Marc)

104. Please provide an organizational chart showing the individuals working with the diversion program. Are there any peers involved in the administration of the program?

(Marc)

105. What is the current budget of the program? What are the program expenses?

(Marc)

106. To date, how many individuals have been referred to the program? How many of those referred enrolled in the program? How many of those enrolled are still enrolled or have successfully completed the program?

(Marc)

107. How have program participants been referred to the program? How many have been referred through social contacts (are all social contact referrals done by MPD)? How many have been referred through pre-arrest diversion? How many, if any, have been referred in a way other than the two just named?

(Marc)

108. How is successful completion of the program determined? When is a participant considered to have “graduated” the program?

(Marc)

109. What, if anything, happens if a participant is arrested while in the program? If a participant is arrested after graduating the program?

(Marc)

110. We know that Lab@DC will be charged with pilot program evaluation. Typically, a truly impartial and rigorous evaluation is conducted by an outside researcher. For instance, Santa Fe's LEAD program is being evaluated by the University of New Mexico Institute for Social Research, and Seattle's LEAD program was evaluated by the University of Washington (http://leadkingcounty.org/lead-evaluation/). What measures are being taken to ensure that there is input regarding evaluation strategy from sources outside District agencies and employees?

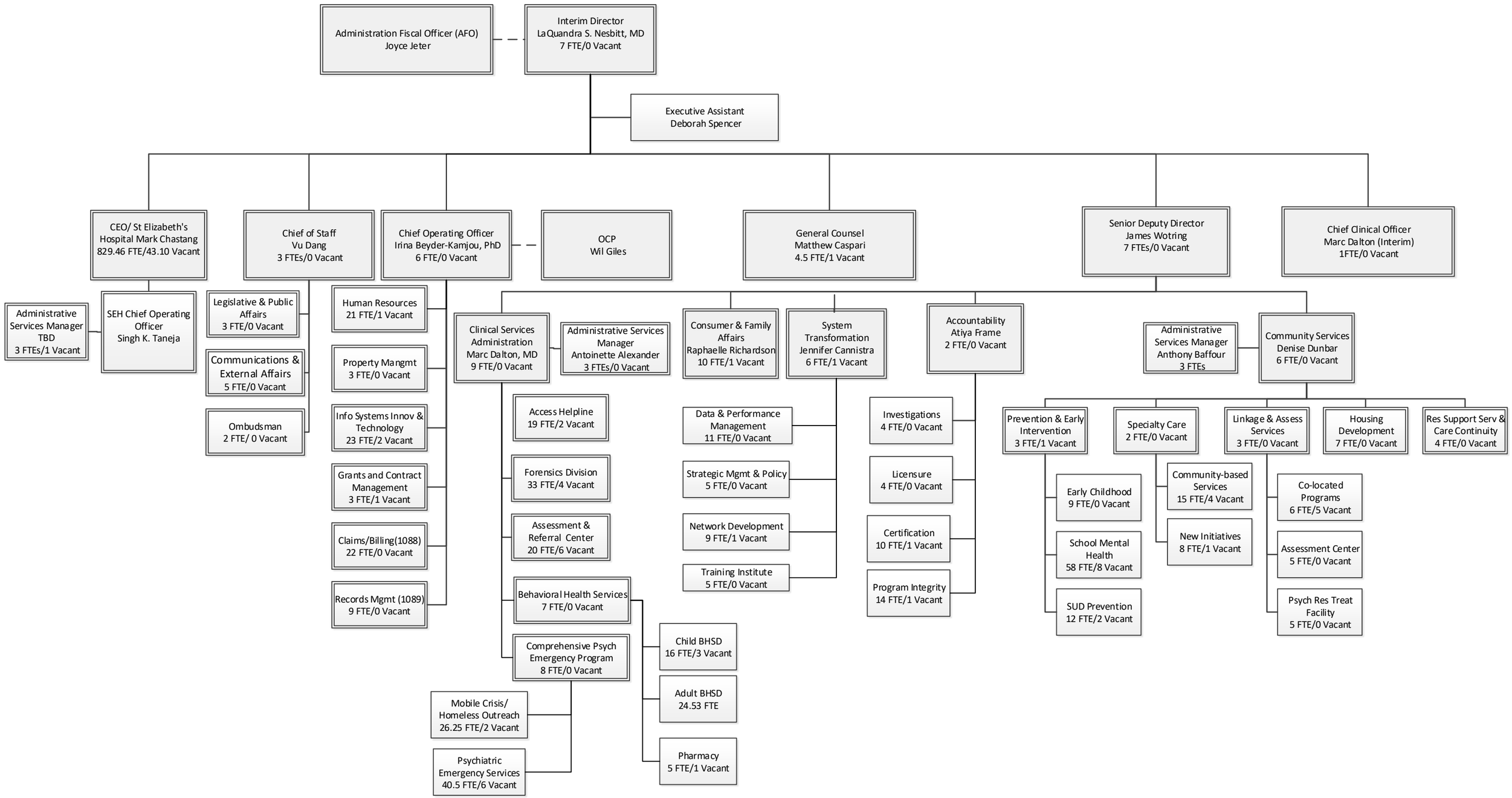
111. Especially because this is a pilot program, data collection and evaluation are a crucial component for program improvement and permanent implementation. What data is being collected from this program, how will it be used in pilot evaluation, and what will be the metrics of success? Have DBH, DOH or MPD staff met with the pilot evaluator (the Lab@DC) to discuss data collection, metrics, etc? Has the evaluator (the Lab@DC) been put in contact with other diversion program evaluators/researchers to learn from their processes?

(Marc)

112. Will/has the evaluator (the Lab@DC) contacted other DC agencies to access data to evaluate the program and/or participant outcomes? or accessed other agency databases for data to evaluate the program and/or participant outcomes? Which agencies? Which databases?

(Marc)

Department of Behavioral Health Organizational Chart FY2019



Q1. Please provide a current organizational chart for DBH. Please provide information to the activity level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY18 and to date in FY19.

DBH Response:

See Attached

DEPARTMENT OF BEHAVIORAL HEALTH
FY 2018 - FY 2019 BUDGET COMPARISON
Agency Level

Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
0100	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	89,299,336	87,314,988	1,984,348		96,983,375	24,061,518	72,921,856
		0011 - REGULAR PAY - CONT FULL TIME Total		**89,299,336**	**87,314,988**	**1,984,348**		**96,983,375**	**24,061,518**	**72,921,856**
		0012 - REGULAR PAY - OTHER	0125 - TERM FULL-TIME	3,314,230	3,723,273	(409,042)		3,620,654	1,042,121	2,578,533
			0122 - CONTINUING PART-TIME	636,355	441,564	194,790		757,987	121,631	636,356
			0121 - TEMPORARY FULL-TIME	2,118,377	1,782,878	335,499		2,397,850	437,693	1,960,157
			0127 - WORKER'S COMP INJURY EARNINGS	-	5,438	(5,438)		-	27,345	(27,345)
			0126 - TERM PART-TIME	129,751	51,348	78,403		129,751	14,276	115,475
		0012 - REGULAR PAY - OTHER Total		**6,198,713**	**6,004,500**	**194,213**		**6,906,241**	**1,643,065**	**5,263,176**
		0013 - ADDITIONAL GROSS PAY	0136 - SUNDAY PAY	-	1,612,244	(1,612,244)		-	489,330	(489,330)
			0135 - HOLIDAY PAY	-	1,302,874	(1,302,874)		-	614,073	(614,073)
			0131 - SHIFT DIFFERENTIAL	5,277,525	1,087,032	4,190,493		3,995,047	296,522	3,698,525
			0134 - TERMINAL LEAVE	-	584,647	(584,647)		-	171,832	(171,832)
			0174 - SEVERANCE PAY	-	141,963	(141,963)		-	92,878	(92,878)
			0139 - RETRO PAY	-	971,841	(971,841)		-	-	-
			0137 - SPECIAL AWARDS PAY	-	43,500	(43,500)		-	45,500	(45,500)
			0138 - BONUS PAY	-	9,500	(9,500)		-	3,728	(3,728)
			0129 - RN ON CALL PAY	-	38,368	(38,368)		-	11,523	(11,523)
		0013 - ADDITIONAL GROSS PAY Total		**5,277,525**	**5,791,968**	**(514,443)**		**3,995,047**	**1,725,385**	**2,269,662**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	75,475	(75,475)		-	15,710	(15,710)
			0142 - HEALTH BENEFITS	-	10,412,420	(10,412,420)		-	2,979,298	(2,979,298)
			0147 - MISC FRINGE BENEFITS	23,703,503	827,861	22,875,642		25,955,234	344	25,954,889
			0148 - RETIREMENT CONTRIBUTION - FICA	-	5,002,074	(5,002,074)		-	1,426,967	(1,426,967)
			0152 - RETIREMENT CONTRIBUTION - CIVIL	-	616,142	(616,142)		-	155,463	(155,463)
			0154 - OPTICAL PLAN	-	75,823	(75,823)		-	21,254	(21,254)
			0155 - DENTAL PLAN	-	248,832	(248,832)		-	68,078	(68,078)
			0158 - MEDICARE CONTRIBUTION	-	1,312,531	(1,312,531)		-	384,564	(384,564)
			0159 - RETIREMENT	-	3,699,790	(3,699,790)		-	1,154,548	(1,154,548)
			0160 - DC METRO BENEFITS	-	115,711	(115,711)		-	6,144	(6,144)
			0161 - DC HEALTH BENEFIT FEES	-	481,900	(481,900)		-	141,017	(141,017)
			0157 - PREPAID LEGAL	-	1,825	(1,825)		-	485	(485)
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**23,703,503**	**22,870,385**	**833,119**		**25,955,234**	**6,353,873**	**19,601,361**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	2,277,517	3,012,220	(734,703)		1,476,155	1,020,566	455,588
		0015 - OVERTIME PAY Total		**2,277,517**	**3,012,220**	**(734,703)**		**1,476,155**	**1,020,566**	**455,588**
	PERSONNEL SERVICES Total			**126,756,595**	**124,994,061**	**1,762,533**		**135,316,052**	**34,804,409**	**100,511,643**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	455,765	146,962	308,803		680,115	207,591	472,524
			0203 - MEDICAL, SURGICAL AND LAB	3,002,272	3,441,431	(439,159)		2,753,717	1,489,666	1,264,051
			0210 - GENERAL	172,410	352,394	(179,985)		163,024	389,645	(226,621)
			0202 - CUSTODIAL AND MAINTENANCE	59,835	70,000	(10,165)		59,835	57,698	2,137

DEPARTMENT OF BEHAVIORAL HEALTH
FY 2018 - FY 2019 BUDGET COMPARISON
Agency Level

Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0209 - FOOD PROVISIONS	755,254	796,130	(40,876)		750,730	687,896	62,833
			0299 - INT PENALTIES QUICK PAY CLS 20	-	88	(88)		-	319	(319)
			0204 - EDUCATIONAL	10,000	-	10,000		10,000	(8,018)	18,018
			0212 - CULINARY PRODUCTS	-	68,990	(68,990)		-	-	-
			0218 - CLEANING SUPPLIES	134,778	-	134,778		134,778	-	134,778
			0207 - CLOTHING AND UNIFORMS	9,000	9,990	(990)		9,000	(3,183)	12,183
			0215 - TOILETRIES	24,000	-	24,000		24,000	-	24,000
			0213 - SECURITY SUPPLIES	5,500	8,440	(2,940)		5,500	-	5,500
			0219 - IT SUPPLIES	34,578	-	34,578		-	(688)	688
			0205 - RECREATIONAL	-	-	-		-	(272)	272
			0214 - PHOTO SUPPLIES	-	-	-		-	(253)	253
		0020 - SUPPLIES AND MATERIALS Total		**4,663,390**	**4,894,426**	**(231,035)**		**4,590,698**	**2,820,401**	**1,770,297**
		0030 - ENERGY, COMM. AND BLDG RENTALS	0304 - GAS	243,015	243,015	-		288,944	288,944	-
			0305 - ELECTRICITY	833,367	833,367	-		1,174,925	1,174,925	-
			0307 - WATER	289,982	289,982	-		371,982	371,982	-
			0330 - SUSTAINABLE ENERGY	113,110	26,517	86,594		58,936	58,936	-
			0301 - FUEL AUTOMOTIVE	9,893	1,890	8,003		7,486	7,486	-
		0030 - ENERGY, COMM. AND BLDG RENTALS Total		**1,489,368**	**1,394,771**	**94,597**		**1,902,273**	**1,902,273**	**-**
		0031 - TELEPHONE, TELEGRAPH, TELEGRAM,	0308 - TELEPHONE, TELETYPE, TELEGRAM,	729,193	766,169	(36,976)		-	-	-
		0031 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC Total		**729,193**	**766,169**	**(36,976)**		**-**	**-**	**-**
		0031 - TELECOMMUNICATIONS	0308 - TELEPHONE, TELETYPE, TELEGRAM,	-	-	-		688,143	688,143	-
		0031 - TELECOMMUNICATIONS Total		**-**	**-**	**-**		**688,143**	**688,143**	**-**
		0032 - RENTALS - LAND AND STRUCTURES	0309 - RENTALS - LAND AND STRUCTURES	6,045,379	6,045,379	-		6,398,318	6,398,318	-
		0032 - RENTALS - LAND AND STRUCTURES Total		**6,045,379**	**6,045,379**	**-**		**6,398,318**	**6,398,318**	**-**
		0034 - SECURITY SERVICES	0440 - SECURITY SERVICES	3,873,260	3,857,697	15,563		3,250,485	3,250,485	-
		0034 - SECURITY SERVICES Total		**3,873,260**	**3,857,697**	**15,563**		**3,250,485**	**3,250,485**	**-**
		0035 - OCCUPANCY FIXED COSTS	0310 - OCCUPANCY FIXED COSTS	197,919	194,899	3,019		216,926	216,926	-
		0035 - OCCUPANCY FIXED COSTS Total		197,919	194,899	3,019		216,926	216,926	-
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	370,788	499	370,289		242,724	(3,768)	246,492
			0408 - PROF SERVICE FEES AND CONTR	3,836,471	5,736,819	(1,900,348)		4,032,915	2,904,552	1,128,363
			0410 - OFFICE SUPPORT	232,469	317,691	(85,223)		222,141	435,741	(213,601)
			0418 - IT TRAINING AND EDUCATION	-	61,565	(61,565)		-	-	-
			0428 - PERSONAL SERVICES CONTRACTS	70,881	-	70,881		30,881	(22)	30,904
			0429 - PROFESSIONAL SERVICES	1,451,398	764,421	686,978		1,276,874	1,377,275	(100,401)
			0499 - INT PENALTIES QUICK PAY CLS 40	-	8,336	(8,336)		-	1,642	(1,642)
			0402 - TRAVEL - OUT OF CITY	125,933	25,403	100,530		106,581	(25,932)	132,513
			0403 - TRANS CHARGES - MATERIALS	61,191	227,023	(165,832)		44,599	20,097	24,502
			0404 - MAINTENANCE AND REPAIRS - AUTO	78,098	-	78,098		69,953	(650)	70,603
			0406 - MAINTENANCE AND REPAIRS - LAND,	109,734	103,886	5,849		206,266	172,363	33,903

DEPARTMENT OF BEHAVIORAL HEALTH
FY 2018 - FY 2019 BUDGET COMPARISON
Agency Level

Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0401 - TRAVEL - LOCAL	142,182	24,418	117,764		140,624	(3,379)	144,003
			0415 - JUDGEMENTS, INDEMNITIES	40,586	53,551	(12,965)		40,586	26	40,560
			0416 - POSTAGE	6,591	-	6,591		6,591	(35)	6,627
			0411 - PRINTING, DUPLICATING, ETC	12,000	-	12,000		12,000	(2,489)	14,489
			0424 - CONFERENCE FEES LOC OUT OF CITY	10,000	-	10,000		5,000	(9,498)	14,498
			0405 - MAINTENANCE AND REPAIRS - MACH	195,700	126,302	69,398		158,000	80,200	77,800
			0494 - OCTO IT ASSESSMENT	608,174	588,666	19,508		734,619	621,854	112,766
			0407 - MAINTENANCE AND REPAIRS - OTHEI	10,000	70,634	(60,634)		10,000	38,588	(28,588)
			0413 - TAXES AND LICENSES	-	805	(805)		-	-	-
			0442 - IT SOFTWARE MAINTENANCE	128,085	601,255	(473,170)		-	217,593	(217,593)
			0441 - IT HARDWARE MAINTENANCE	295,804	100,309	195,495		-	(1,053)	1,053
			0425 - PAYMENT OF MEMBERSHIP DUES	-	-	-		-	(5,035)	5,035
		0040 - OTHER SERVICES AND CHARGES Total		**7,786,086**	**8,811,582**	**(1,025,496)**		**7,340,355**	**5,818,070**	**1,522,285**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	30,913,025	29,062,429	1,850,596		26,829,584	20,428,025	6,401,559
			0459 - CONTRACTUAL SERVICES - IT	-	1,062,662	(1,062,662)		-	905,626	(905,626)
		0041 - CONTRACTUAL SERVICES - OTHER Total		**30,913,025**	**30,125,091**	**787,935**		**26,829,584**	**21,333,651**	**5,495,933**
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	29,364,804	53,378,537	(24,013,733)		40,319,169	25,646,121	14,673,048
			0502 - MEDICAL VENDOR SERVICES	2,036,960	694,523	1,342,437		2,611,544	2,010,206	601,338
			0506 - GRANTS AND GRATUITIES	13,273,930	(238,593)	13,512,522		15,173,930	676,150	14,497,780
			0503 - REHABILITATION VENDOR SERVICES	1,258,523	1,698,947	(440,423)		1,258,523	(1,407)	1,259,931
			0599 - INT PENALTIES QUICK PAY CLS 50	-	332	(332)		-	28	(28)
			0507 - SUBSIDIES	8,315,602	-	8,315,602		4,499,125	-	4,499,125
		0050 - SUBSIDIES AND TRANSFERS Total		**54,249,819**	**55,533,747**	**(1,283,928)**		**63,862,291**	**28,331,097**	**35,531,194**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTURES	-	42,783	(42,783)		-	38,574	(38,574)
			0702 - PURCHASES - EQUIPMENT AND MACHINERY	110,749	28,638	82,111		21,050	(116)	21,166
			0704 - PURCHASES - OTHER EQUIPMENT	108,688	13,266	95,422		25,000	(9,087)	34,087
			0710 - IT HARDWARE ACQUISITIONS	-	-	-		-	(592)	592
			0706 - RENTALS - MACHINERY AND EQUIPMENT	-	77,500	(77,500)		-	-	-
			0708 - LIBRARY BOOKS	-	5,937	(5,937)		-	(772)	772
			0711 - IT SOFTWARE ACQUISITIONS	22,385	27,554	(5,170)		-	(14,801)	14,801
			0799 - INT PENALTIES QUICK PAY CLS 70	-	96	(96)		-	-	-
			0709 - TEXT BOOKS	-	-	-		-	(655)	655
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**241,821**	**195,774**	**46,047**		**46,050**	**12,550**	**33,500**
	NON-PERSONNEL SERVICES Total			**110,189,261**	**111,819,535**	**(1,630,274)**		**115,125,121**	**70,771,912**	**44,353,209**
0100 Total				**236,945,856**	**236,813,596**	**132,260**	**Variance is related to vacancy rate for FY 2018**	**250,441,173**	**105,576,321**	**144,864,852**
0200	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	5,222,328	4,929,082	293,245		4,830,165	1,243,096	3,587,069
		0011 - REGULAR PAY - CONT FULL TIME Total		**5,222,328**	**4,929,082**	**293,245**		**4,830,165**	**1,243,096**	**3,587,069**

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Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
		0012 - REGULAR PAY - OTHER	0125 - TERM FULL-TIME	2,033,204	2,208,514	(175,311)		2,434,982	589,074	1,845,908
			0122 - CONTINUING PART-TIME	49,908	50,045	(137)		99,817	13,300	86,517
			0121 - TEMPORARY FULL-TIME	-	-	-		182,762	-	182,762
		0012 - REGULAR PAY - OTHER Total		**2,083,112**	**2,258,559**	**(175,448)**		**2,717,560**	**602,373**	**2,115,187**
		0013 - ADDITIONAL GROSS PAY	0136 - SUNDAY PAY	-	10,307	(10,307)		-	13,241	(13,241)
			0135 - HOLIDAY PAY	-	32,317	(32,317)		-	14,048	(14,048)
			0131 - SHIFT DIFFERENTIAL	-	29,805	(29,805)		-	9,267	(9,267)
			0134 - TERMINAL LEAVE	-	49,875	(49,875)		-	13,495	(13,495)
		0013 - ADDITIONAL GROSS PAY Total		**-**	**122,304**	**(122,304)**		**-**	**50,051**	**(50,051)**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	(7,785)	7,785		-	1,066	(1,066)
			0142 - HEALTH BENEFITS	-	649,707	(649,707)		-	173,138	(173,138)
			0147 - MISC FRINGE BENEFITS	1,717,878	49,532	1,668,346		1,839,562	-	1,839,562
			0148 - RETIREMENT CONTRIBUTION - FICA	-	416,278	(416,278)		-	107,375	(107,375)
			0152 - RETIREMENT CONTRIBUTION - CIVIL	-	27,143	(27,143)		-	7,289	(7,289)
			0154 - OPTICAL PLAN	-	6,215	(6,215)		-	1,484	(1,484)
			0155 - DENTAL PLAN	-	19,839	(19,839)		-	4,634	(4,634)
			0158 - MEDICARE CONTRIBUTION	-	102,619	(102,619)		-	26,694	(26,694)
			0159 - RETIREMENT	-	281,668	(281,668)		-	74,693	(74,693)
			0160 - DC METRO BENEFITS	-	12,788	(12,788)		-	198	(198)
			0161 - DC HEALTH BENEFIT FEES	-	33,356	(33,356)		-	8,204	(8,204)
			0157 - PREPAID LEGAL	-	5,256	(5,256)		-	1,499	(1,499)
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**1,717,878**	**1,596,616**	**121,262**		**1,839,562**	**406,275**	**1,433,287**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	-	237,720	(237,720)		-	59,993	(59,993)
		0015 - OVERTIME PAY Total		**-**	**237,720**	**(237,720)**		**-**	**59,993**	**(59,993)**
	PERSONNEL SERVICES Total			**9,023,318**	**9,144,282**	**(120,965)**		**9,387,288**	**2,361,789**	**7,025,499**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	46,705	1,500	45,205		16,705	61,199	(44,494)
			0203 - MEDICAL, SURGICAL AND LAB	280,403	255,188	25,215		145,403	5,671	139,732
			0210 - GENERAL	413,892	214,077	199,815		364,810	270,373	94,436
			0202 - CUSTODIAL AND MAINTENANCE	21,364	38,265	(16,901)		11,364	8,169	3,195
			0209 - FOOD PROVISIONS	42,728	241,142	(198,414)		96,139	10,878	85,261
			0204 - EDUCATIONAL	13,363	-	13,363		13,363	(2,210)	15,572
			0212 - CULINARY PRODUCTS	-	30,000	(30,000)		-	40,000	(40,000)
			0218 - CLEANING SUPPLIES	-	-	-		-	(1,035)	1,035
			0207 - CLOTHING AND UNIFORMS	5,341	-	5,341		5,341	(4,865)	10,206
			0213 - SECURITY SUPPLIES	5,500	-	5,500		5,500	-	5,500
			0205 - RECREATIONAL	-	-	-		-	(3,810)	3,810
			0214 - PHOTO SUPPLIES	-	-	-		-	(922)	922
		0020 - SUPPLIES AND MATERIALS Total		**829,296**	**780,172**	**49,124**		**658,624**	**383,448**	**275,176**
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	-	-	-		-	(500)	500

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Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0408 - PROF SERVICE FEES AND CONTR	1,035,731	981,190	54,542		10,429,899	7,429,503	3,000,396
			0410 - OFFICE SUPPORT	62,694	72,185	(9,491)		30,146	64,400	(34,254)
			0429 - PROFESSIONAL SERVICES	-	139,118	(139,118)		-	92,471	(92,471)
			0402 - TRAVEL - OUT OF CITY	55,825	21,896	33,930		10,682	(10,029)	20,712
			0403 - TRANS CHARGES - MATERIALS	120,000	-	120,000		80,000	19,768	60,232
			0406 - MAINTENANCE AND REPAIRS - LAND,	-	4,075	(4,075)		-	20,097	(20,097)
			0401 - TRAVEL - LOCAL	16,593	3,315	13,278		86,023	(4,160)	90,183
			0411 - PRINTING, DUPLICATING, ETC	-	-	-		-	(2,234)	2,234
			0424 - CONFERENCE FEES LOC OUT OF CITY	-	-	-		-	(7,197)	7,197
			0405 - MAINTENANCE AND REPAIRS - MACH	-	32,833	(32,833)		-	-	-
			0407 - MAINTENANCE AND REPAIRS - OTHEI	162,918	149,596	13,321		94,918	81,583	13,335
			0441 - IT HARDWARE MAINTENANCE	-	-	-		-	(273)	273
			0425 - PAYMENT OF MEMBERSHIP DUES	40,341	38,783	1,558		40,341	32,428	7,913
			0414 - ADVERTISING	-	-	-		-	(424)	424
		0040 - OTHER SERVICES AND CHARGES Total		**1,494,102**	**1,442,991**	**51,112**		**10,772,009**	**7,715,431**	**3,056,578**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	1,506,542	1,497,264	9,278		6,631,045	639,610	5,991,435
		0041 - CONTRACTUAL SERVICES - OTHER Total		**1,506,542**	**1,497,264**	**9,278**		**6,631,045**	**639,610**	**5,991,435**
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	4,122,897	350,000	3,772,897		2,604,128	217,165	2,386,963
			0506 - GRANTS AND GRATUITIES	4,970,924	8,743,821	(3,772,897)		12,119,729	3,052,669	9,067,059
			0507 - SUBSIDIES	-	-	-		200,000	-	200,000
			0523 - AGENCY INDIRECT COST	-	-	-		25,000	-	25,000
		0050 - SUBSIDIES AND TRANSFERS Total		**9,093,821**	**9,093,821**	**-**		**14,948,857**	**3,269,834**	**11,679,022**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTU	1,068	34,542	(33,474)		1,068	47,992	(46,924)
			0702 - PURCHASES - EQUIPMENT AND MACH	53,410	32,388	21,023		62,274	12,076	50,198
			0704 - PURCHASES - OTHER EQUIPMENT	24,035	9,586	14,449		25,167	(2,969)	28,136
			0706 - RENTALS - MACHINERY AND EQUIPM	8,993	12,193	(3,200)		5,000	-	5,000
			0708 - LIBRARY BOOKS	13,353	-	13,353		13,353	-	13,353
			0707 - RENTALS - OTHER	-	-	-		-	(1,801)	1,801
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**100,858**	**88,708**	**12,150**		**106,861**	**55,299**	**51,563**
	NON-PERSONNEL SERVICES Total			**13,024,619**	**12,902,956**	**121,663**		**33,117,396**	**12,063,621**	**21,053,774**
0200 Total				**22,047,937**	**22,047,238**	**699**		**42,504,683**	**14,425,410**	**28,079,273**
0250	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	328,376	324,163	4,214		529,767	116,462	413,305
		0011 - REGULAR PAY - CONT FULL TIME Total		**328,376**	**324,163**	**4,214**		**529,767**	**116,462**	**413,305**
		0013 - ADDITIONAL GROSS PAY	0134 - TERMINAL LEAVE	-	4,214	(4,214)		-	-	-
		0013 - ADDITIONAL GROSS PAY Total		**-**	**4,214**	**(4,214)**		**-**	**-**	**-**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	171	(171)		-	47	(47)
			0142 - HEALTH BENEFITS	-	23,059	(23,059)		-	7,023	(7,023)
			0147 - MISC FRINGE BENEFITS	63,426	-	63,426		131,912	-	131,912
			0148 - RETIREMENT CONTRIBUTION - FICA	-	16,807	(16,807)		-	5,059	(5,059)

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Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0152 - RETIREMENT CONTRIBUTION - CIVIL	-	2,342	(2,342)		-	1,738	(1,738)
			0154 - OPTICAL PLAN	-	181	(181)		-	65	(65)
			0155 - DENTAL PLAN	-	580	(580)		-	194	(194)
			0158 - MEDICARE CONTRIBUTION	-	4,535	(4,535)		-	1,606	(1,606)
			0159 - RETIREMENT	-	14,536	(14,536)		-	4,582	(4,582)
			0160 - DC METRO BENEFITS	-	295	(295)		-	-	-
			0161 - DC HEALTH BENEFIT FEES	-	920	(920)		-	378	(378)
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**63,426**	**63,426**	**(0)**		**131,912**	**20,691**	**111,221**
	PERSONNEL SERVICES Total			**391,802**	**391,802**	**0**		**661,680**	**137,153**	**524,526**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	-	-	-		5,000	5,000	-
		0020 - SUPPLIES AND MATERIALS Total		**-**	**-**	**-**		**5,000**	**5,000**	**-**
		0031 - TELECOMMUNICATIONS	0308 - TELEPHONE, TELETYPE, TELEGRAM,	-	-	-		-	67,430	(67,430)
		0031 - TELECOMMUNICATIONS Total		**-**	**-**	**-**		**-**	**67,430**	**(67,430)**
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	-	-	-		50,000	-	50,000
			0408 - PROF SERVICE FEES AND CONTR	60,000	311,972	(251,972)		537,117	49,920	487,197
			0410 - OFFICE SUPPORT	-	14,996	(14,996)		-	20,000	(20,000)
			0429 - PROFESSIONAL SERVICES	291,968	25,000	266,968		-	-	-
			0403 - TRANS CHARGES - MATERIALS	-	-	-		11,592	-	11,592
			0442 - IT SOFTWARE MAINTENANCE	300,618	226,865	73,753		128,085	568,554	(440,469)
			0441 - IT HARDWARE MAINTENANCE	-	73,753	(73,753)		-	77,798	(77,798)
		0040 - OTHER SERVICES AND CHARGES Total		**652,586**	**652,586**	**(0)**		**726,795**	**716,273**	**10,522**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	-	-	-		14,533	-	14,533
			0459 - CONTRACTUAL SERVICES - IT	-	-	-		470,000	469,542	458
		0041 - CONTRACTUAL SERVICES - OTHER Total		**-**	**-**	**-**		**484,533**	**469,542**	**14,991**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0702 - PURCHASES - EQUIPMENT AND MACH	-	-	-		89,699	-	89,699
			0704 - PURCHASES - OTHER EQUIPMENT	-	-	-		33,688	-	33,688
			0710 - IT HARDWARE ACQUISITIONS	92,629	-	92,629		-	-	-
			0706 - RENTALS - MACHINERY AND EQUIPM	-	76,813	(76,813)		-	-	-
			0708 - LIBRARY BOOKS	-	-	-		-	37,000	(37,000)
			0711 - IT SOFTWARE ACQUISITIONS	-	15,816	(15,816)		22,385	57,108	(34,723)
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**92,629**	**92,629**	**-**		**145,771**	**94,108**	**51,663**
	NON-PERSONNEL SERVICES Total			**745,215**	**745,215**	**(0)**		**1,362,099**	**1,352,353**	**9,746**
0250 Total				**1,137,018**	**1,137,018**	**(0)**		**2,023,778**	**1,489,506**	**534,273**
0400	PERSONNEL SERVICES	0012 - REGULAR PAY - OTHER	0125 - TERM FULL-TIME	50,658	50,658	-		-	-	-
		0012 - REGULAR PAY - OTHER Total		**50,658**	**50,658**	**-**		**-**	**-**	**-**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	2	(2)		-	-	-
			0142 - HEALTH BENEFITS	-	227	(227)		-	-	-
			0147 - MISC FRINGE BENEFITS	9,927	9,251	676		-	-	-
			0148 - RETIREMENT CONTRIBUTION - FICA	-	208	(208)		-	-	-

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Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0154 - OPTICAL PLAN	-	2	(2)		-	-	-
			0155 - DENTAL PLAN	-	6	(6)		-	-	-
			0158 - MEDICARE CONTRIBUTION	-	49	(49)		-	-	-
			0159 - RETIREMENT	-	172	(172)		-	-	-
			0161 - DC HEALTH BENEFIT FEES	-	11	(11)		-	-	-
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**9,927**	**9,927**	**(0)**		**-**	**-**	**-**
	PERSONNEL SERVICES Total			**60,585**	**60,585**	**(0)**		**-**	**-**	**-**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	2,666	-	2,666		40,000	6,897	33,103
			0203 - MEDICAL, SURGICAL AND LAB	-	-	-		-	12	(12)
			0210 - GENERAL	-	2,666	(2,666)		-	92	(92)
		0020 - SUPPLIES AND MATERIALS Total		**2,666**	**2,666**	**-**		**40,000**	**7,000**	**33,000**
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	-	-	-		-	(50)	50
			0408 - PROF SERVICE FEES AND CONTR	188,751	117,214	71,537		351,808	193,659	158,149
			0410 - OFFICE SUPPORT	-	42,156	(42,156)		-	64,059	(64,059)
			0428 - PERSONAL SERVICES CONTRACTS	-	-	-		-	(2,000)	2,000
			0402 - TRAVEL - OUT OF CITY	-	31,384	(31,384)		-	1,119	(1,119)
			0401 - TRAVEL - LOCAL	-	1,729	(1,729)		-	371	(371)
			0424 - CONFERENCE FEES LOC OUT OF CITY	20,000	-	20,000		-	-	-
			0413 - TAXES AND LICENSES	-	805	(805)		-	-	-
			0442 - IT SOFTWARE MAINTENANCE	-	-	-		-	8,475	(8,475)
			0425 - PAYMENT OF MEMBERSHIP DUES	-	-	-		-	(730)	730
		0040 - OTHER SERVICES AND CHARGES Total		**208,751**	**193,287**	**15,464**		**351,808**	**264,903**	**86,905**
		0050 - SUBSIDIES AND TRANSFERS	0506 - GRANTS AND GRATUITIES	134,360	134,360	-		20,000	-	20,000
		0050 - SUBSIDIES AND TRANSFERS Total		**134,360**	**134,360**	**-**		**20,000**	**-**	**20,000**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTU	-	-	-		-	5,000	(5,000)
			0704 - PURCHASES - OTHER EQUIPMENT	-	-	-		25,000	-	25,000
			0709 - TEXT BOOKS	-	-	-		15,000	-	15,000
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**-**	**-**	**-**		**40,000**	**5,000**	**35,000**
	NON-PERSONNEL SERVICES Total			**345,777**	**330,313**	**15,464**		**451,808**	**276,903**	**174,905**
0400 Total				406,362	390,899	15,464	Revenue exceeded projected expenditures, unexpended funds will be carried into FY 2019	451,808	276,903	174,905
0450	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	-	-	-		-	31,848	(31,848)
			0210 - GENERAL	60,101	5,372	54,729		86,021	3,887	82,134
			0209 - FOOD PROVISIONS	-	200	(200)		-	(1,714)	1,714
			0204 - EDUCATIONAL	-	-	-		-	(864)	864
			0207 - CLOTHING AND UNIFORMS	-	-	-		-	(135)	135

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		0020 - SUPPLIES AND MATERIALS Total		**60,101**	**5,572**	**54,529**		**86,021**	**33,021**	**53,000**
		0040 - OTHER SERVICES AND CHARGES	0408 - PROF SERVICE FEES AND CONTR	57,754	3,903	53,850		177,754	-	177,754
			0410 - OFFICE SUPPORT	-	3,850	(3,850)		-	44,760	(44,760)
			0429 - PROFESSIONAL SERVICES	-	271	(271)		-	-	-
			0402 - TRAVEL - OUT OF CITY	-	-	-		-	(223)	223
			0401 - TRAVEL - LOCAL	-	-	-		-	(800)	800
			0411 - PRINTING, DUPLICATING, ETC	-	-	-		-	(47)	47
			0425 - PAYMENT OF MEMBERSHIP DUES	-	-	-		-	(45)	45
		0040 - OTHER SERVICES AND CHARGES Total		**57,754**	**8,025**	**49,729**		**177,754**	**43,645**	**134,108**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTU	-	149	(149)		-	12,649	(12,649)
			0702 - PURCHASES - EQUIPMENT AND MACH	25,659	-	25,659		25,000	-	25,000
			0704 - PURCHASES - OTHER EQUIPMENT	-	-	-		-	(45)	45
			0708 - LIBRARY BOOKS	-	-	-		-	(104)	104
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**25,659**	**149**	**25,511**		**25,000**	**12,500**	**12,500**
	NON-PERSONNEL SERVICES Total			**143,514**	**13,745**	**129,769**		**288,775**	**89,166**	**199,609**
0450 Total				**143,514**	**13,745**	**129,769**	Revenue exceeded projected expenditures, unexpended funds will be carried into FY 2019	**288,775**	**89,166**	**199,609**
0600	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	1,896,031	1,804,745	91,286		1,380,717	323,804	1,056,913
		0011 - REGULAR PAY - CONT FULL TIME Total		**1,896,031**	**1,804,745**	**91,286**		**1,380,717**	**323,804**	**1,056,913**
		0013 - ADDITIONAL GROSS PAY	0136 - SUNDAY PAY	-	19,071	(19,071)		-	20,310	(20,310)
			0135 - HOLIDAY PAY	-	83,371	(83,371)		-	21,489	(21,489)
			0131 - SHIFT DIFFERENTIAL	-	83,023	(83,023)		-	9,582	(9,582)
			0134 - TERMINAL LEAVE	-	1,191	(1,191)		-	-	-
			0129 - RN ON CALL PAY	-	12,374	(12,374)		-	2,646	(2,646)
		0013 - ADDITIONAL GROSS PAY Total		**-**	**199,030**	**(199,030)**		**-**	**54,028**	**(54,028)**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	1,412	(1,412)		-	192	(192)
			0142 - HEALTH BENEFITS	-	451,809	(451,809)		-	49,851	(49,851)
			0147 - MISC FRINGE BENEFITS	660,363	(281,558)	941,921		343,799	-	343,799
			0148 - RETIREMENT CONTRIBUTION - FICA	-	169,867	(169,867)		-	22,632	(22,632)
			0152 - RETIREMENT CONTRIBUTION - CIVIL	-	7,685	(7,685)		-	930	(930)
			0154 - OPTICAL PLAN	-	2,795	(2,795)		-	290	(290)
			0155 - DENTAL PLAN	-	9,562	(9,562)		-	980	(980)
			0158 - MEDICARE CONTRIBUTION	-	41,302	(41,302)		-	5,482	(5,482)
			0159 - RETIREMENT	-	129,980	(129,980)		-	15,687	(15,687)
			0160 - DC METRO BENEFITS	-	4,629	(4,629)		-	153	(153)
			0161 - DC HEALTH BENEFIT FEES	-	22,134	(22,134)		-	2,514	(2,514)

DEPARTMENT OF BEHAVIORAL HEALTH
FY 2018 - FY 2019 BUDGET COMPARISON
Agency Level

Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**660,363**	**559,616**	**100,747**		**343,799**	**98,711**	**245,087**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	74,146	67,149	6,996		102,132	20,273	81,859
		0015 - OVERTIME PAY Total		**74,146**	**67,149**	**6,996**		**102,132**	**20,273**	**81,859**
	PERSONNEL SERVICES Total			**2,630,540**	**2,630,540**	**(0)**		**1,826,648**	**496,815**	**1,329,832**
	NON-PERSONNEL SERVICES	0031 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC	0308 - TELEPHONE, TELETYPE, TELEGRAM,	-	-	-		-	-	-
		0031 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC Total		**-**	**-**	**-**		**-**	**-**	**-**
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	8,239	-	8,239		25,000	-	25,000
			0408 - PROF SERVICE FEES AND CONTR	270,784	205,731	65,053		500,000	138,084	361,916
			0410 - OFFICE SUPPORT	-	6,678	(6,678)		-	-	-
			0429 - PROFESSIONAL SERVICES	-	-	-		-	149,000	(149,000)
			0442 - IT SOFTWARE MAINTENANCE	-	-	-		-	74,450	(74,450)
			0441 - IT HARDWARE MAINTENANCE	-	66,615	(66,615)		-	-	-
		0040 - OTHER SERVICES AND CHARGES Total		**279,023**	**279,023**	**-**		**525,000**	**361,534**	**163,466**
	NON-PERSONNEL SERVICES Total			**279,023**	**279,023**	**-**		**525,000**	**361,534**	**163,466**
0600 Total				**2,909,563**	**2,909,563**	**(0)**		**2,351,648**	**858,349**	**1,493,299**
0700	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	0111 - CONTINUING FULL TIME	5,170,616	4,536,631	633,985		6,069,139	1,471,521	4,597,618
		0011 - REGULAR PAY - CONT FULL TIME Total		**5,170,616**	**4,536,631**	**633,985**		**6,069,139**	**1,471,521**	**4,597,618**
		0012 - REGULAR PAY - OTHER	0125 - TERM FULL-TIME	1,045,225	1,121,227	(76,002)		1,008,022	153,200	854,822
			0122 - CONTINUING PART-TIME	28,930	50,045	(21,115)		99,817	(137)	99,954
			0121 - TEMPORARY FULL-TIME	-	(36,333)	36,333		-	-	-
			0127 - WORKER'S COMP INJURY EARNINGS	-	-	-		-	3,042	(3,042)
		0012 - REGULAR PAY - OTHER Total		**1,074,155**	**1,134,939**	**(60,784)**		**1,107,839**	**156,104**	**951,734**
		0013 - ADDITIONAL GROSS PAY	0136 - SUNDAY PAY	-	31,841	(31,841)		-	24,442	(24,442)
			0135 - HOLIDAY PAY	-	139,519	(139,519)		-	34,706	(34,706)
			0131 - SHIFT DIFFERENTIAL	-	77,093	(77,093)		-	24,156	(24,156)
			0134 - TERMINAL LEAVE	-	30,273	(30,273)		-	62,863	(62,863)
			0137 - SPECIAL AWARDS PAY	-	1,000	(1,000)		-	-	-
		0013 - ADDITIONAL GROSS PAY Total		**-**	**279,726**	**(279,726)**		**-**	**146,167**	**(146,167)**
		0014 - FRINGE BENEFITS - CURR PERSONNEL	0141 - GROUP LIFE INSURANCE	-	(2,168)	2,168		-	1,043	(1,043)
			0142 - HEALTH BENEFITS	-	966,728	(966,728)		-	153,357	(153,357)
			0147 - MISC FRINGE BENEFITS	1,361,422	(609,151)	1,970,573		1,786,932	-	1,786,932
			0148 - RETIREMENT CONTRIBUTION - FICA	-	435,060	(435,060)		-	77,649	(77,649)
			0152 - RETIREMENT CONTRIBUTION - CIVIL	-	70,082	(70,082)		-	17,296	(17,296)
			0154 - OPTICAL PLAN	-	6,881	(6,881)		-	1,170	(1,170)
			0155 - DENTAL PLAN	-	22,533	(22,533)		-	3,712	(3,712)
			0158 - MEDICARE CONTRIBUTION	-	115,308	(115,308)		-	24,388	(24,388)
			0159 - RETIREMENT	-	317,928	(317,928)		-	61,465	(61,465)
			0160 - DC METRO BENEFITS	-	13,616	(13,616)		-	457	(457)
			0161 - DC HEALTH BENEFIT FEES	-	43,734	(43,734)		-	6,575	(6,575)

DEPARTMENT OF BEHAVIORAL HEALTH
FY 2018 - FY 2019 BUDGET COMPARISON
Agency Level

Approp Fund	PS/NPS	Comp Source Group	Comp Object	FY 2018 Budget	FY 2018 Expenditures	FY 2018 Variance	Explanation of Variance	FY 2019 Budget	FY 2019 Expdenditures	FY 2019 Variance
			0157 - PREPAID LEGAL	-	3	(3)		-	3	(3)
		0014 - FRINGE BENEFITS - CURR PERSONNEL Total		**1,361,422**	**1,380,553**	**(19,131)**		**1,786,932**	**347,114**	**1,439,818**
		0015 - OVERTIME PAY	0133 - OVERTIME PAY	-	291,032	(291,032)		-	107,385	(107,385)
		0015 - OVERTIME PAY Total		**-**	**291,032**	**(291,032)**		**-**	**107,385**	**(107,385)**
	PERSONNEL SERVICES Total			**7,606,194**	**7,622,882**	**(16,688)**		**8,963,910**	**2,228,291**	**6,735,619**
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	0201 - OFFICE SUPPLIES	24,585	8,160	16,425		-	5,466	(5,466)
			0203 - MEDICAL, SURGICAL AND LAB	-	8,094	(8,094)		-	(4,994)	4,994
			0210 - GENERAL	-	8,331	(8,331)		-	8,212	(8,212)
			0202 - CUSTODIAL AND MAINTENANCE	-	-	-		-	(16)	16
			0204 - EDUCATIONAL	-	-	-		-	(737)	737
			0207 - CLOTHING AND UNIFORMS	-	-	-		-	(7,906)	7,906
			0219 - IT SUPPLIES	-	-	-		-	(25)	25
		0020 - SUPPLIES AND MATERIALS Total		**24,585**	**24,585**	**-**		**-**	**0**	**(0)**
		0040 - OTHER SERVICES AND CHARGES	0419 - TUITION FOR EMPLOYEE TRAINING	-	-	-		-	(4,485)	4,485
			0408 - PROF SERVICE FEES AND CONTR	143,823	424,905	(281,082)		23,615	262,918	(239,303)
			0410 - OFFICE SUPPORT	-	19,223	(19,223)		-	51,929	(51,929)
			0429 - PROFESSIONAL SERVICES	337,560	14,952	322,608		369,959	52,000	317,959
			0402 - TRAVEL - OUT OF CITY	-	2,549	(2,549)		-	5,125	(5,125)
			0401 - TRAVEL - LOCAL	-	2,990	(2,990)		-	(1,937)	1,937
			0416 - POSTAGE	-	-	-		-	(7)	7
			0424 - CONFERENCE FEES LOC OUT OF CITY	-	-	-		-	(595)	595
			0407 - MAINTENANCE AND REPAIRS - OTHER	-	-	-		-	10,000	(10,000)
			0425 - PAYMENT OF MEMBERSHIP DUES	-	-	-		-	(2,462)	2,462
			0414 - ADVERTISING	-	-	-		-	(346)	346
		0040 - OTHER SERVICES AND CHARGES Total		**481,383**	**464,619**	**16,764**		**393,574**	**372,139**	**21,435**
		0041 - CONTRACTUAL SERVICES - OTHER	0409 - CONTRACTUAL SERVICES - OTHER	636,085	636,085	-		226,709	-	226,709
		0041 - CONTRACTUAL SERVICES - OTHER Total		**636,085**	**636,085**	**-**		**226,709**	**-**	**226,709**
		0050 - SUBSIDIES AND TRANSFERS	0501 - MAINTENANCE OF PERSONS	70,107	70,107	-		284,600	-	284,600
			0503 - REHABILITATION VENDOR SERVICES	4,300,000	4,300,000	-		4,300,000	-	4,300,000
		0050 - SUBSIDIES AND TRANSFERS Total		**4,370,107**	**4,370,107**	**-**		**4,584,600**	**-**	**4,584,600**
		0070 - EQUIPMENT & EQUIPMENT RENTAL	0701 - PURCHASES - FURNITURE AND FIXTURES	(4,000)	4,518	(8,518)		-	-	-
			0704 - PURCHASES - OTHER EQUIPMENT	14,283	5,765	8,518		-	-	-
			0799 - INT PENALTIES QUICK PAY CLS 70	-	76	(76)		-	-	-
		0070 - EQUIPMENT & EQUIPMENT RENTAL Total		**10,283**	**10,359**	**(76)**		**-**	**-**	**-**
	NON-PERSONNEL SERVICES Total			**5,522,443**	**5,505,755**	**16,688**		**5,204,883**	**372,139**	**4,832,744**
0700 Total				**13,128,637**	**13,128,637**	**(0)**		**14,168,793**	**2,600,430**	**11,568,363**
Grand Total				**276,718,887**	**276,440,696**	**278,191**		**312,230,658**	**125,316,086**	**186,914,572**

Q2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY18 and to date in FY19. In addition, please describe any variance between the amount budgeted and actually spent for FY18 and to date in FY19:

- *At the agency level, please provide information broken out by source of funds and by Comptroller Source Group and Comptroller Object;*
- *At the program level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object; and,*
- *At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.*

DBH Response: See Attachment

Question 3: Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY 18 and to date in FY 19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the transfer affected.

PROGRAM/PCA FY 2018	Source of Funds	Org Code	Prg Code	Intra-District Amount	Partner Agency	DBH Buyer/ Seller	Comments/Description
Transmitted Funds (Buyer)							
Community Services (6900); Behavioral Health Rehab (6970)	Local	6900	6970	$ 946,740.32	Department of Health Care Finance	Buyer	Health Homes model and implement Health Home certification standards to ensure quality provision of Health Home services covered by the District of Columbia State Plan.
Behavioral Health Authority (1800); Financial Management (1050)	Local	1800	1050	$ 26,590.71	Office of Unified Communications	Buyer	DBH needs access to and usage of the District's Citywide Radio System, CAD-related customer interfaces, and MDC. In addition, OUC will provide the DBH 119 radios. MOU expired September 30, 2016.
Community Services (6900); Behavioral Health Rehab Local Match (6980)	Local	6900	6980	$ 282,624.98	Department of Health Care Finance	Buyer	Funding to expand, improve, and coordinate access to community-based substance abuse services for youth under 21 on the Youth Substance Abuse Treatment (YSATS) (ASTEP).
Community Services (6900); Office of Community Services (6905); Specialty Care (6920)	Grant	6900	6905;6920	$ 113,656.00	DC Public Library	Buyer	Certified peer specialist being hired as contract workers with DCPL to provide support services.
Community Services (6900); Behavioral Health Rehab Local Match (6980)	Local	6900	6980	$ 1,741,209.00	Department of Health Care Finance	Buyer	Adult Substance Abuse Rehabilitative Services (ASARS) benefit for enrollees in the District of Columbia. Medicaid program and operational procedures to carry out those duties, rights and responsibilities.
Community Services (6900); Behavioral Health Rehab (6970);Behavioral Health Rehab Local Match (6980)	Local	6900	6970;6980	$ 23,619,057.87	Department of Health Care Finance	Buyer	Funding to expand, improve, and continue access to community-based rehabilitative mental health services, implementing certification standards to ensure quality provision of mental health services covered by the District of Columbia Stat Plan for Medical Assistance.
Clinical Services (5800); Forensics (5880)	Local	5800	5880	$ 82,873.60	Department of General Services	Buyer	DBH is to develop, manage and oversee a public behavioral health system for adults, children, and youth and their families that is consumer driven, community based, culturally competent and supports the overall wellbeing of DC.
Community Services (6900); Specialty Care (6920)	Grant	6900	6920	$ 50,000.00	Metropolitan Police Department	Buyer	To assist DBH with conducting tobacco sales to youth during compliance inspections.
Behavioral Health Authority (1800); Consumer & Family Affairs (1820)	Local	1800	1820	$ 2,039.00	Office of Disability Rights	Buyer	Sign language interpretation services provided through ODR and shall serve as the basis for imposing and collecting assessments from other participating agencies who request sign language interpretation.
St Elizabeth Hospital (3800); Off of Clinical & Medical Services-St. Elizabeth Hospital (3810)	Local	3800	3810	$ 2,400.00	Office of the Chief Fianancial Officer	Buyer	Dunbar armored car services will transport district funds.
Various	Local	Various	Various	$ 69,789.00	Depertment of Human Resources	Buyer	Suitability screenings for volunteers, employees and potential candidates.
	Total			**$ 26,936,980.48**			

Question 3: Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY 18 and to date in FY 19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the transfer affected.

PROGRAM/PCA FY 2018	Source of Funds	Org Code	Prg Code	Intra-District Amount	Partner Agency	DBH Buyer/ Seller	Comments/Description
Received Funds (Seller)							
Community Services (6900); Implementation of Drug Treatment Choice (6960)	Intra-District	6900	6960	$ 70,107.20	Department of Human Services - Economic Security Administration	Seller	Reimbursable MOU- Provides the necessary substance abuse treatment & prevention services that are not provided or reimbursed through Medicaid.
Clinical Services (5800); Assessment & Referral Center (5890)	Intra-District	5800	5890	$ 47,247.91	Child & Family Services Agency	Seller	Funding covers DBH's cost associated with a contract employee conducting assessments of CFSA's adult clients, located at CFSA's offices.
Community Services (6900); Housing Development (6940)	Intra-District	6900	6940	$ 427,567.04	Department of Human Services - Economic Security Administration	Seller	Collaboration & Coordination of resources, services & expertise to better assist TANF customers who need to address & overcome mental health related barriers & to assist in customers re-engaging in work activities.
Community Services (6900); Linkage and Assessment-Co-Located (6932)	Intra-District	6900	6932	$ 421,999.05	Child & Family Services Agency	Seller	DBH will perform training and provide In-Home Staffing Collaboration Services for CFSA.
Community Services (6900); Specialty Care-New Initiatives (6922)	Intra-District	6900	6922	$ 149,060.06	Child & Family Services Agency	Seller	DBH will manage contracts with the Choice Providers (doctors, psychologies, & mental health coordinators for children entering foster care and those within the Child & Family Services Agency.
Community Services (6900); Linkage and Assessment (6930)	Intra-District	6900	6930	$ 300,000.00	Child & Family Services Agency	Seller	The CFSA portion of continued wraparound services and supports provided by a Care Management Entity for referred children identified with intensive and complex emotional and behavioral mental health needs.
St Elizabeth Hospital (3800); Off of Clinical & Medical Services-St. Elizabeth Hospital (3810)	Intra-District	3800	3810	$ 221,751.54	Department of Health	Seller	To increase dental home utilization among DC residents and to ensure that recent dental school graduates are prepared to address oral healthcare needs of underserved populations.
Community Services (6900); Specialty Care Community Based Services (6921)	Intra-District	6900	6921	$ 117,026.00	Child & Family Services Agency	Seller	DBH will provide training and credentialing of 10 Family coaches and service to 30 families.
Various	Intra-District	Various	Various	6,503,557.76	Department of Health Care Finance (Medicaid FY18)	Seller	Medicaid Claims for Saint Elizabeth Hospital and Behavioral Health Services & Supports.
Community Services (6900); Behavioral Health Rehab (6970)	Intra-District	6900	6970	1,312,000.00	Department of Health Care Finance	Seller	DBH will provide MHRS Day Treatment Services to individuals formerly enrolled in the Fee-for-Service Day Treatment Program.
Community Services (6900); Behavioral Health Rehab Local Match (6980)	Intra-District	6900	6980	2,988,000.00	Department of Health Care Finance	Seller	DBH will provide MHRS Day Treatment Services to individuals formerly enrolled in the Fee-for-Service Day Treatment Program.
Various	Intra-District	Various	Various	388,825.15	Office of the State Superintendent of Education	Seller	Pre-K Enhancement and Expansion Program to improve outcomes for young children.
Various	Intra-District	Various	Various	88,690.82	Child & Family Services Agency	Seller	DBH will continue employment of a Trauma Project Coordinator who will manage trauma screening, assessments and linkages for CFSA-involved youth.
Community Services (6900); Linkage and Assessment-Co-Located (6932)	Intra-District	6900	6932	92,804.22	Department of Employment Services	Seller	Identify and hire a qualified practitioner with the appropriate licensure and experience to serve as the on-site qualified practitioner for TEPD participants.
	Total			**$ 13,128,636.75**			

Q3. Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the transfer affected.

DBH Response: See Attached

Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

FY2018 Source of Funding	Amount	From (Program/PCA)	To (Program/PCA)	Purpose
Federal (8200)	$200,000.00	Community Services (6900); Housing Development (6940)	Community Services (6900); Housing Development (6940)	To align the budget with program's planned allocations for subsidy services outlined by the notice of award.
Federal (8200)	$137,382.00	Community Services (6900); Linkage & Assessment - Assessment Center (6931)	Community Services (6900); Linkage & Assessment - Assessment Center (6931)	To align the budget with program's planned allocations for grants and gratuities.
Federal (8200)	$129,781.44	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To ensure the budget is parallel with the extended grant award to ensure that funds be used for specialty care - new initiatives.
Local (0100)	$455,000.00	Clinical Services Division (5800); Behavioral Health Services - Pharmacy (5836)	Clinical Services Division (5800); Behavioral Health Services - Pharmacy (5836)	To support ongoing operational costs and ongoing needs within behavioral health services.
Intra-District (0700)	$9,000.00	St Elizabeth's Hospital (3800); Office of Clinical & Medical Services (3810)	St Elizabeth's Hospital (3800); Office of Clinical & Medical Services (3810)	To align funding with actual spending requirements to obtain additional dental services for both DBH St Elizabeth's Hospital and the Assesment Referral Center.
Federal (8200)	$15,000.00	Community Services (6900); Specialty Care (6920) & Office of Community Services (6905)	Community Services (6900); Specialty Care - New Initiatives (6922)	To align the budget with program's planned allocations for travel and fees related to the grants scope of service.
Federal (8200)	$218,332.00	System Transformation (5900); Strategic Management & Policy (5920)	System Transformation (5900); Strategic Management & Policy (5920)	To realign the fiscal year 2018 budget to the appropriate cost centers to support needed professional services.
Private Grant (8400)	$20,000.00	St Elizabeth's Hospital (3800); Office of Clinical & Medical Services (3810)	St Elizabeth's Hospital (3800); Office of Clinical & Medical Services (3810)	To support ongoing costs and ongoing needs within the Office of Clinical Medical Services.
Federal (8200)	$400,000.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To align the budget with program's planned allocations for subsidy contractual services and agreements outlined by the notice of award.

Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

Reprogramming's for FY 2018

FY2018 Source of Funding	Amount	From(Program/PCA)	To (Program/PCA)	Purpose
Federal (8200)	$4,000.00	Community Services (6900); Prevention & Early Intervention (6910) & Prevention Substance Use Disorder (6913)	Community Services (6900); Prevention Substance Use Disorder (6913)	To ensure the budget is aligned with the program's planned travel expenses.
Federal (8200)	$68,139.20	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To provide DC residents with support services, per the terms and conditions of the grant award.
Federal (8200)	$59,319.44	System Transformation (5900); Data/Performance Management (5911)	System Transformation (5900); Data/Performance Management (5911)	To align the budget with program's planned allocations for other services and charges.
Intra-District (0700)	$100,000.00	Clinical Services Division (5800); Forsensics (5880)	Clinical Services Division (5800); Forsensics (5880)	To support the professional services related to staffing required by the memorandum of understanding agreement.
Federal (8200)	$70,000.00	Clinical Services Division (5800); Forsensics (5880)	Clinical Services Division (5800); Forsensics (5880)	To realign the fiscal year 2018 budget to the appropriate cost centers to support needed contractual services and agreements.

Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

Reprogramming's for FY 2019 to date.

FY2019 Source of Funding	Amount	From(Program/PCA)	To (Program/PCA)	Purpose
Federal (8200)	$300,000.00	System Transformation (5900); Strategic Management & Policy (5920)	System Transformation (5900); Strategic Management & Policy (5920)	To ensure the budget is aligned with the program's planned allocations.
Private Grant (8400)	$23,982.00	Community Services (6900); Implementation of Drug Treatment Choice (6960)	Community Services (6900); Implementation of Drug Treatment Choice (6960)	To realign the fiscal year 2019 budget to the appropriate cost centers to support needed IT software services related to the data dashboard.

Q4. Please provide a complete accounting of all reprogrammings received by or transferred from DBH in FY18 and to date in FY19. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DBH the reprogramming affected.

DBH Response: See Attached

Question #5 - SPECIAL PURPOSE REVENUE

Provide a complete accounting of all DBH's Special Purpose Revenue Funds for FY18 and to date FY19.

Agency Name (Code): Department of Behavioral Health (RM0)

REVENUE SOURCE NAME	CODE	SOURCE OF FUNDING	Program/ Activity	PROGRAM DESCRIPTION	FY 2018 GENERATED FUNDS	FY 2018 EXPENDITURES	FY 2019 BUDGET	FY 2019 COLLECTIONS TO DATE	FY 2019 EXPENDITURES/TO DATE
Federal Beneficiary Reimbursement 0610	D.C. Code 44-908/ D.C. Code 1-204.24d	Reimbursement	St. Elizabeths Hospital/Various Activities	Forensic Patients legally incarcerated by the court system. Funds are used to reimburse the District for services provided to patients in care.	2,630,540	2,515,812	1,783,057	0	489,498
Federal Beneficiary Reimbursement 0610	D.C. Code 44-908/ D.C. Code 1-204.24d	Reimbursement	Behavioral Health Authority/Information Technology		0	0	0	0	0
Federal Beneficiary Reimbursement 0610	D.C. Code 44-908/ D.C. Code 1-204.24d	Reimbursement	Clinical Services Division/Homeless Outreach		0	74,507	0	0	(6)
Federal Beneficiary Reimbursement 0610	D.C. Code 44-908/ D.C. Code 1-204.24d	Reimbursement	System Transformation/Informatio n Systems		0	40,222	43,591	0	7,198
Self Pay & 3rd Party Reimbursement 0640	7-1131.04./DC Code 2-586/DC Code 24-501	Reimbursement	St. Elizabeths Hospital/Various Activities	Self Pay & 3rd Party Reimbursement.	257,784	70,784	100,000	209,770	0
Self Pay & 3rd Party Reimbursement 0640	7-1131.04./DC Code 2-586/DC Code 24-501	Reimbursement	Community Services/Prevention and Early Intervention	Self Pay & 3rd Party Reimbursement.	0	200,000	400,000	0	31,046
Self Pay & 3rd Party Reimbursement 0640	7-1131.04./DC Code 2-586/DC Code 24-501	Reimbursement	Clinical Services Division/Forensics	Self Pay & 3rd Party Reimbursement.	13,000	0	0	10,000	0
DBH Enterprise Fund Establishment 0641	D.C Code 1-325.281	Reimbursement	System Transformation/Training Institute	Collection of fees charged for training and Continuing Education Units	8,239	8,239	25,000	0	0
				TOTAL	**2,909,563**	**2,909,563**	**2,351,648**	**219,770**	**527,735**

Q5. Please provide a complete accounting of all of DBH's Special Purpose Revenue Funds for FY18 and to date in FY19. Please include the following:

- *Revenue source and code;*
- *Source of the revenue for each special purpose revenue fund (i.e. license fee, civil fine);*
- *Total amount of funds generated by each source or program in FY18 and to date in FY19;*
- *DBH activity that the revenue in each special purpose revenue source fund supports; and,*
- *The FY18 and to date FY19 expenditure of funds, including purpose of expenditure.*

DBH Response: Please see attached

PROVIDER	DATE RECEIVED	COMPLAINT or MUI	REFERRAL SOURCE	LOCATION OF INCIDENT	TYPE OF REPORT	SHORT SUMMARY NATURE OF COMPLAINT OR ALLEGATIONS	OUTCOME	DATE COMPLETED
Tisco	02/01/17	Grievance	Consumer	Community Residence Facility	Major Investigation	Financial Exploitation/Non-compliance with Regulations	Substantiated	10/26/2017
Contemporary Family Services	04/01/17	Complaint	DHCF	Community	Major Investigation	False Claiming	Substantiated	Provider Closed
Norphil	07/21/17	MUI	MH Provider	Community Residence Facility	Major Investigation	Physical Abuse/Non-compliance with Regulations	Inconclusive	11/30/2017
Norphil	07/30/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Financial Exploitation/Non-compliance with Regulations	Substantiated	11/27/2017
Comprehensive Psychiatric Emergency Program	09/27/17	Complaint	MH Provider	CPEP	Major Investigation	Physical Abuse/Non-compliance with Regulations	Inconclusive	10/17/2017
CPEP	10/6/2017	Complaint	MH Staff	CPEP	Major Investi	Physical Abuse	Inconclusive	12/13/2018
Regional Addiction Prevention	8/6/2018	Complaint	ULS	RAP	Major Investi	Allegation of Sexual Harassme	Substantiated	12/13/2018
Psychiatric Institution of Wash	4/15/2018	Complaint	ULS	PIW	Major Investi	Restraint and Fall	Substantiated	12/28/2018
CPEP	5/9/2018	Complaint	ULS	CPEP	Major Investi	Use of Chemical Restraint	Substantiated	12/13/2018
Saint Elizabeths Hospital (SEH)	9/27/2018	MUI	DBH Staff	Community	Major Investi	Elopement/Death	Substantiated	11/29/2018

Q6. Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DBH during FY18 and to date in FY19. This includes any reports of the DC Auditor, the Office of the Inspector General, or the Office of Accountability. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits. Please include the following: [sic]

DBH Response

The DC Auditor released on February 23, 2018 an audit of the behavioral health services for justice involved individuals. DBH has implemented 88% of the recommendations with which it agreed. The Audit is located at the http://dcauditor.org/report/improving-mental-health-services-and-outcomes-for-all-the-d-c-department-of-behavioral-health-and-the-justice-system/ In FY 19, the DC Auditor is conducting an audit of substance use disorder services. No investigations, reports or reviews were conducted by the Office of the Inspector General during FY 18 or to date in FY 19.

Under an agreement with the Department of Health Care Finance, the DBH Accountability Administration performs fiscal audits of paid claims submitted by every certified provider with a human care agreement with DBH. The audit is of paid claims for services so a provider certified for both mental health and substance use disorder services would receive two separate audits. Further, a separate audit is conducted on claims submitted as a Health Home provider. All annual audit samples are random, statistically valid, and generated using RAT-STATS, a tool developed for this purpose by the Federal government. A focused audit also could be conducted for a variety of reasons including an anonymous allegation of false claiming.

The auditing process is retrospective to allow time for year-end close out and reconciliation of claims. During FY 18 and to date in FY 19, DBH is conducting 74 audits that it expects to complete by the end of February. Audits of FY 18 claims will begin in March 2019.

After an audit is concluded, DBH reviews the audit results with each provider and requires a Corrective Action Plan (CAP) to address the identified deficiencies. Repayment of failed claims is offset by adjusting payment of future claims

Each provider is assigned an analyst from Accountability who works with program managers to provide technical assistance to support implementation of the CAP. To support overall system compliance, Accountability provides quarterly training on compliance planning and proper claiming in the Quality Improvement Council meetings and classes held through the DBH Training Institute. This training is developed and modified to address specific issues identified during Claim Audits.

Investigations
Accountability Administration investigates complaints of fraud, abuse, neglect or financial exploitation in the provider network and facilities licensed by DBH. The Accountability investigative reports include recommendations for policy changes, training, corrective action plans, or disciplinary action when allegations are substantiated. See Attachment.

Q7. FY 18 Performance Plan Key Performance Indicators Status, Attachment 1 of 2

	Objectives	Key Performance Indicators (KPIs)[1]	Status
1.1	1 - Ensure the public behavioral health system is person-centered, and promotes and supports the leadership of peers with lived experience in recovery and the development of the system of care. (2 Measures)	The number of new Certified Peer Specialists to include those in specialty tracks of family and youth in FY18. FY 18 Quarter 1=0 FY 18 Target =20 Q1=0 (0%) [No training occurred because there were no qualified applicants.] Q2=0 (0%) [Two Certified Peer Specialist Trainings planned for 1/29/18 and 3/17/18 did not occur because there were no qualified applicants.] Q3=4 [Four Peers reapplied and were accepted in the DBH Waiver Program. The requirement is 5 years as a Peer and taking a test.] Q4=28 [Twenty-four people were trained during the fourth quarter]	The total for FY18 is 140% of the overall FY18 target. Met goal.
1.2		The number of people trained in Recovery Coaching in FY18. FY 18 Quarter 1=0 FY 18 Target =20 Q1= 0 (0%) [The Recovery Trainings will begin during the FY18 second quarter.] Q2= 29 Q3= 29 [There were no trainings in quarter 3.] Q4= 50 [Twenty-one people were trained during the fourth quarter.]	The total for FY18 is 250% of the overall FY18 target. Met goal.
2.1	2 – Ensure individualized mental health and substance use disorder	Achieve a 5% increase in the number of developmental behavioral health screenings completed by primary care providers over the previous fiscal year total.	This is a quarterly measure. The total for FY18 is 98% of the overall FY18 target.

[1] The data reported for each quarter is cumulative (i.e., Q2 data is the sum of Q1 and Q2).

	Objectives	Key Performance Indicators (KPIs)[1]	Status
	services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents. (7 Measures)	Target = 5% increase in developmental behavioral health screenings completed by primary care providers over the FY17 number (51,291). FY18 Target = 53,586 (quarterly target is 13,464) Q1= 13,288 Q2= 25,075 (11,787 screenings were done in Q2) Q3= 38,698 (13,623 screenings were done in Q3) Q4= 52,534 (13,836 screenings were done in Q4)	Achieved 98% of goal. Each year the DC Mental Health Access in Pediatrics (MAP) Care Coordinator reaches out to pediatric primary care facilities regarding enrollment in the MAP program to provide referrals, consultations and education on mental health needs presented by their patients. This year new enrollment declined, possibly due to many practices already being enrolled in DC MAP and challenges connecting with those centers not enrolled. In addition, when outreach efforts are successful it may take several months to schedule a face to face meeting with the facility representative or provider to discuss the benefits of the MAP program and how it can help their practice address behavioral needs of patient. Also, two primary care facilities that had participated in the MAP program became inactive.
2.2		Achieve a 5% increase in utilization of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) over the previous fiscal year total. DBH partnered with Evidence Based Associates to train clinicians, provide technical assistance, and track data. Target=5% increase in utilization of TF-CBT over the FY17 number (119). Q4= 151	The total for FY18 is 127% of the overall FY18 target. Met goal.

	Objectives	Key Performance Indicators (KPIs)[1]	Status
2.3		Achieve a 5% increase in utilization of Child Parent Psycho-Therapy (CPP) over the previous fiscal year total. DBH partnered with Evidence Based Associates to train clinicians, provide technical assistance, and track data. Target=5% increase in utilization of CPP over the FY17 number (41). Q4= 60	The total for FY18 is 146% of the overall FY18 target. Met goal.
2.4		Achieve a 5% increase in the number of consumers receiving a substance use disorder (SUD) assessment and are referred to treatment over the previous fiscal year total. Target=5% increase in the number of consumers receiving a SUD assessment and are referred to treatment over the FY17 number (3928). FY 18 Target= 4124 (quarterly target is 1,926) For this KPI, the quarterly data represents the total number of unduplicated individuals. Q1=1,246 Q2=2,250 Q3=3,125 Q4= 3,947	The total for FY18 is 95.7% of the overall FY18 target. Achieved 95.7% of goal. DBH exceeded FY17 performance but did not meet the increased target. There was an increase in clients presenting at intake with untreated physical health co-morbidities that required diversion to somatic health treatment. In FY19, DBH will expand intake sites, which will give clients more options for locations to get assessments and be referred for SUD treatment.
2.5		Achieve a 5% increase in the number of individuals (adults and youth) reached through planned prevention strategies over the previous fiscal year total. Target=5% increase in the number of adults and youth reached through planned prevention strategies over the FY17 number (18,370). FY 18 Target=19,289 (quarterly target is 4,822) Q1= 1,977	The total for FY18 is 107% of the overall FY18 target. Met goal.

	Objectives	Key Performance Indicators (KPIs)[1]	Status
		Q2= 4,735 (2,758 activities were conducted during Q2) Q3= 11,064 (6,329 activities were conducted in Q3) Q4=20,695 (9,631 activities were conducted in Q4)	
2.6		Increase in the number of Crisis Intervention Officers (CIO) trained in FY18. FY 17 Actual= 150 FY 18 Target=188 (quarterly target is 47) Q1=59 Q2=85 (26 officers were trained in Q2) Q3=124 (39 officers were trained in Q3) Q4= 154 (30 officers were trained in Q4)	Achieved 82% of the overall FY18 target. DBH and MPD increased the number of trainings in FY17 and therefore the number of officers trained. In FY18 they maintained this number of trainings but did not add any additional sessions. The number of officers trained in FY18 was higher than FY17.
2.7		Percent of post fall assessments conducted within 72 hours of event. To achieve fall reduction and injury prevention, St. Elizabeths developed a multidisciplinary Fall Committee led by the Nursing Department. In addition, each St. Elizabeths ward has a Registered Nurse who has been designated as a Fall Champion. This person's goal is to minimize falls on each hour by helping with fall prevention efforts, educating staff on fall management and communicating fall reduction recommendations from the Fall Committee, and ensuring that staff follow hospital and nursing policies and procedures on fall reduction and injury reduction. The Fall Committee meets on a monthly basis to review fall statistics from the previous months and specific incidents of falls with individuals in care in order to make recommendations for interventions and equipment needs. FY 18 Target=90%	DBH exceeded the FY18 target with 94% of post fall assessments conducted within 72 hours of the event. Met goal.

	Objectives	Key Performance Indicators (KPIs)[1]	Status
		Q1= 92% (60 assessments following 65 falls) Q2 (aggregate) = 95% (107 assessments following 115 falls) Q3= (aggregate) = 93% (140 assessments out of 105 falls) Q4 = (aggregate) = 94% (178 assessments out of 190 falls)	
3	3 – Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness. (1 Measure)	Number of housing subsidies to individuals who are mentally ill and homeless in FY18. FY 18 Target=50 (quarterly target is 12.5) Q1 =11 Q2 =27 (16 subsidies given in Q2) Q3= 40 (13 subsidies given in Q3) Q4= 52 (12 subsidies given in Q4)	The total for FY18 is 104% of the overall FY18 target. Met goal.
4.1	4 – Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment. (3 Measure)	Achieve a 10% increase in website traffic in FY18 over baseline established in FY17 (772,738). FY18 Target= 850,012 (10% increase in website traffic in FY18 over baseline established in FY17). Semi-Annual Measure = Q1 and Q2 = 474,138 Total after Q3 and Q4 = 957,646 (483,508 in Q3 and Q4)	The website traffic was 113% of the overall FY18 target. Met goal.
4.2		Achieve a 20% increase in social media hits (Facebook and Twitter) over baseline established in FY17 (122,362).	The total for FY18 is 511% of the target. Met goal.

	Objectives	Key Performance Indicators (KPIs)[1]	Status
		FY18 Target= 146,834 (20% increase in social media hits (Facebook and Twitter) over baseline established in FY17). Semi-Annual Measure = Q1 and Q2 = 364,100 Total after Q3 and Q4 = 750,100 (386,000 hits in Q3 and Q4)	
4.3		Increase in the number of public events over baseline established in FY17 (486). FY18 Target= 583 (20% increase in public events over baseline established in FY17). Q1 = 116 Q2 = 219 (103 in Q2) Q3 = 374 (155 in Q3) Q4 = 638 (264 in Q4)	The total for FY18 is 109% of the target. Met goal.

Q7. FY 19 Performance Plan Key Performance Indicators Status, Attachment 2 of 2

Objective	Frequency	FY 19 Total Target	Q1 Percentage of Target	Steps Undertaken to Meet Target
1. Number of new Certified Peer Specialists to include those in specialty tracks of family and youth in FY19	Quarter	20	0%	DBH's first Peer Specialist class for 2019 is on January 28th, 2019. This class will not include any of the specialty tracks. DBH's projected total number for this year is 30.
2. Number of people trained in Recovery Coaching in FY19	Quarter	20	0%	Currently DBH is planning to have three Recovery Coach classes in the months of February, March and April. The completion of these classes should exceed DBH's target total.
3. Achieve a five percent increase in the number of developmental/behavioral health screenings completed by primary care providers over the previous fiscal year total	Quarter	52,265	We have not received the relevant data from DC MAP yet.	DBH will continue to support the DC Mental Health Access in Pediatrics (MAP) team in engaging more providers in using developmental behavioral health screenings. Engagement efforts include site visits to practices to discuss DC MAP, outreach visits where DC MAP clinicians offer case discussion, mental health education and training, mental health support for providers and staff and personalized emails, phone calls, and letters to practice directors. DC MAP clinicians will provide technical assistance and support to primary care providers (PCPs) in implementing screenings to increase utilization this year. In addition, DBH will collaborate with DC Department of Healthcare Finance (DHCF) and DC Health about strategies to support practices.
4. Achieve two percent increase in the number of individuals (adults and youth) reached through planned prevention	Quarter	7859	101%	In an effort to achieve a two percent increase in the number of individuals reached through planned prevention strategies in FY19, the DBH SUD Prevention Branch is being more proactive with regard to its outreach and engagement efforts. This includes seeking opportunities to build upon existing relationships and to develop new ones in an effort to

Objective	Frequency	FY 19 Total Target	Q1 Percentage of Target	Steps Undertaken to Meet Target
strategies over previous fiscal year.				reach more District of Columbia residents with substance use prevention messaging.
5. Percent of post fall assessments conducted with 72 hours of event.	Quarter	90%	98%	To achieve fall reduction and injury prevention, St. Elizabeths developed a multidisciplinary Fall Committee led by the Nursing Department. In addition, each St. Elizabeths ward has a Registered Nurse who has been designated as a Fall Champion. This person's goal is to minimize falls each hour by helping with fall prevention efforts, educating staff on fall management and communicating fall reduction recommendations from the Fall Committee, and ensuring that staff follow hospital and nursing policies and procedures on fall reduction and injury reduction. The Fall Committee meets on a monthly basis to review fall statistics from the previous months and specific incidents of falls with individuals in care in order to make recommendations for interventions and equipment needs.
6. Child mental health consumers receive their first service within 30 days of enrollment.	Quarter	75%	24%	DBH is preparing monthly data and technical assistance to share with providers to improve performance.
7. Adult mental health consumers receive their first service within 30 days of enrollment.	Quarter	75%	33%	DBH is preparing monthly data and technical assistance to share with providers to improve performance.
8. Percent of inpatient consumers restored to competency.	Quarter	80%	45%	Saint Elizabeths works with inpatient forensic consumers individually and in groups to restore their competency so they can stand trial.
9. Consumers who are in need of linkage support at the Department of	Quarter	80%	33%	DBH informs all eligible individuals of the process to get enrolled in services and encourages them to be linked or relinked to DBH services.

Objective	Frequency	FY 19 Total Target	Q1 Percentage of Target	Steps Undertaken to Meet Target
Corrections who are actually linked by DBH staff.				
10. Percent of the individuals referred to Resiliency Specialist, who were linked to bereavement services.	Quarter	90%	NA	No referrals were made in the first quarter. DC's Child Fatality Review Committee refers appropriate individuals who lost children to DBH; in the first quarter, there were no referrals. When DBH receives a referral, it will work to connect the individual to a Resiliency Specialist for bereavement services.
11. Number of housing subsidies to individuals who are mentally ill and homeless.	Quarterly	50	18%	DBH voucher awards are made based upon priority need and within budgetary constraints. Vouchers are a priority for patients discharged from Saint Elizabeths Hospital, transitioning from higher levels of care (e.g. CRFs), and consumers who are experiencing homelessness. The number of vouchers awarded in a fiscal year can vary from quarter to quarter or month to month. Hospital discharge activity, program attrition, and urgent circumstances (e.g. Capper Senior Center Fire) will drive voucher award activity as well.
12. Achieve a ten percent increase in website traffic over the previous fiscal year.	Semi-Annual	935,000	NA	DBH is driving people to the website through promotional materials to receive more information during outreach/engagement. DBH also uses social media as a way to route people back to the DBH site.
13. Increase number of public events over baseline established in FY17.	Annual	699	NA	DBH is strengthening community relationships and proactively seeking community based organizations and advocacy groups to increase partnerships and opportunities to participate in public events.

Q7. Did DBH meet the objectives set forth in the performance plan for FY18? Please provide a narrative description of what actions DBH undertook to meet the key performance indicators. For any performance indicators that were not met, if any, please provide a narrative description for why they were not met and any remedial actions taken. In addition, please provide a narrative description of the performance objectives for FY19 and what actions DBH has undertaken to meet them to date.

DBH Response

Please see Attachment 1 of 2. FY 18 Performance Plan Key Performance Indicators Status and Attachment 2 of 2. FY 19 Performance Plan Key Performance Indicators Status.

Capital LTD Activity and FY2018 - 2019 Planned Allotments - All Capital Funds (excl Intra-District funds)

(Project/Fund Detail with Lifetime Balances Only)

Source: SOAR/BFA

(Report Date: Jan 29, 2019)

Owner Agency	Project No	Project Title	Implementing Agency	Approp Fund	Agy Fund	Lifetime Budget	LTD Allotments	Allotments in FY 2017	Expenditures in FY 2017	Allotments in FY 2018	Expenditures in FY 2018	Allotments in FY 2019	Expenditures in FY 2019	LTD Expenditures	Unspent Allotments	Encumbrances	Pre Encumbrances	ID Advances	Allotment Balance	LifeTime Balance	FY 2019
RM0	HX201C	ST. ELIZABETHS GENERAL IMPROVEMENTS (HX2	RM0	0300	0300	29,410,584	29,410,584	0	0	(3,290)	0	0	0	29,410,583	1	1	0	0	0	0	0
RM0	HX403C	HOUSING INITIATIVES - DBH	RM0	0300	0300	37,366,910	37,366,910	0	0	0	0	0	0	37,677,605	(310,695)	0	0	(310,695)	0	0	0
RM0					0301	1,000,000	1,000,000	0	0	0	0	0	0	689,305	310,695	0	0	310,695	0	0	0
RM0	HX501C	NEW MENTAL HEALTH HOSPITAL	RM0	0300	0300	38,983,364	38,983,364	0	38,700	0	(15,956)	0	0	38,920,864	62,500	0	0	62,500	0	0	0
RM0	HX703C	DBH FACILITIES SMALL CAPITAL IMPROVEMENT	RM0	0300	0300	2,258,767	2,258,767	0	691,484	750,094	283,431	0	0	1,527,521	731,247	5,900	0	107,660	617,686.38	617,686	0
RM0					0301	283,954	283,954	0	(5,046)	(94)	0	0	0	59,954	224,000	0	0	224,000	0	0	0
RM0	HX805C	VEHICLE ACQUISITION-DBH	KT0	0300	0304	360,000	360,000	0	0	360,000	0	0	0	0	360,000	329,839	0	0	30,161	30,161	0
RM0	HX990C	FACILITY UPGRADES	RM0	0300	0300	1,185,000	835,000	0	0	0	0	835,000	0	0	835,000	0	0	0	835,000	1,185,000	835,000
RM0	HX997C	FLOORING REPLACEMENT	RM0	0300	0300	1,085,000	1,085,000	0	0	0	0	1,085,000	0	0	1,085,000	0	1,085,000	0	0	0	1,085,000
RM0	HX998C	HVAC MODERNIZATION AT SAINT ELIZABETHS H	RM0	0300	0300	1,825,000	500,000	0	0	0	0	500,000	0	0	500,000	0	500,000	0	0	1,325,000	500,000
RM0	XA537C	RENOVATION SEH BUILDINGS	RM0	0300	0300	18,673,477	18,673,477	0	0	0	(0)	0	0	18,673,477	0	0	0	0	0	0	0
RM0	XA655C	AVATAR UPGRADE	RM0	0300	0300	1,655,000	1,655,000	0	161,450	0	0	0	0	1,621,308	33,692	10,721	0	0	22,970.81	22,971	0
RM0	XA854C	INTEGRATED CARE APPLICATIONS MGMT (ICAM)	RM0	0300	0300	3,546,082	3,546,082	(704)	0	(215)	0	0	0	3,542,785	3,296	3,296	0	0	0	0	0
Grand Total						**137,633,137**	**135,958,137**	**(704)**	**886,587**	**1,106,496**	**267,475**	**2,420,000**	**0**	**132,123,401**	**3,834,736**	**349,757**	**1,585,000**	**394,160**	**1,505,818**	**3,180,818**	**2,420,000**

Q8. Please provide DBH's capital budgets for FY18 and FY19, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY18 and FY19. In your response, please include information regarding the iCAMS project or its successor.

DBH Response:

FY 18 Capital Budget:

The budget supported small capital improvements at Saint Elizabeths including replacement of a water heater secure telephones at nursing stations, and new technology to support nutritional services.

FY 19 Capital Budget:

		Lifetime Budget	FY19
HX990C	FACILITY UPGRADES	$1,185,000	$835,000

The funds are for improvements at the children and adult outpatient services clinics.

HX997C	FLOORING REPLACEMENT	$1,085,000	$1,085,000

This project will correct structural and infrastructural deficiencies at Saint Elizabeths Hospital including replacement of flooring and reconditioning of wall structures door jams. Funds for this project are pre-encumbered and DBH will execute an MOU with the Department of General Services (DGS).

HX998C	HVAC MODERNIZATION AT SAINT ELIZABETHS H	$1,825,000	$500,000

The HVAC modernization began in FY 2018 and will be completed in FY 19. Funds are pre-encumbered and DBH will execute an MOU with DGS.

iCAMS:

The iCAMS system was implemented in 2016. DBH contracted with a vendor to conduct an analysis of existing systems and make recommendations for improvements. The report is scheduled to be completed by March 31, 2019.

See Attachment. Capital Budget

Q9. Please provide a list of all FTE positions detailed from DBH to another agency in FY18 and to date in FY19. In addition, please provide which agency the employee was detailed to and for how long.

DBH Response

One FTE was detailed to the Office of the Deputy Mayor for Health and Human Services from December 10, 2017 to March 19, 2018. No FTE is detailed to date in FY 19.

FY 18 Oversight Question No. 10:
DBH Employees Who Earn $100,000.00 or more in FY 18 or to date in FY 19

NAME	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Dalton,Marc E	Supv Medical Officer Psych	MD6	0	238,810.02	M.H.A.
Ibikunle,Jimmy O	Supv Medical Officer Psych	MD6	0	238,809.65	M.H.A.
Johnson,Nicole R.	Supv Medical Officer Psych	MD6	0	231,854.81	M.H.A.
Black,Nancy Burgess	Supv Medical Officer Psych	MD6	0	231,854.39	M.H.A.
Candilis,Philip J	Supv Medical Officer (Psychiat	MD6	0	231,750.00	S.E.H.
Ong,Hannah J.	Supv Medical Officer (Psychiat	MD6	0	221,450.00	S.E.H.
Kolansky,Saul K	MEDICAL OFFICER PSYCHIATRY	6C	8	213,611.00	S.E.H.
Raczynski,Christopher T	Supv Medical Officer Psych	MD5	0	211,032.90	M.H.A.
Suardi,Enrico Mario	Supvy. Medical Officer (Psychi	MD6	0	210,000.00	S.E.H.
Potter,Edger	Supv. Medical Officer (General	MD5	0	208,669.34	S.E.H.
Royster,Tanya A	Director of Mental Health	E5	0	207,621.22	M.H.A.
Barbot,Henry C	MEDICAL OFFICER (PSYCHIATRY)	5C	8	205,655.00	M.H.A.
Gore,T Allen	MEDICAL OFFICER (PSYCHIATRY)	5C	8	205,655.00	M.H.A.
Zaidi,Syed I.H.	MEDICAL OFFICER (PSYCHIATRY)	5C	8	205,655.00	S.E.H.
Gnahoui,Wanda L	MEDICAL OFFICER PSYCHIATRY	6C	6	203,958.00	M.H.A.
Mohyuddin,Farooq	Supv Medical Officer Psych	MD4	0	202,988.90	S.E.H.
Jaji,Abayomi I	MEDICAL OFFICER (PSYCHIATRY)	5C	7	200,640.00	M.H.A.
Naqvi,Syed Akhtar	MEDICAL OFFICER (PSYCHIATRY)	5C	7	200,640.00	S.E.H.
White,Mattie M	MEDICAL OFFICER PSYCHIATRY	6	8	200,312.00	M.H.A.
Adewale,Benjamin A	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Alleyne,Karen C	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Fegan,Gerard E	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Haith,L'Tanya A.	MEDICAL OFFICER PSYCHIATRY	5B	8	199,633.00	S.E.H.
Lawson,William B.	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Schwartz,Andrew	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Sherron,Robert Lee	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	M.H.A.
Singh,Anjali	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	M.H.A.
Stiller,John W	MEDICAL OFFICER NEUROLOGY	5B	8	199,633.00	S.E.H.
Villier,Jean Joel	MEDICAL OFFICER (PSYCHIATRY)	5B	8	199,633.00	S.E.H.
Johnson,Olayinka M	MEDICAL OFFICER (PSYCHIATRY)	5C	7	195,746.00	S.E.H.
Malik,Rizwan A	MEDICAL OFFICER (PSYCHIATRY)	5C	6	195,746.00	S.E.H.
Fuller,Nancy S.	MEDICAL OFFICER PSYCHIATRY	6C	4	194,772.00	S.E.H.
Shah,Renu	MEDICAL OFFICER PSYCHIATRY	6C	4	194,772.00	S.E.H.
Dalkilic,Alican	MEDICAL OFFICER (PSYCHIATRY)	5B	7	194,763.00	S.E.H.
Kasaci,Arda	MEDICAL OFFICER (PSYCHIATRY)	5B	7	194,763.00	M.H.A.
Volkov,Janna	MEDICAL OFFICER (PSYCHIATRY)	5B	7	194,763.00	S.E.H.
Owens,Karen S	Supv Dental Officer	MD3	0	191,048.37	S.E.H.
Palladino,Paula P	MEDICAL OFFICER PSYCH TRAINING	5B	6	190,014.00	S.E.H.
Akhtar,Saleha	MEDICAL OFFICER (PSYCHIATRY)	5	8	189,847.00	M.H.A.
Del Valle ortiz,Carmen	MEDICAL OFFICER (PSYCHIATRY)	5	8	189,847.00	S.E.H.
Augustus,Todd Matthew	MEDICAL OFFICER (PSYCHIATRY)	5C	4	186,313.00	M.H.A.
Chastang,Mark J.	Health System Administrator	11	0	185,657.50	S.E.H.
Atique,Muhammad	MEDICAL OFFICER (PSYCHIATRY)	5B	5	185,378.00	S.E.H.
Kasem,Safaa M.	MEDICAL OFFICER (PSYCHIATRY)	5B	6	185,378.00	M.H.A.
Zaidi,Syed M	MEDICAL OFFICER GENERAL PRACTI	3C	8	183,939.00	S.E.H.
Uzoma,Hyacinth N.	MEDICAL OFFICER (PSYCHIATRY)	5B	5	180,858.00	S.E.H.
Volkov,Igor	MEDICAL OFFICER (PSYCHIATRY)	5	6	180,699.00	M.H.A.
Frazier,Acquanetta L.	MEDICAL OFFICER GENERAL PRACTI	3B	8	178,873.00	S.E.H.
Thura,Peter	MEDICAL OFFICER GENERAL PRACTI	3B	8	178,873.00	S.E.H.
Jones,Phyllis G	Dir of Legislative & Public Af	16	0	177,005.40	M.H.A.
Wotring,James R.	Senior Deputy Director	16	0	177,004.80	M.H.A.
Acharya,Monika	MEDICAL OFFICER (PSYCHIATRY)	5B	3	176,447.00	S.E.H.
Farooqui,Azra A.	MEDICAL OFFICER (PSYCHIATRY)	5	5	176,292.00	M.H.A.
Dang,Vu Tuong	Chief of Staff	16	0	175,048.50	M.H.A.
Kamal,Sana	MEDICAL OFFICER (PSYCHIATRY)	5B	2	172,143.00	M.H.A.
Rivera Vega,Wilhem	MEDICAL OFFICER (PSYCHIATRY)	5B	2	172,143.00	M.H.A.
Barnard,Marvin	MEDICAL OFFICER GENERAL PRACTI	3	8	170,639.00	M.H.A.
Chesley Brown,Saundra E	MEDICAL OFFICER GENERAL PRACTI	3	8	170,639.00	M.H.A.
Garcia,Danilo A	MEDICAL OFFICER GENERAL PRACTI	3	8	170,639.00	S.E.H.
Keita,Shomarka O	MEDICAL OFFICER GENERAL PRACTI	3	8	170,639.00	S.E.H.
Reyes,Josephine G	MEDICAL OFFICER GENERAL PRACTI	3	8	170,639.00	S.E.H.
Taneja,Kanwaljit Singh	Chief Operating Officer	16	0	169,950.00	S.E.H.
Cannistra,Jennifer	Director, Sys Transform Admin	16	0	168,920.00	M.H.A.
Dunbar,Denise Althea	Director, Comm Services Admin	16	0	163,908.02	M.H.A.
Wheeler,Frankie T	Director of Human Resources	16	0	162,298.37	M.H.A.
Hall III,Bert S	Supv Dental Officer	MD3	0	159,728.84	S.E.H.
Aje,Oluwakemi A	MEDICAL OFFICER (PSYCHIATRY)	5	1	159,712.00	S.E.H.

NAME	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Pengrin,Lauren M	MEDICAL OFFICER (PSYCHIATRY)	5	1	159,712.00	S.E.H.
Sarathy,Shree	MEDICAL OFFICER (PSYCHIATRY)	5	1	159,712.00	S.E.H.
Yoosefi,Kiarash	MEDICAL OFFICER (PSYCHIATRY)	5B	1	159,712.00	S.E.H.
Gontang,Richard A	Chief Clinical Officer	15	0	159,515.07	S.E.H.
Morgan,Oscar Lee	MEDICAL OFFICER (PSYCHIATRY)	16	0	156,585.00	M.H.A.
Campbell,Mary E	Risk Mgr & Spec Svcs Coord	15	0	155,021.29	M.H.A.
Jackson,James V	Administrative Program Officer	15	0	154,868.92	M.H.A.
Birdsong,Brady Ray	Chief Information Officer	16	0	154,500.00	M.H.A.
Caspari,Matthew W	SUPERVISORY ATTORNEY ADVISOR	2	0	154,336.76	M.H.A.
Beyder-Kamjou,Irina	Chief Operating Officer	16	0	154,000.00	M.H.A.
Frame-Shamblee,Atiya J	Deputy Director of Accountabil	16	0	153,603.82	M.H.A.
Vidoni Clark,Clotilde	Chief Nursing Executive	16	0	151,909.92	S.E.H.
Hunt,Sharon R	Deputy Director, APRA	15	0	150,400.08	M.H.A.
Williams,Anndreeze H	Attorney Advisor	15	5	149,477.00	M.H.A.
Richardson,Estelle	Director of Res Svcs & Supt	15	0	149,369.22	M.H.A.
Richardson,Tracey Ballard	SUPERVISORY ATTORNEY ADVISOR	2	0	149,350.00	M.H.A.
Reaves,Juanita Y	Planning & Performance Mgmt Of	15	0	146,559.05	M.H.A.
Barry,Melvin L	Director of Operations	16	0	144,909.27	M.H.A.
Lee,Hyun Ah	Supervisory Pharmacist	14	0	143,707.66	S.E.H.
Chapman,Naomi R	Supvy Human Resources Spec	15	0	142,242.93	M.H.A.
Hamilton,Venida Y	Director, Network Development	15	0	142,023.34	M.H.A.
Berhow,Jana L	SUPV INFO TECH SPECIALIST	15	0	141,814.11	M.H.A.
Boesch,Richard P	Supvy. Clinical Psychologist	14	0	138,486.75	S.E.H.
Heaven,Laura Nicole	Chief, Data & Perform Mgmt	15	0	136,727.35	M.H.A.
Sanzi,Cheri C	DIR OF OPERATIONS	15	0	136,727.35	M.H.A.
Yerrell-Garrett,Lori Ann	Chief Nursing Executive	16	0	136,727.10	S.E.H.
Dimino,Maureen	Attorney Advisor	14	8	134,595.00	M.H.A.
Hawkins,Cynthia A	Human Resources Manager	14	0	133,411.60	M.H.A.
Ward,Jonathan F	Deputy Director, Crisis and Em	15	0	132,612.50	M.H.A.
Pollock,Andrew H	Director of Program Integrity	15	0	131,116.22	M.H.A.
Baffour,Anthony	Administrative Services Manage	15	0	130,852.78	M.H.A.
Lassiter,Mark A	DIR OF OPERATIONS	16	0	130,755.71	M.H.A.
Phillips,Christine Jallah	Supvy Compliance Specialist	15	0	130,415.15	M.H.A.
Richardson,Raphaelle K	DIR OF CONSUMER &	15	0	130,000.00	M.H.A.
Powell,Dorothy J	PODIATRIST	1	8	129,751.00	S.E.H.
Anderson,Patrina Ann	Director, Link & Assessment Di	15	0	129,713.49	M.H.A.
Bivins,Renee T	Director of Hospital Operation	15	0	129,602.73	S.E.H.
Martin,Shelita S.	Chief, Quality, Data, Training	15	0	129,166.70	S.E.H.
Evans Jackman,Renee M	Grants Program Coordinator	14	0	128,941.79	M.H.A.
Kelly,Sheila Long	Director of Licensure	15	0	128,013.11	M.H.A.
Madden,Adina Kaleia	Chief, SUD Access and Referral	14	0	127,979.15	M.H.A.
Scott,Charneta C	Project Manager	14	0	127,931.02	M.H.A.
Ayernor,Kerniba Y	Director of Nursing Operations	14	0	126,690.00	S.E.H.
Apraku-Gyau,Kwasi	Administrative Operations Mana	15	0	126,432.76	M.H.A.
Gossett,Jasmine	Public Information Officer	14	0	124,448.00	M.H.A.
Barrett,Linda T	Human Resources Specialist	14	10	123,945.00	M.H.A.
Pinn,Mary E	Supvy Psychiatric Nurse	14	0	123,376.30	M.H.A.
Stewart,Craig S	Director of Incident Managemen	15	0	123,200.00	M.H.A.
Pontes,Martha G	Supervisory Psychiatric Nurse	14	0	122,010.58	S.E.H.
Campbell-Smith,Samantha	Supvy IT Specialist	15	0	121,723.78	M.H.A.
McClerklin,Alina E	Director of Integrated Care	15	0	121,683.23	M.H.A.
Veria,Ana Maria	DIRECTOR, POLICY SUPPORT DIVIS	15	0	121,614.47	M.H.A.
Burroughs,Terredell H	Senior Project Manager	14	0	119,919.00	M.H.A.
Mccarty Jones,Brendolyn R	SUPV HUMAN RESOURCES SPEC	14	0	119,858.50	M.H.A.
Thompson,Patricia C	Ombudsman Prog Ofcr (Child/You	14	0	119,590.23	M.H.A.
Poole,Laressa J	Provider Relations Manager	14	0	119,077.48	M.H.A.
Parks,Barbara J	CLINICAL PROGRAM ADMINISTRATOR	15	0	118,559.13	M.H.A.
Waters,Crystal M	Supervisory Nurse Practitioner	13	0	118,558.84	S.E.H.
Mumford,Jennifer D	Supervisory Program Monitor	14	0	118,178.43	M.H.A.
Robinson,Crystal B	Program Manager, Rehabilitatio	14	0	117,930.23	S.E.H.
McKain,Denise P	Supervisory Psychiatric Nurse	14	0	117,822.41	S.E.H.
Alexander,Antoinette C	Director, Office of Fiscal Ser	15	0	117,821.86	M.H.A.
Allen Williams,Debra	Human Resources Spec (Empl & L	14	7	117,625.00	M.H.A.
Wilkerson,Shandra A	Deputy Director, Behav. Hlth.	15	0	117,018.63	M.H.A.
Larkins,Mark Anthony	SUPV INFO TECH SPECIALIST	15	0	116,928.59	M.H.A.
Alleyne,Joycelyn P	Provider Relations Specialist	13	10	116,343.00	M.H.A.
Bryant,Karende S	Information Technology Special	13	10	116,343.00	M.H.A.
Colbert,Janice M	Forensic Svcs Advisor & Liaiso	13	10	116,343.00	M.H.A.
Jones,Helen	Program Monitor	13	10	116,343.00	M.H.A.
Martin,Kevin O	Provider Relations Specialist	13	10	116,343.00	M.H.A.
Miller,Winston J	Information Technology Special	13	10	116,343.00	M.H.A.
Phillips,Sharon	Lead Pharmacist	13	10	116,343.00	M.H.A.

NAME	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Ratliff,Sylvia B	Compliance Specialist	13	10	116,343.00	M.H.A.
Snoddy,Michael	Program Monitor	13	10	116,343.00	M.H.A.
White,Tony	Comm Svcs Review Ana (Adult)	13	10	116,343.00	M.H.A.
Barnes,Erica Lynn	Program Manager	14	0	116,300.03	M.H.A.
Krahling,Debra B	Clinical Administrator	13	0	116,165.05	S.E.H.
Byam,Leslie-Ann P	Transitional Age Youth Proj Di	14	0	115,638.10	M.H.A.
Hnatowski,Lauren Elizabeth	Attorney Advisor	14	2	115,520.00	M.H.A.
Blake-Smith,Michelle DM	Compl & Perform Imprv Ofcr	14	0	115,498.28	S.E.H.
Hinkle Jr.,Alvin H	Director, Resid. Spt. Svc. & C	15	0	115,453.25	M.H.A.
Howard-Clark,Sabriana Antoinette	Medical Records Administrator	14	0	115,453.24	M.H.A.
Valentine,Kelly L	Project Director	13	0	115,239.10	M.H.A.
Chapman II,Eric J	Prevention Services Program Ma	14	0	114,669.60	M.H.A.
Perry,Tamil N	Training Administrator	14	0	114,247.14	S.E.H.
Mbuh,Samuel	SUPERVISORY PSYCHIATRIC NURSE	13	0	114,095.76	S.E.H.
Gladden,Brandi V	Director, Housing Development	15	0	113,939.63	M.H.A.
Goodhue,Shannon M	Director, Disaster & Supt Beha	15	0	113,939.63	M.H.A.
Hariharan,Pradeep	Info Technology Manager (APPSW	15	0	113,939.60	M.H.A.
Stone,Sheila M	Program Administrator	14	0	113,939.26	S.E.H.
O'Brien,Kevin M	Director, Disaster & Supt Beha	15	0	113,901.49	M.H.A.
Harris,Emerson A	CLINIC MGR	13	9	113,448.00	M.H.A.
Parris,Nancy E	Early Childhood Clin Spec	13	9	113,448.00	M.H.A.
Tesfaye,Yoseph	PROGRAM ANALYST	13	9	113,448.00	M.H.A.
White,Sharon M	Consumer Grievance Spec	13	9	113,448.00	M.H.A.
Binks,Sidney W	CLINICAL PSYCHOLOGIST	13	10	112,956.00	S.E.H.
Earlington,Di-Ann G	CLINICAL PSYCHOLOGIST	13	10	112,956.00	M.H.A.
Grant,Teresa M	CLINICAL PSYCHOLOGIST	13	10	112,956.00	M.H.A.
Jones,Eric T	CLINICAL PSYCHOLOGIST	13	10	112,956.00	S.E.H.
Larry,Lamont W	CLINICAL PSYCHOLOGIST	13	10	112,956.00	S.E.H.
Prentiss,Audrey J	CLINICAL PSYCHOLOGIST	13	10	112,956.00	S.E.H.
Tu,Yi-Ling E	Infection Control Coordinator	14	0	112,697.31	S.E.H.
Spencer,Terri R.B.	Director, Specialty Care Divis	15	0	112,429.88	M.H.A.
DeValera,Karen A	Dstr, Emer & Colbr Supt Svc Pr	14	0	112,054.38	M.H.A.
Allen,Ada R	Nurse Practitioner	12	10	111,860.00	S.E.H.
Anokam,Theresa A	Nurse Practitioner	12	10	111,860.00	S.E.H.
Olumese,Elizabeth Ire	Nurse Practitioner	12	10	111,860.00	S.E.H.
Plater,Laverne D	Nurse Consultant	12	10	111,860.00	S.E.H.
Wheeler,Darron L	Performance Management Officer	14	0	111,348.15	M.H.A.
Allen,Jennifer Eileen	Evaluation and Quality Coord	13	8	110,553.00	M.H.A.
Grant,Danike Cary	Compliance Specialist	13	8	110,553.00	M.H.A.
Lewis,Qutina S.	PHARMACIST	13	8	110,553.00	S.E.H.
Patterson,Antoine C	Information Technology Special	13	9	110,553.00	M.H.A.
Talleyrand,Alix	Mental Health Curriculum Dev.	13	8	110,553.00	S.E.H.
Mumuney,Queen	Supvy. Psychiatric Nurse	13	0	110,519.34	S.E.H.
Brown,Denise	Clinical Administrator	13	0	110,283.47	S.E.H.
Paranjothi,Praveen	IT Specialist (Data Mgmt)	14	3	110,243.00	M.H.A.
Godwin,Michele P	CLINICAL PSYCHOLOGIST	13	9	110,145.00	S.E.H.
Reipa,Rokas	IT Specialist (Data Mgmt)	14	2	110,133.00	M.H.A.
O'Connor,Stephen J	Program Manager	14	0	110,127.78	M.H.A.
Clarke,Donald L. M.	Information Technology (Proj M	14	0	109,650.44	M.H.A.
Venson,Alvin D.	Facilities Operations Manager	14	0	109,272.70	S.E.H.
Onwuche,Nkechi Christine	SUPERVISORY PSYCHIATRIC NURSE	13	0	109,272.00	M.H.A.
Dugdill,Jonathan C.	Supvy. Clinical Psychologist	14	0	108,869.97	S.E.H.
Bowden,Shermain M	Program Manager	14	0	108,718.68	M.H.A.
Albury,Lisa Evans	Provider Relations Specialist	14	0	108,307.83	M.H.A.
Barnes Power,Peggie	Care Manager	13	7	107,658.00	M.H.A.
Colombel,Allison M	CFSA Mental Health Coord	13	7	107,658.00	M.H.A.
Fortin,Amy Elizabeth	Juvenile Behav Div Prog Coordi	13	7	107,658.00	M.H.A.
Moss-Baker,Angele D	Behavioral Health Trng Spec	13	8	107,658.00	M.H.A.
Muhammad,LaDonna K	Accountability Analyst	13	7	107,658.00	M.H.A.
Onyemenem,Augustine E	PRTF Coordinator	13	7	107,658.00	M.H.A.
Queen,Robin Denise	Care Manager	13	7	107,658.00	M.H.A.
Singh,Kunverjit	Reports Developer	13	7	107,658.00	M.H.A.
Hammock,Monica L	SUPERVISORY SOCIAL WORKER	13	0	107,607.19	M.H.A.
Brown,Mariam R	Human Resources Specialist	13	10	107,556.00	M.H.A.
Marquez,Claudia M	Policy Officer	13	10	107,556.00	S.E.H.
Flower,Travis D.	CLINICAL PSYCHOLOGIST	13	8	107,334.00	S.E.H.
Fortune,Jeanette	GRANTS MANAGEMENT SPECIALIST	13	8	107,334.00	M.H.A.
Shapiro,David Adam	Info Tech Spec (Sys Analysis)	15	0	107,116.92	M.H.A.
Sofola,Kolawole R	SUPERVISORY PSYCHIATRIC NURSE	13	0	107,111.30	S.E.H.
Sofela,Abiodun J	SUPERVISORY PSYCHIATRIC NURSE	13	0	107,111.29	S.E.H.
Arotimi,Margaret	SUPERVISORY PSYCHIATRIC NURSE	13	0	107,111.14	S.E.H.
Orimolade,Kehinde B	SUPERVISORY PSYCHIATRIC NURSE	13	0	107,111.14	S.E.H.

NAME	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Sullivan,Meghan K	Project Director (DC Seed)	13	0	107,110.73	M.H.A.
Jackson,Cassandra G	Medical Records Admin	14	0	107,084.32	S.E.H.
Annapareddy,Vani	PHARMACIST	12	10	107,074.00	S.E.H.
Morales,Luis A.	SUPERVISORY SOCIAL WORKER	13	0	106,923.34	M.H.A.
Kromah,Mildred T	SUPERVISORY PSYCHIATRIC NURSE	13	0	106,908.26	S.E.H.
Koomson,Esther P	SUPERVISORY PSYCHIATRIC NURSE	13	0	106,640.83	S.E.H.
Carlock,Jason J	Incident Investigation Manager	14	0	106,542.69	S.E.H.
Adebayo,Oluwafemi Isaac	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Akinlosotu,Raymond O	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Akwar,Philip A	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Amaechi,Philo N	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Anderson,Deborah A	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Aneto,Dorothy C	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Bekele,Muluberhan	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Carter,Nancy D.	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Cherry,Joybell A	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Cobbs,Sylvia W	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Daramola,Victoria B	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Ebiringa,Goodness Ihuoma	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Edwards,Cynthia E	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Ezimorah,Janefrances C	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Hawkins,Delores N	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Ihegbe,Ngozi A	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Lewis,Mary L	Clinical Nurse	11	10	106,534.00	M.H.A.
Linder,Detra	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Moliki-nee Agbor,Serah F.	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Ndubuizu,Ngozi M	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Nebafu,Gladys M.	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Nwonye,Florence N	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Ogwuegbu,Regina	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Okeh,Anthony Chinaka	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Olugbemi,Funmilayo O	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Perrin,Paul S	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Pokuaah,Amma	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Tanyi,George S	PSYCHIATRIC NURSE	11	10	106,534.00	M.H.A.
Ughiovhe,Angeline S	PSYCHIATRIC NURSE	11	10	106,534.00	S.E.H.
Griffin,J'wan S	School Primary Project Manager	13	0	106,271.81	M.H.A.
Campbell,James Spencer	SUPERVISORY SOCIAL WORKER	13	0	105,269.16	M.H.A.
Droddy,Jacqueline Lynn	SUPERVISORY SOCIAL WORKER	13	0	105,269.16	M.H.A.
Dogboe,Edem Kofi	SUPERVISORY PSYCHIATRIC NURSE	13	0	105,000.00	S.E.H.
Forbes,Ayana M.	Provider Relations Manager	14	3	104,985.00	M.H.A.
Route,Jocelyn C	Strategic Plng, Pol & Eval Ofc	14	3	104,985.00	M.H.A.
Austin,Jerome W	ACCOUNTANT	13	9	104,881.00	S.E.H.
Reed,Martin	PGM ANALYST	13	10	104,881.00	M.H.A.
Blocker,Adrienne F	Special Project Coordinator	13	6	104,763.00	M.H.A.
King,Teresa	Resiliency Specialist	13	6	104,763.00	M.H.A.
Lewis Marlin,Robin	Compliance Specialist	13	6	104,763.00	M.H.A.
Meikle,Jamie S	Investigative Analysis Special	13	6	104,763.00	M.H.A.
Pryor,Michael	Community Prevention Specialis	13	7	104,763.00	M.H.A.
Randolph,Thomas	Public Health Advisor	13	6	104,763.00	M.H.A.
Ross,Collin R.	Program Monitor	13	6	104,763.00	M.H.A.
Shere,Jeremy M	ACCOUNTABILITY ANALYST	13	6	104,763.00	M.H.A.
Valentine,Ti'Shema Y	IT Specialist (System Analysis	13	7	104,763.00	M.H.A.
Ellis,Aisha M	Nurse Practitioner	12	9	104,642.00	S.E.H.
Davis,Paul W	Audio Visual Services Speciali	13	8	104,523.00	S.E.H.
King,Aisha N	Provider Relations Specialist	13	8	104,523.00	M.H.A.
Lam,Jonathan H.	CLINICAL PSYCHOLOGIST	13	7	104,523.00	S.E.H.
Marsh,Alicia M.	CLINICAL PSYCHOLOGIST	13	7	104,523.00	S.E.H.
Harper Jr.,Ambus H	CLINICAL SUPERVISOR	13	0	104,334.66	M.H.A.
Taylor,Christine A	Claims Revenue Manager	14	0	104,334.66	M.H.A.
Koehne,Susan L	Community Svc Review Mgr	13	0	103,598.17	M.H.A.
Boyer,Marie A	SUPERVISORY PSYCHIATRIC NURSE	13	0	103,355.00	M.H.A.
Rosado Nelson,Leila	Supervisory Clinical Administr	14	0	103,255.60	S.E.H.
Agbara,Emmanuel N	PSYCHIATRIC NURSE	11	9	103,096.00	S.E.H.
Ekwe,Benneth I	PSYCHIATRIC NURSE	11	9	103,096.00	S.E.H.
Michael,Regina N	PSYCHIATRIC NURSE	11	9	103,096.00	S.E.H.
Simo Mukam,Bern Megang	PSYCHIATRIC NURSE	11	9	103,096.00	S.E.H.
Sands Jr.,Robert E.	Occupational Therapist	12	8	102,699.00	S.E.H.
Ansley,Bertha M	Community Based Program Manage	14	0	102,649.00	M.H.A.
Brooks,Dana A	Supervisory Clinical Administr	14	0	102,649.00	M.H.A.
Eligan,Johari J	Director, Div of Care Coord	14	0	102,648.77	M.H.A.
Hill,Angela Maria	Revenue Manager	14	0	102,648.77	M.H.A.

NAME	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
McAllister,Tyreese R	Director, Mobile Crisis Servic	14	0	102,648.77	M.H.A.
Smith,Tamisha N.k.	Medicaid Eligib & Compl Ofcr	14	0	102,648.77	M.H.A.
Prince,David Z	Equal Employment Manager	14	0	102,647.93	M.H.A.
Wooden,Eugene R	Coord of Assertive Comm Treatm	14	0	102,647.93	M.H.A.
Deboard,Nicole Y	Supervisory Dietitian	14	0	102,647.52	S.E.H.
Renix,Robert A.	Supervisory Chaplain	14	0	102,647.49	S.E.H.
Wellington,David L	Supvy. Inventory Management Sp	13	0	102,451.90	S.E.H.
Ugochukwu,Josephine O	SUPERVISORY PSYCHIATRIC NURSE	13	0	102,435.79	S.E.H.
Daniels,Gillian R	ADMIN OFFICER	13	8	102,206.00	M.H.A.
Ellis,Vivian	Human Resources Specialist	13	8	102,206.00	M.H.A.
Spencer,Deborah Lynn	Executive Assistant	13	8	102,206.00	M.H.A.
Watson,Howard Purvis	Program Coordinator	13	8	102,206.00	M.H.A.
Adurota,Olagunwa F	SUPERVISORY PSYCHIATRIC NURSE	13	0	102,016.12	S.E.H.
Lingle,Timothy	SUPERVISORY PSYCHIATRIC NURSE	13	0	102,016.12	S.E.H.
Unaegbu,Elizabeth Ngozi	SUPERVISORY PSYCHIATRIC NURSE	13	0	102,016.12	S.E.H.
Adams,Myla D.	Quality Assessment Specialist	13	5	101,868.00	M.H.A.
Baker,Mionna L.	ACCOUNTABILITY ANALYST	13	5	101,868.00	M.H.A.
Brooks,Ericka Oliver	Comm Services Review Analyst	13	5	101,868.00	M.H.A.
Curameng,Neil M	Information Tech Spec (Data Mg	13	5	101,868.00	M.H.A.
Dickerson,Angela	Quality Improvement Specialist	13	5	101,868.00	S.E.H.
Green,Madonna M	ACCOUNTABILITY ANALYST	13	5	101,868.00	M.H.A.
Griffin,Christopher M	Care Manager	13	6	101,868.00	M.H.A.
Kennedy,Timothy A.	PROGRAM ANALYST	13	5	101,868.00	S.E.H.
Sessoms,LaRena Alexandria	ACCOUNTABILITY ANALYST	13	5	101,868.00	M.H.A.
Street,Darin	CFSA Mental Health Coord	13	5	101,868.00	M.H.A.
Sweat,Drew L	Health Systems Specialist	13	6	101,868.00	M.H.A.
Williams,Crystal D	PROGRAM ANALYST	13	5	101,868.00	M.H.A.
Williams,Lanada N	Provider Relations Specialist	13	5	101,868.00	M.H.A.
Zhang,Lixin	Information Technology Special	13	5	101,868.00	M.H.A.
Arrington,Perette L	CLINICAL PSYCHOLOGIST	13	6	101,712.00	M.H.A.
Casazza,Holly R	CLINICAL PSYCHOLOGIST	13	6	101,712.00	S.E.H.
Croson,Kathryn M	CLINICAL PSYCHOLOGIST	13	6	101,712.00	S.E.H.
Evans,Veltina H	Compliance Specialist	13	7	101,712.00	M.H.A.
Gan,Oron G	CLINICAL PSYCHOLOGIST	13	6	101,712.00	M.H.A.
Kelley,Christine G	CLINICAL PSYCHOLOGIST	13	6	101,712.00	S.E.H.
Delaney,Tyanne V	SUPERVISORY PSYCHIATRIC NURSE	13	0	101,623.61	S.E.H.
Ojevwe,Pius	Clinical Psychologist (Team Le	14	0	101,419.60	S.E.H.
Smith,Gail C	Treatment Team Coordinator	13	0	100,975.09	S.E.H.
Allen,Debbie L	ASSESSMENT CENTER COORDINATOR	13	0	100,646.13	M.H.A.
Barnes,Rhonda L	Program Manager	13	0	100,514.50	M.H.A.
Dalili,Ali	PHARMACIST	12	10	100,261.00	S.E.H.
Martin Stebbins,Leatrice	PHARMACIST	12	10	100,261.00	S.E.H.
Norvell,Carolyn S	PHARMACIST	12	10	100,261.00	M.H.A.
OLANIYAN,MODUPE ADE	Clinical Care Coordinator	12	10	100,261.00	M.H.A.
Williams,Soammes F	Info Tech Spec (Sys Admin)	12	10	100,261.00	M.H.A.
Addison,Leslie M	PHARMACIST	12	10	100,260.20	S.E.H.

Q10. Please provide the Committee with a list of employees who earn $100,000 or more in FY18 or to date in FY19, including their names, position, salary, grade, step, position description, and agency within DBH.

DBH Response: See Attachment

Q. 11 Attachment 1 of 1							**Department of Behavioral Health, FY 18 & FY 19 Grants**					
Grant Number/Title	**FY 2018 Revised Budget**	**Funding Source**	**FY 2018 Expenditures**	**FY 2019 Revised Budget**	**Funding Source**	**FY 2019 Expenditures (inc. encumbrances & pre-encumbrances, intra-district)**	**Purpose of Grant**	**Grant Deliverables**	**Grant Outcomes/ Grantee Performance**	**Corrective Actions/TA Provided**	**DBH Program & Activity Supported By Grant**	**DBH Employee Responsible for Grant Deliverables**
6H79SM061903/ Positive Transitions Youth - Young Adult/(7**1PTYA**)	$1,102,394.69	SAMHSA	$1,102,394.69	$0.00	SAMHSA	$0.00	Design and implement a youth-focused system of care with Core Support Agencies providing transition age youth-specific care planning, wraparound, evidence-based practices and recovery supports.	Provide transition aged youth with a system of care	Provide transition aged youth with a system of care	None	Community Services Division, Specialty Care -6922; Linkage and Assessment	Leslie-Ann Byam
3H79SM061903 Positive Transitions Youth - Young Adult/(8**1PTYA**)	$0.00	SAMHSA	$0.00	$1,024,999.00	SAMHSA	$365,906.60	Design and implement a youth-focused system of care with Core Support Agencies providing transition age youth-specific care planning, wraparound, evidence-based practices and recovery supports.	Provide transition aged youth with a system of care	Provide transition aged youth with a system of care	None	Community Services Division, Specialty Care -6922	Leslie-Ann Byam
6U79TI025317/State Adolescent Treatment Enhancement and Dissemination/(**61SATD)**	$283,740.17	SAMHSA	$283,740.17	$452,561.46	SAMHSA	$0.00	Establish a sustainable evidence-based program to provide treatment and recovery support services to adolescents and transitional aged youth with co-occurring substance use and mental health disorders and their families, and build infrastructure to effectively address the needs of co-	Evidence based treatment and recovery support services to Adolescents	Evidence based treatment and recovery support services to Adolescents	None	Community Services Division, Specialty Care -6922	Sharon Hunt
6U79SP020706/ DC Strategic State and Tribal Initiative/ (7**1SPSF**)	$2,096,682.87	SAMHSA	$2,096,682.87	$0.00	SAMHSA	$0.00	Strategic Prevention Framework, Partnerships for Success Initiatve (SPF-PFS) will support 8 high-need wards in reducing underage drinking and marijuana use among persons ages 12-25 through; Plan Development, Community Prevention Network Enhancement, Community Capacity for Change, Community Changes, and Ward Infrastructure.	Identified evidence-based preventive intervention strategies in the community, evaluation of SPF-PFS activities, District of Columbia Epidemiological Outcomes Workgroups (DCEOW), "There is a Reason" ads, flyers, etc. bringing awareness to underage drinking	Identified evidence-based preventive intervention strategies in the community, evaluation of SPF-PFS activities,District of Columbia Epidemiological Outcomes Workgroups (DCEOW), "There is a Reason" ads, flyers, etc. bringing awareness to underage drinking and marijuana use campaign	None	Community Services, Office of Prevention Services - 6913	Eric Chapman

5U79SP020706/ DC Strategic State and Tribal Initiative/ (8**1SPSF**)	$0.00	SAMHSA	$0.00	$2,022,121.51	SAMHSA	$440,607.19	Strategic Prevention Framework, Partnerships for Success Initiatve (SPF-PFS) will support 8 high-need wards in reducing underage drinking and marijuana use among persons ages 12-25 through; Plan Development, Community Prevention Network Enhancement, Community Capacity for Change, Community Changes, and Ward Infrastructure.	Identified evidence-based preventive intervention strategies in the community, evaluation of SPF-PFS activities, District of Columbia Epidemiological Outcomes Workgroups (DCEOW), "There is a Reason" ads, flyers, etc. bringing awareness to underage drinking and marijuana use campaign	Identified evidence-based preventive intervention strategies in the community, evaluation of SPF-PFS activities,District of Columbia Epidemiological Outcomes Workgroups (DCEOW), "There is a Reason" ads, flyers, etc. bringing awareness to underage drinking and marijuana use campaign	None	Community Services, Office of Prevention Services - 6913	Eric Chapman
2B08TI010008/ Substance Abuse and Prevention and Treatment/ (7**2APBG**)	$2,432,032.33	SAMHSA	$2,432,032.33	$0.00	SAMHSA	$0.00	The SAPT block grant is used for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities as authorized by the statute.	Substance abuse prevention, treatment, and recovery support services	Substance abuse prevention, treatment, and recovery support services	None	Multiple Activities - (5890 - Assessment and Referral Center, 6905 - Office of Community Services, 6913 - Prevention Substance	Denise Dunbar

2B08TI010008/ Substance Abuse and Prevention and Treatment/ (82**APBG/SUD Block Grant**)	$5,912,487.13	SAMHSA	$5,912,487.13	$1,100,000.00	SAMHSA	$758,207.65	The Substance Abuse and Prevention and Treatment (SAPT) block grant is used for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities as authorized by the statute.	Substance abuse prevention, treatment, and recovery support services	Substance abuse prevention, treatment, and recovery support services	None	Multiple Activities - (6921 - Specialty Care - Community Based Services,6922 - Specialty Care - New Initiatives,6940 - Housing Development,1030 - Property Management,1050 - Financial Managment,1089 - Health Information Managment,1820 - Consumer and Family Affairs,1889 - Legislative and Public Affairs,4940 -	Sharon Hunt
2B08TI010008/ Substance Abuse and Prevention and Treatment/ (9**2APBG/SUD Block Grant**)	$0.00	SAMHSA	$0.00	$6,545,194.23	SAMHSA	$1,669,061.78	The Substance Abuse and Prevention and Treatment (SAPT) block grant is used for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities as authorized by the statute.	Substance abuse prevention, treatment, and recovery support services	Substance abuse prevention, treatment, and recovery support services	None	Multiple Activities - (6921 - Specialty Care - Community Based Services,6922 - Specialty Care - New Initiatives,6940 - Housing Development,1030 - Property Management,1050 - Financial Managment,1089 - Health Information Managment,1820 - Consumer and Family Affairs,1889 - Legislative and Public Affairs,4940 -	Sharon Hunt

3B09SM010008/ State Mental Health Block Grant/ (7**2MHBG**)	$1,086,553.10	SAMHSA	$1,086,553.10	$0.00	SAMHSA	$0.00	Funding is used to develop and support community mental health services such as; funding Peer Operated Centers, annual DBH Conference, attendance at National Council for Behavioral Health Conference for DBHstaff, providers, consumer and family members and Behavioral Health Planning Council.	Mental Health Services	Mental Health Services	None	System Transformation, Strategic Management and Policy - 5920	Renee Evans
3B09SM010008/ State Mental Health Block Grant/ (8**2MHBG**)	$119,993.82	SAMHSA	$119,993.82	$1,627,261.18	SAMHSA	$465,416.55	Funding is used to develop and support community mental health services such as; DBH Strategic Plan, building a cadre of Peer Support Providers, recruiting and supporting child providers, as well as informing mental health professionals and community members about first episode psychosis.	Mental Health Services	Mental Health Services	None	System Transformation, Strategic Management and Policy - 5920	Renee Evans
3B09SM010008/ State Mental Health Block Grant/ (9**2MHBG**)	$0.00	SAMHSA	$0.00	$596,250.00	SAMHSA	$232,439.09	Funding is used to develop and support community mental health services such as; Peer Services, continued support for Clubhouse infrastructure, DBH Strategic Planning and Results Based Accountability efforts.	Mental Health Services	Mental Health Services	None	System Transformation, Strategic Management and Policy - 5920	Renee Evans
2X06SM016009/ Projects for Assistance in Transition from Homelessness/(8**1 MHPH**)	$227,243.14	SAMHSA	$227,243.14	$0.00	SAMHSA	$0.00	Provides services to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or are at imminent risk of becoming homeless.	Assistance in housing homeless individuals	Assistance in housing homeless individuals	None	Clinical Services Division, Homeless Outreach / Mobile Crisis - 5842	Jordan Gulley
2X06SM016009/ Projects for Assistance in Transition from Homelessness/(9**1 MHPH**)	$0.00	SAMHSA	$0.00	$300,000.00	SAMHSA	$106,441.84	Provides services to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or are at imminent risk of becoming homeless.	Assistance in housing homeless individuals	Assistance in housing homeless individuals	None	Clinical Services Division, Homeless Outreach / Mobile Crisis -	Jordan Gulley
DC0079L3G001605 / Shelter Plus Care Program/ (**95MHSP**)	$246,674.94	Housing and Urban Development (HUD)	$246,674.94	$200,000.00	HUD	$64,252.42	Provides housing assistance to homeless individuals.	Housing Assistance	Housing Assistance	None	Community Services, Housing Development - 6940	Brandi Gladden
DC0079L3G001706 / Shelter Plus Care Program/ (**91MHSP**)	$0.00	Housing and Urban Development (HUD)	$0.00	$200,000.00	HUD	$0.00	Provides housing assistance to homeless individuals.	Housing Assistance	Housing Assistance	None	Community Services, Housing Development - 6940	Brandi Gladden
6H79SM063426/ District of Columbia Social, Emotional and Early Development (DC SEED) Project (**71SEED**)	$797,779.30	SAMHSA	$797,779.30	$0.00	SAMHSA	$0.00	Implement a 4-year System of Care (SOC) to address the highly specific, largely unmet needs of infants and young children (birth-6) residing in DC who are at high imminent risk for and diagnosed with Serious Emotional Disturbance (SED).	Early Childhood System of Care	Early Childhood System of Care	None	Community Services, Specialty Care - 6922;	Meghan Sullivan

5H79SM063426/ District of Columbia Social, Emotional and Early Development (DC SEED) Project (**81SEED**)	$0.00	SAMHSA	$0.00	$1,000,000.00	SAMHSA	$306,708.74	Implement a 4-year System of Care (SOC) to address the highly specific, largely unmet needs of infants and young children (birth-6) residing in DC who are at high imminent risk for and diagnosed with Serious Emotional Disturbance (SED).	Early Childhood System of Care	Early Childhood System of Care	None	Community Services, Specialty Care - 6922	Meghan Sullivan
6H79TI026050/ DC Coop Agreement to Benefit Homeless/ (**71CABH**)	$2,428,807.70	SAMHSA	$2,428,807.70	$1,321,192.30	SAMHSA	$39,757.00	The District Homeless Action Project (DHAP) will support and enhance a housing-first sustainable system of coordinated entry to connect the target population of homeless veterans and chronically homeless individuals experiencing substance use disorders, serious mental illnesses (SMI), or co-occurring disorders with evidence-based housing, treatment, and recovery support services (RSS) to eliminate health disparities and homelessness in these populations.	Enhance coordinated entry system infrastructure	Enhance coordinated entry system infrastructure	None	Community Services - (6905 - Office of Community Services,6913 - Prevention Substance Use Disorder,6922 - Specialty Care - New Initiatives, 6920 - Specialty Care)	Kelly Valentine
2016-MO-BX-0014/Justice Mental Health Collaboration Program (**72JMHC**)	$63,741.21	Department of Justice (DOJ)	$63,741.21	$0.00	DOJ	$0.00	DBH in collaboration with Metropolitian Police Department (MPD), Criminal Justice Coordinating Council (CJCC), Department of Corrections (DOC), Fire and Emergency Management System (FEMS), Office of Unified Communication (OUC) to consolidate and analyze local data in order to identify and address the needs of "super-utilizers" - individuals with mental illness and co-occurring substance abuse disorders who repeatedly cycle through multiple service systems.	Increase collaboration between mental health, and criminal justice agencies to address the needs of super-utilizers by providing targeted services and interventions.	Increase collaboration between mental health, public safety, and criminal justice agencies to address the needs of super-utilizers by providing targeted services and interventions.	None	Clinical Services Division, Forensics - 5880	Nicole Johnson

6H79TI080229/DC Opioid Targeted Strategy (DOTS) Project (**71DOTS**)	$852,419.65	SAMHSA	$852,419.65	$0.00	SAMHSA	$0.00	Activities will address all individuals in the District with or at risk for Opioid Use Disorders (OUDs), but will specifically target middle-aged heroin-using African American males.	Engage in strategic planning focused on District-wide OUD needs; Decrease the incidence of OUD through prevention; Increase access to OUD treatment and improve care coordination for medication-assisted treatment (MAT) clients; Expand recovery support services (RSS) for individuals with OUD; and Enhance recruitment and engagement for individuals with OUDs.	Engage in strategic planning focused on District-wide OUD needs; Decrease the incidence of OUD through prevention; Increase access to OUD treatment and improve care coordination for medication-assisted treatment (MAT) clients; Expand recovery support services (RSS) for individuals with OUD; and Enhance recruitment and engagement for individuals with OUDs.	None	Community Services, Specialty Care - 6920	Lisa Albury
5H79TI080229/DC Opioid Targeted Strategy (DOTS) Project (8**1DOTS**)	$337,611.74	SAMHSA	$337,611.74	$2,120,240.04	SAMHSA	$1,698,269.57	Activities will address all individuals in the District with or at risk for Opioid Use Disorders (OUDs), but will specifically target middle-aged heroin-using African American males.	Engage in strategic planning focused on District-wide OUD needs; Decrease the incidence of OUD through prevention; Increase access to OUD treatment and improve care coordination for medication-assisted treatment (MAT) clients; Expand recovery support services (RSS) for individuals with OUD; and Enhance recruitment and engagement for individuals with OUDs.	Engage in strategic planning focused on District-wide OUD needs; Decrease the incidence of OUD through prevention; Increase access to OUD treatment and improve care coordination for medication-assisted treatment (MAT) clients; Expand recovery support services (RSS) for individuals with OUD; and Enhance recruitment and engagement for individuals with OUDs.	None	Community Services, Specialty Care - 6920	Lisa Albury
1H79TI081707-01/District of Columbia Opioid Response (DCOR) (81**DCOR**)	$0.00	SAMHSA	$0.00	$21,126,788.00	SAMHSA	$353,500.00	Initiative will focus on increasing access to medication assisted treatment (MAT), reducing unmet treatment needs, and reducing opioid overdose related deaths in DC through the provision of prevention, treatment, and recovery support services (RSS) to individuals with opioid use disorder (OUD).	Implement a multi-pronged approach aimed at enhancing its ability to divert potential opioid abuse, effectively treating individuals with OUD and supporting them and their families throughout and into	Implement a multi-pronged approach aimed at enhancing its ability to divert potential opioid abuse, effectively treating individuals with OUD and supporting them and their families throughout and into	None	Community Services, Specialty Care - 6922	Sharon Hunt
	$17,988,161.79		**$17,988,161.79**	**$39,636,607.72**		**$6,500,568.43**						

Q11. Please provide the following information for all grants awarded to DBH during FY18 and to date in FY19, broken down by DBH program and activity:

- *Grant Number/Title;*
- *Approved Budget Authority;*
- *Funding source;*
- *Expenditures (including encumbrances and pre-encumbrances);*
- *Purpose of the grant;*
- *Grant deliverables;*
- *Grant outcomes, including grantee performance;*
- *Any corrective actions taken or technical assistance provided;*
- *DBH program and activity supported by the grant; and,*
- *DBH employee responsible for grant deliverables.*

DBH Response: See Attached

FY18 Oversight Question 12.Attachment 1 of 1.Grant Lapse Report

Department of Behavioral Health, FY 18 - FY 19 Grant Lapse Report								
Grant Name	**Grant Number**	**Grant Phase**	**Grant Begin Date**	**Grant End Date**	**Total Grant Award Amount**	**Total Obligations**	**Grant Lapse**	**Comments**
Adolescent Treatment Enhancement and Dissemination	61SATD	16	9/1/2016	1/31/2019	$1,640,600.00	$941,363.62	$699,236.38	Grant Lapse - No Cost Extension requested 8/31/17 and 9/16/18 and approved 9/1/2017 for 12 months and 9/25/18 for 4 months. The goal of No Cost Extension request is to expand service capacity within the adult treatment provider network enabling agencies to deliver clinical treatment for transition-aged youth in DC.
DC COOP Agreement to Benefit Homeless	71CABH	17	9/30/2017	9/29/2018	$3,000,000.00	$2,428,807.70	$571,192.30	Grant Lapse - Due to a underspending of Sub Grants. No Cost Extension Requested 7/28/18 and Approved 12/19/18 to complete grant requirements of the grant and expend remaining funds continuing to support building the intra-district infrastructure and program operations in place for individual experiencing homlessness in DC.
DC Strategic & Tribal Initiative	71SPSF	17	9/30/2017	9/29/2018	$2,298,414.00	$2,096,682.87	$201,731.13	Grant Lapse - Due to less than anticpated spending in Professional Services and Sub Grants. Carryover Request submitted 12/27/18. Anticipate requesting No Cost Extension by 7/29/19 if funds and/or grant requirements of the grant have not been achieved.
District Opioid Targeted Strategy	71DOTS	17	5/1/2017	4/30/2018	$2,000,000.00	$1,377,419.65	$622,580.35	Grant Lapse - Due to a change in scope, an underspending of Sub Grants and Contractual Services. Carryover requested 7/31/18 and Awarded 9/27/18 to support further implementation of the activities and projects. Anticipate requesting No Cost Extension by 2/28/19 if funds and/or grant requirements have not been achieved.

Path Grant	81MHPH	18	9/30/2017	9/29/2018	$300,000.00	$227,243.14	$72,756.86	Grant Lapse - Due to FTE Vacancy and less than anticipated spending in Personnel Services and Contracts. Grant Expired.
Positive Transitions Youth	71PTYA	17	9/30/2017	9/29/2018	$1,677,856.00	$1,102,394.69	$575,461.31	Grant Lapse - Due to less than anticpated spending in Sub Grants and Professional Services. Anticipate requesting No Cost Extension by 7/29/19 if funds and/or requirements of the grant have not been achieved.
Justice and Mental Health Collaboration	72JMHC	17	10/1/2016	9/30/2019	$250,000.00	$94,539.71	$155,460.29	Grant Lapse - Due to less than anticipated spending in Personnel and Professional Services. No Cost Extension Requested 7/25/18 and Approved 9/19/18 due to a delay I budget loading from the federal government and staffing the grant.
Social, Emotional and Early Development	71SEED	17	9/30/2017	9/29/2018	$1,000,000.00	$797,779.30	$202,220.70	Grant Lapse - Due to less than anticipated spending in Personnel Services, Sub Grants, Professional Services and Contractual Servies. Anticipate requesting No Cost Extension by 7/29/19 if funds and/or grant requirements have not been achieved.
State MH Block Grants	72MHBG	17	10/1/2016	9/30/2018	$1,223,382.00	$1,172,553.10	$50,828.90	Grant Lapse - Due to less than anticipated spending in awarded Professional Servies. Grant Expired.
Substance Abuse Prevention	72APBG	17	10/1/2016	9/30/2018	$6,967,878.00	$6,914,780.11	$53,097.89	Grant Lapse - Due to less than anticipated spending in Professional Services and Sub Grants. Grant Expired.
TOTAL					**$20,358,130.00**	**$17,153,563.89**	**$3,204,566.11**	

Q12. Please provide a complete accounting of all grant lapses including a detailed statement as to why the lapse occurred and any corrective action taken by DBH. Please provide accounting of any grant carryover from FY16 to FY17 or FY18 to FY19 and a detailed explanation as to why it occurred.

DBH Response

Please see Attachment 1 of 1. Grant Lapse Report

Q13. Please provide a description of all housing programs administered by DBH. For each, please provide the following information:

- *Name of the program and services provided;*
- *Number of individuals served in FY17 and to date in FY18;*
- *Capacity of the program;*
- *Performance measures and associated outcomes for each program;*
- *The name and title of the DBH employee responsible for administering the program;*
- *The average wait time for a consumer to access housing through the program;*
- *The number of individuals on waiting lists for the program; and,*
- *Of those individuals on the wait list, whether any are homeless or in other housing programs.*

DBH Response

The District of Columbia is a national leader in providing supported housing for people with behavioral health needs. Appropriate, stable and affordable housing is key to recovery and significant evidence shows that permanent, supportive housing increased housing tenure and decreased emergency room visits and hospitalization. Consumers consistently cite housing as a top priority. DBH housing options are funded almost entirely with local dollars include rental subsidies, supported independent living and residential facilities. Programs are described below.

Home First Housing Voucher Program
The Home First Program provides housing vouchers for individuals and families who live in the apartment or home of their choice and sign their own leases. Consumers pay thirty percent (30%) of their household income to the landlord toward their rent and the Home First Program subsidizes the balance of the rental amount.
Funding Source: Local Dollars support the DBH voucher program.

Supported Independent Living
The Supported Independent Living (SIL) Program provides an independent home setting with services and supports to assist consumers in transitioning to a less restrictive level of care. Training in life skill activities, home management, community services, along with supports that are provided through a comprehensive continuum of care on an individual, flexible recovery driven basis are provided based upon individual needs. Weekly home visits and monitoring is conducted by community support workers to ensure that the individual receiving service is able to maintain community tenure and move to independent living.
Funding Source: Local Dollars support SIL services under vendor contracts.

Mental Health Community Residential Facilities (MHCRFs)
DBH offer three levels of community residential facilities based on level of care needs described below. These residences help individuals remain in the community with behavioral health and social supports. DBH licenses and monitors these residences to ensure compliance with District regulations.

- Intensive Rehabilitative Residence

An intensive level of care for individuals enrolled in the DBH behavioral health system who have medical issues that put them at risk of needing nursing home care if they do not receive physical health care nursing supports along with the appropriate mental health rehabilitation services. DBH licenses these facilities.

- Supportive Rehabilitative Residence

provide twenty-four hour, structured housing support for consumers with severe and persistent mental illness who need an intense level of support to live within the community. DBH licenses these facilities. The specific services offered include: 24-hour awake supervision; assisting the consumer to obtain medical care; providing training and support to assist consumers in mastering activities of daily living; maintaining a medication intake log to ensure that residents take their medications as prescribed; provision of 1:1 support to manage behaviors or perform functional living skills; transportation to doctor's appointments; assistance with money management; and participation in treatment planning, implementation, and follow-up.

- **Supportive Residence (SR)**

SR CRFs provide on-site supervision when residents are in the facility; medication monitoring; maintenance of a medication log to ensure that medication is taken as prescribed; assistance with activities of daily living; arrangement of transportation; monitoring behaviors to ensure consumer safety; and participation in treatment planning, implementation, and follow-up. DBH licenses these facilities.

- **Transitional Supportive Residence (TSR)**

TSR CRFs provide on-site supervision when residents are in the facility; medication monitoring; maintenance of a medication log to ensure that medication is taken as prescribed; assistance with activities of daily living; arrangement of transportation; monitoring behaviors to ensure consumer safety; and participation in treatment planning, implementation, and follow-up. Consumers in TSR CRFs are provided with skills training to strengthen their ADL skills, with the expectation that they will be ready for independent, apartment living within a year. DBH licenses these facilities.

Funding Source: Local Dollars support CRF services under vendor contracts.

DC Local Rent Supplement Program (LRSP)

The LRSP is administered by the D.C. Housing Authority (DCHA) and follows the eligibility requirements and rules and regulations of DCHA's federally-funded voucher program. DBH has control of LRSP vouchers attached to newly-renovated or developed units funded with DBH capital dollars for twenty-five (25) years. The LRSP vouchers are attached to single-room occupancy (SRO) units and to apartments. DBH makes referrals for initial occupancy and backfill of vacancies. LRSP vouchers are funded with local dollars.

Funding Source: Local Dollars support project-based vouchers administered by DCHA.

Federal Voucher Programs

Shelter Plus Care (DBH)

The federal Shelter Plus Care Program requires that each dollar of rental assistance must be matched with an equal or greater dollar value of supportive services. The program is for hard-to-serve persons/families experiencing homelessness or disabilities, primarily individuals with serious mental illnesses, chronic substance use disorders, or living with HIV/AIDS and related diseases. Tenants pay 30 percent of their household income toward their rent. In the District, the program is administered by The Community Partnership for the Prevention of Homelessness. A ***Funding Source: The Shelter Plus Care program is funded with a federal HUD grant.***

Recovery Support Services/Environmental Stability (ES)
The Environmental Stability service provides a structured and stable living environment and recovery support system that includes recovery housing for up to six (6) months. The objective of Environmental Stability is to prepare the client for independent living upon completion of the Environmental Stability Service.
Funding Source: Local Dollars support ES beds under vendor contracts.

Number of Individuals Served in FY17 and to date FY18 and *Capacity of the program*

DBH Response

In FY18, a total of 2,282 people received DBH housing compared to total of 2,155 in FY19, through 12/31/18:

Program	FY18 Capacity*	Consumers Served FY18	FY19 Capacity*	Consumers Served FY19 (through 12/31/18
Federal Funding				
Federal – DBH Shelter Plus Care	19	19	22	18
Local Funding				
Local Rent Subsidy Program (LRSP)Vouchers				
DBH Capital-Funded Housing (LRSP Vouchers)	173	180	192*	192
Supported Housing				
Home First (Vouchers)	892	919	890	888
Supported Independent Living (SIL)	380	418	375	379
Community Residential Facilities (CRFs)				
Intensive Residence (IR)	10	16	10	9
Supportive Rehabilitative Residence (SRR)	198	216	200	212
Supportive Residence (SR)	464	491	464	451

Transitional Supportive Residence (TSR)	18	23	6	6
Total	**2,154**	**2.282**	**2,159**	**2,155**

- *In FY19-1Q, twelve (12) units in a capital-funded project became available for occupancy.*

Performance measures and associated outcomes for each program

DBH Response

Outcomes on DBH Housing Performance Measures for Home First Subsidy Recipients

Quality Domain	Performance Measure	Outcome
Housing Tenure/Stability	75% of consumers will maintain community tenure in independent housing for 12 months or longer	92% of consumers maintained community tenure through September 30, 2018
Housing Occupancy	DBH will maintain an 80% or greater occupancy rate within its subsidized housing program	100% occupancy rate
Availability of Housing Services/Supports	80% of consumers in subsidized housing will enroll with a CSA to receive mental health services and supports	97% of consumers are enrolled with a CSA

Name and title of the DBH employee responsible for administering the program

DBH Response
Brandi Gladden, Director – Housing Development Division, is the DBH employee responsible for administering the DBH housing programs.

- *The average wait time for a consumer to access housing through the program;*
- *The number of individuals on waiting lists for the program; and,*
  Of those individuals on the wait list, whether any are homeless or in other housing programs

DBH Response
Housing options are determined based on an individual's level of care requirements. In addition, DBH prioritizes individuals transitioning from Saint Elizabeths to the community and those experiencing homelessness for supportive housing. A housing voucher is issued within three days of a request from Saint Elizabeths or following a level of care assessment for community residences. The average time from application/referral to placement is four weeks.

As indicated in the chart above, there is little turnover in the DBH rental subsidy program. The tenant is responsible for identifying housing. Once a voucher award is made, the average time between voucher award and lease-up including housing inspection is 2.7 months for all voucher awardees.

Individuals experiencing homelessness are a priority for housing programs. It is common for an individual to apply for housing with DBH, the Department of Human Services (DHS) and the DC Housing Authority (DCHA) at the same. DBH track placements with DHS or DCHA.

Q14. Please provide an update on the work of the children mobile crisis teams. What services are provided? How many individuals were served in FY18? To date in FY19? Please be sure to specifically speak to the work of the Children and Adolescent Mobile Psychiatric Service (ChAMPS), as well as any related services.

a. What is the process in determining what calls are deployable and non-deployable?

b. What is the response time for deployable calls? Please include the longest and shortest response times that occurred in FY18 and FY19 to date.

c. How many mobile crisis teams are there? How are calls triaged to ensure that a team is available upon request?

d. Please explain the nature of the training DCPS staff participated in as well as the number of staff who were trained.

DBH Response

Individuals with Disabilities Education Act (IDEA) defines emotional disturbance as follows: "…a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression.
(E) A tendency to develop physical symptoms or fears associated with personal or school problems." - https://sites.ed.gov/idea/

As defined by IDEA, emotional disturbance include diagnoses from the DSM-V, but does not apply to children who are socially maladjusted. The emergency mobile crisis response service for children and youth is operated under contract with Anchor Mental Health of Catholic Charities Archdiocese of Washington. Called Children and Adolescent Mobile Psychiatric Service (ChAMPS), the purpose of the children's mobile crisis service is to provide immediate access to mental health services for children and youth in psychiatric distress. The goal is to stabilize youth within their homes and/or the community and avert inpatient hospitalization and placement disruptions. The population of focus is children and youth 6-17 years of age, with the exception of youth committed to the Child and Family Service Agency (CFSA) who are served until age 21.

The mobile team provides onsite crisis assessment to determine the mental health stability of a youth and their ability to remain safe in the community. The crisis team assists in the coordination of acute care assessments and hospitalizations when appropriate. Post-crisis follow-up interventions also are conducted up to 30 days after the initial crisis intervention to ensure linkage to a DBH or private mental health provider for ongoing treatment.

In FY 18, ChAMPS received a total of 1,682 calls, of which 837 (50%) were deployable and 838 (50%) were non-deployable. The reasons for non-deployment vary from one call to the next. Some primary reasons include:

- Clinical Consultations and resources inquiries.

- Cancelled calls, crisis intervention is no longer needed
- Child leaves the school building prior to ChAMPS arrival and/or parent refuses to consent for in home assessment.
- Incomplete information, such as location of the youth, name of youth from referral source.
- The availability of teams to immediately respond to calls
- Child requires immediate medical attention as the result of harming oneself.
- Call is outside the scope of ChAMPS services, such as requests to remove child from the home.

In all the above circumstances, all attempts are made to collaborate with the parents, schools and referring parties to obtain information, consent and/or accommodate schedule, in order to deploy on the case. Follow-up is also provided to determine the need for future services.
There were a total of 58 (14%) hospitalizations resulting from the deployments, of which 42 (72%) were the result of involuntary emergency room evaluations (FD-12s), and 16 (28%) were voluntary. Of the total calls received, 237 (14%) calls were related to CFSA-involved youth. The total unduplicated number of children and youth serviced in FY 18 was 857.

In addition to deployments resulting from crisis calls during FY18, ChAMPS participated in 10 special community deployments in which Crisis Specialists are deployed to respond to community crisis such as death of a community member. Crisis Specialists provide community response debriefings for large groups and one on one support for individuals on site. During FY18, ChAMPS responded to schools who experienced the loss of a student as well as community centers such as Clay Terrace after a tragic shooting.

Additionally, ChAMPS participated in a total of 57 community outreach and educational events. These events include attendance and presentations at the DBH monthly Children's Roundtable, Crisis Intervention Officer (CIO) training, Children and Family Service Agency (CFSA) resource events for parents, Children's National Medical Center Mental Health Awareness Fair, Suicide Prevention "Out of Darkness" walk, Redskins Charitable Foundation Back to School Fair, and outreach to community agencies and local hospitals. Out of the 57 events, 30 were informational and training sessions with District of Columbia Public Schools (DCPS) and Public Charter Schools (DCPCS).

ChAMPS FY 18 and FY 19 to date Program Statistics Summary

	Total Children Served-Unduplicated	Total Calls Rec'd	Total Deployments	CFSA Youth	Total Fd-12s	Total Cases Resulting In Acute Care Admissions
FY 18	857	1682	837	237	114	58
FY 19 YTD	247	518	238	40	34	30

a. *What is the process in determining what calls are deployable and non-deployable?*

All calls are triaged and assessed by a licensed clinical manager. Based on the result of the assessment, calls are deemed deployable or non-deployable. Non-deployable calls include informational calls related to programmatic facts, community resource inquiries, clinical consultations (caller seeking consult to problem solve mental health concerns), calls in which a child's current whereabouts are unknown, or team is otherwise unable to access child, calls in which guardian declines assessment, calls that involve requests for services outside scope of program, i.e. removal of child from home, calls in which a child requires immediate medical attention, i.e. child has ingested potentially lethal substance. All other calls involving children and youth in psychiatric crisis are defined as deployable calls. A team of two crisis workers are generally deployed to assess and stabilize the youth in crisis.

b. *What is the response time for deployable calls?*

Per contract, the established response time for deployments is one hour. In FY 18, response time for deployments averaged 34 minutes and for the 1st quarter of FY 19 the response time for deployments averaged 31 minutes. In FY 18 the longest response time was 1 hour 45minutes and the shortest response time was 1 minute. So far for quarter 1 of FY 19, the longest response time was 1 hour and 12 minutes was and the shortest response time was 0 minutes.

c. *How many mobile crisis teams are there? How are calls triaged to ensure that a team is available upon request*?

There are 6 crisis teams available for deployment between the hours of 8am-10pm. On-call teams are available after hours and on weekends. Typically, teams are deployed in pairs; however, workers can be deployed individually when the program is experiencing high call volume. Staff are scheduled throughout the day in order to maximize coverage and the number of crisis teams available. In FY'18 during the weekday, call volumes were highest from 8am-4pm, on Saturdays 8am-4pm and 8pm-12am and on Sundays from 12pm-12am. In addition, there are 3 clinical managers who can also be deployed if call volumes exceed normal levels. Calls are triaged according to imminent risk and prioritized by 1) danger to self/others; 2) availability of a mental health clinician at the deployment site; and 3) linguistic need. The clinical managers maintain contact with the caller as needed until the crisis team is able to respond to the scene of the crisis.

d. *Please explain the nature of the training DCPS staff participated in as well as the number of staff who were trained.*

During the FY18 school year, ChAMPS approached all DCPS, DCPCS, and private schools for outreach and successfully hosted thirty (30) outreach and educational sessions for various DCPS and DCPCS elementary, middle and high schools geared toward all staff. Training content included education on access to and utilization of ChAMPS, crisis response, assessment, de-escalation, stabilization and crisis intervention. More than 255 participants attended these sessions.

Q15. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be served by ChAMPS?

DBH Response

ChAMPS will provide on-site mobile response assessments to children and youth who are in an active state of destabilization and/or crisis and whose behavioral health needs may put them at risk for displacement from their present living arrangement or are at imminent risk of harm to themselves or others.

Q16. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," will be admitted into psychiatric hospitalization? What is the process for making this determination and admitting them? For these persons, how many were served in person by ChAMPS before being hospitalized? Does ChAMPS have guidelines for when it will take a person to a psychiatric hospital for admission?

DBH Response

When ChAMPS refers a child to a hospital for psychiatric assessment, it is the hospital who determines whether or not to a child is admitted for treatment regardless of ChAMPS recommendations.

If completing an Application for Emergency Hospitalization Form - FD(12), ChAMPS follows the guidelines established by the Department of Behavioral Health in accordance with the Officer-Agent Certification.

At each initial visit, the mobile crisis staff will provide an assessment using such tools as the Crisis Assessment Tool (CAT), Depression, Anxiety and/or Suicide Lethality Scales to determine if the child/youth presents a danger to themselves or others, the severity of the crisis, the primary concerns that need to be addressed to resolve or diffuse the crisis and whether or not it is possible to provide crisis intervention while maintaining the safety of the child/youth, the family or caregivers and the ChAMPS staff. In the event that a child/youth presents a significant danger to themselves or others, the crisis team will access appropriate resources for psychiatric evaluation and/or hospitalization, as appropriate.

From FY17 to QTR1 of FY19 approximately 956 calls were received for persons who fell into this criteria. Of those, 641 (67%) were seen by ChAMPS staff. Out of the 641 deployments, there were 117 (18%) FD'12s (52 [44%] confirmed admissions) and 49 (8%) Voluntary Hospitalizations (13 [27%] confirmed admissions).

Q17. What are the procedures and guidelines you follow regarding a person under the age of 22 who is enrolled in your Medicaid program, has a diagnosis of "severe emotional disturbance," and who received ChAMPs service to monitor, track, follow-up, and respond to the person's behavioral health needs.

DBH Response

The Basic Goals of ChAMPS Services are to maintain children in their current home and school setting, help the child/youth and his or her caregiver develop a plan to stabilize the current situation and be linked with appropriate community-based treatment services. This is achieved through the following service standards/definitions:

1. Service Planning: A crisis plan will be developed for each client based on the client's and family's needs, strengths and preferences, and availability of resources. This plan will include hospitalization only if no other appropriate service is available.

2. Crisis Intervention: Based on the crisis plan, mobile crisis staff may provide crisis intervention services to the child/youth and/or their family/caregivers to help resolve issues or situations that are causing or exacerbating the current crisis. If there is a need for ongoing treatment, the child/youth is referred to their CSA or community-based resources.

3. Crisis Support Planning: Based on the results of the assessment, the crisis staff will develop a simple crisis plan that identifies: potential precipitating factors to a crisis, symptoms or behaviors that the child may exhibit that indicate that child/youth may be destabilizing, strategies and coping mechanisms the child/youth and family can utilize to avoid or minimize the crisis behavior, and a list of resources to contact or steps to take in the event that the crisis continues to escalate. The crisis plan is developed either during the initial visit, if appropriate or during a follow up visit with the family. If the child/youth is admitted to the hospital, the ChAMPS team will work with the family and the treatment team to develop a crisis plan prior to the child returning to the home environment.

4. Referral to or Linkage to Appropriate Service Providers: In all cases, where the child is known to CFSA, the ChAMPS team will communicate by phone or in person with the child's assigned CSA Case Manager and/or CFSA Social Worker (or their supervisor) within 24 hours, or the next business day, regarding the date, time and nature of the crisis call, the results of the assessment, the crisis prevention plan, service plan and all recommendations regarding the ongoing needs of the child, including referrals to adjunct services. The ChAMPS team will provide copies of all relevant documentation to the CSA/CFSA within the same time frame, by email or other secure method. The follow up contact will be documented in the service record including all actions the CSA/CFSA has agreed to provide as a response to the crisis.
In the event that the child/youth does not have an assigned CSA, the Crisis Specialist will immediately refer the child/youth to the Access Help Line for assignment to a CSA. Once the child is assigned to the CSA, the ChAMPS team will provide all the information indicated above to the intake/admissions worker of the new CSA.

5. Follow Up Services: The ChAMPS team may provide a variety of follow up services to ensure the continued stability of the child in the current setting and to provide support so that the child can access the recommended services or treatments. Follow up services will be described in the service plan. These activities may include:

a. phone calls to the child, family, service providers or school personnel;
b. visits to the child, family, service providers or school personnel;
c. transportation to follow up appointments as appropriate;
d. accompaniment to follow up appointments as needed;
e. participation in team meetings as indicated.

Q18. How many days, on average, does it take to connect children who have been screened as needing mental health services to a core service agency? What is being done to ensure timely access to care?

a. To the extent possible, please break down days based on type of care (e.g. medication management, CBI, community support, etc.).

DBH Response

Families who call the Access Helpline are connected immediately to a Core Service Agency and are scheduled for an intake appointment at that time. Additionally, many of the CSAs can accommodate patients on a walk in basis and, again, they are seen and linked on that day. This is an expectation of the Access Helpline and our contracted agencies that provide services to children and families.

Referrals from DBH are not made for a service type, but to the CSA only. The CSA determines the need for specific service types at any time Diagnostic Assessment and Treatment plans are completed. At any time during treatment a person could be assessed as needing additional services and referred to those services directly from the CSA. For FY18, the average number of days between the linkage and the Diagnostic Assessment was 25 days. For FY19 Year to Date, the average number of days is 13.

DBH is working to standardize and automate the authorization process for high intensity services like ACT and CBI in order to reduce barriers to service access. We continuously work with providers to reduce barriers to providing timely services through technical assistance.

Q19. How many days, on average, does it take for a child who has been referred to a core service agency to receive a diagnostic needs assessment? How many days, on average, elapse between the development of the diagnostic needs assessment and the implementation of services on the treatment plan? What is being done to ensure timely access to care? To the extent possible, please break down days based on type of care (e.g. medication management, CBI). Please provide a comparison between FY17, FY18 and to date in FY19.

DBH Response:

Average Number of Days from Referral to the First Service. As indicated by the chart below, the average number of days between enrollment and the receipt of the first service for children was 25 days in FY17, 33 days in FY18, and 14 days in FY19 to date. Once a child is assessed, they can immediately receive any combination of the cores services: Medication, Community Support, Couseling as determined by their presented need in the comprehensive assessment.

Age 0-17	**FY17**		**FY18**		**FY19 YTD**	
Service Type	Total Number of Newly Enrolled Consumers	Avg. Days Between Enrollment and First Service Received	Total Number of Newly Enrolled Consumers	Avg. Days Between Enrollment and First Service Received	Total Number of Newly Enrolled Consumers	Avg. Days Between Enrollment and First Service Received
Diganostic Assessment	148	25	190	33	32	14

To ensure timely access to care, DBH monitors system-wide data on the time from referral to the date of the first service.

Q20. Please explain the work the Department has been doing to treat children/youth exposed to violence in their communities or at home.

DBH Response

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) published findings from the National Survey of Children's Exposure to Violence conducted in 2011, which found that nearly 60 percent of children and youth were exposed to violence, crime or abuse in the past year. The study also noted that exposure to violence can limit children's potential and increase their likelihood of becoming involved in the juvenile or criminal justice system. These children are often more likely to develop a substance use disorder; suffer from depression, anxiety and posttraumatic stress disorder; and fail to thrive in school.

DBH serves children and youth exposed to violence through its school based programs, emergency response services and community based providers trained in specific trauma-informed treatments.

School Based Mental Health Program
The DBH School Mental Health Program (SMHP) provides school-based crisis response supports to public and public charter schools that have experienced a death of a student or staff member or community violence/incident that impacts the stability of the school function. The request for services is initiated by the principal or head of the school. SMHP uses a psychoeducational model that helps identify normal feelings and reactions, identifies coping strategies, and supports for the school. When necessary, additional linkages are made for students and staff that require ongoing support beyond the crisis intervention. SMHP also offers an evidence-based violence prevention program called *Too Good For Violence*. This program teaches strategies to manage conflict resolution, bullying as well as positive communication and self-regulation.

The SMHP has two trauma informed evidence-based programs: Cognitive Behavioral Intervention for Trauma in Schools for grades 6-12 and Bounce Back for students in grades K-5. Both programs screen students (with parental consent) for symptoms of Post-Traumatic Stress Disorder (PTSD). SMHP also conducts workshops and training for school staff on creating a Trauma Informed Classroom. These trainings help teachers and school personnel understand the signs and symptoms of trauma, teach de-escalation techniques and offer strategies that can be used in the classroom to help promote learning for all students.

Emergency Mobile Crisis Services
DBH contracts for emergency mobile response services for children and youth in crisis. Catholic Charities operates the Children and Adolescent Mobile Psychiatric Services (ChAMPS) which provides mobile crisis response, assessment, interventions and stabilization supports. ChAMPS also partners with school based program clinicians to conduct joint responses for children/youth exposed to violence in their communities or at home. In partnership with the DBH Adult mobile crisis services teams, ChAMPS, also provides individual and community crisis response after a violent incident, often at the request of the Metropolitan Police Department.

DBH is an active member of the District's Community Stabilization Protocol which provides a framework for the District's emergency critical response planning in response to critical incidents of youth violence within the community.

Trained Community Based Providers

DBH has trained several child-serving community based providers to deliver trauma-informed treatments proven effective to address the needs of children and youth exposed to traumatic events including exposure to violence. Currently, three trauma-focused evidence-based practices are available to children and their families: Child Parent Psychotherapy for Family Violence (CPP-FV), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Trauma Systems Therapy (TST).

Additionally, trauma screening instruments are utilized to identify symptoms and traumatic event: Child Stress Disorder Checklist -DC (CSDC-DC) and the UCLA PSTD Reaction Index.

Child Parent Psychotherapy for Family Violence (CPP-FV): This is an early childhood relationship-based treatment intervention which addresses children's exposure to trauma or maltreatment. CPP-FV is for young children six years old and under who suffer from traumatic stress and often have difficulty regulating their behaviors and emotions during distress. CPP-FV sessions are conjoint with the child's parent(s) or caregiver(s) focusing on improving the child's development trajectory. CPP-FV helps restore developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationship that was negatively affected by trauma. CPP-FV is offered at the DBH operated PIECE program and was expanded in FY17 to two community-based providers (Community Connections and Mary's Center).

Trauma Focused Cognitive Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic intervention designed to address significant emotional and behavioral difficulties related to traumatic life events. TF-CBT sessions focus on addressing the child's posttraumatic stress disorder, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. TF-CBT also provides parents or caregivers with the tools needed to reinforce the content covered with the child between sessions and after treatment has ended. This service can be delivered in the home or in a clinic setting. TF-CBT is offered by four DBH certified providers: Maryland Family Resource Center, Community Connections, and Hillcrest Children and Family Services and Latin American Youth Center.

Trauma Systems Therapy (TST): Trauma Systems Therapy is a comprehensive phase-based model designed to treat traumatic and emotional stress experienced by children and adolescents. It is a phase based model that helps the youth gain control over emotions and behavior and seeks to restore the natural balance between the developing youth and her/his social environment. TST is offered by two DBH certified providers: Maryland Family Resource Center, and Hillcrest Children and Family Service.

DEPARTMENT OF BEHAVIORAL HEALTH
SCHOOL MENTAL HEALTH PROGRAM
SCHOOL LIST – SCHOOL YEAR 2018-2019

	WARD	FTE	DCPS/ DCPCS	SCHOOL INFORMATION	GRADE LEVEL	PRINCIPAL	CLINICIAN
1	7	1	DCPS	**AITON ELEMENTARY SCHOOL** 533 48th Place, NE Washington, DC 20019 Main# 202-671-6060 Fax# 202-724-4630	PS – 5th	Malaika Golden Malaika.golden@dc.gov	Zachary Shaeffer Cell: 202-527-1805 Email: Zachary.shaeffer@dc.gov Supervisor: Jackie Droddy
2	6	1	DCPS	**AMIDON-BOWEN ELEMENTARY SCHOOL** 401 I Street, SW Washington, DC 20024 Main# 202-724-4867 Fax# 202-724-4868	PK3-5th	TaMikka Sykes Tamikka.sykes@dc.gov	Dorothy Arnold Cell: 202-841-7927 Email: Dorothy.Arnold@dc.gov Supervisor: Luis Morales
3	8	1	DCPS	**ANACOSTIA HIGH SCHOOL** 1601 16TH Street, SE Washington, DC 20020 Main# 202-698-2155 Fax# 202-698-2188	9TH-12th	William Haith William.haith@dc.gov	Nathan Luecking Cell: 202-503-7331 Email: Nathan.Luecking@dc.gov Supervisor: Jackie Droddy
4	8	1	DCPS	**BALLOU SENIOR HIGH SCHOOL** 3401 4th Street, SE Washington, DC 20020 Main # 202-645-3400 Fax# 202-645-3397	9th- 12th	Willie Jackson Willie.jackson@dc.gov	Jonathan Rivers Cell: 202-365-5875 Email: jonathan.rivers@dc.gov Supervisor: Luis Morales
5	7	.5	DCPS	**BEERS ELEMENTARY SCHOOL** 3600 Alabama Ave, SE Washington, DC 20020 Main # 202-939-4800 Fax # 202-645-3225	PK3-5th	Gwendolyn Payton Gwendolyn.payton@dc.gov	Sharon Hardy Cell: 202-821-5452 Email: Sharon.hardy@dc.gov Supervisor: James Campbell

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	WARD	FTE	DCPS/ DCPCS	SCHOOL INFORMATION	GRADE LEVEL	PRINCIPAL	CLINICIAN
6	8	1	DCPS	**BOONE ELEMENTARY SCHOOL** 2200 Minnesota Ave, SE Washington, DC 20020 Main#: 202-671-6240 Fax #: 202-645-3292	PK3-5th	Carolyn Jackson-King Carolyn.jackson-king@dc.gov	Corrie Clanton Cell: 202-253-3784 Email: corrie.clanton@dc.gov Supervisor: Jackie Droddy
7	5	1	DCPS	**BROOKLAND MIDDLE SCHOOL** 1150 Michigan Avenue Washington, DC 20017 Main # 202-759-1999 Fax #: 202-724- 1530	6th-8th	Kerry Richardson Kerry.richardson@dc.gov	VACANT
8	5	.5	DCPS	**BROWNE EDUCATIONAL CAMPUS** 850 26th Street, NE Washington, DC 20002 Main# 202-671-6210 Fax # 202-724-1530	PS-8th	Dwight Davis Dwight.davis@dc.gov	Belinda Davis Cell: 202-631-3458 Email: Belinda.davis@dc.gov Supervisor: Luis Morales
9	1	.5	DCPS	**CARDOZO EDUCATIONAL CAMPUS- MIDDLE** 1200 Clifton Street, NW Washington, DC 20009 Main # 202-673-7385 Fax # 202673-2232	6th- 8th	Tanya Roane Tanya.roane@dc.gov	Miata Tucker Zaza Cell: 202-407-2164 Email: Miatta.Tucker-Zaza@dc.gov Supervisor: Luis Morales
10	1	1	DCPS	**CARDOZO EDUCATIONAL CAMPUS- HIGH** 1200 Clifton Street, NW Washington, DC 20009 Main # 202-673-7385 Fax # 202673-2232	9TH- 12TH	Tanya Roane Tanya.roane@dc.gov	Amanda Harvey Cell: 202-439-6231 Email: Amanda.Harvey2@dc.gov Supervisor: Carrie Grundmayer

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11	1	1	DCPS	**COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – HIGH** 3101 16TH Street, NW Washington, DC 20010 Main #: 202-939-7700 Fax #: 202-576-9174	9th- 12th	Maria Tukeva Maria.tukeva@dc.gov	Madeline Keefe Cell: Email: Madelyn.keefe@dc.gov Supervisor: Luis Morales
12	1	1	DCPS	**COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – MIDDLE** 3101 16TH Street, NW Washington, DC 20010 Main #: 202-939-6680 Fax #: 202-576-9158	6TH- 8TH	Maria Tukeva Maria.tukeva@dc.gov	Aaron Feinstein Cell: 202-597-2912 Office: 202-939-6686 Email: aaron.feinstein@dc.gov Supervisor: Luis Morales
13	4	1	DCPS	**COOLIDGE HIGH SCHOOL** 6215 5TH Street, NW Washington, DC 20011 Main #: 202-671-6080 Fax #: 202-576-3147	9th- 12th	Semanthe Bright Semanthe.bright@dc.gov	Vacant
14	6	.5	DCPS	**ELIOT-HINES MIDDLE SCHOOL** 1830 Constitution Ave, NE Washington, DC 20002 Main #: 202-939-5380 Fax#: 202-698-0808	9th-12th	Marlene Magrino Marlene.magrino@dc.gov	Vacant
15	8	1	DCPS	**GARFIELD ELEMENTARY SCHOOL** 2435 Alabama Ave, SE Washington, DC 20020 Main #: 202-671-6140 Fax #: 202-698-1614	PK3-5th	Kennard Branch Kennard.branch@dc.gov	Nicole Denny Cell: 202-329-1132 Email: Nicole.denny@dc.gov Supervisor: James Campbell
16	2	.5	DCPS	**GARRISON ELEMENTARY SCHOOL** 1200 S Street, NW Washington, DC 20009 Main #: 202-673-7263 Fax #: 202-673-6828	PK3-5th	Brigham Kiplinger Brigham.kiplinger@dc.gov	VACANT

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17	8	1	DCPS	**HART MIDDLE SCHOOL** 601 Mississippi Ave, SE Washington, DC 20032 Main #: 202-671-6426 Fax #: 202-645-3426	6th-8th	Charlette Butler Charlette.butlser@dc.gov	Omalara Ajibola Cell: Email: omalara.ajibola@dc.gov Supervisor: James Campbell
18	6	1	DCPS	**JEFFERSON MIDDLE SCHOOL** 801 7th Street, SW Washington, DC 20024 Main#: 202-729-3270 Fax #: 202-724-2459	6th- 8th	Andre Samuels Andre.Samuels@dc.gov	Lakeasha Hart-Tribue Cell: 202-821-9386 Email: Lakeasha.hart2@dc.gov Supervisor: Carrie Grundmayer
19	8	1	DCPS	**JOHNSON MIDDLE SCHOOL** 1400 Bruce Street, SE Washington, DC 20020 Main #: 202-939-3140 Fax #: 202-645-5882	6th-8th	Courtney Aldridge Courtney.aldridge2@dc.gov	Tiffany Hardy Cell: 202-379-8782 Email: Tiffany.hardy@dc.gov Supervisor: Luis Morales
20	7	1	DCPS	**KELLY MILLER MIDDLE SCHOOL** 301 49TH STREET, NE WASHINGTON, DC 20019 Main #: 202-388-6870 Fax #: 202-727-8330	6th-8th	Kortni Stafford Kornti.stafford@dc.gov	Erin Hollerbach Cell: 202-597-2916 Email: erin.hollerback2@dc.gov Supervisor: Luis Morales
21	8	1	DCPS	**KETCHAM ELEMENTARY SCHOOL** 1919 15TH Street, SE Washington, DC 20020 Main #: 202-698-1122 Fax #: 202-698-1113	PK3-5th	Maisha Riddlesprigger Maisha.riddlesprigger@dc.gov	Danielle Goldberg Cell: 202-236-4622 Email: Danielle.goldberg@dc.gov Supervisor: Jackie Droddy

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22	7	.5	DCPS	**KIMBALL ELEMENTARY SCHOOL AT DAVIS** 4430 H Street, SE Washington, DC 20019 Main #: 202-671-6260 Fax #: 202-645-3147	PK3-5th	Johann Lee Johann.lee@dc.gov	Njideka White Cell: 202-465-5525 Email: njideka.white@dc.gov Supervisor: Monica Hammock
23	8	1	DCPS	**KRAMER MIDDLE SCHOOL** 1700 Q Street, SE Washington, DC 20020 Main #: 202-939-3150 Fax 3: 202-698-1171	6th-8th	Roman Smith Roman.smith@dc.gov	Vita Noble Cell: 202-841-7105 Email: vita.noble2@dc.gov Supervisor: Luis Morales
24	8	1	DCPS	**MALCOLM X ELEMENTARY SCHOOL** 1500 Mississippi Ave, SE Washington, DC 20032 Main#: 202-645-3409 Fax #: 202-645-7219	PK3- 5th	Zara Berry-Young Zara.berry-young@dc.gov	Janice Jackson Cell: 202-744-1849 Email: Janice.jackson@dc.gov Supervisor: Luis Morales
25	5	1	DCPS	**MCKINLEY TECHNOLOGY MIDDLE SCHOOL** 151 T Street, NE Washington, DC 20002 Main #: 202-281-3950 Fax #: 202- 832-1293	6th-8th	Mary Louise Jones Loiuse.jones@dc.gov	Austin Quinn Cell: 202-763-3208 Email: Austin.quinn@dc.gov Supervisor: Monica Hammock
26	5	1	DCPS	**MCKINLEY TECHNOLOGY HIGH SCHOOL** 151 T Street, NE Washington, DC 20002 Main #: 202-281-3950 Fax #: 202- 576-6279	9th-12th	Mary Louise Jones Loiuse.jones@dc.gov	Natalie Bloodworth Cell: 202-536-9569 Email: natalie.bloodworth@dc.gov Supervisor: Monica Hammock

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27	6	.5	DCPS	**MINER ELEMENTARY SCHOOL** 601 15th Street, NE Washington, DC 20002 Main#: 202-397-3960 Fax#: 202-724-4957	PK3-5th	Bruce Jackson Bruce.jackson@dc.gov	Alyson St. Amand Cell: 202-740-0378 Email: Alyson.StAmand@dc.gov Supervisor: Jackie Droddy
28	8	1	DCPS	**MOTEN ELEMENTARY SCHOOL** 1565 Morris Road, SE Washington, DC 20020 Main #: 202-698-1111 Fax 3: 202-698-1112	PK3-5th	Akela Stanfield- Dogbe Alela.dogbe@dc.gov	Karra Hancock Cell: 202-815-0125 Email: Karra.hancock4@dc.gov Supervisor: Jackie Droddy
29	8	1	DCPS	**PATTERSON ELEMENTARY SCHOOL** 4399 South Capitol Terrace, SW Washington, DC 2032 Main#: 202-939-5280 Fax# : 202-645-3851	PK3-5th	Victorie Thomas Victorie.thomas@dc.gov	Doree Smith Cell: 202-527-2051 Email: doree.powell2@dc.gov Supervisor: James Campbell
30	6	.5	DCPS	**PAYNE ELEMENTARY SCHOOL** 1445 C Street, SE Washington, DC 20003 Main#: 202-698-3262 Fax #: 202-698-3263	PK3-5th	Stephanie Byrd Stephanie.byrd@dc.gov	JoEtta Thomas Cell: 202-441-7835 Email: joetta.thomas@dc.gov Supervisor: Carrie Grundmayer
31	8	1	DCPS	**SIMON ELEMENTARY SCHOOL** 401 Mississippi Ave, SE Washington, DC 20032 Main#: 202-645-3360 Fax #: 202-645-3359	PK3-5th	Sharon Holmes sharon.holmes@dc.gov	Tina Terrill Cell: 202-578-8650 Email: tina.terrill@dc.gov Supervisor: James Campbell

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32	7	1	DCPS	**SOUSA MIDDLE SCHOOL** 3650 Ely Place, SE Washington, DC 20019 Main#: 202-729-3260 Fax #: 202-645-0456	6th-8th	Courtney Wilkerson Courtney.wilkerson@dc.gov	Vacant
33	8	1	DCPS	**STANTON ELEMENTARY SCHOOL** 2710 Naylor Road, SE Washington, DC 20020 Main #: 202-671-6180 Fax #: 202-645-3264	PK3-5th	Caroline John Fisherow Caroline.fisherow@dc.gov	Jessica Gaddy Cell: Email: Jessica.gaddy@dc.gov Supervisor: Carrie Grundmayer
34	6	1	DCPS	**STUART HOBSON MIDDLE SCHOOL** 410 E Street NE Washington, DC 20002 Main#: 202-671-6010 Fax#: 202-698-4720	6th-8th	Kristofer Comeforo Kristofer.comeforo@dc.gov	Kimberly Harrington Cell: 202-557-6404 Email: Kimberly.harrington@dc.gov Supervisor: Carrie Grundmayer
35	4	1	DCPS	**TAKOMA EDUCATIONAL CAMPUS** 7010 Piney Branch Road, NW Washington, DC 20012 Main#: 202-671-6050 Fax#: 202-671-5305	PK3-8th	Loren Brody Loren.brody@dc.gov	Vanessa Victor Cell: 202-573-6585 Email: Vanessa.Haywood@dc.gov Supervisor: Monica Hammock
36	7	1	DCPS	**NEVEL THOMAS ELEMENTARY SCHOOL** 650 Anacostia Avenue, NE Washington, DC 20019 Main#: 202-724-4593 Fax#: 202-724-5053	PK3- 5th	Jaimee Trahan Jaimee.trahan@dc.gov	Deveta Brevard Cell: 202-407-2127 Email: deveta.brevard@dc.gov Supervisor: Luis Morales
37	8	1	DCPS	**TURNER ELEMENTARY SCHOOL** 3264 Stanton Road, SE Washington, DC 20020 Main #: 202-645-3470 Fax 3: 202-645-3467	PK3-5th	Eric Bethel Eric.bethel@dc.gov	Margot Hodges Cell: 202-579-5229 Email: Margot.hodges@dc.gov Supervisor: Carrie Grundmayer

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38	6	1	DCPS	**WALKER-JONES EDUCATIONAL CAMPUS** 1125 New Jersey Avenue, NW Washington, DC 20001 Main#: 202-939-5934 Fax#: 202-535-1307	PK3-8th	Clinton Turner Clinton.turner@dc.gov	Beverly Maskittie Cell: 202-253-3857 Email: Beverly.maskitte@dc.gov Supervisor: Jackie Droddy
39	1	1	DCPS	**WASHINGTON METROPOLITAN HIGH SCHOOL** 300 Bryant Street, NW Washington, DC 20001 Main#: 202-939-3610 Fax #: 202-671-0086	8th-12th	Ronald Bradford Ronald.bradford@dc.gov	Brian Wheeler Cell: 202-841-0401 Email: Brian.wheeler2@dc.gov Supervisor: Monica Hammock
40	5	.5	DCPS	**WHEATLEY EDUCATIONAL CAMPUS** 1299 Neal Street, NE Washington, DC 20002 Main #: 202-939-5970 Fax #: 202-724-9090	PK3-8th	Shenora Plenty Shenora.plenty@dc.gov	Njideka White Cell: 202-465-5525 Email: njideka.white@dc.gov Supervisor: Monica Hammock
41	3	1	DCPS	**WOODROW WILSON SENIOR HIGH SCHOOL** 3950 Chesapeake Street, NW Washington, DC 20008 Main#: 202-282-0120 Fax #: 202-282-0077	9th-12th	Kimberly Martin Kimberly.martin@dc.gov	Perette Arrington Cell: 202-494-3157 Email: Perette.arrington@dc.gov Supervisor: Monica Hammock

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42	8	.5	DCPCS	**CENTER CITY PCS CONGRESS HEIGHTS** 220 Highview Place, SE Washington, DC 20032 Main #: 202-562-7070 Fax #: 202-574-5829	PK3-8th	Niya White Nwhite@centercitypcs.org	Jasmine Tingling Clemmons Cell: 202-438-1810 Email: Jasmine.tingling-clemmons@dc.gov Supervisor: Carrie Grundmayer
43	6	.5	DCPCS	**CENTER CITY PCS CAPITOL HILL** 1503 East Capitol Street, SE Washington, DC 20003 Main #: 202-537-7556	PK3-8th	Valarie Dragon Vdragon@centercitypcs.org	JoEtta Thomas Cell: 202-441-7835 Email: joetta.thomas@dc.gov Supervisor: Carrie Grundmayer
44	8	.5	DCPCS	**CEDAR TREE PCS** 701 Howard Rd, SE Washington, DC 20020 Main#: 202-800-8655 Fax #: 202-610-2845	PK3-K	LaTonya Henderson lhenderson@cedartree-dc.org	Sharon Hardy Cell: 202-821-5452 Email: Sharon.hardy@dc.gov Supervisor: James Campbell
45	7	1	DCPCS	**CESAR CHAVEZ PCS PARKSIDE MIDDLE** 3701 Hayes Street, NE Washington, DC 20019 Main#: 202-398-2230 Fax #: 202-398-1966	6th-8th	Kourtney Miller Kourtney.miller@chavezschools.org	Natasha Carter Cell: 202-597-2894 Email: Natasha.carter@dc.gov Supervisor: Carrie Grundmayer
46	1	1	DCPCS	**DC INTERNATIONAL SCHOOL** 1400 Main Drive, NW Washington, DC 20012 Main#: 202-459-4790 Fax #: 202-787-	6th-10th	Laurel Schwartz Deirde Bailey Laurel.schwartz@dcinernationalschool.org Deidre.bailey@dcinternationschool.org	Christiane Brady Cell: 202-748-3988 Email: Christiane.brady@dc.gov Supervisor: Monica Hammock

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47	8	1	DCPCS	**DEMOCRACY PREP CONGRESS HEIGHTS PCS** 3100 Martin Luther King Jr. Ave, SE Washington, DC 20032 Main#: 202-561-0860 Fax #: 202-561-0864	PK3-8th	Jacqueline Walters	Jennifer Murphy Cell: 202-568-0882 Email: Jennifer.murphy3@dc.gov Supervisor: James Campbell
48	6	.5	DCPCS	**EAGLE ACADEMY PCS** 1017 New Jersey Ave, SE Washington, DC 20003 Main#: 202-459-6825 Fax#: 202-476-6796	PK3-2nd	Sabina Ogilve sogilvie@eagleacademypcs.org	Emily Kahan Cell: 202-480-6765 Email: Emily.kahan@dc.gov Supervisor: Monica Hammock
49	8	1	DCPCS	**EAGLE ACADEMY PCS** 3400 Wheeler RD SE Washington, DC 20032 Main#: 202-544-2646 Fax: 202-544-0187	PK3-3rd	Melanie Leonard mleonard@eagleacademypcs.org Royston Lyttle rlyttle@eagleacademypcs.org	Oron Gan Cell: 202-365-5133 Email: oron.gan@dc.gov Supervisor: James Campbell
50	4	1	DCPCS	**EL HAYNES PCS** 4501 Kansas Ave, NW Washington, DC 20011 Main#: 202-706-5828 Fax #: 202-667-8811	PK3-4th	Brittney Wagner Friel bwagnerfriel@elhaynes.org	Claudia Price Cell: 202-669-6424 Email: Claudia.price@dc.gov Supervisor: Carrie Grundmayer
51	7	1	DCPCS	**FRIENDSHIP BLOW PIERCE** 725 19th Street, NE Washington, DC 20002 Main#: 202-572-1070 Fax#: 202-399-6157	PK3-8th	Gregory Spears gspears@friendshipschools.org	Taiwan Lovelace Cell: 202-834-2636 Email: Taiwan.lovelace@dc.gov Supervisor: Carrie Grundmayer

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52	7	.5	DCPCS	**FRIENDSHIP TECHNOLOGY PREP** 2705 Martin Luther Avenue SE Washington, DC 20032 Main#: (202) 552-5700 Fax#: (202) 986-9240	9th-12th	Kun Ye Booth kbooth@friendshipschools.org	Sharryl Jackson Cell: 202-834-6327 Email: Sharryl.Jackson@dc.gov Supervisor: Monica Hammock
53	5	.5	DCPCS	**INSPIRED TEACHING DEMONSTRATION PCS** 200 Douglas Street, NE Washington, DC 20002 Main#: 202-248-6825 Fax#: 202-248-6939	PK3-8th	Suriya Douglas sdouglas@inspiredteachingschool.org	Jasmine Tingling Clemmons Cell: 202-438-1810 Email: Jasmine.tingling-clemmons@dc.gov Supervisor: Carrie Grundmayer
54	5	.5	DCPCS	**LATIN AMERICAN MONTESSORI BILINGUAL** 1800 Perry Street, NE Washington, DC 20002 Main#: 202-726-6200	Pre K- 3	Michelle Mangan michelle@lambpcs.org	Alyson St. Amand Cell: 202-740-0378 Email: Alyson.StAmand@dc.gov Supervisor: Jackie Droddy
55	7	.5	DCPCS	**MAYA ANGELOU PCS HIGH SCHOOL** 5600 East Capitol Street, NE Washington, DC 20019 Main#: 202-379-4335 Fax #: 202-506-5749	9th-12th	Dean Weeks dweeks@seeforever.org	Sharryl Jackson Cell: 202-834-6327 Email: Sharryl.Jackson@dc.gov Supervisor: Monica Hammock
56	5	.5		**Mundo Verde Public Charter School** 30 P Street NW Washington, DC 20001 Main# 202-750-7060 Fax # 202-905-0002	PreK-5th	Michelle Johnson mjohnson@mundoverdepcs.org	Miata Tucker Zaza Cell: 202-407-2164 Email: Miatta.Tucker-Zaza@dc.gov Supervisor: Luis Morales

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57	6	1	DCPCS	**RICHARD WRIGHT PCS** 770 M Street, SE Washington, DC 20001 Main#: 2020-388-1011 Fax #: 202-388-5197	8th-12th	Marco Clark Marco.clark@richardwrightpcs.org	Benjamin Dukes Cell: 202-495-8945 Email: Benjamin.dukes@dc.gov Supervisor: James Campbell
58	4	.5	DCPCS	**SELA PCS** 6015-17 Chillum Place, NE Washington, DC 20011 Main#: 202-670-7352 Fax#: 202-722-2968	PK4-4th	Joshua Bork jbork@selapcs.org	Emily Kahan Cell: 202-480-6765 Email: Emily.kahan@dc.gov Supervisor: Monica Hammock
59	8	1	DCPCS	**THURGOOD MARSHALL HIGH SCHOOL** 2427 Martin Luther King Jr Ave, SE Washington, DC 20020 Main#: 202-569-6862 Fax #: 202-563-6946	9th-12th	Richard Pohlman rpohlman@tmapchs.org	Joyce Ericson Cell: Email: joyce.ericson@dc.gov Supervisor: Jackie Droddy
60	6	1	DCPCS	**TWO RIVERS PCS – 4TH STREET** 1227 4th Street NE Washington, DC 20002	Pk3-8TH	Jennifer McCormick jmccormick@tworiverspcs.org Caroline Mwendwa-Baker cbaker@tworiverspcs.org	Caitlin Eshelman Cell: 202-253-8583 Email: Caitlin.friedrich@dc.gov Supervisor: James Campbell
61	5	.5	DCPCS	**TWO RIVERS PCS** 820 26th Street, NE Washington, DC 20002	PK3-3rd	Chelsie Jones cjones@tworiverspcs.org	Belinda Davis Cell: 202-631-3458 Email: Belinda.davis@dc.gov Supervisor: Luis Morales

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65	4	1	DCPCS	**WASHINGTON Yu-Ying** 220 Taylor Street, NE Washington, DC 20017 Main #: 202-635-1950 Fax#: 202-635-1960	PK3-5th	Maquita Alexander maquita@washingtonyuying.org	William McNulty Cell: 202-295-7036 Email: William.mcnulty@dc.gov Supervisor: Monica Hammock

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School Mental Health Managers

Erica Barnes, Branch Chief	202-698-2391 (O)	202-295-7037 (C)	Erica.barnes@dc.gov
Jacqueline Droddy, Supervisor	202-698-2436 (O)	202-222-8785 (C)	Jacqueline.droddy@dc.gov
James Campbell, Supervisor	202-698-2291 (O)	202-329-5720 (C)	james.campbell@dc.gov
Monica Hammock, Supervisor	202-698-2383 (O)	202-380-7400 (c)	monica.hammock@dc.gov
Luis Morales, Supervisor	202-698-2613 (O)	202-494-8489 (c)	luis.morales3@dc.gov
Carrie Grundmayer, Supervisor	202-698-2470 (O)	202-494-0664 (c)	carrie.gundmayer@dc.gov
J”Wan Griffin, Primary Project	202-698-2469 (O)	202-446-4128	jwan.griffin@dc.gov

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Q21 Attachment 2 of 3

- *What prevention programs and services were offered through the SMHP in FY18 and FY19 to date;*

List School Mental Health Program Prevention programs implemented in each school during FY 18 (SY 17- SY 18) and FY19 (SY18- SY 19) to date.

School	Evidence-Based Practice Implemented	Early Intervention Programs Implemented
Aiton ES	Good Touch Bad Touch Too Good For Violence Ask for Help Parent Cafe	
Amidon Bowen ES	Ask 4Help Good Touch Bad Touch Too Good For Violence	Social Skills Mindfulness Resilience Builders
Anacostia HS	Love is Not Abuse SOS	Creative Recording Studio Attachment Group New Heights Teen Intervene
Ballou HS	Love Is Not Abuse SOS	Too Good For Violence
Beers ES	Too Good for Violence Ask for Help	
Browne	SOS Zones of Regulation	Social Skills Conflict Resolution
Cardozo HS	SOS Love is Not Abuse	COPE Pride Club/GLBTQ Club Girls Self Esteem Group
Cardozo MS	Love Is Not Abuse Botvins Too Good for Violence SOS	G.I.R.L.S
Cedar Tree	Parent Café Kimochi Good Touch Bad Touch	
Center City- Capitol Hill	Botvins Good Touch Bad Touch	Anger Management Social Skills Groups
Center City- Congress	Too Good For Violence Kimochi Connect with Kids	
Cesar Chavez Parkside		Self Esteem Group
Columbia Heights EC - HS	Padres Comprometido	
Columbia Heights EC –MS	Padres Comprometido Healthy Boundaries SOS	

School	Evidence-Based Practice Implemented	Early Intervention Programs Implemented
Coolidge HS	Too Good For Violence Love Is Not Abuse	Lunch Bunch
DC International		Owning Up Girls group
Democracy Prep	Too Good For Violence (Whole School completed) Parent Café Ask for Help	Social Skills Learning to Listen Learning to Care Anger Management
Eagle - Main	Good Touch Bad Touch Speak up Be Safe	
Eagle – New Jersey	Good Touch Bad Touch Connect With Kids Kimochis	Social Skills
EL Haynes ES	Kimochis Speak UP Be Safe-	
Eliot Hines MS		Mindfulness
Friendship –Blow Pierce	Good Touch Bad Touch	Positive Action Program- Girl Power Healthy boundaries Social Skills
Friendship – Tech		
Garfield	Second Step	
Inspired Teaching	Too Good For Violence	Seeing Red: Anger Management
Jefferson	Adolescent Substance Use and Abuse	6th grade boys group; 6th grade Girls Group
Johnson MS	Botvins	Creative Recording Studio
Kelly Miller	Parent Café SOS	
Ketchum ES-		
Kimball		
Kramer MS	Healthy Boundaries SOS Connect With Kids Taking Action – Treatment Group	
LAMB		5th grade Transition
Malcolm X		Girls Group Anger Management Social skills Grief and Loss
Maya Angelou PCS	Love is Not Abuse	
McKinley Tech – High School	Signs of Suicide	Girls on the Rise
McKinley Tech – MS		Too Good For Violence
Miner	Connect with Kids	Behavior Control
Moten ES	Too Good For Violence Bounce Back	

School	Evidence-Based Practice Implemented	Early Intervention Programs Implemented
Mundo Verde –	Too Good For Violence Ask for Help Coping Cats	
Patterson	Kimochi Good Touch Bad Touch	
Payne ES	Second Step Good Touch Bad Touch	Social skills
Richard Wright PCS	Love is Not Abuse Drama Therapy Emotional Regulation Treatment Group	Drama Group Breakfast Bunch
Sela PCS	Good Touch Bad Touch Kimochis	Social Skills
Simon ES	Parent Café Too Good For Violence Bounce Back	
Sousa MS	Too Good For Violence Substance Abuse Presentation K2 Presentation SOS	Social Emotional Awareness
Stanton Elementary	Too Good For Violence SOS	Grief Group Anger Management
Stuart Hobson	Healthy Boundaries Botvins Gay Straight Alliance Developing Empathy SPARCS – TRAUMA GROUP	SASS
Takoma	Kimochi CBITS	Social Skills
Neval Thomas –		Anger Management Too Good for Violence Coping Cats
Thurgood Marshall PCS	Signs of Suicide - SOS Love Is Not Abuse	
Turner ES	Kimochi	
Two Rivers PCS	Kimochi	Lunch Bunch
Two Rivers- Young		Social Skills
Walker Jones EC	Good Touch Bad Touch Kimochi SOS	
Washington Met HS	Parent Cafe	Social Skills

School	Evidence-Based Practice Implemented	Early Intervention Programs Implemented
Webb Wheatley EC	Connect with Kids Kimochi Bounce Back	Girl Power Social Skills
Wilson HS	Love is Not Abuse SOS	
Wash Math and Science	Parent Café Too Good For Violence Kaiser Treatment Group	
Yu Ying PCS	Too Good For Violence Kimochi Zones of Regulation	Lunch Bunch

Department of Behavioral Health
School Mental Health Program (SMHP)

SY2018-2019
Evidence Based Programs

PRIMARY PREVENTION PROGRAMS

Good Touch/Bad Touch
Elementary and Middle Schools

An evidence-based primary prevention/education curriculum developed for pre-school - 6th grade students as a tool to teach children the skills needed to prevent or interrupt abuse. Good Touch/Bad Touch is endorsed by The National Mental Health Association Clearinghouse. *Healthy Boundaries* is available for students in 7th-8th grade and focuses on teaching students about abuse, sexual harassment, and bullying.

Question, Persuade, and Refer (QPR)
Elementary, Middle and High Schools

An evidence-based prevention program developed for individuals (e.g., teachers, staff members, etc) to learn how to recognize the warning signs of suicide, and to teach how to question, persuade, and refer an individual in crisis.

Love is Not Abuse
High Schools

An evidence-informed prevention program developed for high school students. Love is Not Abuse teaches youth about teen dating violence and the curriculum focuses on the 3 goals: increasing youths' understanding of dating violence and abuse, challenging misconceptions that support dating violence, and helping youth to identify help-seeking behaviors if they are in an abusive relationship.

Signs of Suicide (SOS)
Middle and High Schools

A SAMHSA approved, evidence-based program developed for middle school and high school students. SOS is a depression awareness and suicide prevention program that teaches students how to ACT (acknowledge, care and tell) when they or a friend experience symptoms of depression or suicide. Students are screened for depression and suicide risk and referred to appropriate services if needed.

Department of Behavioral Health

School Mental Health Program (SMHP)

SY2018-2019

Too Good for Violence

Elementary, Middle and High Schools

A SAMHSA approved, evidence-based violence prevention program that reduces aggression and improves student behavior for middle and high school students. Too Good for Violence emphasizes four areas including; conflict resolution, anger management, respect for self and others, and effective communication.

Too Good For Drugs

Elementary, Middle and High School

Skill development is at the core of *Too Good for Drugs*, a universal K-12 prevention education program designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use.

Teen Intervene

Middle and High School

An evidence based, time-efficient program for teenagers 12-19 suspected of experiencing mild to moderate problems associated with alcohol or other drug use; the program can also include parent or guardians. The Teen – Intervene program integrates the stages of change model, motivational interviewing and CBT. The program is 3 sessions

Coping Cats Program- "Keeping your Cool" The Anger Management Workbook -

This revised edition of the workbook provides five empirically-supported anger management strategies that can be employed by both boys and girls, ages 10-17, to help them cope with a variety of anger-arousing situations. Whereas the original Keeping Your Cool Workbook relied heavily on sports-related situations, this new edition has a wider range of appeal, with new attention to gender and diversity issues. The workbook addresses not only the anger issues experienced by boys, but also the social aggression that characterizes the anger experienced by girls at that age. Attention is also paid to specific anger-arousing situations that are experienced by minorities.

Connect with Kids

Elementary, Middle, and High Schools

An evidence-informed program that improves student behavior in significant and important ways across multiple character skills, including teasing and bullying behaviors, cheating and lying, respect for classmates and teachers, violence prevention, and academic perseverance. The *Adventures* Series can be implemented with students in PreK – 3rd grades and the character education series targets elementary, middle, and high school students. Connect with Kids also produces videos on specific topics (e.g., bullying and depression) that can be used with middle and high school students.

Department of Behavioral Health

School Mental Health Program (SMHP)

SY2018-2019

Parent Café

Elementary, Middle and High Schools

An evidence informed parenting program which includes small group discussions among parents that promote individual self-reflection and peer-to-peer learning based on five research-based protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. Cafés are facilitated by a host in small groups where parents explore topics led by questions from the tool "Parent Café in a box."

SECONDARY PREVENTION PROGRAMS

Primary Project

A SAMHSA approved, evidence-based program targeting students in PreK through 3rd grade who may be displaying early school adjustment difficulties and may be "at risk" for additional socio-emotional difficulties. Students who are screened and meet specific criteria meet with a paraprofessional who provides direct services to the children.

TREATMENT PROGRAMS

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Elementary, Middle, and High Schools

A SAMHSA approved, evidence-based program targeting youth between the ages of 10 and 15 years old who have experienced a violent or traumatic event. Students are screened for symptoms of depression and post-traumatic stress disorder and participate in a cognitive behavioral therapy focused group. The main goals of the group are to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support.

Department of Behavioral Health

School Mental Health Program (SMHP)

SY2018-2019

Bounce Back

K-4th grade

A SAMHSA approved, evidence-based program targeting youth between the ages of K and 4th grade who have experienced a violent or traumatic event. Students are screened for symptoms for post-traumatic stress disorder and participate in a cognitive behavioral therapy focused group. The main goals of the group are to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support.

Trauma-Focused Cognitive Behavioral Therapy

Elementary, Middle, and High Schools

A SAMHSA approved, evidence-based program targeting children and adolescents between the ages of 3 and 18 years old who may be experiencing symptoms related to trauma and/ or violence. The core components of Trauma-Focused Cognitive Behavioral Therapy include: psychoeducation, relaxation skills, affective modulation skills, cognitive coping, trauma narrative, in-vivo exposure, conjoint parent and child sessions, and enhancing personal safety.

Adolescents Coping with Depression (CWD-A)

Middle and High School

The Adolescent Coping with Depression is a SAMHSA approved evidence based program that is a cognitive behavioral group intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities. The program consists of 16 -2 hour sessions in mixed gender groups up to 10 adolescents.

Incredible Years (Dina Dinosaur Group)

Elementary Schools

A SAMHSA approved, evidence-based program targeting children between the ages of 4 and 8 years old who may be experiencing aggressive or “disruptive” behaviors. The program focuses on teaching children social skills, problem solving skills and anger management strategies.

Q21. Please provide an update on the Department's School Based Mental Health Program including a list of all schools that participate and how many FTEs serve each school. For each school, please also include:

- *The number of students who met with a clinician;*
- *The number of students who were referred to care;*
- *The outcomes of all care linkages;*
- *The most common diagnosis;*
- *The referral source (i.e. walk-in, teacher);*
- *The number of students participating in prevention programs;*
- *What prevention programs and services were offered through the SMHP in FY18 and FY19 to date;*
- *The number of FTEs serving in each school*

DBH Response

In SY2018-2019, the School Mental Health Program has agreements to provide services in 41 DCPS schools and 21 DC Public Charter Schools. One full time clinician is assigned to 42 Tier 1 schools and 20 Tier 2 schools share a clinician.

	SY	
	2018-2019 (Aug - Dec 2018)	
The number of students who met with a clinician	1027	
The number of students who were referred to care	303	
The most common diagnoses	Adjustment Disorder, ADHD, PTSD and ODD	
Referral Source	School	47%
	Primary Project	39%
	Parents/Self	15%
The number of students participating in prevention programs	500	
# students referred to outside Mental Health Provider	208	
Outcome for of all care linkages	100% Linked	

Attachment 1 of 3. SMHP School List.
Attachment 2 of 3. Prevention programs and services.
Attachment 3 of 3. Evidence-Based Programs.

Q22. Attachment 1. Mental Health Rehabilitation Services (MHRS)

MHRS Services	Service Description
Diagnostic / Assessment	A Diagnostic/Assessment is an intensive clinical and functional evaluation of a consumer's mental health condition by the Diagnostic/Assessment team that results in the issuance of a Diagnostic Assessment report with recommendations for service delivery that provides the basis for the development of an IRP/IPC. A psychiatrist shall supervise and coordinate all psychiatric and medical functions required by a consumer's Diagnostic/Assessment. A Diagnostic/Assessment also determines whether the consumer is appropriate for and can benefit from MHRS based upon the consumer's diagnosis, presenting problems, and recovery goals; and evaluates the consumer's level of readiness and motivation to engage in treatment.
Medication Training/Support Treatment	Medication/Somatic Treatment services are medical interventions including physical examinations; prescription, supervision or administration of mental- health related medications; monitoring and interpreting results of laboratory diagnostic procedures related to mental health-related medications; and medical interventions needed for effective mental health treatment provided as either an individual or group intervention. Medication/Somatic Treatment services include monitoring the side effects and interactions of medication and the adverse reactions which a consumer may experience, and providing education and direction for symptom and medication self-management. Group Medication/Somatic Treatment services are therapeutic, educational and interactive with a strong emphasis on group member selection, facilitated therapeutic peer interaction and support as specified in the IRP/IPC.
Community Support	Community Support services are rehabilitation and environmental supports considered essential to assist the consumer in achieving rehabilitation and recovery goals that focus on building and maintaining a therapeutic relationship with the consumer. Community Support services include the following interventions 1.) Participation in the development and implementation of a consumer's IRP/IPC; 2.) Assistance and support for the consumer in stressor situations; 3.) Mental health education, support and consultation to consumers' families and their support system, which is directed exclusively to the well-being and benefit of the consumer; 4.) Individual mental health intervention for the

Community Support *(cont.)*	development of interpersonal and community coping skills, including adapting to home, school, and work environments; 5.) Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance; 6.) Assistance to the consumer in increasing social support skills and networks that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living; 7.) Developing strategies and supportive mental health intervention for avoiding out-of-home placement for adults, children, and youth and building stronger family support skills and knowledge of the adult, child, or youth's strengths and limitations; and 8.) Developing mental health relapse prevention strategies and plans.
Crisis/Emergency	Crisis/Emergency is a face-to-face or telephone immediate response to an emergency situation involving a consumer with mental illness or emotional disturbance that is available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency services are provided to consumers involved in an active mental health crisis and consist of immediate response to evaluate and screen the presenting situation, assist in immediate crisis stabilization and resolution, and ensure the consumer's access to care at the appropriate level. Crisis/Emergency services may be delivered in natural settings, and the Crisis/Emergency provider shall adjust its staffing to meet the requirements for immediate response. Each Crisis/Emergency shall provider the following 1.) Obtain consultation, locate other MHRS and resources, and provide written and oral information to assist the consumer in obtaining follow-up MHRS; 2.) Be a DMH-certified MHRS provider of Diagnostic/Assessment or have an agreement with a CSA or a CSA's affiliated sub-provider to assure the provision of necessary hospital pre-admission screenings; 3.) Demonstrate the capacity to assure continuity of care for consumers by facilitating follow-up mental health appointments and providing telephonic support until outpatient services occur; and 4.) Have an agreement with the DMH Consumer Enrollment and Referral System.
Rehabilitation/Day Services	Rehabilitation/Day Services is a structured, clinical program intended to develop skills and foster social role integration through a range of social, psycho-educational, behavioral,

Rehabilitation/Day Services *(cont.)*	and cognitive mental health interventions. Rehabilitation/Day Services are curriculum-driven and psycho-educational and assist the consumer in the retention, or restoration of independent and community living, socialization, and adaptive skills; include cognitive-behavioral interventions and diagnostic, psychiatric, rehabilitative, psychosocial, counseling, and adjunctive treatment; and are offered most often in group settings, and may be provided individually. Rehabilitation/Day Services shall be founded on the principles of consumer choice and the active involvement of each consumer in the consumer's mental health recovery; provide both formal and informal structures through which consumers can influence and shape service development; facilitate the development of a consumer's independent living and social skills, including the ability to make decisions regarding self care, management of illness, life work, and community participation; promote the use of resources to integrate the consumer into the community; and include education on self-management of symptoms, medications and side effects, the identification of rehabilitation preferences, the setting of rehabilitation goals, and skills teaching and development.
Intensive Day Treatment	Intensive Day Treatment is a facility-based, structured, intensive, and coordinated acute treatment program which serves as an alternative to acute inpatient treatment or as a step-down service from inpatient care, rendered by an interdisciplinary team to provide stabilization of psychiatric impairments. Daily physician and nursing services are essential components of Intensive Day Treatment services. Intensive Day Treatment shall be time-limited and provided in an ambulatory setting to consumers who are not in danger but have behavioral health issues that are incapacitating and interfering with their ability to carry out daily activities; be provided within a structured program of care which offers individualized, strengths-based, active, and timely treatment directed toward the alleviation of the impairment which caused the admission to Intensive Day Treatment; be an active treatment program that consists of documented mental health interventions that address the individualized needs of the consumer as identified in the IRP/IPC; consist of structured individual and group activities and therapies that are planned and goal-oriented and provided under active psychiatric supervision; offer short-term day-programming consisting of therapeutically intensive, acute, and active treatment; be services that closely resemble the intensity and

Intensive Day Treatment *(cont.)*	comprehensiveness of inpatient services; and include psychiatric, medical, nursing, social work, occupational therapy, Medication/Somatic Treatment, and psychology services focusing on timely crisis intervention and psychiatric stabilization so that consumers can return to their normal daily lives.
Community-Based Intervention	CBI services are time-limited, intensive, mental health services delivered to children and youth ages six (6) through twenty-one (21). CBI services are intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer. CBI services may be provided at the time a child or youth is identified for a service, particularly to meet an urgent or emergent need during his or her course of treatment. In order to be eligible for CBI services, a consumer shall have insufficient or severely limited individual or family resources or skills to cope with an immediate crisis; and either individual or family issues, or a combination of individual and family issues, that are unmanageable and require intensive coordinated clinical and positive behavioral interventions. There are four (4) levels of CBI services available to children and youth, they are as follows: 1.) CBI Level I, delivered using the Multisystemic Therapy (MST) treatment model adopted by DMH; 2.) CBI Level II, delivered using the Intensive Home and Community-Based Services (IHCBS) model adopted by DMH; 3.) CBI Level III, delivered using the IHCBS model adopted by DMH; and 4.) CBI Level IV, delivered using the Functional Family Therapy (FFT) model adopted by DMH. The basic goals of all levels of CBI services are to defuse the consumer's current situation to reduce the likelihood of a recurrence, which if not addressed, could result in the use of more intensive therapeutic interventions; coordinate access to covered mental health services and other covered Medicaid services; provide mental health services and support interventions for consumers that develop and improve consumer and family interaction and improve the ability of parents, legal guardians, or caregivers to care for the consumer; and transition the consumer to an appropriate level of care following the end of CBI treatment services.
Assertive Community Treatment (ACT)	ACT is an intensive, integrated, rehabilitative, crisis, treatment, and mental health rehabilitative community support service provided by an interdisciplinary team to children and youth with serious emotional disturbance and to

Assertive Community Treatment (ACT) *(cont.)*	adults with serious and persistent mental illness with dedicated staff time and specific staff to consumer ratios. Service coverage by the ACT team is required twenty-four (24) hours per day, seven (7) days per week. The consumer's ACT team shall complete a comprehensive or supplemental assessment and develop a self care-oriented IRP (if a current and effective one does not already exist). Services offered by the ACT team shall include the following 1.) Mental health-related medication prescription, administration, and monitoring; 2.) Crisis assessment and intervention; 3.) Symptom assessment, management, and individual supportive therapy; 4.) Substance abuse treatment for consumers with a co-occurring addictive disorder; 5.) Psychosocial rehabilitation and skill development; 6.) Interpersonal, social, and interpersonal skill training; and 7.) Education, support, and consultation to consumers' families and their support system which is directed exclusively to the well-being and benefit of the consumer. ACT services shall also include a comprehensive and integrated set of medical and psychosocial services for the treatment of the consumer's mental health condition that is provided in non-office settings by the consumer's ACT team.
Counseling	Counseling services are individual, group or family face-to-face services for symptom and behavior management, development, restoration or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills. Adaptive behaviors and skills and daily living skills include those skills necessary to access community resources and support systems, interpersonal skills, and restoration or enhancement of the family unit and/or support of the family. Mental health supports and consultation services provided to consumers' families are reimbursable only when such services and supports are directed exclusively to the well-being and benefit of the consumer.
Child-Parent Psychotherapy for Family Violence (CPP-FV)	Child-Parent Psychotherapy for Family Violence (CPP-FV) is a relationship-based treatment intervention for young children with a history of trauma exposure or maltreatment, and their caregivers. CPP-FV helps restore developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationship that was negatively affected. Young children aged birth through six (6) years who have experienced traumatic stress often have difficulty regulating their behaviors and emotions during distress.

Child-Parent Psychotherapy for Family Violence (CPP-FV) *(cont.)*	They may exhibit fearfulness of new situations, be easily frightened, difficult to console, aggressive or impulsive. These children may also have difficulty sleeping, lose recently acquired developmental skills and show regression in functioning and behavior. Under CPP-FV, counselors assess and provide information on how parents' past experiences, including past insecure or abusive relationships, affect their relationships with their children. Sessions focus on parent-child interactions and Counselors provide support on healthy coping, affect regulation and increased appropriate reciprocity between parent/caregiver and child, resulting in a stronger relationship between a child and his or her parent or caregiver, and improvement in the child's symptoms.
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic intervention designed to help children, working with their parent/caregivers, overcome the negative effects of traumatic life events. The treatment focuses on parent-child interactions, parenting skills, therapeutic treatment, skills development (such as stress management, cognitive processing, communication, problem solving, and safety), and parental support. A parent/caregiver treatment component is an integral part of this treatment model. It parallels the interventions used with the child so that parent/caregivers are aware of the content covered with the child and are prepared to reinforce or discuss this material with the child between treatment sessions and after treatment has ended.
Non-Medicaid Services	
Supported Employment	Non-Medicaid services and support provided by a supported employment provider pursuant to a contract with the Department, consisting of services designed for consumers with significant mental health diagnoses for whom competitive employment has been interrupted or intermittent as a result of a significant mental health problem. Supported employment involves obtaining a part-time or full-time job in which the consumer earns at least minimum wage.
Flexible Spending Local Funds Program for Child Choice Providers	These locally-funded services and supports are intended to augment the clinical services and increase the therapeutic benefit to consumers. Providers who have contracts with DBH as Child Choice Providers are eligible to bill DBH up to the monthly ceiling that is provided in their contracts. Child Choice Providers will submit claims for flexible

Flexible Spending Local Funds Program for Child Choice Providers *(cont.)*	spending reimbursement through the eCura system under the billing code FLEXN. Eligibility for reimbursement for FLEXN- code services is determined solely by the contract between DBH and the Child Choice Provider and is subject to the availability of appropriated funds.
Mental Health Service – Continuity of Care Treatment Planning, Institution" services (MHS-CTPI)	Reimbursable "Mental Health Service – Continuity of Care Treatment Planning, Institution" services (MHS-CTPI) are services to assist consumers in institutional settings. MHS-CTPI is to be used for any mental health service not for discharge treatment planning or Rehab/Day purposes provided by an MHRS provider to any consumer, including those enrolled in Assertive Community Treatment (ACT) or Community-Based Intervention (CBI) services, in an institutional setting.
Mental Health Service – Discharge Treatment Planning, Institution (MHS - DTPI)	Mental Health Service – Discharge Treatment Planning, Institution (MHS - DTPI) is a service to develop a mental health service plan for treating a consumer after discharge from an institutional setting. It includes modifying goals, assessing progress, planning transitions, and addressing other needs, as appropriate. In order to be eligible for reimbursement, MHS-DTPI shall only be provided by an MHRS provider through a mental health professional or credentialed worker to a Department consumer who is in an institutional setting who is not enrolled in Assertive Community Treatment (ACT) or Community-Based Intervention (CBI). In order to be eligible for reimbursement, MHS-DTPI (ACT) shall be provided only by a member of an MHRS Assertive Community Treatment (ACT) team to a consumer who is enrolled in ACT services and preparing for discharge from the institution setting. In order to be eligible for reimbursement, MHS-DTPI (CBI) shall be provided only by a member of an MHRS Community-Based Intervention (CBI) Team, all levels, to a child or youth who is enrolled in CBI and preparing for discharge from the institutional setting.
Community Psychiatric Supportive Treatment Program – Rehab/Day Services (CPS-Rehab/Day)	Community Psychiatric Supportive Treatment Program – Rehab/Day Services (CPS-Rehab/Day) is a day treatment program provided in the community designed to acclimate the consumer to community living. In order to be eligible for reimbursement, CPS-Rehab/Day Services shall only be provided by a certified MHRS Rehabilitation/Day Services provider.

Q31: Attachment 2. MHRS Reimbursement Rates

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
Diagnostic / Assessment	T1023	HE	11-Office	**Y**	**256.02**	**259.28 / Occurrence**
	Diagnostic Assessment		12-Home	**Y**		
	(at least 3 hours)		14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0002		11-Office	**Y**	**85.34**	**86.43 / Occurrence**
	Brief Diagnostic		12-Home	**Y**		
	Assessment		14-Group Home	**Y**		
	(40-50 minutes in duration to determine		53-Community MH center	**Y**		
	eligibility for admission to a mental health treatment program)		99-POS not identified	**Y**		
Medication Training/Support Treatment	H0034	HQ	11-Office	**Y**	**13.52**	**12.58 / 15-min Unit**
	Med Training/Support	Group	12-Home	**Y**		
			14-Group Home	**Y**		
			53-Comunty MH center	**Y**		
			99-POS not identified	**Y**		
	H0034		04-Homeless Shelter	**Y**	**44.65**	**50.26 / 15-min Unit**
	Med Training/Support	Individual	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
Community Support	H0036	HQ	04-Homeless Shelter	**Y**	**6.65**	**6.07 / 15-min Unit**
	Community Support	Group	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0036		04-Homeless Shelter	**Y**	**21.97**	**$24.27 / 15-min Unit**
	Community Support	Individual	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
			09-Prison/Correctional facility	**N**		
	H0036	UK	04-Homeless Shelter	**Y**	**21.97**	**24.27 / 15-min Unit**
	Community Support	Collateral	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
			09-Prison/Correctional facility	**N**		
	H0036	HS	04-Homeless Shelter	**Y**	**21.97**	**24.27 / 15-min Unit**
	Community Support	Family Without consumer	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0036	HR	04-Homeless Shelter	**Y**	**21.97**	**24.27 / 15-min Unit**
	Community Support	Family With consumer	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0036	U1	14-Group Home	**Y**	**21.97**	**24.27 / 15-min Unit**
	Community Support	CRF				
	H0036	AM	04-Homeless Shelter	**Y**	**21.97**	**24.27 / 15 min Unit**
	Physician Team Member		11-Office	**Y**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0038		04-Homeless Shelter	**Y**	**21.97**	**24.27 / 15-min Unit**
	Self-help/Peer Support		11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0038	HQ	04-Homeless Shelter	**Y**	**6.65**	**6.07 / 15 min Unit**
	Self-help/Peer Support	Group	11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0038	HS	11-Office	**Y**	**21.97**	**21.97 / 15 min Unit**
	Self-help/Peer Support	Family	53-Community MH center	**Y**		
		Service	03-School	**Y**		
			99-POS not identified	**Y**		
	H0038	HQ HS	04-Homeless Shelter	**Y**	**6.65**	**6.65 / 15 min Unit**
	Self-help/Peer Support	Fam. Group	53-Community MH center	**Y**		
		Service	03-School	**Y**		
			99-POS not identified	**Y**		
	H2023		11-Office	**Y**	**18.67**	**24.27 / 15min Unit**
	Supported Employment		53-Community MH center	**Y**		
	(Therapeutic)		99-POS not identified	**Y**		
Crisis/Emergency	H2011		04-Homeless Shelter	**Y**	**36.93**	**59.18 / 15-min Unit**
	Crisis Emergency		11-Office	**Y**		
			12-Home	**Y**		
			14-Group Home	**Y**		
			15-Mobile Unit	**Y**		
			53-Community MH center	**Y**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
			99-POS not identified	Y		
Rehabilitation/Day Services	H0025		53-Community MH center	Y	**116.90**	**116.90 / Day**
	Day Services					
	(1 day at least 3 hours)					
Intensive Day Treatment	H2012		53-Community MH center	Y	**164.61**	**164.61 / Day**
	Intensive Day Treatment					
	(1 day at least 5 hours)					
Community-Based Intervention	H2022		03-School	Y	**35.74**	**51.96 / 15-min Unit**
	Community-Based		11-Office	Y		
	Intervention - CBI		12-Home	Y		
	(Level II) IHCBS		14-Group Home	Y		
			53-Community MH center	Y		
			99-POS not identified	Y		
	H2022		03-School	Y	**35.74**	**51.96 / 15-min Unit**
	Community-Based		11-Office	Y		
	Intervention – CBI		12-Home	Y		
	(Level III) IHCBS- short term		14-Group Home	Y		
			53-Community MH center	Y		
			99-POS not identified			
	H2033		03-School	Y	**57.24**	**51.96 / 15-min Unit**
	Community Based		11-Office	Y		
	Intervention - CBI		12-Home	Y		
	(Level I) MST		53-Community MH center	Y		
			99-POS not identified	Y		
	H2033	HU	03-School	Y		
	Community-Based		11-Office	Y	**57.24**	**51.96 / 15-min Unit**
	Intervention – CBI		12-Home	Y		
	(level IV) FFT		53-Community MH center	Y		
			99-POS not identified	Y		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
Assertive Community Treatment (ACT)	H0039		04-Homeless Shelter	**Y**	**38.04**	**37.15 / 15-min Unit**
	Assertive Community	Individual	11-Office	**Y**		
	Treatment - ACT[1]		12-Home	**Y**		
			14-Group Home	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0039	HQ	11-Office	**Y**	**11.51**	**9.30 / 15-min Unit**
	Assertive Community	Group	53-Community MH center	**Y**		
	Treatment – ACT		99-POS not identified	**Y**		
Counseling	H0004	HQ	11-Office	**Y**	**8.00**	**7.21 / 15-min Unit**
	Counseling	Group	53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0004		03-School	**Y**	**26.42**	**28.81 / 15-min Unit**
	Counseling On-site	Individual	11-Office	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0004	HS	03-School	**Y**	**26.42**	**28.81 / 15-min Unit**
	Counseling On-site	Family Without consumer	11-Office	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0004	HR	03-School	**Y**	**26.42**	**28.81 / 15-min Unit**
	Counseling On-Site	Family with Consumer	11-Office	**Y**		
			53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	H0004	HETN	12-Home	**Y**	**27.45**	**36.18 / 15-min Unit**
	Counseling Off-Site	Individual	14-Group Home	**Y**		
			99-POS not identified	**Y**		

[1] Act Providers may bill for collateral, family and telephone contacts under ACT procedure code H0039 only.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
	H0004	HT	11-Office	**Y**	**35.74**	**36.18 / 15-min Unit**
	Psychotherapy for	Child/Parent	53-Community MH center	**Y**		
	Family Violence		03-School	**Y**		
			99-POS not identified	**Y**		
	H0004	ST	11-Office	**Y**	**35.74**	**36.18 / 15-min Unit**
	Cognitive Behavioral	Trauma	53-Community MH center	**Y**		
	Therapy	Focused	03-School	**Y**		
			99-POS not identified	**Y**		
	S0281	U1	11-Office	**Y**	**481.00**	**481.00 Case Rate/mo**
	Health Home Services; High-Acuity		53-Community MH center	**Y**		
			99-POS not identified	**Y**		
	S0281	U2	11-Office	**Y**	**349.00**	**349.00 Case Rate/mo**
	Health Home Services; Low-Acuity		53-Community MH center	**Y**		
			99-POS not identified	**Y**		
DBH Local / Non-Medicaid MHRS Services						
	H2025					
	Supported Employment		11-Office	**N**	**18.61**	**18.61 / 15-min Unit**
	(Non-MHRS Vocational)		53-Community MH center	**N**		
			99-POS not identified	**N**		
	H2025	HQ	11-Office	**N**	**6.65**	**6.65 / 15-min Unit**
	Supported Employment		53-Community MH center	**N**		
	Group (non-MHRS Job Club)		99-POS not identified	**N**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
	H2025	HH	11-Office	**N**	**18.61**	**18.61 / 15-minUnit**
	Supported Employment		53-Community MH center	**N**		
	For CABHI Clients		99-POS not identified	**N**		
	DMH14		53-Community MH center	**N**	**331.87**	**331.87 / Day**
	Residential Crisis Stabilization					
	DMH20		11-Office	**N**	**15.00**	**15.00 / 15-min Unit**
	Team Meeting		53-Community MH center	**N**		
			99-POS not identified	**N**		
	DMH22		04-Homeless Shelter	**N**		
	Jail Diversion – (Criminal Justice		09-Prison/Correctional facility	**N**	**Rate negotiated by individual contract**	**Rate negotiated by individual contract**
	System – CJS)		11-Office	**N**		
			12-Home	**N**		
			14-Group Home	**N**		
			53-Community MH center	**N**		
			99-POS not identified	**N**		
	DMH23		53-Community MH center	**N**	**325.36**	**331.87 / Day**
	No-Auth Residential Crisis Stabilization					
	DMH24		99-POS not identified	**N**	**Case Rate**	**Case Rate**
	Integrated Community					
	Care Project - ICCP					
	DMH26		11-Office	**N**	**25.00**	**25.00 / Occurrence**
	Transitional Service		12-Home	**N**		
			53-Community MH center	**N**		
			99-POS not identified	**N**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
	H0006	HU	11-Office	**N**	**21.97**	**21.97 / 15-min Unit**
	Choice Care Coordination		12-Home	**N**		
			53-Community MH center	**N**		
			99-POS not identified	**N**		
	FLEXN		11-Office	**N**	**1¢**	**1¢ / Unit**
	FlexN Service		12-Home	**N**		
			53-Community MH Ctr	**N**		
			99-POS not identified	**N**		
	DBH-MILN		15-Mobile	**N**	**GSA Per Diem Schedule**	**GSA Per Diem Schedule**
	Travel/Transportation					
	H0032		09-Prison-Correctional facility	**N**	**21.97**	**21.97 / 15-min Unit**
	MH Service – Discharge Treatment Planning		21-Inpatient hospital	**N**		
	Institution		31-Skilled nursing facility	**N**		
	(MHS-DTPI)		32-Nursing facility	**N**		
			51-Inpatient Psychiatric facility	**N**		
			56-Psych. Residential Treatment Center	**N**		
	H0032	HK	09-Prison-Correctional facility	**N**	**21.97**	**21.97 / 15-min Unit**
	MH Service – COC Treatment Planning – Inst.		21-Inpatient hospital	**N**		
	(MHS-CTPI)		31-Skilled nursing facility	**N**		
			32-Nursing facility	**N**		
			51-Inpatient Psychiatric facility	**N**		
			56-Psych. Residential Treatment Center	**N**		
	H0046	HT	09-Prison-Correctional facility	**N**	**38.04**	**38.04 / 15 min Unit**
	MH Service Discharge Treatment Planning		21-Inpatient hospital	**N**		
	Planning Institution (MHS-DTPI) (ACT)		31-Skilled nursing facility	**N**		

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	FY18 Rate	Current Rate
			32-Nursing facility	**N**		
			51-Inpatient Psychiatric facility	**N**		
	H0046	HTHA	09-Prison-Correctional facility	**N**	**35.74**	**35.74 / 15 min Unit**
	MH Service - Discharge Treatment Planning		21-Inpatient hospital	**N**		
	Planning Institution (MHS-DTPI) (CBI)		31-Skilled nursing facility	**N**		
			32-Nursing facility	**N**		
			51-Inpatient Psychiatric facility	**N**		
			56-Psych. Residential Treatment Center	**N**		
	H0037		53-Community MH center	**N**	**123.05**	**116.90 / Day**
	Community Psychiatric					
	Supportive Treatment					
	Program – Rehab/Day Services (CPS-Rehab/Day) (1 day at least 3 hours)					

Q22. Please provide the list of services available as part of the Mental Health Rehabilitation Services (MHRS) system. Specifically, please provide a description of each service and indicate whether or not it is available as part of the Medicaid MHRS program, the non-MHRS program, or both. In addition, please provide the FY18 and current reimbursement rates for each service.

a. Please provide any reports or studies used to determine the impact of a decrease in day services rates on community providers.

DBH Response

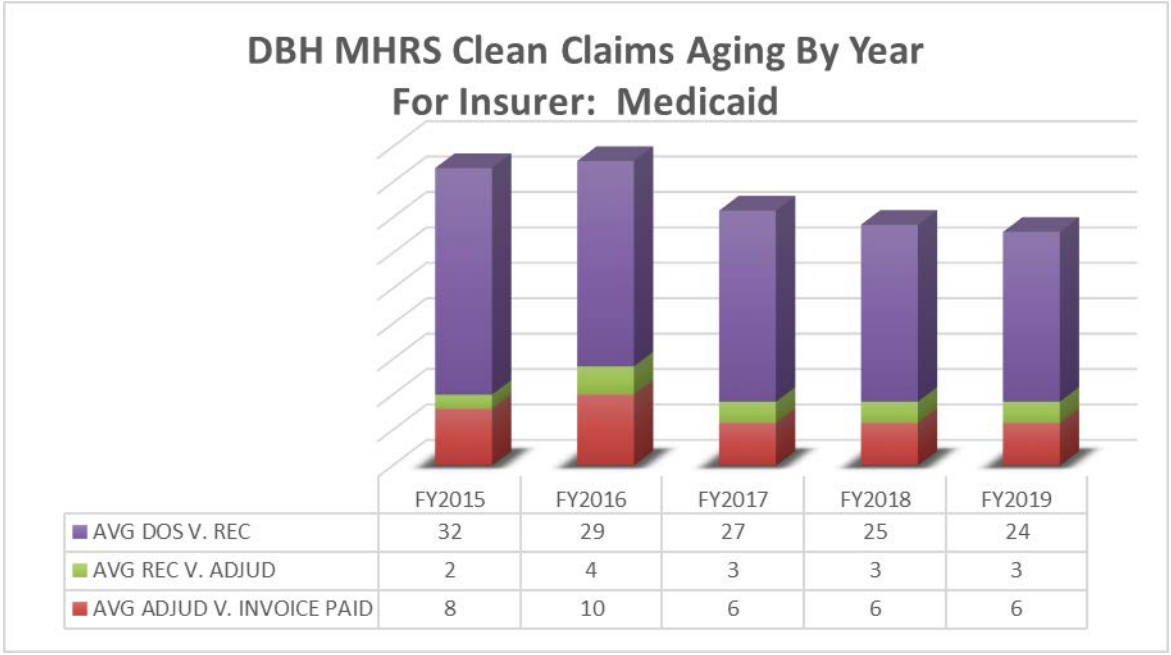
Rehabilitation Day Services: Included in the 2017 rate study of mental health and substance use rehabilitation services is a recommendation that the rate for Rehabilitation Day Services be reduced from $116.90 to $66.45. Based on provider input on the impact of such a significant cut on their ability to stay in business, DBH is continuing to pay the $116.90 daily rate while it conducts a deeper analysis of the impact of the proposed reduction. DBH also formed a workgroup to develop a profile of the consumers currently served by the Rehabilitation Day Services.

In addition, DBH is reconvening this workgroup to make recommendations to redesign the Rehabilitation Day Services program and possibly include a socialization program for seniors as part of an 1115 waiver or using the authority of a 1915(i) Long Term Care Administration day program currently serving seniors. DBH also is working with its provider network to expand its array of alternative services to Rehabilitation Day Services and include more evidence based practices such as Clubhouse, Supported Employment, and Peer Operated Services.

Attachment 1 of 2. Mental Health Rehabilitation Services (MHRS) list of services and descriptions
Attachment 2 of 2. MHRS reimbursement FY 2018 rates

DBH MHRS Clean Claims Aging By Year

For Insurer: Medicaid



	FY2015	FY2016	FY2017	FY2018	FY2019
AVG DOS V. REC	32	29	27	25	24
AVG REC V. ADJUD	2	4	3	3	3
AVG ADJUD V. INVOICE PAID	8	10	6	6	6

Notes:

DBH payment timeline (pay within 30 days) - measured from receipt of claim(s) to invoice paid = 9 days on average.

Days for Average ADJUDICATION TO INVOICE Paid – allows for 48 hours beyond the scheduled payment date in DC SOAR for payment to get to provider.

The AVERAGE DATE OF SERVICE TO RECEIPT measures the time it takes providers to submit claim to DBH after service is rendered, and is not factored in DBH payment timeline.

Rejected claims reporting, correction resubmittal and processing are included in the timeline measures above.

DOS	Date of Services
REC	Date of Receipt by DBH from Provider
ADJUD	Date of Submission to DHCF
INVOICE	Date Provider Receives Payment

Data Date and Time: 01/28/2019

Print Date and Time: 01/28/2019

Q23. For MHRS Medicaid payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:

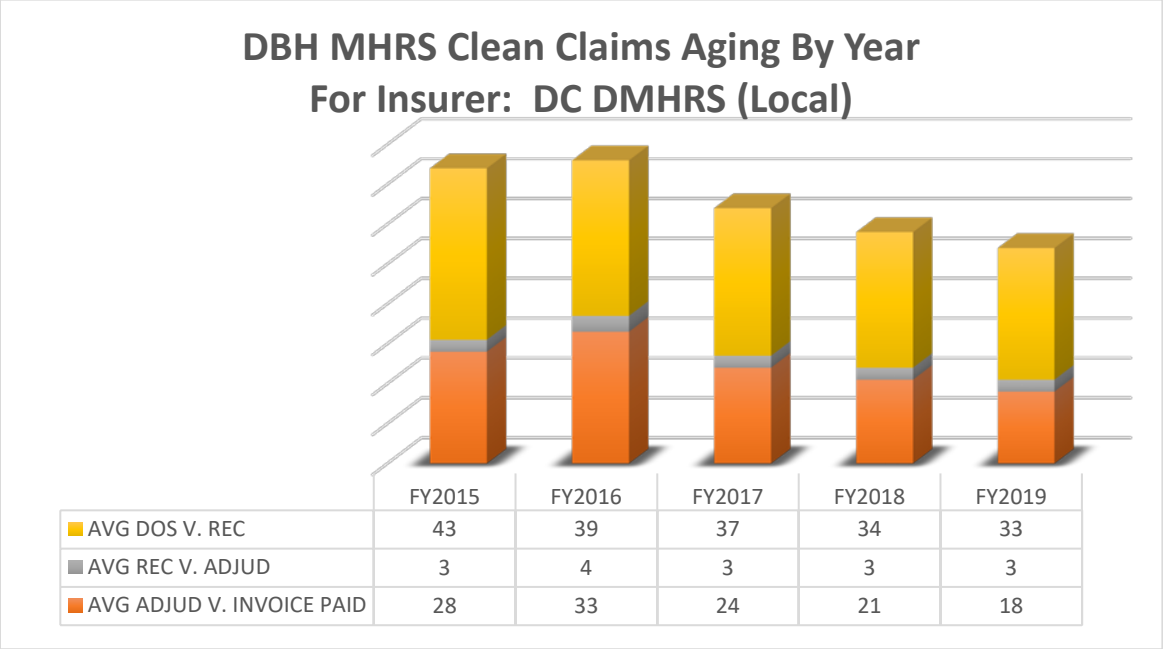
- *Date of service and date the claim was received;*
- *Date the claim was received and date the claim was adjudicated;*
- *Date the claim was adjudicated and date the claim is warranted for payment; and,*
- *Date the claim is warranted for payment and date of the actual payment.*

DBH Response

See Attachment. MHRS Medicaid Payment Average Length of Time.Medicaid

DBH MHRS Clean Claims Aging By Year

For Insurer: DC DMHRS (LOCAL)



	FY2015	FY2016	FY2017	FY2018	FY2019
AVG DOS V. REC	43	39	37	34	33
AVG REC V. ADJUD	3	4	3	3	3
AVG ADJUD V. INVOICE PAID	28	33	24	21	18

Notes:

- DBH payment timeline (pay within 30 days) - measured from receipt of claim(s) to invoice paid = 21 days on average for local claims.
- Days for Average ADJUDICATION TO INVOICE Paid – allows for 48 hours beyond the scheduled payment date in DC SOAR for payment to get to provider.
- The AVERAGE DATE OF SERVICE TO RECEIPT measures the time it takes providers to submit claim to DBH after service is rendered, and is not factored in DBH payment timeline.
- Rejected claims reporting, correction resubmittal and processing are included in the timeline measures above.

DOS	Date of Services
REC	Date of Receipt by DBH from Provider
ADJUD	Date of Submission to DHCF
INVOICE	Date Provider Receives Payment

Data Date and Time: 01/28/2019

Print Date and Time: 01/28/2019

Q24. For MHRS local-only claim payments in FY16, FY17, FY18, and FY19 to date, please identify the average length of time between:

- *Date of service and date the claim was received;*
- *Date the claim was received and date the claim was adjudicated;*
- *Date the claim was adjudicated and date the claim is warranted for payment; and,*
- *Date the claim is warranted for payment and date of the actual payment.*

DBH Response

See Attachment.

FY 18 Oversight Question 25. Attachment 1 of 2. FY 18 Utilization and Consumers Served

FY2018 MHRS	Thru DOS 9/30/18 LOCAL MHRS PO Allocations	Count - LOCAL Consumers Served	Total Local Claims	Local Claims Denied by DBH	LOCAL MHRS Warrants/Invoices	% - Local PO Paid	MEDICAID Remittances - Thru DOS 9/30/18 Count - LOCAL Consumers Served	Medicaid Claims - 837 Forwarded to DHCF	Medicaid Claim Denials/Suspends YTD	Amount Net Payable by DHCF YTD	% - Paid-DHCF
Amazing Love Health Services	1,000.00	1	1,059	78	981	98.1%	160	71,366	3,530	67,836	0%
Anchor Mental Health Association, Inc	1,379,269.76	347	638,688	7,316	631,372	45.8%	1,711	5,284,369	594,857	4,689,511	89%
API	1,000.00	0	-	-	0	0.0%	19	34,457	3,518	30,939	90%
Better Morning	1,000.00	5	1,198	376	822	82.2%	29	314,965	17,613	297,352	94%
CityCare Health Services	5,000.00	2	5,063	81	4,982	99.6%	50	51,774	6,585	45,190	87%
Community Connections, Inc.	537,500.00	570	553,241	19,946	533,296	99.2%	2,407	14,412,285	2,734,903	11,677,382	81%
Community Wellness Ventures	7,000.00	2	3,234	84	3,150	45.0%	41	20,797	5,927	14,870	72%
Contemporary Family Services	732,475.19	123	704,463	12,852	691,611	94.4%	2,102	10,160,783	1,115,817	9,044,966	89%
Deaf - REACH, Specialty Services	40,000.00	9	40,542	568	39,974	99.9%	52	128,202	27,449	100,753	79%
Family Preservation Services	329,855.00	97	316,371	5,001	311,371	94.4%	202	2,989,398	181,858	2,807,540	94%
Family Solutions of Ohio	500.00	0	-	-	0	0.0%	13	1,364	332	1,033	76%
Family Wellness Center	78,568.00	10	9,705	1,811	7,894	10.0%	628	1,203,392	93,917	1,109,475	92%
First Home Care Corporation (Closed)	10,000.00	5	10,162	717	9,445	94.5%	486	307,474	13,040	294,433	96%
Foundations for Home and Community (Closed	75,000.00	9	14,280	276	14,004	18.7%	206	181,730	10,276	171,453	94%
Global Resources & Supports	500.00	1	505	5	500	100.0%	11	2,467	278	2,189	89%
Hillcrest Children's Center	550,000.00	216	490,756	7,740	483,015	87.8%	1,486	6,257,318	832,107	5,425,211	87%
Holy Health Care Services	5,000.00	0	-	-	0	0.0%	55	34,332	4,068	30,265	88%
Humility (Closed)	500.00	0	-	-	0	0.0%	9	6,289	0	6,289	100%
Inner City Family Services	140,000.00	49	120,244	4,125	116,119	82.9%	799	2,908,450	231,462	2,676,988	92%
Latin America Youth Ctr	50,000.00	4	1,908	228	1,680	3.4%	60	86,473	11,000	75,473	87%
Life Care	500.00	2	493	34	459	91.8%	83	3,419	402	3,018	88%
Life Enhancement Services (LES)	37,016.74	13	42,180	6,079	36,101	97.5%	707	4,343,029	322,411	4,020,618	93%
Life Stride, Inc	105,813.00	31	102,571	4,707	97,864	92.5%	444	3,308,769	235,986	3,072,783	93%
Maryland Family Resources (MDDC)	8,712.00	9	7,942	1,384	6,559	75.3%	205	1,076,985	161,441	915,545	85%
Mary's Center Maternal Child Care, Inc.	200,000.00	120	156,881	1,026	155,854	77.9%	178	407,545	15,449	392,096	96%
MBI Health Services	2,790,000.00	615	2,481,469	38,626	2,442,844	87.6%	6,029	31,182,810	1,708,692	29,474,118	95%
McClendon Center, Specialty Services	251,000.00	107	211,779	6,085	205,695	82.0%	1,100	3,878,834	370,906	3,507,928	90%
Neighbors Consejo	101,218.00	9	13,662	1,704	11,957	11.8%	221	992,340	194,360	797,980	80%
Outreach Solutions	4,000.00	1	2,486	628	1,858	46.5%	61	325,828	20,412	305,417	94%
Pathways to Housing D.C., Specialty Services	600,000.00	269	520,073	5,384	514,690	85.8%	392	3,969,215	113,586	3,855,629	97%
Prestige Healthcare Resources	1,000.00	4	1,198	198	1,000	100.0%	136	196,547	32,172	164,375	84%
Preventive Measures	30,000.00	26	22,892	2,896	19,997	66.7%	622	2,275,876	234,689	2,041,187	90%
PRS-DC Recovery Academy	5,000.00	14	3,390	3	3,387	67.7%	2	19	19		0%
PSI, III	262,379.00	53	225,316	6,232	219,084	83.5%	999	4,412,645	189,144	4,223,501	96%
Psychiatric Center Chartered	180,000.00	63	147,688	2,422	145,266	80.7%	242	2,076,757	232,541	1,844,216	89%
RAP	1.00	0	-	-	0	0.0%	0	0	0	0	0%
Umbrella Therapeutic Services	55,000.00	19	51,038	913	50,125	91.1%	466	692,800	27,440	665,360	96%
Volunteers of America Chesapeake	190,000.00	41	208,311	2,528	205,783	108.3%	531	2,022,266	325,169	1,697,098	84%
Washington Hospital Center	70,000.00	55	69,157	665	68,492	97.8%	331	496,107	90,562	405,545	82%
Woodley House, Inc.	80,797.00	84	72,848	442	72,407	89.6%	66	169,125	15,341	153,783	91%
	8,916,604.69	**2,985**	**7,252,793**	**143,157**	7,109,636	79.7%	**23,341**	**106,288,602**	10,179,257	96,109,345	90.4%
MHSD	**N/A**	219	**1,137,640**		**N/A**	N/A	4,112	**1,625,199**		1,137,640	
CPEP	**N/A**	79	**977,578**		**N/A**	N/A	783	**1,396,541**		977,578	

FY 18 Oversight Question 25. Attachment 1 of 2. FY 18 Utilization and Consumers Served

	Thru DOS 9/30/18						MEDICAID Remittances - Thru DOS 9/30/18				
FY2018 MHRS	LOCAL MHRS PO Allocations	Count - LOCAL Consumers Served	Total Local Claims	Local Claims Denied by DBH	LOCAL MHRS Warrants/Invoices	% - Local PO Paid	Count - LOCAL Consumers Served	Medicaid Claims - 837 Forwarded to DHCF	Medicaid Claim Denials/Suspends YTD	Amount Net Payable by DHCF YTD	% - Paid-DHCF
All MHRS Provider Totals	**8,367,905.00**	**3,283**	**139,196,342**				**28,236**	**130,828,437**	40,971,779	*98,224,563*	

FY 18 Oversight Question 25. Attachment 2 of 2. FY 19 Utilization and Consumers Served

	Thru DOS 12/31/18						MEDICAID Remittances - Thru DOS 1/4/2019				
FY2019 MHRS	**LOCAL MHRS PO Allocations**	**Count - LOCAL Consumers Served**	**Total Local Claims**	**Local Claims Denied by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Count - Medicaid Consumers Served**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	25,000.00	1	6,836	78	*6,758*	*27.0%*	62	378,881	*50,537*	*328,344*	0%
Anchor Mental Health Association, Inc	750,000.00	108	147,025	7,316	*139,710*	*18.6%*	667	1,530,879	*19,821*	*1,511,059*	99%
Better Morning	20,000.00	3	8,407	376	*8,031*	*40.2%*	11	300,737	*18,232*	*282,505*	94%
CityCare Health Services	20,000.00	14	11,278	81	*11,197*	*56.0%*	20	196,867	*34,407*	*162,461*	83%
Community Connections, Inc.	750,000.00	177	125,356	19,946	*105,410*	*14.1%*	939	3,521,500	*282,757*	*3,238,743*	92%
Community Wellness Ventures	20,000.00	18	15,542	84	*15,458*	*77.3%*	16	68,934	*5,498*	*63,436*	92%
Deaf - REACH, Specialty Services	40,000.00	3	6,263	568	*5,695*	*14.2%*	20	50,690	*2,416*	*48,274*	95%
Dedicated Health Care	5,000.00	0	-	-	*0*	*0.0%*	17	50,036	*11,197*	*38,839*	78%
Family Preservation Services	260,000.00	30	78,920	5,001	*73,919*	*28.4%*	79	949,727	*31,122*	*918,605*	97%
Family Solutions of Ohio	20,000.00	2	371	-	*371*	*1.9%*	15	107,229	*10,516*	*96,714*	90%
Family Wellness Center	40,000.00	8	8,804	1,811	*6,992*	*17.5%*	245	471,607	*63,782*	*407,825*	86%
Global Resources & Supports	20,000.00	7	1,987	5	*1,982*	*9.9%*	4	7,852	*853*	*6,999*	89%
Hillcrest Children's Center	550,000.00	67	7,828	7,740	*88*	*0.0%*	580	1,637,420	*77,386*	*1,560,035*	95%
Holy Health Care Services	20,000.00	0	-	-	*0*	*0.0%*	21	230,506	*18,982*	*211,524*	92%
Inner City Family Services	100,000.00	15	31,023	4,125	*26,899*	*26.9%*	312	777,529	*8,995*	*768,534*	99%
Kinara Health & Home Care Services	5,000.00	0	-	-	*0*	*0.0%*	13	7,055	*1,182*	*5,874*	83%
Latin America Youth Ctr	50,000.00	1	228	228	*0*	*0.0%*	23	74,828	*248*	*74,580*	100%
Life Care	10,000.00	4	7,185	34	*7,151*	*71.5%*	32	250,195	*60*	*250,135*	100%
Life Enhancement Services (LES)	40,000.00	9	14,317	6,079	*8,238*	*20.6%*	276	984,860	*82,446*	*902,414*	92%
Life Stride, Inc	125,000.00	27	34,607	4,707	*29,901*	*23.9%*	173	1,064,286	*29,963*	*1,034,323*	97%
Maryland Family Resources (MDDC)	10,000.00	3	1,734	1,384	*351*	*3.5%*	80	308,391	*12,740*	*295,652*	96%
Mary's Center Maternal Child Care, Inc.	200,000.00	37	29,250	1,026	*28,224*	*14.1%*	69	175,882	*8,751*	*167,131*	95%
MBI Health Services	1,500,000.00	191	354,180	38,626	*315,555*	*21.0%*	2,351	10,104,472	*185,725*	*9,918,747*	98%
McClendon Center, Specialty Services	170,000.00	33	45,587	6,085	*39,502*	*23.2%*	429	1,133,112	*40,695*	*1,092,417*	96%
Neighbors Consejo	70,000.00	3	21,466	1,704	*19,762*	*28.2%*	86	646,328	*12,041*	*634,286*	98%
New Living	5,000.00	0	-	-	*0*	*0.0%*	0	0	*0*	*0*	0%
One Care DC	10,000.00	1	2,079	-	*2,079*	*20.8%*	31	91,476	*7,108*	*84,368*	92%
Outreach Solutions	15,000.00	1	856	628	*228*	*1.5%*	24	200,243	*18,028*	*182,215*	91%
Pathways to Housing D.C., Specialty Services	600,000.00	83	80,410	5,384	*75,026*	*12.5%*	153	1,056,836	*30,695*	*1,026,140*	97%
Prestige Healthcare Resources	20,000.00	6	9,227	198	*9,030*	*45.1%*	53	457,292	*7,180*	*450,112*	98%
Preventive Measures	100,000.00	8	25,064	2,896	*22,169*	*22.2%*	243	1,261,028	*124,523*	*1,136,505*	90%
PRS-DC Recovery Academy	10,000.00	4	227	3	*223*	*2.2%*	1	19	*0*	*19*	100%
PSI, III	300,000.00	16	52,627	6,232	*46,395*	*15.5%*	390	1,442,929	*104,377*	*1,338,552*	93%
Psychiatric Center Chartered	200,000.00	20	90,132	2,422	*87,710*	*43.9%*	94	660,732	*61,366*	*599,366*	91%
RAP	5,000.00	0	-	-	*0*	*0.0%*	0	0	*0*	*0*	0%
Umbrella Therapeutic Services	300,000.00	16	31,274	913	*30,361*	*10.1%*	182	1,091,864	*32,862*	*1,059,002*	97%
Volunteers of America Chesapeake	170,000.00	26	44,812	2,528	*42,284*	*24.9%*	207	770,880	*6,028*	*764,852*	99%
Woodley House, Inc.	90,000.00	7	2,988	442	*2,546*	*2.8%*	26	63,839	*60*	*63,779*	100%
	6,645,000.00	***949***	**1,297,893**	**128,647**	*1,169,245*	*17.6%*	***7,944***	**32,126,943**	*1,402,577*	*30,724,366*	95.6%
MHSD	***N/A***	*68*	***1,137,640***		***N/A***	*N/A*	*1,192*	**1,625,199**		*1,137,640*	
CPEP	***N/A***	*24*	***977,578***		***N/A***	*N/A*	*227*	**1,396,541**		*977,578*	
All MHRS Provider Totals	**8,367,905.00**	**1,041**	**139,196,342**				**9,363**	**130,828,437**	40,971,779	*32,839,584*	

Q25. Please provide the monthly MHRS utilization data for FY18 and to date in FY19. Specifically, please include the following:

- *A breakdown of Medicaid MHRS vs. non-Medicaid MHRS;*
- *For Medicaid MHRS, please provide a breakdown by managed care vs. fee-for-service (and include a breakdown by specific managed care organization);*
- *For non-Medicaid MHRS enrollees, please indicate whether the individual had coverage via the DC Healthcare Alliance or was uninsured; and,*
- *For non-Medicaid MHRS enrollees, please provide a breakdown by income.*

DBH Response

All claims processed by DBH are fee-for-service claims. DBH uses eligibility codes assigned by the Economic Security Administration to validate that consumers are at or below the income threshold for eligibility. DBH does not collect additional information about consumers' incomes.

See Attachment 1 of 2. FY 18 Utilization
Attachment 2 of 2. FY 19 to date Utilization

	LOCAL PO				LOCAL Funds Expended				DHCF	
FY2017	LOCAL PO Allocations	Count - LOCAL Consumers Served	Total Local Claims	Local Claims Denials by DBH	FY16 LOCAL Warranted as of 1/31/2017	% - Local PO Paid	Count - Medicaid Consumers Served	Medicaid Claims Forwarded to DHCF by DBH	DHCF Denials-Suspends-Adjustments	Amount Net Payable by DHCF YTD
Anchor Mental Health Association, Inc	950,000	401	717,150	12,906	704,244	74%	1,902	5,821,554	624,564	5,196,990
API	552	0	0	0	0	0%	19	53,206	21,548	31,658
Community Connections, Inc.	901,177	697	708,365	18,906	689,460	77%	3,439	18,518,752	2,043,761	16,474,991
Contemporary Family Services	850,000	317	720,247	14,642	705,605	83%	2,254	19,598,971	1,087,428	18,511,543
Deaf - REACH, Specialty Services	25,659	7	15,334	729	14,605	57%	61	189,531	29,964	159,567
Family Matters	104,622	11	7,075	1,099	5,976	6%	559	1,110,002	243,736	866,266
Family Preservation Services	159,381	68	142,183	12,708	129,475	81%	215	3,219,857	222,446	2,997,411
Family Wellness Center	27,400	9	4,590	881	3,709	14%	594	1,592,720	307,700	1,285,020
First Home Care Corporation	60,507	4	8,264	231	8,033	13%	788	2,704,007	314,087	2,389,920
Green Door	442,353	323	483,116	43,365	439,751	99%	604	2,554,820	561,809	1,993,011
Hillcrest Children's Center	501,519	282	575,300	30,967	544,333	109%	1,827	8,069,149	818,841	7,250,308
Humility	500	0	0	0	0	0%	0	0	0	0
Inner City Family Services	143,679	37	100,291	7,910	92,381	64%	838	3,700,014	329,507	3,370,507
Latin America Youth Ctr	500	2	440	0	440	88%	161	112,841	6,807	106,034
Life Enhancement Services (LES)	39,298	12	8,226	284	7,942	20%	641	3,430,774	192,486	3,238,288
Life Stride, Inc	105,812	34	99,607	6,356	93,251	88%	403	3,235,087	649,064	2,586,023
Maryland Family Resources (MDDC)	3,712	1	66	0	66	2%	177	874,508	96,236	778,272
Mary's Center Maternal Child Care, Inc.	176,950	131	174,818	2,597	172,221	97%	174	344,678	12,488	332,190
MBI	636,873	144	493,930	6,124	487,806	77%	5,787	29,877,482	2,551,369	27,326,113
McClendon Center, Specialty Services	243,269	105	203,809	4,142	199,668	82%	1,735	6,082,369	709,401	5,372,968
Neighbors Consejo	164,860	10	10,907	2,911	7,996	5%	56	67,862	20,998	46,864
Outreach Solutions	26,080	4	22,272	0	22,272	85%	72	547,130	55,468	491,662
Pathways to Housing D.C., Specialty Services	479,752	199	443,511	6,151	437,360	91%	361	3,435,439	216,302	3,219,137
Preventive Measures	7,200	0	0	0	0	0%	145	660,333	139,111	521,222
PRS-DC Recovery Academy	28,051	20	7,131	59	7,072	25%	8	20,016	0	3,615
PSI, III	262,378	49	185,510	5,485	180,026	69%	1,412	6,662,723	540,331	6,122,392
Psychiatric Center Chartered	197,873	71	153,727	2,954	150,773	76%	238	2,304,912	354,900	1,950,012
Volunteers of America Chesapeake	113,425	34	118,352	6,696	111,656	98%	490	1,658,473	375,407	1,283,066
Washington Hospital Center	48,297	37	23,083	2,554	20,529	43%	444	672,693	69,703	602,990
Woodley House, Inc.	48,297	66	49,585	1,323	48,262	100%	91	303,112	38,495	264,617
Youth Villages	15,000	0	0	0	0	0%	39	845,462	712,494	132,968
MHRS Community Providers Totals	6,764,976	3,075	5,476,890	191,980	5,284,910	78%	25,534	128,268,477	13,346,451	114,905,625
MHSD/CPEP		117	212,609			0%	4,774	2,953,882		1,845,238
All MHRS Provider Totals		3,192	5,689,498	191,980	5,284,910		30,308	131,222,359	13,346,451	116,750,863

	Thru DOS 9/30/18						MEDICAID Remittances - Thru DOS 9/30/18				
FY2018 MHRS	**LOCAL MHRS PO Allocations**	**Count - LOCAL Consumers Served**	**Total Local Claims**	**Local Claims Denied by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Count - LOCAL Consumers Served**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	1,000.00	1	1,059	78	*981*	*98.1%*	160	71,366	*3,530*	*67,836*	0%
Anchor Mental Health Association, Inc	1,379,269.76	347	638,688	7,316	*631,372*	*45.8%*	1,711	5,284,369	*594,857*	*4,689,511*	89%
API	1,000.00	0	-	-	*0*	*0.0%*	19	34,457	*3,518*	*30,939*	90%
Better Morning	1,000.00	5	1,198	376	*822*	*82.2%*	29	314,965	*17,613*	*297,352*	94%
CityCare Health Services	5,000.00	2	5,063	81	*4,982*	*99.6%*	50	51,774	*6,585*	*45,190*	87%
Community Connections, Inc.	537,500.00	570	553,241	19,946	*533,296*	*99.2%*	2,407	14,412,285	*2,734,903*	*11,677,382*	81%
Community Wellness Ventures	7,000.00	2	3,234	84	*3,150*	*45.0%*	41	20,797	*5,927*	*14,870*	72%
Contemporary Family Services	732,475.19	123	704,463	12,852	*691,611*	*94.4%*	2,102	10,160,783	*1,115,817*	*9,044,966*	89%
Deaf - REACH, Specialty Services	40,000.00	9	40,542	568	*39,974*	*99.9%*	52	128,202	*27,449*	*100,753*	79%
Family Preservation Services	329,855.00	97	316,371	5,001	*311,371*	*94.4%*	202	2,989,398	*181,858*	*2,807,540*	94%
Family Solutions of Ohio	500.00	0	-	-	*0*	*0.0%*	13	1,364	*332*	*1,033*	76%
Family Wellness Center	78,568.00	10	9,705	1,811	*7,894*	*10.0%*	628	1,203,392	*93,917*	*1,109,475*	92%
First Home Care Corporation (Closed)	10,000.00	5	10,162	717	*9,445*	*94.5%*	486	307,474	*13,040*	*294,433*	96%
Foundations for Home and Community (Closed	75,000.00	9	14,280	276	*14,004*	*18.7%*	206	181,730	*10,276*	*171,453*	94%
Global Resources & Supports	500.00	1	505	5	*500*	*100.0%*	11	2,467	*278*	*2,189*	89%
Hillcrest Children's Center	550,000.00	216	490,756	7,740	*483,015*	*87.8%*	1,486	6,257,318	*832,107*	*5,425,211*	87%
Holy Health Care Services	5,000.00	0	-	-	*0*	*0.0%*	55	34,332	*4,068*	*30,265*	88%
Humility (Closed)	500.00	0	-	-	*0*	*0.0%*	9	6,289	*0*	*6,289*	100%
Inner City Family Services	140,000.00	49	120,244	4,125	*116,119*	*82.9%*	799	2,908,450	*231,462*	*2,676,988*	92%
Latin America Youth Ctr	50,000.00	4	1,908	228	*1,680*	*3.4%*	60	86,473	*11,000*	*75,473*	87%
Life Care	500.00	2	493	34	*459*	*91.8%*	83	3,419	*402*	*3,018*	88%
Life Enhancement Services (LES)	37,016.74	13	42,180	6,079	*36,101*	*97.5%*	707	4,343,029	*322,411*	*4,020,618*	93%
Life Stride, Inc	105,813.00	31	102,571	4,707	*97,864*	*92.5%*	444	3,308,769	*235,986*	*3,072,783*	93%
Maryland Family Resources (MDDC)	8,712.00	9	7,942	1,384	*6,559*	*75.3%*	205	1,076,985	*161,441*	*915,545*	85%
Mary's Center Maternal Child Care, Inc.	200,000.00	120	156,881	1,026	*155,854*	*77.9%*	178	407,545	*15,449*	*392,096*	96%
MBI Health Services	2,790,000.00	615	2,481,469	38,626	*2,442,844*	*87.6%*	6,029	31,182,810	*1,708,692*	*29,474,118*	95%
McClendon Center, Specialty Services	251,000.00	107	211,779	6,085	*205,695*	*82.0%*	1,100	3,878,834	*370,906*	*3,507,928*	90%
Neighbors Consejo	101,218.00	9	13,662	1,704	*11,957*	*11.8%*	221	992,340	*194,360*	*797,980*	80%
Outreach Solutions	4,000.00	1	2,486	628	*1,858*	*46.5%*	61	325,828	*20,412*	*305,417*	94%
Pathways to Housing D.C., Specialty Services	600,000.00	269	520,073	5,384	*514,690*	*85.8%*	392	3,969,215	*113,586*	*3,855,629*	97%
Prestige Healthcare Resources	1,000.00	4	1,198	198	*1,000*	*100.0%*	136	196,547	*32,172*	*164,375*	84%
Preventive Measures	30,000.00	26	22,892	2,896	*19,997*	*66.7%*	622	2,275,876	*234,689*	*2,041,187*	90%
PRS-DC Recovery Academy	5,000.00	14	3,390	3	*3,387*	*67.7%*	2	19	*19*		0%
PSI, III	262,379.00	53	225,316	6,232	*219,084*	*83.5%*	999	4,412,645	*189,144*	*4,223,501*	96%
Psychiatric Center Chartered	180,000.00	63	147,688	2,422	*145,266*	*80.7%*	242	2,076,757	*232,541*	*1,844,216*	89%
RAP	1.00	0	-	-	*0*	*0.0%*	0	0	*0*	*0*	0%
Umbrella Therapeutic Services	55,000.00	19	51,038	913	*50,125*	*91.1%*	466	692,800	*27,440*	*665,360*	96%
Volunteers of America Chesapeake	190,000.00	41	208,311	2,528	*205,783*	*108.3%*	531	2,022,266	*325,169*	*1,697,098*	84%
Washington Hospital Center	70,000.00	55	69,157	665	*68,492*	*97.8%*	331	496,107	*90,562*	*405,545*	82%
Woodley House, Inc.	80,797.00	84	72,848	442	*72,407*	*89.6%*	66	169,125	*15,341*	*153,783*	91%
	8,916,604.69	***2,985***	**7,252,793**	**143,157**	*7,109,636*	*79.7%*	**23,341**	**106,288,602**	*10,179,257*	*96,109,345*	90.4%
MHSD	***N/A***	*219*	***1,137,640***		***N/A***	*N/A*	*4,112*	**1,625,199**		*1,137,640*	
CPEP	***N/A***	*79*	***977,578***		***N/A***	*N/A*	*783*	**1,396,541**		*977,578*	
All MHRS Provider Totals	**8,367,905.00**	**3,283**	**139,196,342**				**28,236**	**130,828,437**	40,971,779	*98,224,563*	

	Thru DOS 12/31/18						MEDICAID Remittances - Thru DOS 1/4/2019				
FY2019 MHRS	**LOCAL MHRS PO Allocations**	**Count - LOCAL Consumers Served**	**Total Local Claims**	**Local Claims Denied by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Count - Medicaid Consumers Served**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	25,000.00	1	6,836	78	6,758	27.0%	62	378,881	50,537	328,344	0%
Anchor Mental Health Association, Inc	750,000.00	108	147,025	7,316	139,710	18.6%	667	1,530,879	19,821	1,511,059	99%
Better Morning	20,000.00	3	8,407	376	8,031	40.2%	11	300,737	18,232	282,505	94%
CityCare Health Services	20,000.00	14	11,278	81	11,197	56.0%	20	196,867	34,407	162,461	83%
Community Connections, Inc.	750,000.00	177	125,356	19,946	105,410	14.1%	939	3,521,500	282,757	3,238,743	92%
Community Wellness Ventures	20,000.00	18	15,542	84	15,458	77.3%	16	68,934	5,498	63,436	92%
Deaf - REACH, Specialty Services	40,000.00	3	6,263	568	5,695	14.2%	20	50,690	2,416	48,274	95%
Dedicated Health Care	5,000.00	0	-	-	0	0.0%	17	50,036	11,197	38,839	78%
Family Preservation Services	260,000.00	30	78,920	5,001	73,919	28.4%	79	949,727	31,122	918,605	97%
Family Solutions of Ohio	20,000.00	2	371	-	371	1.9%	15	107,229	10,516	96,714	90%
Family Wellness Center	40,000.00	8	8,804	1,811	6,992	17.5%	245	471,607	63,782	407,825	86%
Global Resources & Supports	20,000.00	7	1,987	5	1,982	9.9%	4	7,852	853	6,999	89%
Hillcrest Children's Center	550,000.00	67	7,828	7,740	88	0.0%	580	1,637,420	77,386	1,560,035	95%
Holy Health Care Services	20,000.00	0	-	-	0	0.0%	21	230,506	18,982	211,524	92%
Inner City Family Services	100,000.00	15	31,023	4,125	26,899	26.9%	312	777,529	8,995	768,534	99%
Kinara Health & Home Care Services	5,000.00	0	-	-	0	0.0%	13	7,055	1,182	5,874	83%
Latin America Youth Ctr	50,000.00	1	228	228	0	0.0%	23	74,828	248	74,580	100%
Life Care	10,000.00	4	7,185	34	7,151	71.5%	32	250,195	60	250,135	100%
Life Enhancement Services (LES)	40,000.00	9	14,317	6,079	8,238	20.6%	276	984,860	82,446	902,414	92%
Life Stride, Inc	125,000.00	27	34,607	4,707	29,901	23.9%	173	1,064,286	29,963	1,034,323	97%
Maryland Family Resources (MDDC)	10,000.00	3	1,734	1,384	351	3.5%	80	308,391	12,740	295,652	96%
Mary's Center Maternal Child Care, Inc.	200,000.00	37	29,250	1,026	28,224	14.1%	69	175,882	8,751	167,131	95%
MBI Health Services	1,500,000.00	191	354,180	38,626	315,555	21.0%	2,351	10,104,472	185,725	9,918,747	98%
McClendon Center, Specialty Services	170,000.00	33	45,587	6,085	39,502	23.2%	429	1,133,112	40,695	1,092,417	96%
Neighbors Consejo	70,000.00	3	21,466	1,704	19,762	28.2%	86	646,328	12,041	634,286	98%
New Living	5,000.00	0	-	-	0	0.0%	0	0	0	0	0%
One Care DC	10,000.00	1	2,079	-	2,079	20.8%	31	91,476	7,108	84,368	92%
Outreach Solutions	15,000.00	1	856	628	228	1.5%	24	200,243	18,028	182,215	91%
Pathways to Housing D.C., Specialty Services	600,000.00	83	80,410	5,384	75,026	12.5%	153	1,056,836	30,695	1,026,140	97%
Prestige Healthcare Resources	20,000.00	6	9,227	198	9,030	45.1%	53	457,292	7,180	450,112	98%
Preventive Measures	100,000.00	8	25,064	2,896	22,169	22.2%	243	1,261,028	124,523	1,136,505	90%
PRS-DC Recovery Academy	10,000.00	4	227	3	223	2.2%	1	19	0	19	100%
PSI, III	300,000.00	16	52,627	6,232	46,395	15.5%	390	1,442,929	104,377	1,338,552	93%
Psychiatric Center Chartered	200,000.00	20	90,132	2,422	87,710	43.9%	94	660,732	61,366	599,366	91%
RAP	5,000.00	0	-	-	0	0.0%	0	0	0	0	0%
Umbrella Therapeutic Services	300,000.00	16	31,274	913	30,361	10.1%	182	1,091,864	32,862	1,059,002	97%
Volunteers of America Chesapeake	170,000.00	26	44,812	2,528	42,284	24.9%	207	770,880	6,028	764,852	99%
Woodley House, Inc.	90,000.00	7	2,988	442	2,546	2.8%	26	63,839	60	63,779	100%
	6,645,000.00	***949***	**1,297,893**	**128,647**	1,169,245	17.6%	***7,944***	**32,126,943**	1,402,577	30,724,366	95.6%
MHSD	***N/A***	68	***1,137,640***		***N/A***	N/A	1,192	**1,625,199**		1,137,640	
CPEP	***N/A***	24	***977,578***		***N/A***	N/A	227	**1,396,541**		977,578	
All MHRS Provider Totals	**8,367,905.00**	**1,041**	**139,196,342**				**9,363**	**130,828,437**	40,971,779	32,839,584	

FY2018 Local MHRS Allocations	Purchase Order Number1	Purchase Order Number2	FY2018 Initial Obligated Local Funds	PO Modification 1	PO Modification 2	PO Modification 3	PO Modification 4	Final FY18 PO Obligation
Update thru - January 24, 2019								
Amazing Love Health Services	PO581797		10,000.00	($5,000)	($4,000)			$ 1,000.00
**Anchor Mental Health Association, Inc	PO570045		237,500.00	$200,000	$100,000	$339,000	$502,770	$ 1,379,269.76
API Associates (Closing)	PO571785		1,000.00					$ 1,000.00
Better Morning	PO571133		1,000.00					$ 1,000.00
City Care Health Services	PO581796		5,000.00					$ 5,000.00
**Community Connections, Inc.	PO570391		237,500.00	$300,000				$ 537,500.00
Community Wellness Ventures	PO585889		3,000.00	$1,000	$3,000			$ 7,000.00
Contemporary Family Services- CLOSED 4/30/18	PO570402		237,500.00	$100,000	$100,000	$294,975		$ 732,475.19
Deaf - REACH, Specialty Services	PO571134		40,000.00					$ 40,000.00
Family Preservation Services	PO571157		200,000.00	$60,000	$69,855			$ 329,855.00
Family Solutions of Ohio	PO587344		3,000.00	($2,500)				$ 500.00
Family Wellness Center	PO571135		15,000.00	$63,568				$ 78,568.00
First Home Care Corp. (Closed)	PO571939		10,000.00					$ 10,000.00
Foundations for Home and Community (Closing)	PO575143		75,000.00					$ 75,000.00
Global Resources & Supports	PO583023		5,000.00	($3,000)	($1,500)			$ 500.00
Hillcrest Children's Center	PO571786		750,000.00	($100,000)	($100,000)			$ 550,000.00
Holy Health Care Services	PO582948		5,000.00					$ 5,000.00
Humility (Closed)	PO572837		500.00					$ 500.00
Inner City Family Services	PO573515		160,000.00	($20,000)				$ 140,000.00
Latin America Youth Ctr	PO571940		50,000.00					$ 50,000.00
Life Care	PO585888		3,000.00	($2,500)				$ 500.00
Life Enhancement Services (LES)	PO572654	PO575992	40,000.00	($2,983)				$ 37,016.74
Life Stride, Inc	PO571159		105,813.00					$ 105,813.00
Maryland Family Resources (MD/DC)	PO571136		3,712.00	$5,000				$ 8,712.00
Mary s Center Maternal Child Care, Inc.	PO571942		200,000.00					$ 200,000.00
**MBI Health Services	PO570443	PO579436	900,000.00	$200,000	$500,000	$840,000	$350,000	$ 2,790,000.00
McClendon Center, Specialty Services	PO571137		200,000.00	$51,000				$ 251,000.00
Neighbors Consejo	PO570938	PO579037	37,950.00	$15,000	$48,268			$ 101,218.00
ONE CARE DC	PO587343		3,000.00	($2,500)				$ 500.00
Outreach Solutions	PO575011		26,080.00	($15,000)	($7,080)			$ 4,000.00
Pathways to Housing D.C., Specialty Services	PO571165		600,000.00					$ 600,000.00
Prestige Healthcare Resources	PO582205		5,000.00	($4,000)				$ 1,000.00
Preventive Measures	PO571158		50,000.00	($20,000)				$ 30,000.00
PRS-DC Recovery Academy	PO570486		28,100.00	($15,000)	($8,100)			$ 5,000.00
PSI, III	PO570522		262,379.00					$ 262,379.00
Psychiatric Center Chartered	PO572655		200,000.00	($20,000)				$ 180,000.00
RAP, Inc.	PO581798		5,000.00	($4,999)				$ 1.00
Umbrella Therapeutic Services	PO582934		5,000.00	$50,000				$ 55,000.00
Volunteers of America Chesapeake	PO570451		150,000.00	$40,000	$70,000			$ 260,000.00
Washington Hospital Center	PO570107		50,000.00	$20,000				$ 70,000.00
Woodley House, Inc.	PO570056		48,297.00	$32,500				$ 80,797.00
Total Amount Allocated			**4,969,331.00**	**920,585.74**	**770,443.00**	**1,473,975.19**	**852,769.76**	**8,987,104.69**

PROVIDER	DATE RECEIVED	COMPLAINT or MUI	REFFERAL SOURCE	LOCATION OF INCIDENT	TYPE OF REPORT	SHORT SUMMARY NATURE OF COMPLAINT OR ALLEGATIONS	OUTCOME	DATE COMPLETED
Innovative Life Solutions MHCRF	11/02/16	MUI	CSA	Community Residence Facility	Major Investigation	Physical Abuse/Non-compliance with Regulations	Inconclusive	6/6/2017
Jered Facility	12/15/16	Complaint	ULS	Community Residence Facility	Major Investigation	Verbal Abuse/Non-compliance with Regulations	Partially substantiated	2/17/2017
Inner City Family Services	01/17/17	MUI	MH Provider	Community	Major Investigation	Security Breach - Protected Health Information	Substantiated	4/3/2017
Jered Facility	01/24/17	Complaint	DBH Staff	Community Residence Facility	Major Investigation	Verbal Abuse/Non-compliance with Regulations	Substantiated	6/27/2017
Roberson and Roberson	01/26/17	MUI	MH Provider	Community Residence Facility	Major Investigation	Verbal Abuse/Non-compliance with Regulations	Substantiated	6/6/2017
Tisco	02/01/17	Grievance	Consumer	Community Residence Facility	Major Investigation	Financial Exploitation/Non-compliance with Regulations	Substantiated	10/26/2017
Lifestride	02/03/17	Complaint	Family Member	Community Residence Facility	Major Investigation	Neglect/Non-compliance with Regulations	Unsubstantiated	3/31/2017
Regional Addiction Prevention	02/05/17	MUI	MH Provider	SUD Treatment Facility	Major Investigation	Verbal Abuse/Non-compliance with Regulations	Substantiated	3/31/2017
Community Connections	02/05/17	MUI	MH Provider	Community	Major Investigation	Financial Exploitation	Inconclusive	4/16/2017
HFM Enterprises MHCRF	03/09/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Physical Injury/Non-compliance with Regulations	Substantiated	7/27/2017
Jered Facility	03/10/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Financial Exploitation	Inconclusive	6/6/2017
Humility Outreach Missionary Ministries	03/19/17	Complaint	Guardian	Community Residence Facility	Major Investigation	Verbal Abuse/Non-compliance with Regulations	Inconclusive	7/18/2017
Jered Facility	03/22/17	MUI	MH Provider	Community Residence Facility	Major Investigation	Physical Abuse/Non-compliance with Regulations	Unsubstantiated	6/6/2017
Contemporary Family Services	03/28/17	Complaint	Anonymous	Community	Major Investigation	False Claiming	Substantiated	8/4/2017
Contemporary Family Services	03/30/17	Complaint	DHCF	Community Residence Facility	Major Investigation	False Claiming/paying inducements	Substantiated	5/23/2017
Contemporary Family Services	04/01/17	Complaint	DHCF	Community	Major Investigation	False Claiming	Substantiated	Pending provider response
Comprehensive Psychiatric Emergency Program	04/02/17	MUI	MH Staff	CPEP	Major Investigation	Physical Abuse/Non-compliance with Regulations	Substantiated	4/19/2017
Saint Elizabeths Hopsital	04/14/17	Complaint	ULS	S.E.H.	Major Investigation	Non Compliance with Regulations	Substantiated	6/6/2017
Lifestride	04/18/17	Complaint	Long Term Care Ombudsman	Community Residence Facility	Major Investigation	Physical Abuse/Non-compliance with Regulations	Substantiated	7/27/2017

PROVIDER	DATE RECEIVED	COMPLAINT or MUI	REFFERAL SOURCE	LOCATION OF INCIDENT	TYPE OF REPORT	SHORT SUMMARY NATURE OF COMPLAINT OR ALLEGATIONS	OUTCOME	DATE COMPLETED
Contemporary Family Services	05/01/17	Complaint	Anonymous	Community	Major Investigation	False Claiming	Unable to start--Provider uncooperative	
MBI	05/23/17	Complaint	Anonymous	Community	Inquiry	False Claiming	Partially substantiated	6/20/2017
Saint Elizabeths Hospital	06/02/17	MUI	DBH Staff	Community	Major Investigation	Sexual Harassment/Non-compliance with DBH Policy	Substantiated	6/22/2017
Innovative Life Solutions MHCRF	06/18/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Sexual Assault/Non-compliance with Regulations	Inconclusive	8/2/2017
P & B Rest Haven	06/30/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Non Compliance with Regulations	Substantiated	9/12/2017
Humility Outreach Missionary Ministries	07/17/17	Complaint	Family Member	Community Residence Facility	Major Investigation	Verbal Abuse/Neglect/Non-compliance with Regulations	Inconclusive	9/25/2017
Norphil	07/21/17	MUI	MH Provider	Community Residence Facility	Major Investigation	Physical Abuse/Non-compliance with Regulations	Inconclusive	11/30/2017
Norphil	07/30/17	MUI	MHCRF	Community Residence Facility	Major Investigation	Financial Exploitation/Non-compliance with Regulations	Substantiated	11/27/2017
Etis Corporation	08/21/17	Complaint	Anonymous	Community Residence Facility	Major Investigation	Neglect/Non-compliance with Regulations	Substantiated	9/29/2017
Comprehensive Psychiatric Emergency Program	09/27/17	Complaint	MH Provider	CPEP	Major Investigation	Physical Abuse/Non-compliance with Regulations	Inconclusive	10/17/2017
CPEP	10/6/2017	Complaint	MH Staff	CPEP	Major Investigation	Physical Abuse	Inconclusive	12/13/2018
Roberson & Roberson (CRF)	2/11/2018	MUI	MHCRF	Community Residence Facility	Major Investigation	Unexpected Death	Substantiated	9/28/2018
Regional Addiction Prevention (RAP)	8/6/2018	Complaint	ULS	RAP	Major Investigation	Allegation of Sexual Harassment	Substantiated	12/13/2018
Psychiatric Institution of Washington (PIW)	4/15/2018	Complaint	ULS	PIW	Major Investigation	Restraint and Fall	Substantiated	12/28/2018
Community Connections	4/18/2018	MUI	MHCRF	Community Residence Facility	Major Investigation	Sexual Assault	Unsubstantiated	8/22/2018
CPEP	5/9/2018	Complaint	ULS	CPEP	Major Investigation	Use of Chemical Restraint	Substantiated	12/13/2018
Saint Elizabeths Hospital (SEH)	9/27/2018	MUI	DBH Staff	Community	Major Investigation	Elopement/Death	Substantiated	11/29/2018

Date	Case Type	DBH Ombudsman Complaint Data FY 2018 10-1-2017-9-30-2018 Primary Complaint Type	Type of Complaint
10/11/2017	Complaint	Clinical TPLN-C Treatment Planning - Communication	Mental Health
10/16/2017	Complaint	(Administration) Other OTHR	Mental Health
10/25/2017	Complaint	(Administration) Admission/Discharge ADMS	SUD
10/25/2017	Complaint	(Clinical) Medication MEDI	CRF
10/26/2017	Complaint	(Administration) Other OTHR	Mental Health
10/30/2017	Complaint	(Access) Housing Access to DBH Programs HOUA	SUD
11/1/2017	Complaint	(Administration) Provider Issues PROVI	Mental Health
11/14/2017	Complaint	(Access) Communications COMM	SUD
11/14/2017	Complaint	(Access) Communications COMM	Mental Health
11/21/2017	Complaint	(Clinical) Medication MEDI	Mental Health
11/27/2017	Complaint	(Administration) Personal Property PROP	CRF
12/4/2017	Inquiry	N/A	Mental Health
12/4/2017	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
12/8/2017	Complaint	(Administration) Fraud FRAU	Mental Health
12/12/2017	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
12/12/2017	Inquiry	(Administration) Benefits / Entitlements BENF	Other
12/14/2017	Complaint	(Administration) Environment ENVR	CRF
12/15/2017	Complaint	(Clinical) Medication MEDI	Mental Health
12/19/2017	Complaint	(Administration) Fraud FRAU	Mental Health
12/26/2017	Complaint	(Administration) Fraud FRAU	SUD
12/28/2017	Complaint	(Administration) Housing, Conditions HOUC	Mental Health
1/4/2018	Complaint	(Administration) Consumer Choice CHOI	Mental Health
1/4/2018	Complaint	(Administration) Fraud FRAU	Mental Health
1/5/2018	Complaint	(Clinical) Treatment Rights TRTS	Mental Health
1/6/2018	Complaint	(Clinical) Treatment Rights TRTS	Mental Health
1/8/2018	Notification		Other
1/11/2018	Complaint	(Administration) Admission/Discharge ADMS	Mental Health
1/11/2018	Complaint	(Access) Housing – Other HOUO	Mental Health
1/12/2018	Inquiry	(Access) Housing Access to DBH Programs HOUA	Mental Health
1/19/2018	Complaint	(Administration) Staff behavior STAF	Mental Health
1/22/2018	Complaint	(Clinical) Medication MEDI	Mental Health
1/22/2018	Complaint	(Clinical) Neglect NEGL	Mental Health
1/23/2018	Complaint	(Administration) Other OTHR	Other
1/23/2018	Complaint	(Administration) Admission/Discharge ADMS	SUD
1/24/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
1/30/2018	Complaint	(Access) Records, Access to RECS	Mental Health
1/30/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
1/31/2018	Complaint	(Clinical) Clinical Practice CPRAC	Other
2/1/2018	Complaint	(Administration) Housing, Conditions HOUC	SUD
2/2/2018	Complaint	(Administration) Other OTHR	Mental Health
2/2/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
2/5/2018	Complaint	(Administration) Staff behavior STAF	Mental Health
2/5/2018	Complaint	(Administration) Housing, Conditions HOUC	CRF
2/5/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	SUD
2/9/2018	Complaint	(Administration) Staff behavior STAF	Mental Health
2/15/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
2/22/2018	Complaint	(Administration) Consumer Choice CHOI	DBH
2/23/2018	Complaint	(Clinical) Medication MEDI	SUD
2/26/2018	Complaint	Access ACCO Other	Other
3/1/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Other
3/6/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
3/6/2018	Complaint	(Access) Housing – Other HOUO	Mental Health
3/6/2018	Complaint	(Clinical) Abuse, Verbal – Peer ABUV	Mental Health
3/9/2018	Complaint	(Access) Housing – Other HOUO	Other
3/12/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
3/15/2018	Complaint	(Access) Money, Access to MONY	Mental Health
3/15/2018	Complaint	(Administration) Staff behavior STAF	Mental Health
3/15/2018	Complaint	(Administration) Other OTHR	DBH
3/19/2018	Complaint	(Administration) Housing, Conditions HOUC	Other
3/19/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
3/22/2018	Complaint	Clinical TPLN-C Treatment Planning - Communication	Mental Health
3/22/2018	Complaint	(Access) Housing – Other HOUO	Mental Health
3/26/2018	Complaint	(Administration) Other OTHR	Mental Health
3/28/2018	Complaint	(Administration) Other OTHR	DBH
4/2/2018	Complaint	(Administration) Other OTHR	Mental Health
4/3/2018	Complaint	(Access) Housing – Other HOUO	Other
4/5/2018	Complaint	(Clinical) Medication MEDI	Mental Health
4/9/2018	Complaint	(Clinical) Treatment Planning TPLN	Mental Health

Date	Case Type	DBH Ombudsman Complaint Data FY 2018 10-1-2017-9-30-2018 Primary Complaint Type	Type of Complaint
4/9/2018	Inquiry	(Clinical) Clinical Practice CPRAC	Mental Health
4/9/2018	Complaint	Access ACCO Other	Mental Health
4/17/2018	Complaint	Access ACCO Other	Mental Health
4/18/2018	Complaint	(Clinical) Abuse, Sexual – Peer ABUS	CRF
4/18/2018	Notification	N/A	
4/19/2018	Complaint	(Access) Housing – Other HOUO	Other
4/20/2018	Complaint	(Administration) Admission/Discharge ADMS	Mental Health
4/25/2018	Complaint	(Access) Records, Access to RECS	Mental Health
4/27/2018	Complaint	(Clinical) Treatment Planning TPLN	Mental Health
4/27/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
4/27/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
4/27/2018	Complaint	(Administration) Other OTHR	Mental Health
4/30/2018	Complaint	(Clinical) Medication MEDI	School Mental Health
5/2/2018	Complaint	(Clinical) Medication MEDI	SUD
5/2/2018	Complaint	(Access) Records, Access to RECS	Mental Health
5/7/2018	Complaint	(Administration) Housing, Conditions HOUC	Other
5/9/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
5/11/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
5/15/2018	Notification	(Administration) Other OTHR	Mental Health
5/15/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
5/16/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
5/21/2018	Complaint	Access HOUO Housing - Other	Other
5/24/2018	Inquiry	N/A	N/A
5/29/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Other
5/30/2018	Complaint	(Access) Visitation VISIT	DBH
6/1/2018	Complaint	(Administration) Staff behavior STAF	Mental Health
6/5/2018	Complaint	Access ACCO Other	Mental Health
6/6/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
6/11/2018	Complaint	(Administration) Billing / Insurance Problem BILL	Mental Health
6/12/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
6/13/2018	Complaint	(Clinical) Clinical Practice CPRAC	DBH
6/14/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
6/15/2018	Complaint	(Access) Communications COMM	Mental Health
6/21/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
6/25/2018	Complaint	Access HOUO Housing - Other	Other
6/25/2018	Complaint	(Clinical) Clinical Practice CPRAC	SUD
6/25/2018	Complaint	(Administration) Housing, DC6-108 viol, eviction, cond HOUA	CRF
6/25/2018	Notification	(Clinical) Abuse, Physical – Peer ABUP	CRF
6/28/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
7/2/2018	Complaint	(Administration) Provider Issues PROVI	Mental Health
7/2/2018	Complaint	(Administration) Provider Issues PROVI	Mental Health
7/6/2018	Complaint	(Administration) Other OTHR	Mental Health
7/18/2018	Complaint	(Administration) Housing, Conditions HOUC	Other
7/19/2018	Complaint	(Access) Housing – Other HOUO	Mental Health
7/22/2018	Complaint	(Administration) Other OTHR	Mental Health
7/24/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
7/24/2018	Complaint	Access ACCO Other	Mental Health
7/26/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
8/7/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
8/7/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
8/8/2018	Complaint	(Administration) Housing, Conditions HOUC	Other
8/9/2018	Complaint	Access ACCO Other	Mental Health
8/14/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	CRF
8/14/2018	Complaint	(Clinical) Clinical Practice CPRAC	Mental Health
8/14/2018	Complaint	Access ACCO Other	Mental Health
8/15/2018	Complaint	(Access) Communications COMM	Mental Health
8/17/2018	Notification	(Clinical) Abuse, Sexual – Staff ABUS	Mental Health
8/21/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
8/23/2018	Complaint	(Administration) Staff behavior STAF	DBH
8/27/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	SUD
8/28/2018	Complaint	(Administration) Consumer Choice CHOI	SUD
8/30/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health
8/31/2018	Complaint	(Clinical) Treatment Rights TRTS	Other
8/31/2018	Complaint	(Administration) Fraud FRAU	Mental Health
9/6/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
9/11/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
9/12/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
9/13/2018	Complaint	(Administration) Other OTHR	Mental Health
9/13/2018	Complaint	(Administration) Representative Payee REPP	Other
9/13/2018	Complaint	(Administration) Confidentiality / Privacy CONF	SUD
9/14/2018	Complaint	(Administration) Provider Issues PROVI	Other
9/17/2018	Complaint	(Administration) Other OTHR	Mental Health
9/17/2018	Complaint	(Administration) Consumer Choice CHOI	Mental Health
9/17/2018	Complaint	(Access) Housing Access to DBH Programs HOUA	Mental Health
9/20/2018	Complaint	(Access) Staff not available STAFNA	Mental Health
9/20/2018	Complaint	Clinical CPRAC-S Clinical Practice - Service Delivery	Mental Health

	A	B	C	D
1				
2	**CODE**	**AREA**	**COMPLAINT**	**DEFINITION**
3		**ACCESS**		
4	Access - Working Definition: Issues regarding a consumer being denied or not being able to obtain a service deemed appropriate/necessary to their self identified recovery. This includes, but is not limited to, denial of appointments, access to assigned/desired provider, denial/failure to provide access to records or access to services, programs and/or documentation.			
5	CIVR	Access	Civil Rights	Issues of legal or non-legal concern involving Federal Civil Rights Law
6	COMM	Access	Communications	Consumer access to phone/writing materials to communicate with others who are inpatient or residing ina CRF, SIR or SRR
7	FOOD	Access	Food	Lack of or condition of food in accordance with MHRS and dietary standards
8	HOUA	Access	Housing Access to (DBH Program	Requests/application for, or denial of housing choice as it pertains to DBH programs and denials
9	MONY	Access	Money, Access to	Vouchers, wages, personal spending, requests
10	RECS	Access	Records, Access to	Consumer requests to have access to, copy, review, their records; includes notes, evaluations, etc. In case of youth/incapacitated adults, refers to parents, guardians, child welfare social workers and attorneys
11	SMOK	Access	Smoking	Consumer privilege to smoke while inpatient or in a CRF or similar facility. Can also refer to limitations on smoking in or around the facility
12	STAFNA	Access	Staff Not Available	Refers to provider not having staff available to provide service(s) including delay in obtaining appointments
13	VISIT	Access	Visitation	Issues surrounding the right to receive visitors and limitations
14	ACCO	Access	Other	Complaints that do not meet criteria for other code defined in the area of Access.

	A	B	C	D
15		**ADMINISTRATION**		
16	Administration - Working Definition: Issues regarding documentation, adherance to established process/protocols, absence of defined process/protocols, paperwork submission, and concerns that are not directly service related.			
17	CHOI	Admin	Consumer Choice	Issues involving selection of treatment / services / supports by the consumer
18	ADMS	Admin	Admission / Discharge	Disputes over a discharge/admission to/from a service, speciality provider, CSA or hospital. This includes disagreement with the discharge/admission process and/or procedures for all consumers regardless of commitment status.
19	BENF	Admin	Benefits / Entitlements	Concerns about payments received (or not received) or application for benefits. A lack of, insufficient benefits or denial of benefits or agency is not accepting consumer insurance.
20	BILL	Admin	Billing / Insurance Problem	Requests for payment or discrepancies in payment for mental health services/substance use disorder services/supports. For example: a consumer disagrees with receiving a bill for a service billed from CSA, SUD, speciality or contract provider
21	CONF	Admin	Confidentiality / Privacy	Issues involving violation of Information Act or HIPPA and/or 42 CFR part 2 guidelines
22	ENVR	Admin	Environment	All aspects of a consumers living/treatment situation including machinery. This includes but not limited to oxygen machines, walkers, wheelchairs, etc.
23	FAIR	Admin	FAIR Grievance System	Issues about the way/time grievances are pocessed
24	FRAU	Admin	Fraud	Applies to allegations of misuse of funds, false documentation and other concerns about falsification of services, reports or care.
25	HOUA	Admin	Housing	DC6-108 violations, evictions, conditions of the property

	A	B	C	D
26	HOUC	Admin	Housing, Conditions	Conditions and maintenance of licensed, certified housing including all levels of CRFs, group homes, independent living programs etc.
27	HOUO	Admin	Housing - Other	Housing concerns that are not identified by housing issues/concerns covered under HOUC or HOUA
28	OTHR	Admin	Other	Complaints that do not meet criteria for other list code definitions
29	PEER	Admin	Peer (Other consumer)	Issues about rights violation by other consumers (consumer to consumer)
30	PRIV	Admin	Privileges	Request for, denial of, conditional rights, liberty, restrictiosn on privieges of committed individuals or individuals receiving inpatient treatment
31	PROP	Admin	Personal Property	Safeguarding, theft, storage, loss of, disposition of etc. of personal belongs in housing programs and hospital settings.
32	PROVI	Admin	Provider Issues	Agencies certified for service provision but not providing the service. May include agency lack of referral to another provider to provide needed supports or address recommendations; i.e. Evidence Based Programs.
33	REPP	Admin	Representative Payee	Access to, change of, appointment of, derelection of duties as a representative payee etc.
34	RTAL	Admin	Retaliation for Grievances	Violation of rights, acts against consumer for filing a grievance
35	STAF	Admin	Staff Behavior	Action, or absence of action by staff. Including actions/or absence of actions on behalf of or toward consumers. This includes staff being unresponsive to consumer concerns or request.
36		**CLINICAL**		
37	Clinical - Working Definition: Issues regarding compliance with best practices for clinical treatment related to mental health and substance use disorders.; including execution of best practices, treatment plan and failure to provide appropriate treatment.			
38	ABUPS	Clinical	Abuse, Physical (Staff)	Physical abuse of a consumer by staff
39	ABUP	Clinical	Abuse, Physical (Peer)	Physical abuse of a consumer by a peer

	A	B	C	D
40	ABUSS	Clinical	Abuse, Sexual (Staff)	Sexual abuse of a consumer by staff
41	ABUSP	Clinical	Abuse, Sexual (Peer)	Sexual abuse of a consumerby a peer
42	ABUVS	Clinical	Abuse, Verbal (Staff)	Verbal abuse of a consumer by staff
43	ABUVP	Clinical	Abuse, Verbal (Peer)	Verbal abuse of a consumer by a peer
44	CPRAC	Clinical	Clinical Practice	Concerns regarding professionals following established MHRS/Substance Use rules/policy or best practice guidelines in the provision of services; regardless of setting or consumer status.
45	CPRAC-C	Clinical	Clinical Practice - Communication	Communication between service providers, i.e. SUD, health, school, probation officer, etc. while services are being delivered.
46	CPRAC-S	Clinical	Clinical Practice - Service Delivery	Lack of implentation or disruption in service as identified in the treatment plan or as recommended by court or team members. (i.e. MHRS or Chap 34 or Chap 63 compliant), failure to provide service
47	LRAL	Clinical	Least Restrictive Alternative	Practice does not adhere to current treatment plan or best practice for the provided diagnosis.
48	LRCS	Clinical	Least Restrictive Community Setting	Issues about restrictions, right to liberty in treatment and housing. Can refer to appropriate level of housing/community setting; i.e. CRF vs Supportive housing vs independent program. Based on need and appropriate level of functioning (result of Dixion decision).
49	MEDI	Clinical	Medication	Issues involving consumers not having; choice, amount, kind and ability to refuse medication. Also refers to pharmacy issues for providers with a pharmacy on their premises and the pharmacy at 35K Street
50	NEGL	Clinical	Neglect	Issues about services/supports or lack of services. This includes care of consumer in residential setting. Primarily applies to inpatient and housing (i.e. CRF, SRR, SR, etc) settings.
51	SECL	Clinical	Seclusion / Restraints	Violation of right to be free of excessive limitations, liberty is denied. This includes CPEP as they provide treatment services to consumers that are at times severely mentally ill.

	A	B	C	D
52	TPLN	Clinical	Treatment Planning	Absence of consumer participation in planning and identification of service needs and delivery of the services. Treatment planning that does not follow the Person Centered Treatment model adopted by DBH. This includes but is not limited to appropriate referrals and coordination of care within and outside of the agency; i.e. Evidence Based Programs.
53	TPLN-C	Clinical	Treatment Planning - Communication	Failure to provide consumer with written information regarding agency protocols/policies on the treatment planning process. This includes but is not limited to providing a copy of the completed treatment plan, how to address concerns, providing information on services and service requirements, how to decline / request services.
54	TRTS	Clinical	Treatment Rights	Inpatient and outpatient, refers to the patient rights statement posted in the facility. Concerns regarding exploitation of a consumer and/or assets, by staff or other consumer; knowingly making untrue accusations/statements for gain or personal benefit.

PROVIDER	DATE RECEIVED	COMPLAINT or MUI	REFFERAL SOURCE	LOCATION OF INCIDENT	TYPE OF REPORT	SHORT SUMMARY NATURE OF COMPLAINT OR ALLEGATIONS	OUTCOME	DATE COMPLETED
CPEP	10/06/17	Complaint	MH Staff	CPEP	Major Investigation	Physical Abuse	Inconclusive	12/13/18
Family Preservation Etis Corporation	02/02/18	MUI	MHCRF	Community	Major Investigation	Death -Suicide	Substantiated	08/02/18
Roberson & Roberson (CRF)	02/11/18	MUI	MHCRF	Community Residence Facility	Mahor Investigation	Unexpected Death	Substantiated	09/28/18
Psychiatric Institution of	04/15/18	Complaint	ULS	PIW	Major Investigation	Restraint and Fall	Substantiated	12/28/18
Community Connections	04/18/18	MUI	MHCRF	Community Residence	Major Investigation	Sexual Assault	Unsubstantiated	08/22/18
Saint Elizabeths Hospital (SEH)	05/02/18	Complaint	SEH Staff	Saint Elizabeths Hospital	Major Investigation	Patient Abuse	Substantiated	
CPEP	05/09/18	Complaint	ULS	CPEP	Major Investigation	Use of Chemical	Substantiated	12/13/18
Saint Elizabeths Hospital (SEH)	09/27/18	MUI	DBH Staff	Community	Major Investigation	Elopement/Death	Substantiated	11/29/18

Q26. Please provide the name of all certified MHRS providers. For each provider, please provide the following information for FY17, FY18 and to date in FY19:

- *Whether or not the provider utilizes the Medicaid MHRS program, the locally-funded MHRS program, or both;*
- *The amount of their Human Care Agreements (HCA);*
- *The amount of their purchase orders;*
- *Actual expenditures under the purchase order;*
- *Any modifications that were made to a HCA or purchase order, including an explanation for the modification;*
- *Number of individuals served per purchase order. Please provide a breakdown by Medicaid vs. non-Medicaid enrollees;*
- *Service utilization per purchase order; and,*
- *Any complaints, investigations, or audits of the provider by DBH and the results of any such investigation or audit.*

DBH Response

- *Whether or not the provider utilizes the Medicaid MHRS program, the locally-funded MHRS program, or both;*

  All providers utilize the Medicaid MHRS program and the locally-funded MHRS program.

- *The amount of their Human Care Agreements (HCA);*
- *The amount of their purchase orders;*
- *Actual expenditures under the purchase order;*
- *Number of individuals served per purchase order. Please provide a breakdown by Medicaid vs. non-Medicaid enrollees;*
- *Service utilization per purchase order; and,*

  See Attachment 1 of 8. FY17
  See Attachment 2 of 8 .FY18
  See Attachment 3 of 8 .FY19

- *Any modifications that were made to a HCA or purchase order, including an explanation for the modification;*

  See Attachment 4 of 8 .FY18 MHRS HCA PO Modifications

- *Any complaints, investigations, or audits of the provider by DBH and the results of any such investigation or audit.*

  See Attachment 5 of 8. FY17 Audit
  See Attachment 6 of 8. FY17_18_19 Complaints
  See Attachment 7 of 8. FY17_18_19 Complaints. Codes
  See Attachment 8 of 8. FY17_18_19 Investigations

	LOCAL PO				LOCAL Funds Expended			DHCF		
FY2017	**LOCAL PO Allocations**	**Total Local Claims**	**Local Claims Denials by DBH**	**% Denials by DBH**	**FY16 LOCAL Warranted as of 1/31/2017**	**% - Local PO Paid**	**Medicaid Claims Forwarded to DHCF by DBH**	**DHCF Denials- Suspends- Adjustments**	**% Denials by DHCF**	**Amount Net Payable by DHCF YTD**
Anchor Mental Health Association, Inc	***950,000***	717,150	12,906	2%	*704,244*	*74%*	**5,821,554**	*624,564*	11%	**5,196,990**
API	***552***	0	0	0%	*0*	*0%*	**53,206**	*21,548*	40%	**31,658**
Community Connections, Inc.	***901,177***	708,365	18,906	3%	*689,460*	*77%*	**18,518,752**	*2,043,761*	11%	**16,474,991**
Contemporary Family Services	***850,000***	720,247	14,642	2%	*705,605*	*83%*	**19,598,971**	*1,087,428*	6%	**18,511,543**
Deaf - REACH, Specialty Services	***25,659***	15,334	729	5%	*14,605*	*57%*	**189,531**	*29,964*	16%	**159,567**
Family Matters	***104,622***	7,075	1,099	16%	*5,976*	*6%*	**1,110,002**	*243,736*	22%	**866,266**
Family Preservation Services	***159,381***	142,183	12,708	9%	*129,475*	*81%*	**3,219,857**	*222,446*	7%	**2,997,411**
Family Wellness Center	***27,400***	4,590	881	19%	*3,709*	*14%*	**1,592,720**	*307,700*	19%	**1,285,020**
First Home Care Corporation	***60,507***	8,264	231	3%	*8,033*	*13%*	**2,704,007**	*314,087*	12%	**2,389,920**
Green Door	***442,353***	483,116	43,365	9%	*439,751*	*99%*	**2,554,820**	*561,809*	22%	**1,993,011**
Hillcrest Children's Center	***501,519***	575,300	30,967	5%	*544,333*	*109%*	**8,069,149**	*818,841*	10%	**7,250,308**
Humility	***500***	0	0	0%	*0*	*0%*	**0**	*0*	0%	**0**
Inner City Family Services	***143,679***	100,291	7,910	8%	*92,381*	*64%*	**3,700,014**	*329,507*	9%	**3,370,507**
Latin America Youth Ctr	***500***	440	0	0%	*440*	*88%*	**112,841**	*6,807*	6%	**106,034**
Life Enhancement Services (LES)	***39,298***	8,226	284	3%	*7,942*	*20%*	**3,430,774**	*192,486*	6%	**3,238,288**
Life Stride, Inc	***105,812***	99,607	6,356	6%	*93,251*	*88%*	**3,235,087**	*649,064*	20%	**2,586,023**
Maryland Family Resources (MDDC)	***3,712***	66	0	0%	*66*	*2%*	**874,508**	*96,236*	11%	**778,272**
Mary's Center Maternal Child Care, Inc.	***176,950***	174,818	2,597	1%	*172,221*	*97%*	**344,678**	*12,488*	4%	**332,190**
MBI	***636,873***	493,930	6,124	1%	*487,806*	*77%*	**29,877,482**	*2,551,369*	9%	**27,326,113**
McClendon Center, Specialty Services	***243,269***	203,809	4,142	2%	*199,668*	*82%*	**6,082,369**	*709,401*	12%	**5,372,968**
Neighbors Consejo	***164,860***	10,907	2,911	27%	*7,996*	*5%*	**67,862**	*20,998*	31%	**46,864**
Outreach Solutions	***26,080***	22,272	0	0%	*22,272*	*85%*	**547,130**	*55,468*	10%	**491,662**
Pathways to Housing D.C., Specialty Services	***479,752***	443,511	6,151	1%	*437,360*	*91%*	**3,435,439**	*216,302*	6%	**3,219,137**
Preventive Measures	***7,200***	0	0	0%	*0*	*0%*	**660,333**	*139,111*	21%	**521,222**
PRS-DC Recovery Academy	***28,051***	7,131	59	1%	*7,072*	*25%*	**20,016**	*0*	0%	**3,615**
PSI, III	***262,378***	185,510	5,485	3%	*180,026*	*69%*	**6,662,723**	*540,331*	8%	**6,122,392**
Psychiatric Center Chartered	***197,873***	153,727	2,954	2%	*150,773*	*76%*	**2,304,912**	*354,900*	15%	**1,950,012**
Volunteers of America Chesapeake	***113,425***	118,352	6,696	6%	*111,656*	*98%*	**1,658,473**	*375,407*	23%	**1,283,066**
Washington Hospital Center	***48,297***	23,083	2,554	11%	*20,529*	*43%*	**672,693**	*69,703*	10%	**602,990**
Woodley House, Inc.	***48,297***	49,585	1,323	3%	*48,262*	*100%*	**303,112**	*38,495*	13%	**264,617**
Youth Villages	***15,000***	0	0	0%	*0*	*0%*	**845,462**	*712,494*	84%	**132,968**
MHRS Community Providers Totals	***6,764,976***	**5,476,890**	191,980	4%	***5,284,910***	*78%*	**128,268,477**	*13,346,451*	10%	**114,905,625**
MHSD/CPEP		212,609			*25,189*	*0%*	**2,953,882**			**1,845,238**
All MHRS Provider Totals		5,689,498	191,980	3%	**5,284,910**		**131,222,359**	13,346,451	10%	**116,750,863**

Break Out of Local Denial Reasons: - Percent of total 3% denial rate	
9%	*Diagnosis Invalid for Billing*
26%	*Duplicate Claim*
6%	Exceeded Rate Amount
1%	Exceeded Provider Agreement
18%	Local Coverage Terminated
38%	No Local Coverage
2%	Other

Break Out of Medicaid Denial Reasons: - Percent of total 10% denial rate	
15%	Exact Duplicate Claim
36%	This Recipient Is Not Eligible for Medicaid Services
20%	Beneficiary Program Code Not Eligible Due to Incarceration
18%	Procedure Code Contraindication. Invalid same-day MHRS
9%	Claim Exceeds 365-Day Timely Filing.
2%	All Other Denial Reasons

FY 18 Oversight Question 27. Attachment 2 of 5. Rate of Claims Denial for FY 18

	Thru DOS 9/30/18						MEDICAID Remittances - Thru DOS 9/30/18				
FY2018 MHRS	**LOCAL MHRS PO Allocations**	**Total Local Claims**	**Local Claims Denied by DBH**	**% - Local Denials by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**% - Medicaid Denials by DHCF**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	1,000.00	1,059	78	7%	981	98.1%	71,366	3,530	5%	67,836	0%
Anchor Mental Health Association, Inc	1,379,269.76	638,688	7,316	1%	631,372	45.8%	5,284,369	594,857	11%	4,689,511	89%
API	1,000.00	-	-	0%	0	0.0%	34,457	3,518	10%	30,939	90%
Better Morning	1,000.00	1,198	376	31%	822	82.2%	314,965	17,613	6%	297,352	94%
CityCare Health Services	5,000.00	5,063	81	2%	4,982	99.6%	51,774	6,585	13%	45,190	87%
Community Connections, Inc.	537,500.00	553,241	19,946	4%	533,296	99.2%	14,412,285	2,734,903	19%	11,677,382	81%
Community Wellness Ventures	7,000.00	3,234	84	3%	3,150	45.0%	20,797	5,927	28%	14,870	72%
Contemporary Family Services	732,475.19	704,463	12,852	2%	691,611	94.4%	10,160,783	1,115,817	11%	9,044,966	89%
Deaf - REACH, Specialty Services	40,000.00	40,542	568	1%	39,974	99.9%	128,202	27,449	21%	100,753	79%
Family Preservation Services	329,855.00	316,371	5,001	2%	311,371	94.4%	2,989,398	181,858	6%	2,807,540	94%
Family Solutions of Ohio	500.00	-	-	0%	0	0.0%	1,364	332	24%	1,033	76%
Family Wellness Center	78,568.00	9,705	1,811	19%	7,894	10.0%	1,203,392	93,917	8%	1,109,475	92%
First Home Care Corporation (Closed)	10,000.00	10,162	717	7%	9,445	94.5%	307,474	13,040	4%	294,433	96%
Foundations for Home and Community (Closed)	75,000.00	14,280	276	2%	14,004	18.7%	181,730	10,276	6%	171,453	94%
Global Resources & Supports	500.00	505	5	1%	500	100.0%	2,467	278	11%	2,189	89%
Hillcrest Children's Center	550,000.00	490,756	7,740	2%	483,015	87.8%	6,257,318	832,107	13%	5,425,211	87%
Holy Health Care Services	5,000.00	-	-	0%	0	0.0%	34,332	4,068	12%	30,265	88%
Humility (Closed)	500.00	-	-	0%	0	0.0%	6,289	0	0%	6,289	100%
Inner City Family Services	140,000.00	120,244	4,125	3%	116,119	82.9%	2,908,450	231,462	8%	2,676,988	92%
Latin America Youth Ctr	50,000.00	1,908	228	12%	1,680	3.4%	86,473	11,000	13%	75,473	87%
Life Care	500.00	493	34	7%	459	91.8%	3,419	402	12%	3,018	88%
Life Enhancement Services (LES)	37,016.74	42,180	6,079	14%	36,101	97.5%	4,343,029	322,411	7%	4,020,618	93%
Life Stride, Inc	105,813.00	102,571	4,707	5%	97,864	92.5%	3,308,769	235,986	7%	3,072,783	93%
Maryland Family Resources (MDDC)	8,712.00	7,942	1,384	17%	6,559	75.3%	1,076,985	161,441	15%	915,545	85%
Mary's Center Maternal Child Care, Inc.	200,000.00	156,881	1,026	1%	155,854	77.9%	407,545	15,449	4%	392,096	96%
MBI Health Services	2,790,000.00	2,481,469	38,626	2%	2,442,844	87.6%	31,182,810	1,708,692	5%	29,474,118	95%
McClendon Center, Specialty Services	251,000.00	211,779	6,085	3%	205,695	82.0%	3,878,834	370,906	10%	3,507,928	90%
Neighbors Consejo	101,218.00	13,662	1,704	12%	11,957	11.8%	992,340	194,360	20%	797,980	80%
Outreach Solutions	4,000.00	2,486	628	25%	1,858	46.5%	325,828	20,412	6%	305,417	94%
Pathways to Housing D.C., Specialty Services	600,000.00	520,073	5,384	1%	514,690	85.8%	3,969,215	113,586	3%	3,855,629	97%
Prestige Healthcare Resources	1,000.00	1,198	198	16%	1,000	100.0%	196,547	32,172	16%	164,375	84%
Preventive Measures	30,000.00	22,892	2,896	13%	0	0.0%	2,275,876	234,689	10%	2,041,187	90%
PRS-DC Recovery Academy	5,000.00	3,390	3	0%	3,387	67.7%	19	19	100%		0%
PSI, III	262,379.00	225,316	6,232	3%	219,084	83.5%	4,412,645	189,144	4%	4,223,501	96%
Psychiatric Center Chartered	180,000.00	147,688	2,422	2%	145,266	80.7%	2,076,757	232,541	11%	1,844,216	89%
RAP	1.00	-	-	0%	0	0.0%	0	0	0%	0	0%
Umbrella Therapeutic Services	55,000.00	51,038	913	2%	50,125	91.1%	692,800	27,440	4%	665,360	96%
Volunteers of America Chesapeake	190,000.00	208,311	2,528	1%	205,783	108.3%	2,022,266	325,169	16%	1,697,098	84%
Washington Hospital Center	70,000.00	69,157	665	1%	68,492	97.8%	496,107	90,562	18%	405,545	82%
Woodley House, Inc.	80,797.00	72,848	442	1%	72,407	89.6%	169,125	15,341	9%	153,783	91%
	8,916,604.69	**7,252,793**	**143,157**	**2%**	7,089,639	79.5%	**106,288,602**	10,179,257	**10%**	96,109,345	90.4%
MHSD	**N/A**	**1,137,640**			**N/A**	N/A	**1,625,199**			1,137,640	
CPEP	**N/A**	**977,578**			**N/A**	N/A	**1,396,541**			977,578	
All MHRS Provider Totals	**8,367,905.00**	**139,196,342**					**130,828,437**	40,971,779		98,224,563	

Break Out of Local Denial Reasons: - Percent of total 2% denial rate	
14%	*Diagnosis Invalid for Billing*
25%	*Duplicate Claim*
9%	Exceeded Rate Amount
3%	Exceeded Provider Agreement
11%	Local Coverage Terminated
34%	No Local Coverage
4%	All Other Denial Reasons

Break Out of Local Denial Reasons: - Percent of total 10% denial rate	
12%	Exact Duplicate Claim
29%	This Recipient Is Not Eligible for Medicaid Services
28%	Beneficiary Program Code Not Eligible Due to Incarceration
16%	Procedure Code Contraindication. Invalid same-day MHRS
7%	Claim Exceeds 365-Day Timely Filing.
8%	All Other Denial Reasons

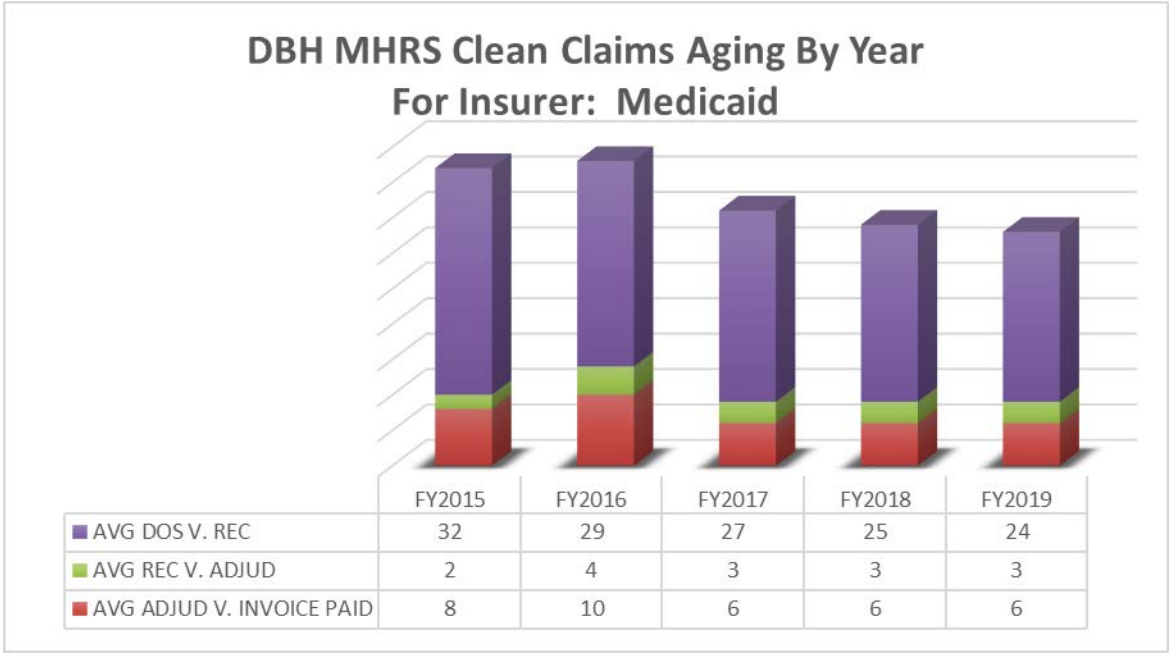
	Thru DOS 12/31/18						MEDICAID Remittances - Thru DOS 1/4/2019				
FY2019 MHRS	**LOCAL MHRS PO Allocations**	**Total Local Claims**	**Local Claims Denied by DBH**	**% - Local Denials by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**% - Medicaid Denials by DHCF**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	25,000.00	6,836	78	1%	6,758	27.0%	378,881	50,537	13%	328,344	0%
Anchor Mental Health Association, Inc	750,000.00	147,025	7,316	5%	139,710	18.6%	1,530,879	19,821	1%	1,511,059	99%
Better Morning	20,000.00	8,407	376	4%	8,031	40.2%	300,737	18,232	6%	282,505	94%
CityCare Health Services	20,000.00	11,278	81	1%	11,197	56.0%	196,867	34,407	17%	162,461	83%
Community Connections, Inc.	750,000.00	125,356	2,946	2%	105,410	14.1%	3,521,500	282,757	8%	3,238,743	92%
Community Wellness Ventures	20,000.00	15,542	84	1%	15,458	77.3%	68,934	5,498	8%	63,436	92%
Deaf - REACH, Specialty Services	40,000.00	6,263	568	9%	5,695	14.2%	50,690	2,416	5%	48,274	95%
Dedicated Health Care	5,000.00	-	-	0%	0	0.0%	50,036	11,197	22%	38,839	78%
Family Preservation Services	260,000.00	78,920	5,001	6%	73,919	28.4%	949,727	31,122	3%	918,605	97%
Family Solutions of Ohio	20,000.00	371	-	0%	371	1.9%	107,229	10,516	10%	96,714	90%
Family Wellness Center	40,000.00	8,804	811	9%	6,992	17.5%	471,607	63,782	14%	407,825	86%
Global Resources & Supports	20,000.00	1,987	5	0%	1,982	9.9%	7,852	853	11%	6,999	89%
Hillcrest Children's Center	550,000.00	7,828	740	9%	88	0.0%	1,637,420	77,386	5%	1,560,035	95%
Holy Health Care Services	20,000.00	-	-	0%	0	0.0%	230,506	18,982	8%	211,524	92%
Inner City Family Services	100,000.00	31,023	2,125	7%	26,899	26.9%	777,529	8,995	1%	768,534	99%
Kinara Health & Home Care Services	5,000.00	-	-	0%	0	0.0%	7,055	1,182	17%	5,874	83%
Latin America Youth Ctr	50,000.00	228	228	100%	0	0.0%	74,828	248	0.3%	74,580	100%
Life Care	10,000.00	7,185	34	0%	7,151	71.5%	250,195	60	0%	250,135	100%
Life Enhancement Services (LES)	40,000.00	14,317	1,079	8%	8,238	20.6%	984,860	82,446	8%	902,414	92%
Life Stride, Inc	125,000.00	34,607	2,707	8%	29,901	23.9%	1,064,286	29,963	3%	1,034,323	97%
Maryland Family Resources (MDDC)	10,000.00	1,734	384	22%	351	3.5%	308,391	12,740	4%	295,652	96%
Mary's Center Maternal Child Care, Inc.	200,000.00	29,250	1,026	4%	28,224	14.1%	175,882	8,751	5%	167,131	95%
MBI Health Services	1,500,000.00	354,180	38,626	11%	315,555	21.0%	10,104,472	185,725	2%	9,918,747	98%
McClendon Center, Specialty Services	170,000.00	45,587	2,085	5%	39,502	23.2%	1,133,112	40,695	4%	1,092,417	96%
Neighbors Consejo	70,000.00	21,466	1,704	8%	19,762	28.2%	646,328	12,041	2%	634,286	98%
New Living	5,000.00	-	-	0%	0	0.0%	0	0	0%	0	0%
One Care DC	10,000.00	2,079	-	0%	2,079	20.8%	91,476	7,108	8%	84,368	92%
Outreach Solutions	15,000.00	856	628	73%	228	1.5%	200,243	18,028	9%	182,215	91%
Pathways to Housing D.C., Specialty Services	600,000.00	80,410	5,384	7%	75,026	12.5%	1,056,836	30,695	3%	1,026,140	97%
Prestige Healthcare Resources	20,000.00	9,227	198	2%	9,030	45.1%	457,292	7,180	2%	450,112	98%
Preventive Measures	100,000.00	25,064	896	4%	22,169	22.2%	1,261,028	124,523	10%	1,136,505	90%
PRS-DC Recovery Academy	10,000.00	227	3	2%	223	2.2%	19	0	0%	19	100%
PSI, III	300,000.00	52,627	1,214	2%	46,395	15.5%	1,442,929	104,377	7%	1,338,552	93%
Psychiatric Center Chartered	200,000.00	90,132	2,422	3%	87,710	43.9%	660,732	61,366	9%	599,366	91%
RAP	5,000.00	-	-	0%	0	0.0%	0	0	0%	0	0%
Umbrella Therapeutic Services	300,000.00	31,274	913	3%	30,361	10.1%	1,091,864	32,862	3%	1,059,002	97%
Volunteers of America Chesapeake	170,000.00	44,812	2,528	6%	42,284	24.9%	770,880	6,028	1%	764,852	99%
Woodley House, Inc.	90,000.00	2,988	242	8%	2,546	2.8%	63,839	60	0.1%	63,779	100%
	6,645,000.00	**1,297,893**	**82,431**	**6%**	1,169,245	17.6%	**32,126,943**	1,402,577	**4%**	30,724,366	95.6%
MHSD	**N/A**	**1,137,640**			**N/A**	N/A	**1,625,199**			1,137,640	
CPEP	**N/A**	**977,578**			**N/A**	N/A	**1,396,541**			977,578	
All MHRS Provider Totals	**8,367,905.00**	**139,196,342**					**130,828,437**	40,971,779		32,839,584	

Break Out of Local Denial Reasons: - Percent of total 6% denial rate	
21%	*Diagnosis Invalid for Billing*
20%	*Duplicate Claim*
8%	Exceeded Rate Amount
4%	Exceeded Provider Agreement
15%	Local Coverage Terminated
28%	No Local Coverage
4%	All Other Denial Reasons

Break Out of Medicaid Denial Reasons: - Percent of total 4% denial rate	
48%	Exact Duplicate Claim
19%	This Recipient Is Not Eligible for Medicaid Services
17%	Beneficiary Program Code Not Eligible Due to Incarceration
5%	Procedure Code Contraindication. Invalid same-day MHRS
6%	Claim Exceeds 365-Day Timely Filing.
5%	All Other Denial Reasons

DBH MHRS Clean Claims Aging By Year

For Insurer: Medicaid



	FY2015	FY2016	FY2017	FY2018	FY2019
AVG DOS V. REC	32	29	27	25	24
AVG REC V. ADJUD	2	4	3	3	3
AVG ADJUD V. INVOICE PAID	8	10	6	6	6

Notes:

DBH payment timeline (pay within 30 days) - measured from receipt of claim(s) to invoice paid = 9 days on average.

Days for Average ADJUDICATION TO INVOICE Paid – allows for 48 hours beyond the scheduled payment date in DC SOAR for payment to get to provider.

The AVERAGE DATE OF SERVICE TO RECEIPT measures the time it takes providers to submit claim to DBH after service is rendered, and is not factored in DBH payment timeline.

Rejected claims reporting, correction resubmittal and processing are included in the timeline measures above.

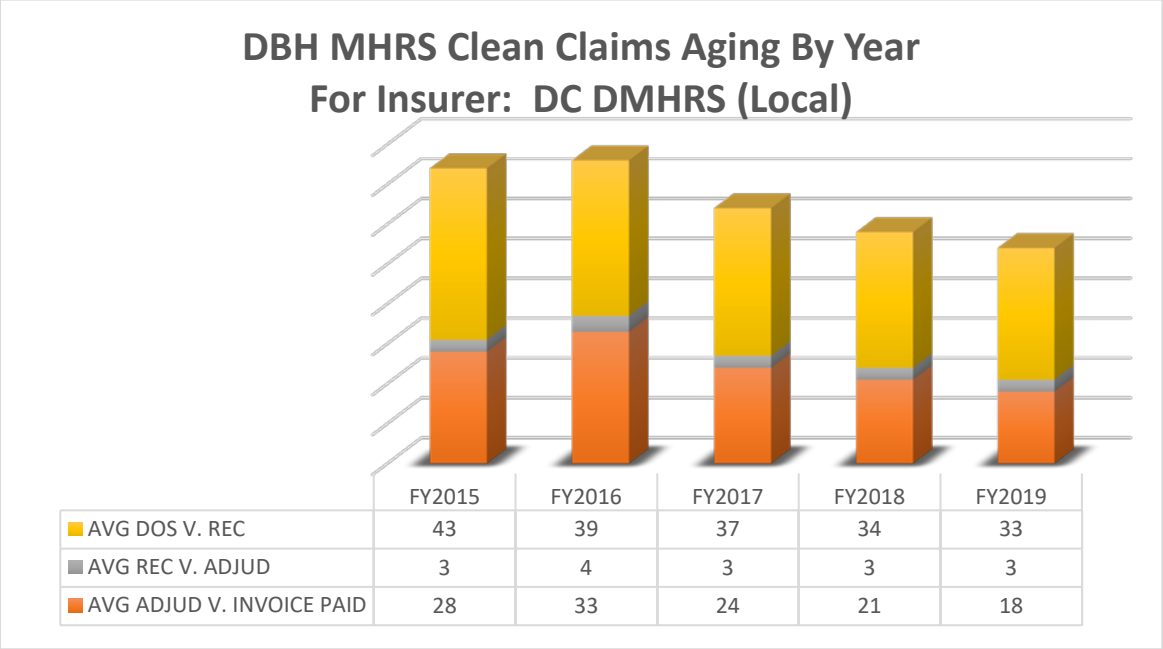
DOS	Date of Services
REC	Date of Receipt by DBH from Provider
ADJUD	Date of Submission to DHCF
INVOICE	Date Provider Receives Payment

Data Date and Time: 01/28/2019

Print Date and Time: 01/28/2019

DBH MHRS Clean Claims Aging By Year

For Insurer: DC DMHRS (LOCAL)



	FY2015	FY2016	FY2017	FY2018	FY2019
AVG DOS V. REC	43	39	37	34	33
AVG REC V. ADJUD	3	4	3	3	3
AVG ADJUD V. INVOICE PAID	28	33	24	21	18

Notes:

- DBH payment timeline (pay within 30 days) - measured from receipt of claim(s) to invoice paid = 21 days on average for local claims.
- Days for Average ADJUDICATION TO INVOICE Paid – allows for 48 hours beyond the scheduled payment date in DC SOAR for payment to get to provider.
- The AVERAGE DATE OF SERVICE TO RECEIPT measures the time it takes providers to submit claim to DBH after service is rendered, and is not factored in DBH payment timeline.
- Rejected claims reporting, correction resubmittal and processing are included in the timeline measures above.

DOS	Date of Services
REC	Date of Receipt by DBH from Provider
ADJUD	Date of Submission to DHCF
INVOICE	Date Provider Receives Payment

Data Date and Time: 01/28/2019

Print Date and Time: 01/28/2019

Q27. Please provide the following information for MHRS providers for FY17, FY18, and to date in FY19:

- *Rate of claims denial, broken out by provider;*
- *Average length of time between when claims are submitted by providers and when they are determined to be "clean" by DBH;*
- *Average length of time between when a "clean" locally-funded claim is submitted to DBH and when it is adjudicated;*
- *Average length of time between when a "clean" locally-funded claim is adjudicated by DBH and when it is paid;*
- *Rate of "clean" Medicaid claims transmitted by DBH to DHCF within 5 working days of receipt;*
- *Average length of time between when a 'clean' Medicaid claim is submitted to DHCF and when it is adjudicated;*
- *Rate of claims paid within 30 days of being warranted, broken out by provider;*
- *Average length of time, broken out by Medicaid and non-Medicaid claims, between when a claim is first submitted and when payment is received.*

DBH Response

Rate of claims denial, broken out by provider;

See Attachment 1 of 7. FY 17 Rate of Claims denial
See Attachment 2 of 7. FY 18 Rate of Claims denial
See Attachment 3 of 7. FY 19 Rate of Claims denial

Average length of time between when claims are submitted by providers and when they are determined to be "clean" by DBH;
Average length of time between when a "clean" locally-funded claim is submitted to DBH and when it is adjudicated;
Average length of time between when a "clean" locally-funded claim is adjudicated by DBH and when it is paid;

See Attachment 4 of 7. Average Time for Claim Processing. Local

Rate of "clean" Medicaid claims transmitted by DBH to DHCF within 5 working days of receipt;

All "clean" Medicaid claims are transmitted by DBH to DHCF within 48 hours.

6. *Average length of time between when a 'clean' Medicaid claim is submitted to DHCF and when it is adjudicated;*

See Attachment 5 of 7. Average Time for Claim Processing. Medicaid.

7. Rate of claims paid within 30 days of being warranted, broken out by provider

See Attachment 6 of 7. Claims Paid Within 30 Days

8. Average length of time, broken out by Medicaid and non-Medicaid claims, between when a claim is first submitted and when payment is received.

See Attachment 7 of 7. Average Time of Claim Processing.
Medicaid vs Non-Medicaid.

Q28. Please share FY18 Provider Scorecards.

a. What services or support is DBH providing to these struggling providers?
b. What corrective action has DBH taken against providers receiving extremely low marks?

DBH Response

DBH has discontinued the Provider Scorecard and is in the process of replacing the metrics from the Scorecard with separate compliance indicators and Results Based Accountability indicators. DBH will be identifying new and improved ways it can use data to inform providers and the public about the performance of our system and develop strategies for continuous quality improvement.

DBH meets regularly with providers as information about their performance and compliance is available. These meetings are used to work with providers to develop strategies to correct any identified compliance irregularities. DBH has also instituted an internal technical assistance structure that includes representatives from across the Department providing coordinated and targeted assistance to providers.

Q29. Please attach the FY18 Community Services Review results of children/youth. Please explain when the targeted review of adults will be conducted. In addition, please describe the review process for substance use disorder services.

DBH Response

In FY 18, the Community Service Review (CSR) was put on hold pending an assessment of its utility and how it would support strategic planning. As a result, DBH did not conduct the Community Service Review (CSR) for children and youth and has no plans to conduct a targeted review of adults. DBH completed the CSR review of substance use disorder services already underway. The CSR reviewed services for clients at each certified SUD provider with a human care agreement with DBH.

See Attachment: CSR Review of Substance Use Disorder Services

Q30. How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they receive from DBH over the last fiscal year? How much money was dedicated to providing services to DBH clients who relied entirely on local dollars for the services that they received from DBH over each of the last five fiscal years?

DBH Response

MHRS

	FY15	FY16	FY17	FY18	FY19 to Date
MHRS Local Only*	$3,890,456.13	$5,306,835.97	$3,946,871.25	$5,928,937.07	$815,358.84
MHRS Partially Local**	4,341,681.60	3,891,607.81	1,338,038.87	1,180,699.47	353,886.83
Total All Local	8,232,137.73	9,198,443.78	5,284,910.12	7,109,636.54	1,169,245.67

*DBH Local Insurance is the client's only coverage
**DBH clients that have Medicaid (or other insurance), but receive Local-Only Services

SUD

	FY15	FY16	FY17	FY18	FY19 to Date
SUD Local Only*	$14,777,815.92	$13,135,825.59	$4,222,106.70	$3,885,638.45	$897,820.42
SUD Partially Local**	0	1,240,599.15	7,296,987.37	9,238,432.35	1,754,137.36
Total All Local	$14,777,815.92	14,376,424.74	11,519,094,07	13,124,070.80	2,651,957.78

*DBH Local Insurance in the client's only coverage
**DBH clients that have Medicaid (or other insurance), but receive Local-Only Services

For the first time in FY 16, the District was eligible to receive Medicaid reimbursement for substance use disorder services. More than 60 percent of clients are currently enrolled in Medicaid.

Q31. How many DBH clients were incarcerated at the Central Detention Facility (CDF) during the last fiscal year? How many DBH clients were incarcerated at CDF during each of the last five fiscal years? Of those clients, how long did they remain at CDF on average? Over the last 5 fiscal years?

DBH Response:

Please see the chart below:

Fiscal Year	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Average Length of Stay at CDF (days)	66.2	62.1	54.9	47.8	31.77	31.43
Number of DBH clients	2,121	2,174	1,938	1,852	2,590	3,272

Q32. How many DBH clients were incarcerated at the Correctional Treatment Facility (CTF) during the last fiscal year? How many DBH clients were incarcerated at CTF during each of the last five fiscal years? On average how long did they stay?

DBH Response:

Please see the chart below:

Fiscal Year	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Average Length of Stay at CTF (days)	66.2	62.1	54.9	47.8	31.77	31.43
Number of DBH clients	2,121	2,174	1,938	1,852	2,590	3,272

Q33. How many DBH clients were in the custody of the Federal Bureau of Prisons (BOP), including in halfway houses, during the last five fiscal years? How many DBH clients were in the custody of BOP, including in halfway houses, during each of the last five fiscal years? On average, how long did they stay? Over the last 5 fiscal years?

DBH Response:

Because DBH does not have information\data sharing agreements with the BOP, we do not have access to reliable data that capture a complete picture of individuals who were in its custody over the last five years or their lengths of stay.

Q34. How much money in local dollars was spent in total on DBH clients at CDF over the last fiscal year? How much money in local dollars was spent in total on DBH clients at CDF over each of the last five fiscal years?

DBH Response:

DBH has spent local dollars at the last fiscal year was **$86,646.63.** In total over the last five fiscal years a total of **$283,798.26** local dollars were spent for clients at the CDF.

DBH MHRS Jail Service Utilization

DBH Expenditure - Local Dollars

District of Columbia
Dept. of Behavioral Health

Clients in DOC custody

All Providers FY18

Claims Paid for Dates of Service from 10/01/2017 to 01/31/2018

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**86**	**2,657**	**$86,646.63**
Cont. of Care Tx Planning (Non-ACT/CBI)	8	73	$1,428.29
Continuity of Care Treatment Planning	40	754	$16,214.10
Inpatient Discharge Planning ACT	53	1,830	$69,004.24

Total FY18 YTD Local	**$5,353,391.03**
Subtotal Jail	**$86,646.63**
Percentage of Local	**2%**

All Providers FY17

Claims Paid for Dates of Service from 10/01/2016 to 09/30/2017

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**198**	**3,086**	**$86,728.72**
MH Discharge Treatment Planning	35	259	$5,667.99
Continuity of Care Treatment Planning	72	1,018	$19,219.62
Inpatient Discharge Planning ACT/CBI	137	1,809	$61,841.11

Total FY17 Local	**$5,302,946.60**
Subtotal Jail	**$86,728.72**
Percentage of Local	**2%**

All Providers - FY16

Claims Paid for Dates of Service from 10/01/2015 to 09/30/2016

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**300**	**3,579**	**$80,607.24**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	149	1,044	$22,936.68
Continuity of Care Treatment Planning	267	2,412	$52,991.64
Inpatient Discharge Planning ACT/CBI	15	123	$4,678.92

Total FY16 Local	**$10,855,352.52**
Subtotal Jail	**$80,607.24**
Percentage of Local	**1%**

All Providers - FY15

Claims Paid for Dates of Service from 10/01/2014 to 09/30/2015

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**113**	**863**	**$17,438.12**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	97	628	$12,051.32
Continuity of Care Treatment Planning	14	182	$3,492.58
Inpatient Discharge Planning ACT/CBI	4	53	$1,894.22

Total FY15 Local	**$9,773,208.49**
Subtotal Jail	**$17,438.12**
Percentage of Local	**0.2%**

Clients in DOC custody

All Providers - FY14

Claims Paid for Dates of Service from 10/01/2013 to 09/30/2014

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**80**	**3,456**	**$12,377.55**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	64	1,044	$9,882.85
Continuity of Care Treatment Planning	21	2,412	$2,494.70
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY14 Local	**$10,545,791.13**
Subtotal Jail	**$12,377.55**
Percentage of Local	**0.1%**

All Providers - FY13

Claims Paid for Dates of Service from 10/01/2012 to 09/30/2013

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**18**	**73**	**$1,400.87**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	18	73	$1,400.87
Continuity of Care Treatment Planning	0	0	$0.00
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY13 Local	**$9,572,363.46**
Subtotal Jail	**$1,400.87**
Percentage of Local	**0.01%**

Q35. What is the breakdown of how local dollars were spent on DBH clients at CDF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CDF over each of the last five fiscal years?

DBH Response:

See Attachment

DBH MHRS Jail Service Utilization

DBH Expenditure - Local Dollars

District of Columbia
Dept. of Behavioral Health

Clients in DOC custody

All Providers FY18

Claims Paid for Dates of Service from 10/01/2017 to 01/31/2018

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**86**	**2,657**	**$86,646.63**
Cont. of Care Tx Planning (Non-ACT/CBI)	8	73	$1,428.29
Continuity of Care Treatment Planning	40	754	$16,214.10
Inpatient Discharge Planning ACT	53	1,830	$69,004.24

Total FY18 YTD Local	**$5,353,391.03**
Subtotal Jail	**$86,646.63**
Percentage of Local	**2%**

All Providers FY17

Claims Paid for Dates of Service from 10/01/2016 to 09/30/2017

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**198**	**3,086**	**$86,728.72**
MH Discharge Treatment Planning	35	259	$5,667.99
Continuity of Care Treatment Planning	72	1,018	$19,219.62
Inpatient Discharge Planning ACT/CBI	137	1,809	$61,841.11

Total FY17 Local	**$5,302,946.60**
Subtotal Jail	**$86,728.72**
Percentage of Local	**2%**

All Providers - FY16

Claims Paid for Dates of Service from 10/01/2015 to 09/30/2016

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**300**	**3,579**	**$80,607.24**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	149	1,044	$22,936.68
Continuity of Care Treatment Planning	267	2,412	$52,991.64
Inpatient Discharge Planning ACT/CBI	15	123	$4,678.92

Total FY16 Local	**$10,855,352.52**
Subtotal Jail	**$80,607.24**
Percentage of Local	**1%**

All Providers - FY15

Claims Paid for Dates of Service from 10/01/2014 to 09/30/2015

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**113**	**863**	**$17,438.12**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	97	628	$12,051.32
Continuity of Care Treatment Planning	14	182	$3,492.58
Inpatient Discharge Planning ACT/CBI	4	53	$1,894.22

Total FY15 Local	**$9,773,208.49**
Subtotal Jail	**$17,438.12**
Percentage of Local	**0.2%**

Clients in DOC custody

All Providers - FY14

Claims Paid for Dates of Service from 10/01/2013 to 09/30/2014

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**80**	**3,456**	**$12,377.55**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	64	1,044	$9,882.85
Continuity of Care Treatment Planning	21	2,412	$2,494.70
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY14 Local	**$10,545,791.13**
Subtotal Jail	**$12,377.55**
Percentage of Local	**0.1%**

All Providers - FY13

Claims Paid for Dates of Service from 10/01/2012 to 09/30/2013

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**18**	**73**	**$1,400.87**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	18	73	$1,400.87
Continuity of Care Treatment Planning	0	0	$0.00
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY13 Local	**$9,572,363.46**
Subtotal Jail	**$1,400.87**
Percentage of Local	**0.01%**

Q36. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients at CTF over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients at CTF over each of the last five fiscal years? Please provide total local dollar expenditure as well.

DBH Response:

See attachment.

DBH MHRS Jail Service Utilization

DBH Expenditure - Local Dollars

District of Columbia
Dept. of Behavioral Health

Clients in DOC custody

All Providers FY18

Claims Paid for Dates of Service from 10/01/2017 to 01/31/2018

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**86**	**2,657**	**$86,646.63**
Cont. of Care Tx Planning (Non-ACT/CBI)	8	73	$1,428.29
Continuity of Care Treatment Planning	40	754	$16,214.10
Inpatient Discharge Planning ACT	53	1,830	$69,004.24

Total FY18 YTD Local	**$5,353,391.03**
Subtotal Jail	**$86,646.63**
Percentage of Local	**2%**

All Providers FY17

Claims Paid for Dates of Service from 10/01/2016 to 09/30/2017

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**198**	**3,086**	**$86,728.72**
MH Discharge Treatment Planning	35	259	$5,667.99
Continuity of Care Treatment Planning	72	1,018	$19,219.62
Inpatient Discharge Planning ACT/CBI	137	1,809	$61,841.11

Total FY17 Local	**$5,302,946.60**
Subtotal Jail	**$86,728.72**
Percentage of Local	**2%**

All Providers - FY16

Claims Paid for Dates of Service from 10/01/2015 to 09/30/2016

Service	Consumers	Units	Paid Amt
Subtotals - Transition Support Services	**300**	**3,579**	**$80,607.24**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	149	1,044	$22,936.68
Continuity of Care Treatment Planning	267	2,412	$52,991.64
Inpatient Discharge Planning ACT/CBI	15	123	$4,678.92

Total FY16 Local	**$10,855,352.52**
Subtotal Jail	**$80,607.24**
Percentage of Local	**1%**

All Providers - FY15

Claims Paid for Dates of Service from 10/01/2014 to 09/30/2015

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**113**	**863**	**$17,438.12**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	97	628	$12,051.32
Continuity of Care Treatment Planning	14	182	$3,492.58
Inpatient Discharge Planning ACT/CBI	4	53	$1,894.22

Total FY15 Local	**$9,773,208.49**
Subtotal Jail	**$17,438.12**
Percentage of Local	**0.2%**

Clients in DOC custody

All Providers - FY14

Claims Paid for Dates of Service from 10/01/2013 to 09/30/2014

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**80**	**3,456**	**$12,377.55**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	64	1,044	$9,882.85
Continuity of Care Treatment Planning	21	2,412	$2,494.70
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY14 Local	**$10,545,791.13**
Subtotal Jail	**$12,377.55**
Percentage of Local	**0.1%**

All Providers - FY13

Claims Paid for Dates of Service from 10/01/2012 to 09/30/2013

Service	Consumers	Units	Paid Amt
Total - Transition Support Services	**18**	**73**	**$1,400.87**
Community Psych Supportive Tx Program	0	0	$0.00
MH Discharge Treatment Planning	18	73	$1,400.87
Continuity of Care Treatment Planning	0	0	$0.00
Inpatient Discharge Planning ACT/CBI	0	0	$0.00

Total FY13 Local	**$9,572,363.46**
Subtotal Jail	**$1,400.87**
Percentage of Local	**0.01%**

Q37. What is the breakdown of how local dollars were spent on DBH clients at CTF over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients at CTF over each of the last five fiscal years?

DBH Response:

See Attachment

Q38. What percentage of the total DBH expenditure of local dollars has been spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What percentage of the total DBH expenditure of local dollars was spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

DBH Response:

Because DBH does not have information\data sharing agreements with the BOP, we do not have access to reliable data that capture a complete picture of individuals who were in its custody over the last five years or their lengths of stay.

Q39. What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over the last fiscal year? What is the breakdown of how local dollars were spent on DBH clients in the custody of the BOP, including at halfway houses, over each of the last five fiscal years?

DBH Response:

Because DBH does not have information\data sharing agreements with the BOP, we do not have access to reliable data that capture a complete picture of individuals who were in its custody over the last five years or their lengths of stay.

Q40. Specifically, what transition planning services has DBH spent local dollars on over the last fiscal year? What transition planning services did DBH spend local dollars on over each of the last five fiscal years? When providing transition planning, how much money in local dollars was devoted to assisting with benefit applications over the last fiscal year? Over each of the last five fiscal years?

DBH Response:

DBH has spent local dollars on the following transition planning services:

Discharge Treatment Planning Institution (MHS-DTPI) – H0032
COC Treatment Planning Institution (MHS-CTPI) – H0032+HK
Discharge Treatment Planning Institution (MHS-DTPI) (ACT) – H0046+HT
Discharge Treatment Planning Institution (MHS-DTPI) (CBI) – H0046 + HT,HA

Below are the total local dollars spent for the last five fiscal years:

FY15	**FY16**	**FY17**	**FY18**	**FY19 YTD ***
$674,833.31	$843,555.38	$589,131.72	$300,027.75	$114,100.33

* YTD is through 12/31/2018.

Q41. On average, how far in advance of a DBH client's release from Saint Elizabeths, DC Department of Corrections (DOC) custody, or BOP custody did DBH begin spending local dollars on transition planning during the last fiscal year? Over the last 5 fiscal years?

DBH Response:

Prior to FY 16, this data was not standardized. In order to promote best practice guidelines for transitional planning, DBH implemented policy to begin spending local dollars 60-90 days prior to client's release on transition planning services. DBH does not have BOP release data at this time.

Fiscal Year	DOC (Number in days)	Saint Elizabeths (Number in days)
2016	63	23
2017	60	31
2018	59	96

Q42. How many of DBH's clients who were in either DOC, BOP, or Saint Elizabeths' custody received transition planning services that were funded by local dollars over the last fiscal year? Over each of the last five fiscal years?

DBH Response

Fiscal Year*	Consumers in DOC, BOP or Saint Elizabeths Receiving Transition Planning Services**
FY 16	397
FY 17	387
FY 18	145

Notes:

- *Data collection began in FY 16
- ** BOP data is unavailable at this time.

Q43. How many of DBH's clients who were in DOC or BOP's custody received transition planning services that were funded in a manner other than local dollars over the last fiscal year? Over each of the last five fiscal years?

DBH Response:

Transition planning services are supported solely with local dollars.

Q44. In the past several fiscal years there have been a number of documented cases of CSAs experiencing financial difficulty stemming from payment issues with DBH. Have these issues persisted?

DBH Response

No, these issues have not persisted. Vendors close for a variety of reasons every year; some vendors are decertified by DBH due to longstanding violations of the fundamentals that DBH is responsible for, some may close due to factors that stem from changes in their own organizational leadership, some become subsidiaries to other providers, some cannot adjust a business model, and so on.

The fact that some vendors do better and some vendors do worse (regardless of size and services provided) within the same overall operating environment in the District highlights the importance of a vendor's internal business practices and decisions. At the same time, DBH also recognizes that provider network vitality is crucial to achieve our shared missions, and DBH has renewed its focus on providing quality technical assistance and other supports to providers. For example, over the past several months, DBH completed a comprehensive assessment of the requirements and supports delivered to both new and existing mental health and substance use organizations. This resulted in a set of recommendations to streamline the certification process, policy and regulatory requirements, and improvements in supports to ensure high quality care is delivered to consumers. It also resulted in a pending contract procurement to develop a business and administrative operations manual to help provider agencies navigate the challenging administrative and financial processes associated with operating a successful behavioral health organization.

Q45. What are the average and median wait times for an intake meeting for children referred to CSAs? What is the average and median wait time for a first appointment with a psychiatrist?

DBH Response:

The DBH system has multiple points of entry for consumers. Consumers can enroll with a Core Service Agency by calling the 24-hour Access Helpline or by simply walking into a Core Service Agency and requesting services. DBH also co-located staff at the five community-based collaboratives, and individuals could enroll in services through them. Once an individual is assigned and enrolled with a CSA, a diagnostic assessment is scheduled. The average number of days between enrollment and the receipt of the first service for children was 33 days in FY18, and is 14 days in FY 19 to date.

Once a child is assessed by a core service agency, services re recommended based on an individualized treatment plan and can include medication, community support, or counseling. A psychiatrist can be recommended at any point during a child's treatment while other clinical services are provided. An appointment for medication management with a psychiatrist as the first service after enrollment took place within 80 days on average in FY 18. However, the average time between enrollment and a youth receiving a service was 33 days in FY 18.

Q46. Are there any services provided through Core Service Agencies or other mental health providers that are not currently reimbursed by Medicaid, and please indicate whether these services could be reimbursed under a 1915(i) state plan option, a waiver, or a demonstration project?

DBH Services Not Reimbursed by Medicaid	
MHRS	**SUD**
H2025 – Supported Employment (Non-vocational)	H0006 – Case Management
H0006-HU – Choice Care Coordination	H0006 – Case Management (HIV)
H0032 – Mental Health Discharge Treatment Planning	H0010 – Short Term Medically Monitored Inpatient Withdrawal Management (Detox)
H0032-HK – Continuity of Care Treatment Planning	H0043 – Residential Treatment Room & Board
H0046-HT – ACT Discharge Treatment Planning	H0043-UN – Residential Treatment R & B; Woman w/1 child
H0046-HTHA – CBI Discharge Treatment Planning	H0043-UP – Residential Treatment R & B; Woman w/2 children
H0037 – Day Rehab Community Psychiatric Supportive Treatment Program	H0043-UQ – Residential Treatment R & B; Woman w/3 children
	H0043-UR – Residential Treatment R & B; Woman w/4, or more children

The DC Council funded DHCF to explore an SUD waiver option through a one-time grant fund of $200,000, to be matched at 45% with federal funds, provided for FY19. DHCF is collaborating with partners at DBH on a Section 1115 Waiver submission that would loosen restrictions on receiving federal Medicaid reimbursement for Institutions for Mental Disease (IMD) services for approximately 42,500 District Medicaid beneficiaries; improve Medicaid coverage for the full continuum of behavioral health services; and increase providers' capacity to provide critical transitions to coordinated community-based coverage. An 1115 waiver ~~will~~ could allow DBH to bill Medicaid for most ~~if not all~~ of the services listed above, depending on CMS approval.~~.~~

FY 18 Oversight Question 47. Attachment 1 of 2. FY 18 Denial Rates

	Thru DOS 9/30/18						MEDICAID Remittances - Thru DOS 9/30/18				
FY2018 MHRS	**LOCAL MHRS PO Allocations**	**Total Local Claims**	**Local Claims Denied by DBH**	**% - Local Denials by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**% - Medicaid Denials by DHCF**	**Amount Net Payable by DHCF YTD**	**% - Paid DHCF**
Amazing Love Health Services	1,000.00	1,059	78	7%	981	98.1%	71,366	3,530	5%	67,836	0%
Anchor Mental Health Association, Inc	1,379,269.76	638,688	7,316	1%	631,372	45.8%	5,284,369	594,857	11%	4,689,511	89%
API	1,000.00	-	-	0%	0	0.0%	34,457	3,518	10%	30,939	90%
Better Morning	1,000.00	1,198	376	31%	822	82.2%	314,965	17,613	6%	297,352	94%
CityCare Health Services	5,000.00	5,063	81	2%	4,982	99.6%	51,774	6,585	13%	45,190	87%
Community Connections, Inc.	537,500.00	553,241	19,946	4%	533,296	99.2%	14,412,285	2,734,903	19%	11,677,382	81%
Community Wellness Ventures	7,000.00	3,234	84	3%	3,150	45.0%	20,797	5,927	28%	14,870	72%
Contemporary Family Services	732,475.19	704,463	12,852	2%	691,611	94.4%	10,160,783	1,115,817	11%	9,044,966	89%
Deaf - REACH, Specialty Services	40,000.00	40,542	568	1%	39,974	99.9%	128,202	27,449	21%	100,753	79%
Family Preservation Services	329,855.00	316,371	5,001	2%	311,371	94.4%	2,989,398	181,858	6%	2,807,540	94%
Family Solutions of Ohio	500.00	-	-	0%	0	0.0%	1,364	332	24%	1,033	76%
Family Wellness Center	78,568.00	9,705	1,811	19%	7,894	10.0%	1,203,392	93,917	8%	1,109,475	92%
First Home Care Corporation (Closed)	10,000.00	10,162	717	7%	9,445	94.5%	307,474	13,040	4%	294,433	96%
Foundations for Home and Community (Closed)	75,000.00	14,280	276	2%	14,004	18.7%	181,730	10,276	6%	171,453	94%
Global Resources & Supports	500.00	505	5	1%	500	100.0%	2,467	278	11%	2,189	89%
Hillcrest Children's Center	550,000.00	490,756	7,740	2%	483,015	87.8%	6,257,318	832,107	13%	5,425,211	87%
Holy Health Care Services	5,000.00	-	-	0%	0	0.0%	34,332	4,068	12%	30,265	88%
Humility (Closed)	500.00	-	-	0%	0	0.0%	6,289	0	0%	6,289	100%
Inner City Family Services	140,000.00	120,244	4,125	3%	116,119	82.9%	2,908,450	231,462	8%	2,676,988	92%
Latin America Youth Ctr	50,000.00	1,908	228	12%	1,680	3.4%	86,473	11,000	13%	75,473	87%
Life Care	500.00	493	34	7%	459	91.8%	3,419	402	12%	3,018	88%
Life Enhancement Services (LES)	37,016.74	42,180	6,079	14%	36,101	97.5%	4,343,029	322,411	7%	4,020,618	93%
Life Stride, Inc	105,813.00	102,571	4,707	5%	97,864	92.5%	3,308,769	235,986	7%	3,072,783	93%
Maryland Family Resources (MDDC)	8,712.00	7,942	1,384	17%	6,559	75.3%	1,076,985	161,441	15%	915,545	85%
Mary's Center Maternal Child Care, Inc.	200,000.00	156,881	1,026	1%	155,854	77.9%	407,545	15,449	4%	392,096	96%
MBI Health Services	2,790,000.00	2,481,469	38,626	2%	2,442,844	87.6%	31,182,810	1,708,692	5%	29,474,118	95%
McClendon Center, Specialty Services	251,000.00	211,779	6,085	3%	205,695	82.0%	3,878,834	370,906	10%	3,507,928	90%
Neighbors Consejo	101,218.00	13,662	1,704	12%	11,957	11.8%	992,340	194,360	20%	797,980	80%
Outreach Solutions	4,000.00	2,486	628	25%	1,858	46.5%	325,828	20,412	6%	305,417	94%
Pathways to Housing D.C., Specialty Services	600,000.00	520,073	5,384	1%	514,690	85.8%	3,969,215	113,586	3%	3,855,629	97%
Prestige Healthcare Resources	1,000.00	1,198	198	16%	1,000	100.0%	196,547	32,172	16%	164,375	84%
Preventive Measures	30,000.00	22,892	2,896	13%	0	0.0%	2,275,876	234,689	10%	2,041,187	90%
PRS-DC Recovery Academy	5,000.00	3,390	3	0%	3,387	67.7%	19	19	100%		0%
PSI, III	262,379.00	225,316	6,232	3%	219,084	83.5%	4,412,645	189,144	4%	4,223,501	96%
Psychiatric Center Chartered	180,000.00	147,688	2,422	2%	145,266	80.7%	2,076,757	232,541	11%	1,844,216	89%
RAP	1.00	-	-	0%	0	0.0%	0	0	0%	0	0%
Umbrella Therapeutic Services	55,000.00	51,038	913	2%	50,125	91.1%	692,800	27,440	4%	665,360	96%
Volunteers of America Chesapeake	190,000.00	208,311	2,528	1%	205,783	108.3%	2,022,266	325,169	16%	1,697,098	84%
Washington Hospital Center	70,000.00	69,157	665	1%	68,492	97.8%	496,107	90,562	18%	405,545	82%
Woodley House, Inc.	80,797.00	72,848	442	1%	72,407	89.6%	169,125	15,341	9%	153,783	91%
	8,916,604.69	**7,252,793**	**143,157**	**2%**	7,089,639	79.5%	**106,288,602**	10,179,257	**10%**	96,109,345	90.4%
MHSD	**N/A**	**1,137,640**			**N/A**	N/A	**1,625,199**			1,137,640	
CPEP	**N/A**	**977,578**			**N/A**	N/A	**1,396,541**			977,578	
All MHRS Provider Totals	**8,367,905.00**	**139,196,342**					**130,828,437**	40,971,779		98,224,563	

Local Denial Reasons:

14%	*Diagnosis Invalid for Billing*
25%	*Duplicate Claim*
9%	Exceeded Rate Amount
3%	Exceeded Provider Agreement
11%	Insurance Terminated
34%	No Insurance
4%	All Other Denial Reasons

Medicaid Denial Reasons:

12%	Exact Duplicate Claim
29%	This Recipient Is Not Eligible for Medicaid Services
28%	Beneficiary Program Code Not Eligible Due to Incarceration
16%	Procedure Code Contraindication. Invalid same-day MHRS
7%	Claim Exceeds 365-Day Timely Filing.
8%	All Other Denial Reasons

FY 18 Oversight Question 47. Attachment 2 of 2. FY 19 Denial Rates

	Thru DOS 12/31/18						MEDICAID Remittances - Thru DOS 1/4/2019				
FY2019 MHRS	**LOCAL MHRS PO Allocations**	**Total Local Claims**	**Local Claims Denied by DBH**	**% - Local Denials by DBH**	**LOCAL MHRS Warrants/Invoices**	**% - Local PO Paid**	**Medicaid Claims - 837 Forwarded to DHCF**	**Medicaid Claim Denials/Suspends YTD**	**% - Medicaid Denials by DHCF**	**Amount Net Payable by DHCF YTD**	**% - Paid-DHCF**
Amazing Love Health Services	25,000.00	6,836	78	1%	6,758	27.0%	378,881	50,537	13%	328,344	0%
Anchor Mental Health Association, Inc	750,000.00	147,025	7,316	5%	139,710	18.6%	1,530,879	19,821	1%	1,511,059	99%
Better Morning	20,000.00	8,407	376	4%	8,031	40.2%	300,737	18,232	6%	282,505	94%
CityCare Health Services	20,000.00	11,278	81	1%	11,197	56.0%	196,867	34,407	17%	162,461	83%
Community Connections, Inc.	750,000.00	125,356	2,946	2%	105,410	14.1%	3,521,500	282,757	8%	3,238,743	92%
Community Wellness Ventures	20,000.00	15,542	84	1%	15,458	77.3%	68,934	5,498	8%	63,436	92%
Deaf - REACH, Specialty Services	40,000.00	6,263	568	9%	5,695	14.2%	50,690	2,416	5%	48,274	95%
Dedicated Health Care	5,000.00	-	-	0%	0	0.0%	50,036	11,197	22%	38,839	78%
Family Preservation Services	260,000.00	78,920	5,001	6%	73,919	28.4%	949,727	31,122	3%	918,605	97%
Family Solutions of Ohio	20,000.00	371	-	0%	371	1.9%	107,229	10,516	10%	96,714	90%
Family Wellness Center	40,000.00	8,804	811	9%	6,992	17.5%	471,607	63,782	14%	407,825	86%
Global Resources & Supports	20,000.00	1,987	5	0%	1,982	9.9%	7,852	853	11%	6,999	89%
Hillcrest Children's Center	550,000.00	7,828	740	9%	88	0.0%	1,637,420	77,386	5%	1,560,035	95%
Holy Health Care Services	20,000.00	-	-	0%	0	0.0%	230,506	18,982	8%	211,524	92%
Inner City Family Services	100,000.00	31,023	2,125	7%	26,899	26.9%	777,529	8,995	1%	768,534	99%
Kinara Health & Home Care Services	5,000.00	-	-	0%	0	0.0%	7,055	1,182	17%	5,874	83%
Latin America Youth Ctr	50,000.00	228	228	100%	0	0.0%	74,828	248	0.3%	74,580	100%
Life Care	10,000.00	7,185	34	0%	7,151	71.5%	250,195	60	0%	250,135	100%
Life Enhancement Services (LES)	40,000.00	14,317	1,079	8%	8,238	20.6%	984,860	82,446	8%	902,414	92%
Life Stride, Inc	125,000.00	34,607	2,707	8%	29,901	23.9%	1,064,286	29,963	3%	1,034,323	97%
Maryland Family Resources (MDDC)	10,000.00	1,734	384	22%	351	3.5%	308,391	12,740	4%	295,652	96%
Mary's Center Maternal Child Care, Inc.	200,000.00	29,250	1,026	4%	28,224	14.1%	175,882	8,751	5%	167,131	95%
MBI Health Services	1,500,000.00	354,180	38,626	11%	315,555	21.0%	10,104,472	185,725	2%	9,918,747	98%
McClendon Center, Specialty Services	170,000.00	45,587	2,085	5%	39,502	23.2%	1,133,112	40,695	4%	1,092,417	96%
Neighbors Consejo	70,000.00	21,466	1,704	8%	19,762	28.2%	646,328	12,041	2%	634,286	98%
New Living	5,000.00	-	-	0%	0	0.0%	0	0	0%	0	0%
One Care DC	10,000.00	2,079	-	0%	2,079	20.8%	91,476	7,108	8%	84,368	92%
Outreach Solutions	15,000.00	856	628	73%	228	1.5%	200,243	18,028	9%	182,215	91%
Pathways to Housing D.C., Specialty Services	600,000.00	80,410	5,384	7%	75,026	12.5%	1,056,836	30,695	3%	1,026,140	97%
Prestige Healthcare Resources	20,000.00	9,227	198	2%	9,030	45.1%	457,292	7,180	2%	450,112	98%
Preventive Measures	100,000.00	25,064	896	4%	22,169	22.2%	1,261,028	124,523	10%	1,136,505	90%
PRS-DC Recovery Academy	10,000.00	227	3	2%	223	2.2%	19	0	0%	19	100%
PSI, III	300,000.00	52,627	1,214	2%	46,395	15.5%	1,442,929	104,377	7%	1,338,552	93%
Psychiatric Center Chartered	200,000.00	90,132	2,422	3%	87,710	43.9%	660,732	61,366	9%	599,366	91%
RAP	5,000.00	-	-	0%	0	0.0%	0	0	0%	0	0%
Umbrella Therapeutic Services	300,000.00	31,274	913	3%	30,361	10.1%	1,091,864	32,862	3%	1,059,002	97%
Volunteers of America Chesapeake	170,000.00	44,812	2,528	6%	42,284	24.9%	770,880	6,028	1%	764,852	99%
Woodley House, Inc.	90,000.00	2,988	242	8%	2,546	2.8%	63,839	60	0.1%	63,779	100%
	6,645,000.00	**1,297,893**	**82,431**	**6%**	1,169,245	17.6%	**32,126,943**	1,402,577	**4%**	30,724,366	95.6%
MHSD	**N/A**	**1,137,640**			**N/A**	N/A	**1,625,199**			1,137,640	
CPEP	**N/A**	**977,578**			**N/A**	N/A	**1,396,541**			977,578	
All MHRS Provider Totals	**8,367,905.00**	**139,196,342**					**130,828,437**	40,971,779		32,839,584	

Local Denial Reasons:

21%	*Diagnosis Invalid for Billing*
20%	*Duplicate Claim*
8%	Exceeded Rate Amount
4%	Exceeded Provider Agreement
15%	Insurance Terminated
28%	No Insurance
4%	All Other Denial Reasons

Medicaid Denial Reasons:

48%	Exact Duplicate Claim
19%	This Recipient Is Not Eligible for Medicaid Services
17%	Beneficiary Program Code Not Eligible Due to Incarceration
5%	Procedure Code Contraindication. Invalid same-day MHRS
6%	Claim Exceeds 365-Day Timely Filing.
5%	All Other Denial Reasons

Q47. What are the reimbursement denial rates for MHRS claims submitted to DHCF by DBH, by type of claim, and the reasons for claim denials? Please explain any steps DBH has taken to ensure that MHRS providers understand which types of claims are reimbursable.

DBH Response

a. Rate of claims denial, broken out by provider;

See Attachment 1 of 7 FY 16 Rate of Claims denial
See Attachment 2 of 7 FY 17 Rate of Claims denial
See Attachment 3 of 7 FY 17 Rate of Claims denial

To date in FY19, MHRS provider claims submitted to DHCF, 4% were denied for the following reasons:

Exact Duplicate Claims	Duplicate claims that are denied by DHCF vs. DBH are claims that are same-day exact service claims with different units/dollars. DBH cannot reject those claim because they need to be processed by DHCF in order for the providers to be able to make adjustments in DHCF's web portal to "roll-up" same day services.
Recipient is not eligible for Medicaid services	DBH does not have a comprehensive adjudication system which allows 100% benefits alignment between DBH and DHCFs system. The volume of Medicaid eligibility mis-matches is usually minimal; however, DBH is working with DHCF Operations to improve the alignment of benefits.
Beneficiary Program Code Not Eligible Due to Incarceration	The DBH system identifies clients with these related Program Codes as Medicaid and cannot make the determination. DHCF makes their own determination of 'incarcerated individuals' and either accepts or rejects claims.
Procedure Code Contraindication. Invalid same-day MHRS	Contraindication are services that cannot be provided for the same consumer on the same day either by the same provider or multiple providers. DBH's system identifies contraindication of services within a provider's data set, but not across all providers. DHCF can detect contraindications across providers and is able to deny contraindication services that DBH cannot detect.
Claims Exceeds 365-Day Timely Filing	Providers must make adjustments to claims rejected by DHCF in DHCF's portal. DBH cannot make those adjustments. Providers have 365 days to make adjustments. Claims are denied if the adjustment is made outside the 365 day window.
All Other Denial Reasons	*0266* QI1/QMB/SLIMB Beneficiary is eligible for Medicare crossovers only *0238* Recipient is 65 or over and does not have a Medicare eligibility span for the dates of service *5237* Medicare eligible/not crossover *1255* Beneficiary over 65 – Bill Medicare *3958* Inpatient Psychiatric and recipient age restriction *0103* Possible conflict claim *0142* Beneficiary may not be eligible – Recycle 30 days *8503* NCCI Medically Unlikely edit (MUE) *1692* Multiple Prov IDs found for referring provider NPI

DBH has been working very closely with its provider network to decrease the rate of claim denials – local and Medicaid. DBH held individual meetings with all of the MHRS and SUD providers in the summer of 2017 to assess the needs and to provide guidance and technical assistance. DBH has identified individuals who are able to provide technical assistance to providers regarding claims and billing issues on-site as well as off-site. Based on the feedback from providers, DBH instituted a number of processes and reports created for providers to have pertinent information to reconcile their claims and re-submit rejected claims as necessary, as well as ensure that all of the payments are received. Weekly reports are provided to MHRS providers through the iCAMS portal that identify all of the weekly claims submitted with DBH warrant numbers and checks attached to the claims. For SUD providers, a similar process is in place monthly. Quarterly claims check-ins have been conducted with providers to ensure that they can re-concile their paid vs. rejected claims and re-submit rejected claims in a timely manner. DBH also holds annual close-out meetings with providers to property close their purchase orders and verify reimbursement for all of the processed and re-processed local and Medicaid claims.

To date in FY 19, the denial rate is trending downward from 10% in FY 17 and FY 18.

Q48. Last fiscal year, DBH was in the process of selecting software to determine medical necessity criteria for mental health consumers. Has DBH finalized the criteria? Please provide a full update.

DBH Response

In accordance with the Center for Medicare and Medicaid Services, medical necessity is described as health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of care.

Medical necessity criteria is intended to be used by DBH staff and community providers in determining the appropriate level of care for individuals with mental health or substance use disorders. These evidenced-based criteria will be utilized to determine urgency, appropriate settings, need for continuing care, and readiness for discharge for individual receiving care in the DBH system of care.

In June 2018, as part of the procurement process led by the Office of Contracting and Procurement (or OCP), all providers were invited to participate in four demonstrations of potential medical necessity software applications. Over 30 providers participated. Other stakeholders, as well, such as the Behavioral Health Planning Council and Behavioral Health Association, were updated about the project and procurement status in the spring and summer. The medical necessity vendor was selected on December 6, 2018, and providers were notified of the award during the Clinical Director's meeting on December 17, 2018.

DBH will be scheduling an initial project kick-off meeting Milliman Care Guideline (MCG), the selected vendor, to discuss project plan and timeline. In the coming months, providers and consumers will be engaged in every step of the medical necessity criteria review process. DBH will be scheduling a full demonstration of the selected product, as well as working sessions to review criteria and gather feedback. Internally, DBH continues to meet with different administrations to discuss the project milestones and elicit feedback.

After the review process, DBH will finalize the criteria and customize the software to more closely fit consumers and conditions in the District. Engagement and training will continue throughout the formal rulemaking process. Once finalized, the proposed rules will be submitted to the Council.

Q49. DBH regulations provide that DBH conduct targeted compliance reviews of CSAs supported housing assessments and report the results to each CSA under review. DBH policies also require that DBH monitor certified providers to ensure compliance with DBH's housing procedures and programs, and that DBH utilize routine oversight and monitoring activities to determine whether CSAs are meeting their supported housing objectives. How does DBH conduct targeted compliance reviews and monitor certified providers to ensure compliance with its housing procedures and programs? What type of oversight and monitoring does DBH conduct to determine whether CSAs are meeting their supported housing objectives?

DBH Response

DBH certified community-based providers (Core Service Agencies (CSA)) assess consumer housing level of care at consumer intake and periodically thereafter when engaging with the consumers and providing MHRS services.

DBH Housing staff formally meets monthly with CSA Housing Liaison staff from all CSAs to review protocols for accessing the DBH array of housing; criteria for consumer eligibility for housing resources, and best practices in assisting consumers to manage their household affairs and to maintain their housing. DBH Housing staff provide technical assistance regarding to CSAs to ensure that protocols are being followed. The DBH Ombudsman, Network Development Division, and the Accountability Administration become involved in situations where a CSA is not in compliance with DBH housing support protocols.

Q50. How does DBH ensure quality of mental health services within its provider network? Does DBH interview consumers of Core Service Agencies while conducting satisfaction surveys?

DBH Response

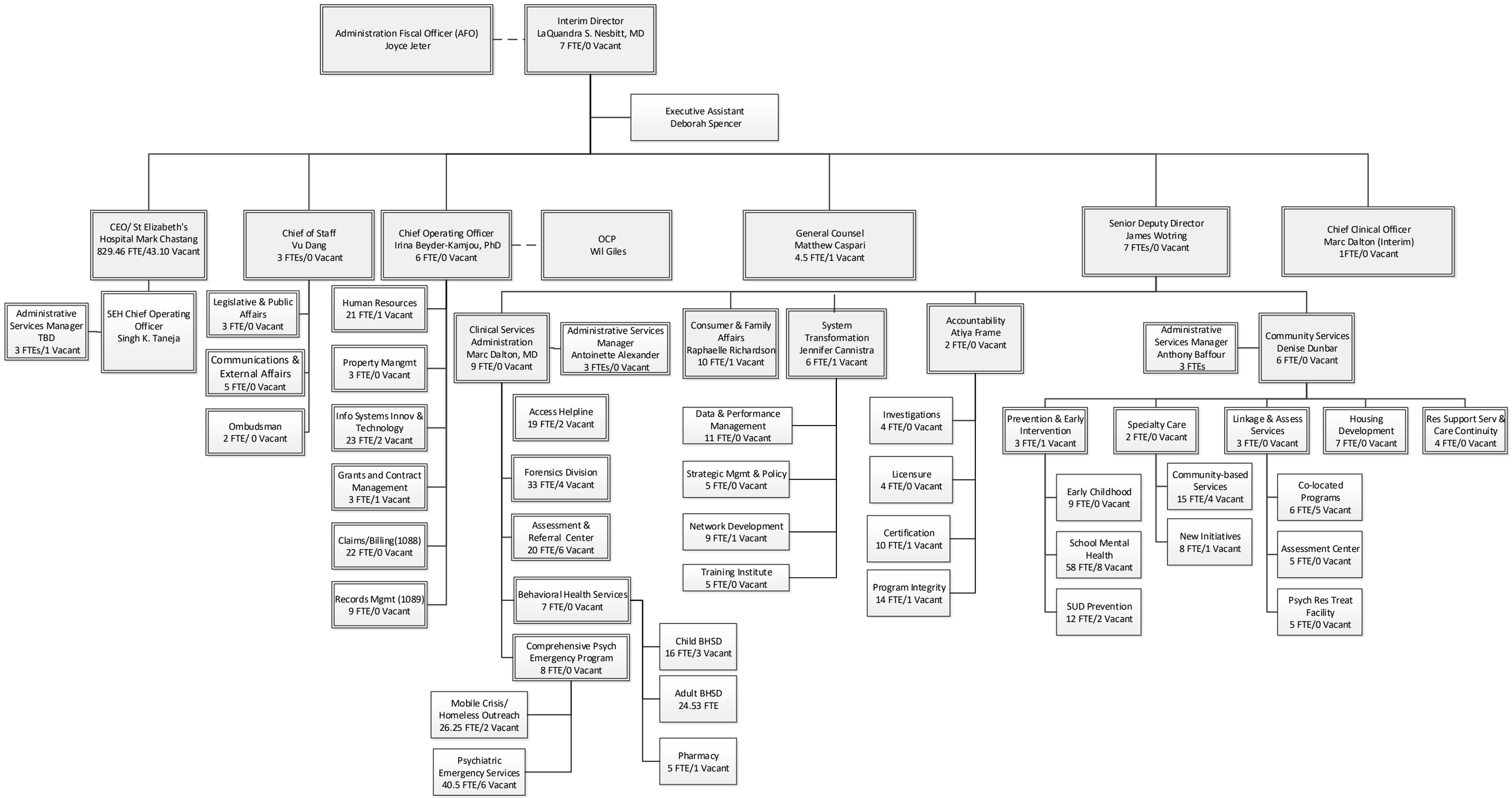
Patient satisfaction surveys provide meaningful data, however, high marks on satisfaction do not necessarily equal high quality services. Quality is measured in numerous ways, such as claims audits, medical reviews, and consumer interviews. These practices are used by the Centers for Medicare and Medicaid Services, National Committee on Quality Assurance, and the Joint Commission.

DBH utilizes these practices to ensure quality in our behavioral health provider network in addition to offering training and technical assistance. For example, DBH conducts consumer satisfaction surveys annually through the Consumer and Family Affairs Administration, and as part of these surveys, DBH interviews consumers and clients of behavioral health services. This includes individuals at Saint Elizabeths Hospital. If there are significant adverse findings of consumer satisfaction that rise to the level of concern, DBH refers these to the DBH Ombudsman's office, DBH's Accountability Administration, or both depending on the nature of the report.

DBH uses data produced by the annual claims audit to plan and hold specific training and clinical technical assistance to address identified challenges. Over the past year, DBH provided quality and compliance trainings to all providers, and provided technical assistance to providers (particularly to new providers) based on review of provider service documentation. DBH will continue to do this in FY 19. DBH also provides ongoing technical assistance to new and existing providers to address clinical practice.

In addition, the DBH Training Institute supports quality service through the delivery of classroom training and eLearning in a wide range of best-practice mental health and substance use areas targeting direct service practitioners, clinical supervisors/managers, consumers, and leaders of the provider network. In FY 18, the Training Institute awarded over 4,700 training certificates to these individuals and residents of the District.

Department of Behavioral Health Organizational Chart FY2019



Q51. Please provide an organizational chart for all DBH programs, services, and management and administrative functions.

DBH Response

See Attached

Q52. What resources, and how many FTEs, are assigned to the Access Help Line? Will there be any changes during the remainder of FY '17 or FY '18? How is DBH standardizing operating procedures, practices, manuals, or other business process and workflow systems for the Access Help Line? How will Access Help Line staff members be trained to carry out changes to their process, and if needed, to their roles and responsibilities? How can callers to the Access Help Line escalate concerns when they believe contact is not successfully connecting consumers or eligible District residents to needed services? If concerns are escalated, how does DBH define a timely response? How often escalated concerns are currently addressed in a timely manner?

DBH Response

Currently there are 21 FTEs assigned to the Access Help Line (AHL). There are no plans for any changes for the remainder of FY2019. DBH continues to standardize process flow and reliability of the staff in the AHL One tool to improve authorization practices will be implementation of a medical necessity software program. Within our current proposed implementation plan, there is significant emphasis on training and support for the AHL staff. Currently all AHL staff are cross trained to be able to assist consumers with both mental health and substance use disorder concerns. Additionally, scripts have been developed to support the successful engagement of consumers and a resource/operating manual is given to each staff member to ensure consistency of response among the different AHL staff. Monthly all-staff meetings and in service updates/trainings allow for continued knowledge base enhancement. Over the last year, topics for in-service trainings have included: DC Safe for victims of domestic violence; training in co-occurring substance use disorders; children's mental health, emergency services, and the Ombudsman's office. Training/certification on suicide assessment was given to a core group and a Train-the Trainer model has been implemented to make sure AHL staff skills are up to date. There is a planned course on cultural competence scheduled.

The process for addressing unresolved concerns is the front line staff, then the Deputy Director/Director and finally the Office of the Chief Clinical Officer. Additionally, the Ombudsman's office is an option when a consumer feels concerns remain unresolved. Our goal is to address any concerns within 24 hours or the next business day. We hope to resolve concerns within 72 hours.

Q53. Please provide a list of services mandated by DBH regulations, policies, or other requirements that are not always medically necessary. What steps is DBH taking to remove the requirements to provide those services?

DBH Response

There are no services mandated that are not medically necessary. In fact, DBH regulations require a determination of medical necessity based on a diagnosis of a mental illness or substance use disorder in order to be eligible for DBH services. The American Medical Association defines medical necessity as "Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider."

Commented [AW1]: I like this answer, but would suggest possibly adding a definition of Medical necessity. As this question seems to fundamentally misunderstand medical necessity. Below is the AMA definition as an example.

Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.

Commented [S2]: This response answers the mail. It's a leading question.

Q54. How many children (0-20) received a service through MHRS during FY18? How does this compare to the number who received a service in FY16 and FY17.

DBH Response

The majority of children in the District are enrolled in a Managed Care Organization which provides office based mental health services. Providers certified by DBH provide out of office or community based Mental Health Rehabilitation Services (MHRS). The chart below represents the number of children for whom a certified provider submitted a claim to DBH for a billable service. In FY 18, providers billed for MHRS services for 3,857 children and youth. The chart below represents the comparison of the number of children and youth who received a service in FY 16 and FY17.

Number of Children (0-20) Served in MHRS			
FY	**2016**	**2017**	**2018**
Children (Ages 0-20)	5,512	4,807	3,857

Q55. Please provide a description and an update on the Behavioral Court Diversion program including:

- *A description of which youth are eligible to participate in the program;*
- *The process or protocol for selecting or referring youth to the program;*
- *The number of youth who participated in FY18 and to date in FY 19, the type of status offense they were alleged to have committed, the referral source (i.e., judge, probation officer, prosecutor, etc.) and the outcomes for youth in the program;*
- *The recidivism rate of the youth participants and an explanation of how recidivism rates are measured;*
- *Any costs associated with the program; and,*
- *The program's capacity and any expansion plan or barriers to expansion.*

DBH Response

The Juvenile Behavioral Diversion Program has operated within the DC Superior Court Juvenile Division since January 2011. This program links and engages juveniles in appropriate community-based mental health services and supports. Court-involved juvenile status offenders are given the option of voluntarily participating in mental health services rather than being prosecuted. The goal is to reduce behavioral symptoms that may contribute to juveniles' involvement with the criminal justice system and to improve their functioning in the home, school, and community. 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. Participants are enrolled from six months to a year and are required to attend regular court monitoring meetings and participate in mental health services.

a. Which youth are eligible to participate in the program;

Eligibility Criteria. This program serves juvenile offenders under the age of 18 who are available to participate in community-based mental health services. Eligible youth offenders are those with pending charges of possession or use of alcohol or controlled substances, possession of drug paraphernalia with intent to deliver or sell, disorderly conduct, forgery, theft, and shoplifting or receiving stolen property, pandering, sexual solicitation, traffic offenses, indecent exposure, gambling, assault and credit card fraud. In addition, the Office of the Attorney General may permit or decline allowing a youth to participate in the program on a case by case basis. Youth who are charged with offenses involving a weapon, child sexual abuse, felony assault, homicide or voluntary manslaughter are not eligible to participate.

b. The process or protocol for selecting or referring youth to the program;

Referral Process. A juvenile offender can be referred by the initial hearing judge, the juvenile calendar judge, the offender's lawyer or probation officer to the Office of Attorney General (OAG). Once a juvenile is deemed legally eligible and screened for a mental health diagnosis, a referral is made to the Suitability Committee. The Suitability Committee chaired by DBH is composed of members from Court Social Services, the Child's Guidance Clinic, DBH mental health and substance use providers, and the Child and Family Services Agency (CFSA), as

needed. The Committee makes recommendations for appropriate mental health services for a youth whether accepted in the program or not. The Committee also monitors and analyzes the data from the Juvenile Behavioral Diversion Program to develop recommendations to improve the quality of this effort. All youth enrolled in JBDP receive mental health services through the DBH provider network and are supervised by Court Social Services.

c. The number of youth who participated in FY18 and to date in FY19, the type of status offense they were alleged to have committed, the referral source (i.e., judge, probation officer, prosecutor, etc.) and the outcomes for youth in the program;

Number of Youth Served. The data related to this program are collected for each calendar year. In calendar year 2018, 85 youth were involved in JBDP. For calendar year 2019, 4 youth have enrolled in program.

Type of Offenses	**Number of Offenses Of all youth enrolled in FY18**
Unlawful Entry and Assault (Threats, Simple Assault, Assault on Police)	39
Theft (Shoplifting, Theft II)	16
Robbery – UUV-Burglary	14
Destruction of Property/Fare Evasion	5
Runaway	1
Truancy	1
Sex Abuse	1
Possession of Weapon/Ammunition	8
Assault with Weapon	7
Possession of Controlled Substance	4
Total	96*

***** Some youth have multiple charges.

d. The recidivism rate of the youth participants and an explanation of how recidivism rates are measured;

The Court Social Services' Child Guidance Clinic is responsible for collecting and analyzing this data. Recidivism is defined as "a plea or found involved" in a crime one year after completion of the program. The data collected to date for the 2017 cohort indicates a recidivism rate of 11% which is far below the national average of 43 % to 50 %. Since the recidivism rate is calculated one year post graduation, this rate is not final as the entire cohort from 2017 has not reached one year post graduation. Because of this reason, data is not yet available for the 2018 cohort. Below is data since the program inception in calendar year 2011.

JBDP 2011-2017 Recidivism Rates since the Program's Inception

Calendar Year	Number of Youth	Total Reconvictions	Recidivism Rates
2017*	27	3	11%
2016 *	62	9	14%
2015	33	6	9%
2014	50	12	24%
2013	42	6	13%
2012	19	64	29%
2011	54	4	7%

*post one year for graduated participants

e. Any costs associated with the program

The cost to the Department is the salary with fringe costs for one FTE social worker which is $133,618.00.

f. The program's capacity and any expansion plan or barriers to expansion

The program capacity is 100 youth per year. To increase and expedite access to behavioral health care, JBDP has expanded to two courts which allows more youth with mental health needs to participate and receive needed supports and resources.

- *For the Early Childhood Mental Health Consultation Project, list the child care centers, homes, and schools that are participating, the services they have received and provide any progress/outcome measure available.*

List of All Child Development Centers, Homes and Schools Served in FY18

	CDC Name	Ward	Provider/Services
1)	Amen Family	(Ward 7)	(Home-Based Provider/QIN)
2)	Associates for Renewal in Education	(Ward 5)	(Pre-K only)
3)	Barbara Chambers	(Ward 1)	(Pre-K plus whole center)
4)	Bell Teen and Child Development Center	(Ward 1)	(Qin)
5)	Big Mama's	(Ward 8)	(PRE-K and QIN)
6)	Blessing	(Ward 8)	(Home-Based Provider/QIN)
7)	Blooming Minds	(Ward 4)	(Home-Based Provider/QIN)
8)	Board of Child Care	(Ward 6)	(QIN)
9)	Bright Beginnings	(Ward 6)	(Pre-K only)
10)	Bright Horizon	(Ward 8)	(Home-Based Provider/QIN)
11)	Bright Start	(Ward 4)	(Pre-K plus whole center)
12)	CentroNia	(Ward 1)	(Pre-K plus whole center)
13)	Christian Tabernacle I	(Ward 1)	(QIN)
14)	Christian Tabernacle II	(Ward 1)	(QIN)
15)	CommuniKids	(Ward 3)	(Pre-K only)
16)	Community Ed Research Group	(Ward 7)	(QIN)
17)	Dawn to Dusk	(Ward 8)	(Pre-K only)
18)	Easter Seals	(Ward 1)	(Pre-K only)
19)	First Rock	(Ward 7)	(No Pre-K or QIN services)
20)	Gap	(Ward 4)	(QIN)
21)	God is Good	(Ward 4)	(Home-Based Provider/QIN)
22)	Goldies I	(Ward 4)	(No Pre-K or QIN services)
23)	Goldies II	(Ward 4)	(No Pre-K or QIN services)
24)	Home Away From Home	(Ward 5)	(Pre-K only)
25)	Ideal I	(Ward 4)	(Pre-K plus whole center)
26)	Ideal II	(Ward 4)	(No Pre-K or QIN services)
27)	Infancia Feliz	(Ward 4)	(Home-Based Provider/QIN)
28)	Jubilee Jumpstart	(Ward 1)	(QIN)
29)	Kennedy	(Ward 5)	(QIN)
30)	Kids Are Us I	(Ward 8)	(No Pre-K or QIN services)
31)	Kids Are Us II	(Ward 8)	(Pre-K plus whole center)
32)	King and Queens	(Ward 4)	(Home-Based Provider/QIN)
33)	LTH Infants and Toddlers	(Ward 7)	(Home-Based Provider/QIN)
34)	Little Blessings	(Ward 4)	(Home-Based Provider/QIN)
35)	Love and Care	(Ward 4)	(QIN)
36)	Loving Care	(Ward 5)	(QIN)
37)	Martha's Table	(Ward 1)	(No Pre-K or QIN services)
38)	Matthew's Memorial	(Ward 8)	(No Pre-K or QIN services)

	CDC/Home/School Name	Ward	Provider/Services
39)	Mazique	(Ward 2)	(Pre-K only)
40)	Miriam's Growing Seeds	(Ward 8)	(Home-Based Provider/QIN)
41)	Ms. P's Unique Development	(Ward 2)	(Home-Based Provider/QIN)
42)	Nation's Capital Child & Family	(Ward 5)	(Pre-K only)
43)	Point of Care	(Ward 8)	(Home-Based Provider/QIN)
44)	Promoting Love and Wisdom	(Ward 7)	(Home-Based Provider/QIN)
45)	National Children's Center	(Ward 4)	(Pre-K only)
46)	Randall Hyland	(Ward 7)	(No Pre-K or QIN services)
47)	Renaissance	(Ward 4)	(Home-Based Provider/Qin)
48)	Rosemount	(Ward 1)	(Pre-K only)
49)	St. Philip's	(Ward 8)	(No Pre-K or QIN services)
50)	St. Timothy's	(Ward 7)	(No Pre-K or QIN services)
51)	South East Children's Fund I	(Ward 8)	(Pre-K and QIN)
52)	South East Children's Fund II	(Ward 8)	(QIN)
53)	Spanish Education Center	(Ward 4)	(Pre-K only)
54)	Sunshine	(Ward 8)	(Pre-K and QIN)
55)	Tiny Findings	(Ward 6)	(No Pre-K or QIN services)
56)	Vision of Victory	(Ward 8)	(No Pre-K or QIN services)

Total Sites by Ward

Ward 1: 8
Ward 2: 2
Ward 3: 1
Ward 4: 15
Ward 5: 5
Ward 6: 3
Ward 7: 7
Ward 8: 15

Q56. Please provide an update on the Agency's early childhood mental health projects, including any studies or reports.

- *For the Parent Child Infant Early Childhood Enhancement Program include a description of the services provided, the type of clinicians employed, their capacity, and the number of children served, and how the cases ended (e.g. successful completion, closure for lack of attendance, etc.) in FY18 and to date in FY19.*
- *For the Early Childhood Mental Health Consultation Project, list the child care centers, homes, and schools that are participating, the services they have received and provide any progress/outcome measure available.*
- *For the Behavioral Health Access Project, list the number of individual patients who participate in the Project, the number of pediatric primary care providers who have been using the Project, and any efforts made by DBH to engage other pediatric primary care providers in using the Project.*

DBH Response

The service array of behavioral health services and supports for young children and families varies significantly from the services and supports provided to older children and young adults. A report published by the National Technical Assistance Center for Children's Behavioral Health (Horen, 2016) indicates that services for the early childhood population should include prevention, early intervention and treatment services.

The following programs and services provide support to young children and families: Parent Child Infant Early Childhood Enhancement Program (PIECE) which provides early childhood mental health treatment services to young children and families; the DC Social Emotional and Early Development (DC SEED) project which is expanding early childhood-specific evidence-based treatment programs.

Healthy Futures which implements Early Childhood Mental Health Consultation services within Child Development Centers across the District, and DC MAP which supports screening and mental health services in pediatric care settings.

Parent Child Infant Early Childhood Enhancement Program.

The PIECE Program provides early intervention and treatment to children seven years old and younger and their families with challenging social, emotional and disruptive behaviors that cause impaired functioning at home, school and in the community. PIECE offers two evidence-based practices: Child Parent Psychotherapy (CPP) for families with young children exposed to violence and other forms of trauma, and Parent Child Interaction Therapy (PCIT) which teaches parents and caregivers skills and techniques to improve disruptive behaviors. The PIECE Program also provides services to mothers who are pregnant and post pregnancy experiencing mental health challenges that impact early attachment and parenting of their infants.

PIECE staff include two child psychiatrists, a clinical psychologist and three clinical social workers.

PIECE Program Data			
Fiscal Year	Capacity	Total Served	CFSA Involved
FY18	140	135	51
FY19 Q1	140	92	39

Staff from the PIECE program also work with the DC SEED program to train clinicians on the evidence-based practices and support data collection, clinician supervision and sustainability of the expansion grant.

DC Social Emotional and Early Development (DC SEED) Program

In FY 17 DBH was awarded a SAMHSA grant for $1 million per year for 4 years and the grant supports the expansion and implementation of early childhood-specific evidence-based practices. The grant focuses on addressing the unmet behavioral health needs of young children, birth to 6 years-of-age, who are at high risk for or diagnosed with serious emotional disturbance (SED) and their families.

During FY 18, the DC SEED providers expanded their early childhood services and are currently providing treatment services for young children and their families. Specifically, one DC SEED provider expanded services to include young children (birth–5 years old); previously services were only provided for children 5 years and older. The other DC SEED provider increased the number of clinicians implementing early childhood treatment services within their agency. During FY 18, 45 young children and families received CPP services and 10 children and families received PCIT services (PCIT services began in July 2019). During the first quarter of FY 19, 15 children have received CPP services and 10 children and families received PCIT.

In addition, the DC SEED team is working to build system capacity to address the needs of young children. The DC Seed team offers consultation to Child Development Centers on social-emotional development and education on available early childhood mental health resources and how to refer.

- *Early Childhood Mental Health Consultation Project*

The Early Childhood Mental Health Consultation program, called Healthy Futures, served 41 Child Development Centers and three home-based child care providers located throughout the District. The Healthy Futures Program offers offer both center-based and child and family-centered consultation services provided by a mental health professional to early care and education providers and family members that build their skills and capacity to:

- Promote social emotional development
- Prevent escalation of challenging behaviors
- Decrease, with the goal of eliminating, early childhood expulsion
- Increase appropriate referrals for additional assessments and services

Table 1. Early Childhood Mental Health Consultation Utilization Data		
Service Provided	**FY 18**	**FY 19 YTD (Quarter 1: October – December 2018)**
# of children referred to Healthy Futures for child-specific services	170	95
# of children who received child-specific consultation	162	46
# of prevention/early intervention sessions	2,157	657
# of staff and parent presentations	145	32
# of classroom observations	220	112
# of parent consultations	420	119
# of teacher/staff consultations	1,612	541
# of consultations with Center Director	793	221
# of children referred for outside MH services	10	2
# of children referred for outside services (not MH services)	38	14
# of abuse/neglect reports	3	0
# of expulsions	0	1
# of children who had access to consultation (Approximate)	2,190	2,200 (YTD)

Program data for FY 18 continued to show positive results and are highlighted below:

- 2,190 young children in 42 CDCs and 14 Homes had access to consultation. CDCs were located in every Ward in the District, with a concentration in Wards 4 and 8. This year, no children were expelled from any of the CDCs with a Healthy Futures consultant. The national average is 6.7 children per 1,000 (Gilliam, 2005).

Child-Specific Consultation

- Among the 162 children involved in child-specific consultation, teachers reported statistically significant reductions in their behavioral concerns and improvements in their self-regulation, initiative, and total protective factors after 3-4 months of consultation.

The **Devereux Early Childhood Assessment** (DECA; LeBuffe & Naglierie, 1999; 2003; Mackrain & LeBuffe, 2007) was completed for children who received child-specific consultation services. Teachers and parents of children who were referred for child-specific consultation services fill out DECAs when parental consent is received and again 3-4 months later. The DECA uses a strengths-based approach to assess children's social-emotional functioning. It has two versions – one for infants and toddlers and another for preschoolers. Both versions have subscales to assess attachment, initiative, self-regulation, and total protective factors. The preschool version also includes a behavioral concerns subscale. The DECA was used to measure the extent to which children's protective factors changed after receiving child-specific consultation.

- FY 18 data collection: There were 162 children who received an initial DECA assessment, and matched baseline follow-up DECAs were available from teachers and/or parents for 143 of those children. Of those children with follow-up DECAs, 81% showed improvement in at least one area of concern (attachment, initiative, and self-regulation). Increased parent outreach through center, QIN, and Pre-K Enhancement partners along with stable and consistent relationships between the Healthy Futures consultants and center staff and parents were factors in increased matched baseline follow-up DECAs. Barriers to completing more post-DECAs still include lack of parent involvement, as well as teacher movement either from the classroom or the center.

Programmatic Consultation

- The TPOT/TPITO (Teaching Pyramid Observation Tool) is a classroom assessment tool that is focused to detect a teacher's intervention in at least one of three categories; environmental items, ratings of practices, and red flags and to measure the effectiveness of these procedures as the teacher implements them within the classroom. Focusing on social and emotional behaviors the TPOT is most importantly used to aid both the teacher and the student to minimize and reduce challenging behaviors.
- Consultants successfully targeted their services to classrooms with the greatest need. An initial TPOT/TPITO was completed for 70 classrooms. Successful classroom plans focused on increasing social and emotional skills and decreasing challenging behaviors were completed in 61 of the 70 classrooms for a success rate of 87%.
- Directors' feedback has been overwhelmingly positive. 43% of directors responded to the Healthy Futures Director Survey in FY18 with 100% of the directors surveyed stating that they are satisfied or very satisfied with the Healthy Futures Program and 100% of the directors surveyed also said they would recommend Healthy Futures to other directors.
- Consistent with the previous years of the Healthy Futures project, the expulsion rate of the CDCs being served was 0.05% and consistently well below the national average of 6.7 children per 1,000 (Gilliam, 2005).

- *Behavioral Health Access Project*

Since launching in 2015, DC MAP (Mental Health Access in Pediatrics) has helped to improve access to mental health in pediatric primary care settings. The program offers pediatric primary care providers (PCPs) real-time phone access (Monday-Friday, 9am-5pm) to a team of mental health professionals, including psychiatrists, psychologists, social workers, and a care coordinator. In addition to answering mental health-related inquiries about specific children, the DC MAP team also provides education and technical assistance for PCPs to identify and address mental health issues in primary care.

- In FY18, DC MAP received 2, 033 new consultation requests (individual patients). About 75% of the consultation requests received are for children with DC Medicaid.
- 262 PCPs have enrolled in DC MAP and 75% (196 PCPs) used DC MAP services FY18.
- There are 28 active primary care sites enrolled in DC MAP and 22 sites used DC MAP services in FY18.

DC MAP visits practices to explain the services offered and encourage enrollment. During these outreach visits, DC MAP clinicians offer case discussion, mental health education and training, and mental health support for providers and staff. Outreach efforts include personalized emails, phone calls, and letters to practice directors, as well as in-person visits to these sites. Our providers have conducted over 150 site visits, 26 initial recruitments, and 749 practice contacts including phone and email. DC MAP clinicians are also available to provide technical assistance and support to PCPs in implementing mental health screening. Thus far, efforts have included discussing screening with practice sites during in person visits and meeting with local agencies, such as the DC Department of Healthcare Finance (DHCF), about ways to support practices.

Attachment. List of Child Development Centers

Q57: Please provide an update on the work of the Psychotropic Monitoring Group (PMG) and their collaboration with the District of Columbia Drug Utilization Review Board in developing a protocol for identifying children above age five (5) prescribed four (4) or more psychotropic medications.

- *Has the report of findings complied and analyzed by the PMG been completed? If so, please provide the results of that report and any other reports by the group written in FY15, FY16, and FY17 to date.*
- *Please provide an update on how many cases this group has reviewed and the outcomes.*

DBH Response

The Psychotropic Monitoring Group (PMG) continued to experience challenges obtaining required documents from all parties involved and the MOA with CFSA expired. This group does not meet at this time.

Q58. During FY18, what percentage of children discharged from a hospital were seen within the community within seven days? When children are not seen until after the 7-day deadline, what are the reasons? Provide numbers and percentages.

DBH Response:

DBH continuity of care guidelines require a community provider to schedule an appointment within seven days of referral. While 12 percent of children were seen within seven days of discharge, the majority or 81 percent were seen within 30 days. The reasons include scheduling conflicts with parent/caregiver, no shows (particularly with older youth) and availability within the community provider.

Please see chart below.

Fiscal Year	**Total Number of Discharges**	**Seen within 0-7 days**	**Percentage seen within 0-7 days**	**Seen within 8-30 days**	**Percentage seen within 8-30 days**	**Seen 31+ days**	**Percentage seen 31+ days**
FY18	265	31	12%	184	69%	50	19%

Q59. Please explain the work the Department is doing with Child and Family Services Agency to better serve the mental health needs of foster children in the District. How long does it take for a child who has been identified as needing mental health services before they are connected to those services? During FY18, what percentage of children were screened within 30 days of entering or re-entering care? Has there been a decrease in time to linkage to first services from FY 17 and FY18? If available, please provide any documentation that shows that children are receiving more timely services. What efforts have been made to improve more timely services?

DBH Response

In its partnership with CFSA, DBH is better able to serve children involved in foster care by ensuring timely enrollment to a Core Service Agency for mental health services. In FY18, 393 children and youth involved in foster care were referred for mental health assessments and treatment through the clinical services unit at CFSA. To date in FY19, a total of 54 children and youth were referred. The two charts at end of response indicate the timeliness of enrollment to a Core Service Agency in FY18 and FY19 to date.

The Department of Behavioral Health continues to develop a robust array of services to meet the mental health needs of the District's children and youth in foster care. In addition to efforts to build capacity, DBH and Child Family Services Administration (CFSA) developed a process for connecting children and families with Core Service Agencies soon after removal occurs. Providers are notified of removal and invited to participate in a Review, Evaluate and Direct (RED) and Family Team Meeting teaming processes which occurs within 72 hours of the removal. During the RED Team Meeting, details of the cases are discussed; providers begin engagement with family members and schedule appointments at a time most convenient for families which improves the timeliness of service initiation. CFSA and DBH recognizes that having providers engaged earlier in the process when children are entering care, will increase access to care in a timely manner. The DBH staff co-located in CFSA's clinical unit closely track this data.

In FY18, Co-located DBH staff at CFSA role expanded to administering all initial mental health/trauma screenings and functional assessments within 30 days to all children experiencing a new or re-entry into foster care. These screenings included the initial CAFAS/PECFAS assessment, Child Stress Disorder Checklist-Child Welfare (CSDC-CW), Trauma System Checklist for Children (TSCC) and Ages and Stages Questionnaire (ASQ-SE). CFSA and DBH agree that provision of mental health assessments to children and youth entering care after experiencing trauma will lead to early identification and intervention for vulnerable population. While the CAFAS/PECFAS and CSDC-CW were initially being completed by the CFSA assigned social worker, it has now became part of the array of assessments to be completed by the co-located staff. The co-located staff have been instrumental in assessing whether the child requires further assessment/intervention, providing recommendations for evidence based services to include trauma focused therapies and to ensure timely access to mental health services.

In FY18, the co-located clinicians at CFSA screened 79% of children entering care. In FY18, 79% of children and youth were screened within 30 days. In FY19 to date, 87% of children and

youth were screened within 30 days. Time to linkage to first services has increased in FY18, which DBH acknowledges is a concern. DBH will address the barriers to timeliness of services with the CSA's. Staff turnover within each agency and closure of some CSA's impacted the system momentum to decrease services delivery time.

FY18 - Percentage of Children Screened within 30 days of Entering or Re-entering Foster Care	
Total Consumers Screened for FY18	*195*
Total Consumers Screened within 30 days	*155*
Percentage Screened within 30 days FY18	*79%*
# of days from Linkage to first services in FY19	*90*

In FY19, the co-located clinicians screened 73% of children entering care.

FY19 - Percentage of Children Screened within 30 days of Entering or Re-entering Foster Care	
Total Consumers Screened for FY19	*67*
Total Consumers Screened within 14 days	*49*
Percentage Screened within 14 days for FY19	*73%*
Total Consumers Screened within 30 days	*58*
Percentage Screened within 30 days FY19	*87%*
# of days from Linkage to first services in FY19	*90*

The co-located DBH staff at CFSA continue to provide consultation as the mental health system expert when working directly with CFSA social workers to utilize screening and assessment scores, conceptualize complex cases, and determine right fit of behavioral health services. They also serve as a liaison for any troubleshooting access issues to timeliness of care.

CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE						
FY18	**Community Connections**	**First Home Care**	**MD Family**	**Other Providers (Non-Choice)**	**Total**	**AVG Days from Referral to Linkage**
Oct-17	0	0	11	21	32	4
Nov-17	15	0	15	72	102	1
Dec-17	3	0	8	25	36	1
Q1 Total	**18**	**0**	**34**	**118**	**170**	**2**
Jan-18	0	2	3	9	14	4
Feb-18	1	1	12	16	30	1
Mar-18	1	1	2	15	19	0
Q2 Total	**2**	**4**	**17**	**40**	**63**	**2**
Apr-18	0	0	13	13	26	1
May-18	3	1	12	7	23	0
Jun-18	0	0	15	25	40	1
Q3 Total	**3**	**1**	**40**	**45**	**89**	**1**
July-18	2	0	13	18	33	1
Aug-18	2	0	4	18	24	1
Sep-18	3	0	3	8	14	0
Q4-Total	**7**	**0**	**20**	**44**	**71**	**1**
FYTD	**30**	**5**	**111**	**247**	**393**	**1**

DEFINITIONS/IDENTIFICATION: Children and Youth referred for mental health services via DBH are children/youth who are involved with the Child and Family services Agency (CFSA) ages 0 to 21 who were referred to a Core Service Agency (CSA) through CFSA's Clinical Health Services Administration.

INTERPRETATION: This table shows the number of CFSA children/youth linked to a DBH CSA and the average number of days between CFSA referral and linkage to CSA.

CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE					
FY19	**Community Connections**	**MD Family**	**Other Providers (Non-Choice)**	**Total**	**AVG Days from Referral to Linkage**
Oct-18	4	5	9	18	0
Nov-18	8	6	13	27	0
Dec-18	1	1	7	9	0
Q1 Total	**13**	**12**	**29**	**54**	**0**
Jan-19					
Feb-19					
Mar-19					
Q2 Total					
Apr-19					
May-19					
Jun-19					
Q3 Total					
July-19					
Aug-19					
Sep-19					
Q4-Total					
FYTD					

DEFINITIONS/IDENTIFICATION: Children and Youth referred for mental health services via DBH are children/youth who are involved with the Child and Family services Agency (CFSA) ages 0 to 21 who were referred to a Core Service Agency (CSA) through CFSA's Clinical Health Services Administration.

INTERPRETATION: This table shows the number of CFSA children/youth linked to a DBH CSA and the average number of days between CFSA referral and linkage to CSA.

Q60. Please explain the work the Department is doing to serve DC youth who have been identified as commercially sexually exploited. Are there any evidence-based practices that DBH plans to employ to provide options for this population? Does DBH have beds available for this population when they do not have housing options?

DBH Response:

The DC Superior Family Court in collaboration with DBH, Court Social Services and Office of the Attorney General, Child and Family Services Agency, Courtney's House, Fair Girls, Rights4Girls, and representatives of the Public Defender Service, launched a specialized problem solving court called HOPE Court (Here Opportunities Prepare you for Excellence) designed to meet the unique needs of youth at risk of or affected by commercial sexual exploitation.

The Wayne Place transitional housing program is available for eligible young adults. Additionally, DBH in partnership with Court Social Services identified Youth for Tomorrow residential treatment facility located in Virginia as an additional placement and housing resource for youth identified or at risk for of commercial exploitation.

DBH is a member of the city-wide interagency Commercially Sexually Exploited Children (CSEC) Committee hosted by the chief presiding Judge at the DC Superior Court. A DBH representative also attends the monthly CSEC Case Management meeting held at the DC Child Advocacy Center: Safe Shores to assist with clinical support and troubleshooting any systems and access issues.

DBH provider network offers several Evidence-based practices (EBP) to children, youth and their families in the District. Three of these EBPs, Trauma Focus Cognitive Behavior Therapy (TF-CBT), Child Parent Psychotherapy for Family Violence (CPP-FV) and Trauma Systems Therapy (TST), are geared toward treating children and youth who have been traumatized, including those identified as commercially sexually exploited. Additionally, DBH offers Transition to Independence Process (TIP) service to youth and young adults between the ages of 14-29. TIP is an evidence-supported practice that demonstrates improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties. The TIP system prepares youth and young adults with emotional and behavioral difficulties for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports. It serves youth and young adults, their families, and other key support players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and future as they relate to each of the following domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

In an effort to further enhance provider staff knowledge and competency on CSEC, in FY18, DBH provided specialized training on Human Trafficking, Motivational Interviewing, and the application of Stages of Change and the Brain Serve Model (BSM) to child-serving providers within the network. Stages of Change training is designed to assist with the identification of child and youth in their willingness to change or recover and provide clinical tools and interventions to promote behavior change. The Brain Serve Model (BSM) provided information on the impact of

toxic stress on the brain and provides strategies to self-regulate and normalize symptoms of trauma. DBH is also partnering with FAIR Girls and Courtney's House, court advocacy, and other providers who support victims of sex trafficking.

Q61. Please provide an update on the Department's home visiting program. How many individuals were served by this program in FY17 and FY18 to date? Are there any plans to expand this program?

DBH Response

DBH does not provide home visiting services, however, DBH works closely with DC Health which coordinates these services. In addition, DBH offers the Parent Infant Early Childhood Enhancement Program which includes a Healthy Start service for women struggling with depression or other mental health issues who have a child up to 3 years old. The program includes home visits if a mother is too ill for office-based services. DBH also supports a residential home for women recovering from substance use disorder with young children under the age of 10. This program allows a mother to work on her recovery while caring for her children.

DBH and DC Health continue to collaborate to ensure women enrolled in the home visiting programs who have behavioral health needs are connected with appropriate services.

Q62. Please describe what substance abuse services are offered to children and youth and the process for obtaining these services. Are there any plans for FY19 to expand the types of services offered to children and youth? How many children and youth have received services through the Adolescent Community Reinforcement Approach (A-CRA) in FY18 and FY19 to date?

DBH Response

The American Society of Addiction Medicine (ASAM) establishes the ASAM criteria used to inform how professionals such as physicians, practitioners and providers determine which services will best match patients' individual needs. The ASAM criteria also is the national standard utilized to determine level of care for youth and adolescents. Levels of care ranges from level 0.5 which is Early Intervention to level 4 which is Medically Managed Intensive Inpatient Services. According to ASAM, treatment for youth should be regarded as a dynamic and longitudinal process and must endure over the long term given that substance use disorders are chronic, long term and relapse is always possible. National data suggest that by 12th grade, about two-thirds of students have tried alcohol. Among 12th graders, close to 2 in 10 reported using prescription medicine without a prescription. About half of 9th through 12th grade students reported ever having used marijuana. About 4 in 10 9th through 12th grade students reported having tried cigarettes. Since youth are particularly vulnerable due to brain development and maturation, effective youth SUD programs should meet their developmental and special needs as well as utilize strategies to engage, hold their attention and retain them in treatment.

In FY18, SUD services for children and youth were provided through four DBH-certified substance use disorder treatment providers, one contracted youth residential provider and one inpatient detox hospital specializing in providing services to this population:

1. Federal City Recovery Services (Outpatient Level 1 and Intensive Outpatient Level 2.1)
2. Hillcrest Children's Center (Outpatient Level 1 and Intensive Outpatient Level 2.1)
3. Latin American Youth Center (Outpatient Level 1 and Intensive Outpatient Level 2.1)
4. Riverside (Outpatient Level 1 and Intensive Outpatient Level 2.1)
5. Mountain Manor (contracted for Clinically Managed Medium-Intensity Residential Services Level 3.5)
6. Psychiatric Institute of Washington (PIW) (Medically Monitored High-Intensity Inpatient Services Level 3.7)

Children and youth in need of Substance Use Disorder (SUD) treatment can self-refer or can be referred by a parent/guardian or other significant person in their life to the outpatient youth providers. The outpatient youth providers serve as a Level AR (Assessment and Referral), which means that they are able to complete an Intake and Diagnostic Assessment without going to the Assessment and Referral Center (ARC). If a higher level of care is needed, a step-up request is sent to the Access Help Line for review to go to the residential inpatient provider. The ARC only assesses adults and will refer a youth to a youth provider of their choice. Parental consent is required for youth under the age of 16. Additionally, each youth who enters treatment receives a mental health screening, and if necessary, a comprehensive mental health assessment and an individualized treatment plan is developed to support integrated behavioral health care.

Most youth SUD services are reimbursed by the DC Department of Health Care Finance (DHCF) under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Providers offer an array of Medicaid billable services and supports such as: Screening; Assessment; Individual Counseling with or without the Family; Group Counseling; Crisis Intervention; HIV Case Management, and Urinalysis Collection. Other services such as Residential SUD Treatment and Detox, Recovery Support Services (RSS), Case Management and Adolescent Community Reinforcement Approach (A-CRA) are locally funded by DBH.

In April 2018, the operator of Riverside and Mountain Manor notified DBH of its business decision to discontinue both outpatient and inpatient substance use disorder services to youth in the District.

Are there any plans for FY19 to expand the types of services offered to children and youth?

DBH was awarded the TREE (DC-CITY) a five-grant beginning in FY 19. DC-CITY is a continuation of the SYT grant, to expand and enhance SUD services to youth and young adults 12 to 25 years old and their families. Through this grant, DBH has trained the School Based Mental Health Counselors and the youth SUD providers in the Motivational Enhancement Therapy /Cognitive Behavioral Therapy (MET/CBT) evidence-based model in an effort to expand service array available to youth who are in need of SUD services. MET/CBT is a short-term intervention which offers 5 to 12 sessions which is ideal lower level of need according to the American Society of Addiction Medicine (ASAM) criteria.

DBH lifted the moratorium on certification for a new youth residential provider. Plant the Seed was certified and DBH anticipates this provider will be awarded a contract in FY19.

How many children and youth have received services through the Adolescent Community Reinforcement Approach (A-CRA) in FY18 and FY19 to date?

The Adolescent Community Reinforcement Approach (A-CRA) is a developmentally-appropriate behavioral treatment for youth and young adults 12 to 24 years old with substance use disorders. A-CRA seeks to increase the family, social, and educational/vocational reinforces to support recovery. This intervention has been implemented in outpatient, intensive outpatient, and residential treatment settings. A-CRA includes guidelines for three types of sessions: individuals alone, parents/caregivers alone, and individuals and parents/caregivers together. According to the individual's needs and self-assessment of happiness in multiple life areas, clinicians choose from a variety of A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Practicing new skills during sessions is a critical component of the skills training used in A-CRA. Every session ends with a mutually-agreed upon homework assignment to practice skills learned during sessions. Often these homework assignments include participation in pro-social activities. Likewise, each session begins with a review of the homework assignment from the previous session.

In FY 18, DBH served 128 youth, and 24 youth in FY 19 to date using the A-CRA model.

Q63. How many children or youth participated in Medicaid and enrolled in a DC Department of Behavioral Health certified core service agency for FY 16, 17, 18, and 19?

DBH Response:

The number of children or youth participating in Medicaid and enrolled in a DBH Certified Core Service Agency is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
Please see below chart.

Fiscal Year	Number of children or youth participating in Medicaid and enrolled in a DBH certified core service agency
FY16	5,489
FY17	5,033
FY18	4,090
FY19 YTD*	2,023

Note:
* YTD is through 12/31/2018

Q64. How many unique persons under the age of 22 enrolled in your Medicaid program have been diagnosed with "serious emotional disturbance" during FY 16, 17, 18, and 19?

DBH Response:

Please see below chart.

Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program***	Number diagnosed with "serious emotional disturbance"**
FY16	5489	4,427
FY17	5033	3,949
FY18	4,090	3,117
FY19 YTD*	2,023	1,585

Notes:
* YTD is through 12/31/2018.
** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
*** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.

FY 18 Oversight Question 65, Attachment 1: FY18 PRTF Total consumers by Days Spent and Number of Admission

scharges: Days Spe	Total Clients
NA	NA

Number of Admissions	Total Clients
1	3

Q65. How many unique persons have been admitted to a psychiatric residential treatment facility ("PRTF") during FY 16, 17, 18, and 19? How many times has each person been admitted to a PRTF and how many days has each person spent during each placement in a PRTF? How many people who were admitted to a PRTF were under the custody of the District of Columbia Child and Family Services Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

DBH Response:
Please see the chart below. The chart shows the number of unique persons who have been admitted to a psychiatric residential treatment facility ("PRTF") during FY 16, 17, 18, and 19 and how many from this group were under the custody of CFSA. DYRS data is unavailable at this time.

Count of Unique Persons under 22, Enrolled in Medicaid, with an SED Diagnosis, and Whose Were Admitted to a PRTF by CFSA Status and Fiscal Year		
Fiscal Year	Number of unique persons admitted to PRTF	Number of unique persons under the custody of CFSA
FY16	74	2
FY17	69	2
FY18	44	8
FY19 YTD*	3	0

Note:
**FY 19 YTD is through 12/31/2018.*

See attachment for the number of admissions and length of stay.

FY 19

Days	Client
1	1

Admits	Client
1	1

Q66. How many unique persons have been admitted into psychiatric hospitalization during FY 16, 17, 18, and 19? How many times has each person been admitted and how many days has each person spent admitted during each admission? How many people who were admitted were under the custody of the District of Columbia Child and Family Services Agency ("CFSA") at the time of admission? How many people were under the custody of the District of Columbia Department of Youth Rehabilitative Services ("DYRS")?

DBH Response:

Please see chart below. The chart shows the number of unique persons who have been admitted into psychiatric hospitalization during FY 16, 17, 18, and 19 and how many such persons were under the custody of CFSA.

Fiscal Year	Number of unique persons admitted	Number of unique persons under the custody of CFSA
FY16	1,234	0
FY17	1,284	1
FY18	344	0
FY19 YTD*	1	0

Notes:

- **YTD is through 12/31/2018.*
- *Note: DYRS data is not available at this time.*

See attachment for the client-level number of admissions and length of stay.

Q67. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received High Fidelity Wraparound ("HFW") service during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received HFW? How many persons were under the custody of DYRS when they received HFW?

DBH Response:

The data below is collected by program managers based on enrollment not paid claims since High Fidelity Wrapround (HFW) is not a Medicaid billable service. The chart below represents the total number engaged in HFW per fiscal year and the number or youth under the custody of CFSA or DYRS.

Fiscal Year	Number Served	CFSA	DYRS
FY16	276	44	7
FY17	148	23	4
FY18	56	12	1
FY19 (1st Quarter)	27	4	1

Q68. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested HFW during FY 16, 17, 18, to be authorized or reauthorized and did not receive it? Of those people, how many were under the custody of CSFA at the time HFW was requested? Of those people, how many were under the custody of DYRS at the time HFW was requested?

DBH Response

DBH has not denied any requests for High Fidelity Wraparound (HFW) services. HFW~~High Fidelity Wraparound (HFW)~~ is an evidence~~d~~-based practice for children and youth with complex emotional and mental health needs who are at risk of out-of-home placement, a more restrictive school setting or have had multiple inpatient placements. ~~which is standardized by the National Wraparound Initiative (NWI).~~ HFW is proven to increase community tenure, reduce school suspensions and improve overall family functioning. ~~HFW is a team-based planning process intended to provide individualized and coordinated family-driven care. HFW is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.~~

Referrals may come from Child and Family Services (CFSA), Department of Youth Rehabilitation Services (DYRS) or public schools. DBH contracts with a community based provider to deliver HFW services.~~It is a process led by a care coordinator where multiple systems come together with the child, youth, and family to create a highly individualized plan to address complex emotional needs. The goals of High Fidelity Wraparound are to meet the needs prioritized by youth and family, improve their ability and confidence to manage their own services and supports, develop or strengthen the natural supports, and integrate the work of all children serving systems and natural supports into one streamlined plan.~~

~~Engagement in High Fidelity Wraparound (HFW) does not require authorization or reauthorization. If the child or youth meets criteria as indicated below and the youth/family consents to participation, the process will begin. If a child, youth or family are not a District resident and have private insurance they are not eligible for HFW.~~
~~Eligibility for High Fidelity Wraparound is indicated below:~~

- ~~Age 5 – 21~~
- ~~Meet clinical criteria: Principal Diagnosis (other than exclusively substance use)~~
- ~~Fee for Service Medicaid or Medicaid eligible~~
- ~~Unisured~~
- ~~Involved with two or more public agencies: DYRS, CFSA, DCPS, DBH Core Service Agency~~
- ~~Deemed to be at risk of out of home placement or more restrictive school setting~~
- ~~Returning from PRTF, RTC or inpatient psychiatric hospitalization~~

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- Participant of Juvenile Behavioral Diversion Program (JBDP) and other youth related programs

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Chart below indicates the reason and number of youth not engaged in HFW per fiscal year.

Reason not involved in HFW	**FY16**	**FY17**	**FY18**
Refused	1	0	1
Incomplete referral	5	0	0
Private Insurance	3 (1 DYRS)	0	0
Referral source pulled application	3 (DYRS) *	0	1 (CFSA) **
Referral was intended for PRTF not HFW	2 (1 CFSA)	0	1 (CFSA)
Total	**14**	**0**	**3**

*Youth were on wait list. Once space became available referral source declined service.

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**Referral was resubmitted for sibling.

FY 19

Count of visits per consumer

# of Visits	Level I - MST	Level II & III - 90/180 Day Auth	Level IV FFT
1		4	
2		3	
3		3	
4		2	
5		5	
6		5	
7		1	
8		3	
9		4	
10		5	
12		6	
13		6	
14		3	
15		4	
16		3	
17		3	
18		1	
19		2	
20		1	
21		4	
22		1	
23		5	
25		6	
26		1	
28		4	
29		1	
31		2	
35		2	
38		1	
40		2	
41		1	
44		1	
51		1	
52		1	
53		1	
54		1	
57		1	
62		1	
75		1	

Count of days per consumer

# of Days	Level I MST	Level II & III - 90/180 Day Auth	Level IV FFT
1		9	
3		4	
4		1	
5		2	
7		2	
8		2	
9		3	
11		2	
12		3	
13		1	
14		2	
15		5	
16		2	
17		1	
18		3	
19		1	
20		1	
21		1	
22		2	
23		3	
24		3	
25		1	
26		3	
27		1	
28		2	
29		2	
30		1	
31		1	
32		1	
34		2	
35		2	
36		1	
37		2	
39		3	
41		2	
42		1	
43		2	
44		1	
47		2	
48		2	
49		5	

50		3	
51		1	
52		4	
53		1	
56		1	
57		1	
58		3	
59		1	
60		3	
61		1	
62		1	
64		1	
65		4	
66		4	
68		5	
69		1	
70		4	
71		2	
72		3	
73		2	
74		2	
75		4	
76		4	
77		9	
78		10	
79		5	
80		3	
81		7	
82		2	
83		1	
84		2	
85		2	
87		2	
88		4	
89		4	
90		3	
91		10	

*Q69. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Community Based Intervention ("CBI") during FY 16, 17, 18, and 19 at each level (Level I, Level II, Level III, or Level IV)? How many times has each person received such service at each level? For how many days has each person received the service for each time they received it and at what level? How many persons were under the custody of CSFA during the time they received CBI at each level? How many persons were under the custody of DYRS when they received CBI at each level?*****

DBH Response:

Please see below charts showing the number of unique persons under the age of 22 enrolled in Medicaid program and diagnosed with "serious emotional disturbance" and of those, the number who have received Community Based Intervention ("CBI") service during FY 16, 17, 18, and 19 at each level (Level I, Level II, Level III, or Level IV).

Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program***	Number diagnosed with "serious emotional disturbance"**
FY16	5,489	4,427
FY17	5,033	3,949
FY18	4,090	3,117
FY19 YTD*	2,023	1,585

Fiscal Year	CBI Level	Number of unique persons
FY16	Level I - MST	159
	Level II & III - 90/180 Day Auth	564
	Level IV - FFT	134
FY17	Level I - MST	9
	Level II & III - 90/180 Day Auth	140
	Level IV - FFT	16
FY18	Level I - MST	7
	Level II & III - 90/180 Day Auth	251
	Level IV - FFT	10
FY19 YTD*	Level I - MST	1
	Level II & III - 90/180 Day Auth	210
	Level IV - FFT	2

Please refer to the below chart for how many persons were under the custody of CFSA when they received CBI at each level:

Fiscal Year	Number of unique persons under the custody of CFSA
FY16	29
FY17	30
FY18	28
FY19YTD*	10

Please refer to the attachment for a client-level dataset that shows the number of times each person received the CBI service and how many days each person received the service for each time they received it and the number of days each person has received the service for each time they received it and at what level.

Notes:

- * YTD is through 12/31/2018.
- ** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
- *** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
- DBH does not have DYRS data at this time.

Q70. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested CBI to be authorized or reauthorized and did not receive it in FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time CBI was requested? Of those people, how many were under the custody of DYRS at the time CBI was requested?

DBH Response:

Please see below chart.

Fiscal Year	Number of unique persons under the age of 22 with SED** enrolled in the Medicaid program***	Number requested CBI to be authorized or reauthorized	Number requested CBI to be authorized or reauthorized and did not receive it	Number in the custody of CFSA at this time
FY16	4,427	141	0	0
FY17	3,949	484	0	0
FY18	3,117	345	0	0
FY19 YTD*	1,585	65	0	0

Notes:

- *YTD is through 12/31/2018.
- ** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
- *** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
- DYRS data is unavailable at this time.

ACT				
FY19			FY19	
Number of Visits	Number of consumers		Days between first and last date of service	Number of consumers
1	2		0	2
2	3		18	1
4	1		21	1
5	4		27	1
6	2		28	1
7	1		37	1
9	1		38	1
10	1		40	1
11	4		41	1
12	2		51	1
15	3		52	1
18	1		58	5
19	1		62	1
22	2		65	2
24	1		70	1
26	2		71	1
28	1		74	1
29	1		76	3
33	1		77	1
37	1		78	1
58	1		80	1
			82	1
			83	1
			86	2
			87	2
			91	1
			94	1

Q71. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Assertive Community Treatment ("ACT") during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received ACT? How many persons were under the custody of DYRS when they received ACT?

DBH Response:

Please see chart below. The chart shows the number of unique persons under the age of 22 enrolled in the Medicaid program*** and diagnosed with "serious emotional disturbance" have received Assertive Community Treatment ("ACT") during FY 16, 17, 18, and 19.

Fiscal Year	Number of unique persons with SED** who received ACT	Number of unique persons with SED who received ACT and were under the custody of CFSA
FY16	135	2
FY17	63	0
FY18	51	0
FY19 YTD*	36	0

Notes:
* YTD is through 12/31/2018.

- ** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
- ***The number participating in Medicaid and enrolled in a DBH Certified Core Service Agency is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
- Note: DYRS data is unavailable at this time.

See attachment for the number and days of service at the client level.

Q72. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested ACT to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time ACT was requested? Of those people, how many were under the custody of DYRS at the time ACT was requested?

DBH Response:

Please see below chart.

Fiscal Year	Number of unique persons under the age of 22 with SED** enrolled in the Medicaid program***	Number requested ACT to be authorized or reauthorized	Number requested ACT to be authorized or reauthorized and did not receive it	Number in the custody of CFSA at this time
FY16	4,427	8	0	0
FY17	3,949	15	0	0
FY18	3,117	63	0	0
FY19 YTD*	1,585	52	0	0

Notes:

- *YTD is through 12/31/2018.
- ** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
- *** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
- DYRS data is unavailable at this time.

Q73. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with serious emotional disturbance requested Transition to Independence ("TIP") to be authorized or reauthorized and did not receive it during FY16, 17, 18, and 19? Of those people, how many were under the custody of CFSA at the time TIP was requested? Of those people, how many were under the custody of DYRS at the time TIP was requested?

DBH Response

The Transition to Independence Process (TIP) model is an evidence-supported practice that prepares youth and young adults with emotional and behavioral difficulties (EBD) for their movement into adult roles. The TIP practice model involves youth and young adults (ages 14–29), their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Youth and young adults are encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

TIP is a practice model that is used as a framework for Community Support workers to intervene and engage with youth and young adults. TIP is not a billable MHRS service and does not have a service code, therefore TIP does not have an authorization process. Below is a TIP service chart that includes CFSA youth; DBH does not have DYRS data. The chart includes all youth served, including youth of transition age, which includes youth over 22. The data set used to compile the data does not allow to breakout by age, but this will be explored for future reports.

TIP Service Chart, FY16 – FY19

Year	Number Served	CFSA Youth Served
FY16	568 (21 new)	17
FY17	861 (314 new)	10
FY18	888 (348 new)	39
FY19	430 (103 new)	1

Q74. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" have received Therapeutic Foster Care ("TFC") as defined in 29 DCMR § 4999 during FY 16, 17, 18, and 19? How many times has each person received such service? For how many days has each person received the service for each time they received it? How many persons were under the custody of CSFA during the time they received TFC? How many persons were under the custody of DYRS when they received TFC?

DBH Response:
Therapeutic Foster Care is a service DBH does not provide, so the count of unique persons who received this service is zero.

Q75. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" requested TFC to be authorized or reauthorized and did not receive it during FY 16, 17, 18, and 19? Of those people, how many were under the custody of CSFA at the time TFC was requested? Of those people, how many were under the custody of DYRS at the time TFC was requested?

DBH Response:
Therapeutic Foster Care is a service DBH does not provide, so the count of unique persons who requested this service is zero.

Q76. How many unique persons under the age of 22 enrolled in your Medicaid program and diagnosed with "serious emotional disturbance" were placed in a residential treatment facility in the District of Columbia in FY 16, 17, 18, and 19? How many were placed in a residential treatment facility outside the District of Columbia in FY 16, 17, 18, and 19? For each unique person, how many times were they sent to a residential treatment facility? How many days did the person spend at each placement?

DBH Response:
DBH does not place children or youth in Residential Treatment Centers, so the count of unique persons who requested this service is zero.

Q77. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a PRTF?

DBH Response

A psychiatric residential treatment facility (PRTF) is a District of Columbia Medicaid funded non-hospital facility offering intensive inpatient services for children & adolescents dealing with mental health issues who are under the age of 22. The goal of a PRTF is to stabilize or improve a child's condition until therapeutic services are no longer needed. Generally (PRTF) are viewed as treatment of last resort for children suffering from serious emotional disturbances and behavioral disorders that cannot be managed in the home or community-based services. The most restrictive institutional out-of-home care setting, psychiatric residential treatment facilities (PRTFs) are a necessary component of the care continuum, particularly following crisis stabilization for acute behavioral health concerns.

As outlined in DBH Policy Number DBH 200.7, Psychiatric Residential Treatment Facility (PRTF) Medical Necessity Determination Process, in order for a level of care to be granted for treatment at a PRTF, the following medical necessity criteria must be met: 1) community based services available in the District do not meet the treatment needs of the child or youth, 2) proper treatment of the child or youth's psychiatric condition requires services on an inpatient basis under the direction of a physician, and 3) services in a PRTF can reasonably be expected to improve the child or youth's condition or prevent further regression so that the PRTF services will no longer be needed.

Medical necessity for PRTF is determination by the PRTF Review Committee which is an independent interagency team made up of representatives from Department of Youth Rehabilitation Services (DYRS), Child and Family Services Agency (CFSA), District of Columbia Public School (DCPS), Office of State Superintendent of Education (OSSE), Court Social Services (CSS), family advocacy group, DBH Board Certified Child and Adolescent Psychiatrist and the DBH PRTF Coordinator.

Once a youth is deemed eligible for treatment at a PRTF, a level of care is issued to the referral source who is responsible for completing the placement.

78. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive HFW?

DBH Response

High Fidelity Wraparound is an evidence-based practice driven by the National Wraparound Initiative (NWI). It is a process led by a care coordinator where multiple systems come together with the child, youth, and family to create a highly individualized plan to address complex emotional needs. The goals of High Fidelity Wraparound are to meet the needs prioritized by youth and family, improve their ability and confidence to manage their own services and supports, develop or strengthen the natural supports, and integrate the work of all children serving systems and natural supports into one streamlined plan.

High Fidelity Wraparound's planning process consists of four phases:
1. **Engagement and Team Preparation**: Establish the groundwork for trust and shared vision and set tone for teamwork to be consistent with the guiding principles.
2. **Initial Plan Development**: Develop team cohesion and shared responsibility toward achievement of overarching goals of the individualized plan.
3. **Implementation**: Implement the Plan of Care, continually review progress and success, and incorporate changes as needed. The process is repeated until goals are achieved and HFW is no longer needed.
4. **Transition**: Purposeful transition from HFW to a mix of formal and natural supports in the community.

High Fidelity Wraparound operates by 10 Guiding Principles:

1. Family Voice and Choice
2. Team Based
3. Natural Supports
4. Collaboration
5. Community Based
6. Culturally Competent
7. Individualized
8. Strengths Based
9. Persistence
10. Outcome Based

Youth are eligible for High Fidelity Wraparound as indicated below:

- Age 5 – 21
- Meet clinical criteria: Principal Diagnosis (other than exclusively substance use)
- Fee for service Medicaid (eligible)
- Involved with two or more public agencies: DYRS, CFSA, DCPS, DBH Core Service Agency
- Deemed to be at risk of out of home placement or more restrictive school setting
- Returning from PRTF, RTC or psychiatric hospitalization

- Participant of Juvenile Behavioral Diversion Program (JBDP) and other youth related programs

A completed referral, signed HIPAA form and supporting documents are forwarded to DBH for review then submitted to Care Management Entity (MBI) for implementation.

Q. 79. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive CBI?

DBH Response

Community-Based Intervention (CBI) is comprised of as three distinct intensive, time limited available in the Mental Health Rehabilitation Services (MHRS) array of services to children and youth and their families in the District.
CBI Level I- Multi-systemic Therapy (MST)
CBI Level II, and CBI Level III- Intensive Home and Community-Based Services (IHCBS)
CBI Level IV- Functional Family Therapy (FFT)

All three models are derivatives of the widely known Homebuilders® model. The Homebuilders® model is a home and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. Reunification cases often require case activities related to reintegrating the child into the home and community.

Both MST and FFT are recognized Blueprints Model Programs by the Center for the Study and Prevention of Violence and are among only a handful of programs that have met the highest standards for evidence-based programs. While the CBI Levels II and III, Intensive Home and Community Based Service is considered a promising practice, the foundation of this model is also anchored in internationally recognized Homebuilders® model.
CBI programs are either distinct evidence-based or practiced-based evidence model with specific target populations and admission criteria.

CBI Level I - MST
CBI Level I (MST) serves youth ages 12 to 17 years old that are living with, or returning to, their biological family or other long-term caregivers within 30 days. MST is intended for children and youth who are experiencing serious emotional disturbance with either of the following:

- A documented behavioral concern with externalizing (aggressive or violent) behaviors (e.g. runaway, verbal and physical aggression, substance use, truancy, illegal activity, oppositional behavior, etc.); or a history of chronic juvenile offenses that has or may result in involvement with the juvenile justice system.

CBI Levels II and III – IHCBS
CBI Level II is aimed at building the community-based service array to support the goal of maintaining youth in the community in lieu of more restrictive Psychiatric Residential Treatment Facility (PRTF) and detention center placements. CBI Level II is a six month service, intended for youth ages of six (6) to twenty-one (21) years old with a combination of the following:

- A history of involvement with Child and Family Services Agency (CFSA), Court Social Services (CSS), or the Department of Youth Rehabilitation Services (DYRS)

- A history of negative involvement with schools for behavioral-related issues; or
- A history of either chronic or recurrent episodes of negative behavior that have or may result in out-of-home placement

CBI Level III is also an IHCBS program that is Short-Term (90 days) Crisis Stabilization Model for youth ages of six (6) to twenty-one (21) years old, with a combination of the following:

- Has situational behavioral problems that require short-term, intensive treatment;
- Is currently dealing with stressor situations such as trauma or violence and requires development of coping and management skills;
- Recently experienced out of home placement and requires development of communication and coping skills to manage the placement change;
- Is undergoing transition from adolescence to adulthood and requires skills and supports to successfully manage the transition;
- Has been recently discharged from an inpatient setting (i.e. acute hospitalization or psychiatric residential treatment facility); or
- Is an adult parent or caregiver with a clinically significant mental health concern and the parent or caregiver will be parenting a child or youth returning from a residential treatment center within the next ninety (90) days

CBI Level IV

FFT is a short-term, high quality evidence-based intervention program built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development. The admission criteria that serves youth ages of ten (10) to eighteen (18) years old. FFT is intended for youth who:

- Have a documented history of moderate to serious behavioral problems which impair functioning in at least one area (such as school or home);
- Exhibit significant externalizing behavior which impairs functioning in at least one area (such as school or home); or
- Be at risk of a disruption in placement; and
- Be: (1) willing to participate with service providers for the duration of CBI Level IV treatment services; and/or (2) involved with a caregiver who is willing to participate with service providers for the duration of FFT treatment services.

Q80. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive ACT?

DBH Response

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for individuals with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for individuals with severe mental illness.

The Dartmouth Assertive Community Treatment Scale (DACTS fidelity scale) helps practitioners deliver ACT services to fidelity. The District has had ACT services in place since 1995, and adopted the DACT model of fidelity in 1998. National research cited in the SAMHSA ACT Evidence –Based Practices (EBP) Kit shows that ACT is effective in reducing hospitalization and is more satisfactory to consumers and their families than standard care.

The District is securing training on a new tool for measuring fidelity named the Tool for Measurement of Assertive Community Treatment (TMACT) in FY19.

ACT is best suited for adults with severe mental health disorders who typically do not benefit from less intensive services. Examples of more specific admission criteria include:

- Pattern of frequent hospital admissions
- Frequent use of emergency services
- Co-occurring substance use disorders

DBH Policy 340.6 follows the DACT explicit admission criteria requirement. More specifically, the DBH ACT Practice Guidelines lay out 10 criteria to support determining admission decisions. Because ACT is a service for adults, persons ages 18 and older are qualified for ACT services. On a case-by-case basis, consumers 17 plus months have been accepted into ACT.

Q81. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should receive TFC?

DBH Response

Therapeutic foster care (TFC) is not offered as a DBH service. It is offered by the District's Child and Family Services Agency.

Q82. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility in the District of Columbia?

DBH Response

Child welfare and juvenile justice agencies such as CFSA, DYRS, and Court Social Services determine placements in residential treatment facilities (RTC). DBH does not play a role in establishing guidelines for determining whether a youth is placed in any RTC.

Q83. What are the guidelines for determining whether a person under the age of 22 who is enrolled in your Medicaid program and has a diagnosis of "severe emotional disturbance" should be placed in a residential treatment facility outside the District of Columbia?

DBH Response

Child welfare and juvenile justice agencies such as CFSA, DYRS, and Court Social Services determine placements in residential treatment facilities (RTC). DBH does not play a role in establishing guidelines for determining whether a youth is placed in any RTC.

Q84. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Amerigroup DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16,17, 18, and 19?

DBH Response:

Please see the below chart. DBH does not offer TFC.

Count of Unique Persons under 22, Enrolled in Medicaid, with an SED Diagnosis, and Whose MCO is Amerigroup by Service Received and Fiscal Year

Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program**	Number diagnosed with "serious emotional disturbance"***	Received ACT	Received CBI	Admitted to a PRTF	Admitted for a psych hosp.	Received HFW
FY16	5,489	4,427	4	69	3	16	0
FY17	5,033	3,949	1	54	4	27	0
FY18	4,090	3,117	2	42	2	30	0
FY19 YTD*	2,023	1,585	2	25	2	19	0

Notes:
* FY 19 YTD is through 12/31/2018.
**The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
***Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q85. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is AmeriHealth Caritas DC were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

DBH Response:

Please see below chart. DBH does not offer TFC.

Count of Unique Persons under 22, Enrolled in Medicaid, with an SED Diagnosis, and Whose MCO is AmeriHealth by Service Received and Fiscal Year							
Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program**	Number diagnosed with "serious emotional disturbance"***	Received ACT	Received CBI	Admitted to a PRTF	Admitted for a psych hosp.	Received HFW
FY16	5,489	4,427	22	57	45	143	0
FY17	5,033	3,949	18	78	46	184	0
FY18	4,090	3,117	18	118	31	189	0
FY19 YTD*	2,023	1,585	13	131	18	105	0

Notes:
* FY 19 YTD is through 12/31/2018.
**The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
***Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q86. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and whose MCO is Health Services for Children with Special Needs were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

DBH Response:

Please see below chart. DBH does not offer TFC.

Count of Unique Persons under 22, Enrolled in Medicaid, with an SED Diagnosis, and Whose MCO is HSCSN by Service Received and Fiscal Year							
Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program**	Number diagnosed with "serious emotional disturbance"***	Received ACT	Received CBI	Admitted to a PRTF	Admitted for a psych hosp.	Received HFW
FY16	5,489	4,427	27	29	46	77	0
FY17	5,033	3,949	19	31	49	92	0
FY18	4,090	3,117	19	40	32	91	0
FY19 YTD*	2,023	1,585	16	41	16	50	0

Notes:
* FY 19 YTD is through 12/31/2018.
**The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
***Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q87. How many unique persons who are under the age of 22, are enrolled in Medicaid, have a diagnosis of "severe emotional disturbance", and who's MCO is Trusted Health Plan were admitted to a PRTF, were admitted for a psychiatric hospitalization, received HFW, received ACT, received CBI, or received TFC for FY 16, 17, 18, and 19?

DBH Response:

Please see below chart. DBH does not offer TFC.

Count of Unique Persons under 22, Enrolled in Medicaid, with an SED Diagnosis, and Whose MCO is Trusted Health Plan by Service Received and Fiscal Year							
Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program**	Number diagnosed with "serious emotional disturbance"***	Received ACT	Received CBI	Admitted to a PRTF	Admitted for a psych hosp.	Received HFW
FY16	5,489	4,427	4	12	6	21	0
FY17	5,033	3,949	3	17	7	39	0
FY18	4,090	3,117	2	31	6	38	0
FY19 YTD*	2,023	1,585	2	32	4	20	0

Notes:
* FY 19 YTD is through 12/31/2018.
**The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
***Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q88. How many complaints, grievances, or concerns did you receive within the past year from or on behalf of a person under the age of 22, enrolled in your Medicaid program, and with a diagnosis of "serious emotional disturbance" about the services for FY 16, 17, 18? Of those complaints, grievances, or concerns how many were regarding the number of complaints, grievance, or concerns about the quality, availability, or the location in which the services were provided for FY 16, 17, 18, and 19?

DBH Response:

Within the past year, DBH received a total of 17 complaints from or on behalf of a person under the age of 22 who met the criteria described. Three grievances were received by the Consumer and Family Affairs Administration and were related to Access and staff mistreatment. Two grievances specifically mentioned staff mistreatment, lack of access to social activities and additional food while hospitalized. The remaining grievance addressed challenges with coordinating transportation to medical appointments and difficultly receiving medication in a timely manner from the core service agency.

The Office of the Ombudsman received 14 complaints in which the following reasons for the complaints were identified: a) Nine complaints were related to clinical practice, this included challenges with the quality of the clinical services provided or failure to provide the appropriate treatment as noted in the individual treatment plan; b) three complaints described challenges with access to the provider or individual services due to lack of staff, and c)the remaining two complaints were categorized as administrative in nature, but the administrate challenges impacted the access to the service. All complaints or grievances noted above were related to services received in FY 18.

Q89. What percentage of Medicaid funds and non-Medicaid funds were expended during the past year on the provision of MHRS services for persons with a "severe emotional disturbance," who are under the age of 22 and enrolled in Medicaid for FY 16, 17, 18, and 19?

DBH Response:

Please see chart below:

	FY16	**FY17**	**FY18**	**FY19 YTD ***
Total Non-Medicaid funds expended for persons with a "severe emotional disturbance," who are under the age of 22 and enrolled in Medicaid **	$235,295.77	$63,201.50	$102,983.49	$6,822.06
Total Non-Medicaid funds expended	$7,243,184	$13,321,979	$5,353,391	$1,193,745
Percentage of Non-Medicaid funds expended	3.25%	0.47%	1.92%	0.57%
Total Medicaid funds expended for persons with a "severe emotional disturbance," who are under the age of 22 and enrolled in Medicaid **	$20,498,261.27	$13,605,664.77	$9,811,213.40	$2,216,727.24
Total Medicaid funds expended***	$110,750,895	$98,613,671	$94,851,827	$24,459,405
Percentage of Medicaid funds expended	18.51%	13.80%	10.34%	9.06%

* YTD is through 12/31/2018.
** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
*** The number participating in Medicaid and enrolled in a DBH Certified Core Service Agency is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.

District of Columbia
Dept. of Behavioral Health

FY 18 Oversight Question 90 - MHRS Utilization Rate CBI ACT TFC

FY2016 Claims Paid for Dates of Service from 10/01/2015 to 9/30/2016

Paid with Medicaid Dollars for Consumers under age 22 - w/SED

All DBH FY2016 MHRS Providers					
Service	**Consumers**	**Units**	**Paid Amt**	**% of All Medicaid Claims**	**Avg Cost / Consumer**
ACT - Total	**135**	**24,566**	**$934,490.64**	**.08%**	**$6,922.89**
Individual	135	24,566	$934,490.64		$6,922.89
CBI - Total	**773**	**162,927**	**$6,433,519.78**	**6%**	**$8,322.79**
Level I - MST / Level IV FFT	128	28,160	$1,616,947.20		$12,632.40
Level II & III - 90/180 Day Auth	645	134,767	$4,816,572.58		$7,467.55
Total	**908**	**106,684**	**$7,368,010.42**	**6.9%**	

	Units	Dollars		
ACT	221	8,406.84	(Medicaid denials from above)	.09%
CBI	1,903	68,013.22	(Medicaid denials from above)	1.0%

District of Columbia
Dept. of Behavioral Health

FY 18 Oversight Question 90 - MHRS Utilization Rate CBI ACT TFC

FY2017 Claims Paid for Dates of Service from 10/01/2016 to 9/30/2017

Paid with Medicaid Dollars for Consumers under age 22 - w/SED

All DBH FY2017 MHRS Providers					
Service	**Consumers**	**Units**	**Paid Amt**	**% of All Medicaid Claims**	**Avg Cost / Consumer**
ACT - Total	**67**	**16,287**	**$618,788.11**	**.5%**	**$9,235.64**
Group	4	1,989	$22,893.39		$5,723.35
Individual	63	14,298	$595,894.72		$9,458.65
CBI - Total	**562**	**90,397**	**$3,371,361.90**	**2.6%**	**$5,998.86**
Level I - MST / Level IV FFT	31	6,484	$372,311.28		$12,010.04
Level II & III - 90/180 Day Auth	531	83,913	$2,999,050.62		$5,647.93
Total	**629**	**106,684**	**$3,990,150.01**	**3.5%**	

	Units	Dollars		
ACT	118	4,488.72	(Medicaid denials from above)	1.1%
CBI	966	34,521.84	(Medicaid denials from above)	1.0%

District of Columbia
Dept. of Behavioral Health

FY 18 Oversight Question 90 - MHRS Utilization Rate CBI ACT TFC

FY2018 Claims Paid for Dates of Service from 10/01/2016 to 9/30/2017

Paid with Medicaid Dollars for Consumers under age 22 - w/SED

All DBH FY2018 MHRS Providers					
Service	**Consumers**	**Units**	**Paid Amt**	**% of All Medicaid Claims**	**Avg Cost / Consumer**
ACT - Total	**51**	**12,038**	**$428,368.44**	**.04%**	**$8,399.38**
Group	5	1,111	$12,797.61		$2,559.52
Individual	46	10,927	$415,570.83		$9,034.15
CBI - Total	**418**	**90,397**	**$2,894,823.96**	**2.6%**	**$6,925.41**
Level I - MST / Level IV FFT	16	6,484	$60,463.26		$3,778.95
Level II & III - 90/180 Day Auth	402	83,913	$2,834,360.70		$7,050.65
Total	**469**	**102,435**	**$3,323,192.40**	**2.9%**	

	Units	Dollars		
ACT	104	5,444.67	(Medicaid denials from above)	1.3%
CBI	1,110	39,681.23	(Medicaid denials from above)	1.4%

District of Columbia
Dept. of Behavioral Health

FY 18 Oversight Question 90 - MHRS Utilization Rate CBI ACT TFC

FY2019 Claims Paid for Dates of Service from 10/01/2018 to 12/31/2018

Paid with Medicaid Dollars for Consumers under age 22 - w/SED

All DBH FY2019 MHRS Providers					
Service	**Consumers**	**Units**	**Paid Amt**	**% of All Medicaid Claims**	**Avg Cost / Consumer**
ACT - Total	**36**	**2,616**	**$89,420.05**	**.04%**	**$2,483.89**
Group	2	278	$2,585.40		$1,292.70
Individual	34	2,338	$86,834.65		$2,553.96
CBI - Total	**214**	**18,460**	**$959,285.34**	**4.1%**	**$4,482.64**
Level I - MST / Level IV FFT	2	19	$1,090.98		$545.49
Level II & III - 90/180 Day Auth	212	18,441	$958,194.36		$4,519.78
Total	**250**	**21,076**	**$1,048,705.39**	**4.5%**	

	Units	Dollars		
ACT	12	$445.80	(Medicaid denials from above)	.04%
CBI	71	$3,689.16	(Medicaid denials from above)	.04%

Q90. What are the utilization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19? At what rate does DHCF deny Medicaid reimbursement for claims that DBH has approved and forwarded for payment for MHRS services? What are the reasons for those denials?

DBH Response

See attachment. Medicaid Utilization CBI, ACT, TFC with SED for FY 16, 17, 18, and 19.

Q91. What are the reauthorization rates for any time-limited MHRS provided to persons with a "serious emotional disturbance," under the age of 22, and enrolled in Medicaid including HFW, any level of CBI, ACT, and TFC for FY 16, 17, 18, and 19?

DBH Response:

Please see below chart. It shows the reauthorization rates for time-limited MHRS provided to persons with a "serious emotional disturbance,**" under the age of 22, and enrolled in Medicaid ***, for any level of CBI and ACT, for FY 16, 17, 18, and 19.

	FY16	**FY17**	**FY18**	**FY19 YTD***
ACT	53.33%	84.13%	70.59%	50.00%
CBI	12.55%	21.17%	23.21%	13.55%

Notes:

- * YTD is through 12/31/2018.
- ** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
- ***The number participating in Medicaid and enrolled in a DBH Certified Core Service Agency is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
- Note: Authorization data for High Fidelity Wraparound services is unavailable at this time. DBH does not do Therapeutic Foster Care (TFC).

*Q92. How many unique persons, under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance" were also served by another district agency, including but not limited to the Child and Family Service Agency, the Department of Youth Rehabilitation Services, the Department of Housing and Community Development, the Department of Human Services or were receiving special education or related services from the District of Columbia Public Schools in FY 16, 17, 18, and 19? *****

DBH Response:

Please see below chart.

Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program***	Number diagnosed with "serious emotional disturbance"**	Number served by CFSA
FY16	5489	4,427	56
FY17	5033	3,949	119
FY18	4,090	3,117	91
FY19 YTD*	2,023	1,585	56

Notes:
* YTD is through 12/31/2018.
** Since "Serious Emotional Disturbance" (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.
*** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
**** Data from DYRS, DHCD, DHS and DCPS are unavailable at this time. DBH also does not have data from any other district agencies.

Q93. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 1 year prior to their hospitalization, 6 months prior to their hospitalization, 90 days prior to their hospitalization, 60 days prior to their hospitalization, and 30 days prior to their hospitalization?

DBH Response:
The first chart shows the total number of unique persons under the age of 22, enrolled in Medicaid, diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization. The second table breaks down the MHRS services received in the respective days prior to hospitalization.

Consumers under 22, Enrolled in Medicaid, Diagnosed with SED and Admitted for Psychiatric Hospitalization by Fiscal Year			
Fiscal Year	Number of unique persons under the age of 22 enrolled in the Medicaid program**	Number diagnosed with "serious emotional disturbance"***	Number of unique persons admitted for psychiatric hospitalization
FY16	5,489	4,427	209
FY17	5,033	3,949	194
FY18	4,090	3,117	199
FY19 YTD*	2,023	1,585	42

Count of Consumers Receiving MHRS Services in the Respective Days Prior to Hospitalization						
Fiscal Year	Type of MHRS service received	Number of days prior to hospitalization				
		30 Days	60 Days	90 Days	6 Months	1 Year
2016	ACT	12	23	33	44	53
	CBI	17	35	54	75	99
	Community Support	42	90	132	195	261
	Counseling	11	19	25	33	45
	Crisis Services	21	32	40	53	71
	D&A	3	4	5	14	26
	Medication Somatic	8	16	19	37	57
	Transition Support Services	2	3	5	7	12
2017	ACT	8	13	17	24	29
	CBI	46	93	146	220	286
	Community Support	82	160	238	358	496

	Counseling	16	32	46	72	103
	Crisis Services	43	66	83	115	169
	D&A	3	9	11	27	61
	Medication Somatic	13	28	42	71	116
	Transition Support Services	6	8	10	18	25
2018	ACT	9	15	21	26	29
	CBI	24	45	63	88	121
	Community Support	44	78	120	195	285
	Counseling	9	21	31	47	67
	Crisis Services	44	57	72	100	135
	D&A	3	6	11	25	45
	Day Services	0	1	1	1	1
	Medication Somatic	16	26	41	64	96
	Transition Support Services	4	7	11	17	25
2019*	ACT	1	2	4	5	5
	CBI	7	11	16	20	25
	Community Support	13	27	37	55	74
	Counseling	3	7	9	13	17
	Crisis Services	12	16	18	25	30
	D&A	2	2	3	6	9
	Medication Somatic	5	11	14	22	33
	Transition Support Services	0	0	0	1	1

Notes:
* YTD is through 12/31/2018.
** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
*** Since “Serious Emotional Disturbance” (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q94. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted for psychiatric hospitalization received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

DBH Response:
The first chart shows the total number of unique persons under the age of 22, enrolled in Medicaid, diagnosed with a "serious emotional disturbance," and were discharged from psychiatric hospitalization by fiscal year. The second table breaks down the MHRS services received in the respective days after hospital discharge. DBH does not have DYRS, TIP, or ChAMPS data. DBH does not have data regarding services offered; DBH only has data for those with paid claims.

Number of Consumers under 22, Enrolled in Medicaid, and Diagnosed with SED*** Discharged from Psychiatric Hospital by Fiscal Year**	
Discharge FY	**Total Consumers**
2016	185
2017	185
2018	202
2019YTD*	44

Count of Consumers Receiving MHRS Services in the Respective Days after Hospital Discharge							
Discharge FY	**Service Group**	**Services after Discharge**					
		7 Days	**30 Days**	**60 Days**	**90 days**	**6 Months**	**1 Year**
2016	ACT	8	12	14	15	17	18
	CBI	33	49	59	61	72	79
	Community Support	55	85	103	114	120	133
	Counseling	6	13	16	19	22	31
	Crisis Services	9	23	27	28	40	63
	D&A	7	13	18	21	25	41
	Health Homes	0	0	1	1	2	3
	Medication Somatic	7	18	23	27	36	47
	Supported Employment	0	0	0	0	0	1

	Transition Support Services	0	1	2	3	8	16
2017	ACT	5	6	6	8	8	11
	CBI	21	30	32	35	40	43
	Community Support	45	77	87	93	105	117
	Counseling	4	10	15	19	24	33
	Crisis Services	2	16	22	30	39	50
	D&A	4	10	19	21	27	46
	Medication Somatic	6	14	30	34	47	58
	Transition Support Services	0	1	2	4	6	8
2018	ACT	3	5	7	7	9	9
	CBI	20	27	34	36	41	43
	Community Support	28	49	60	68	81	87
	Counseling	3	11	14	18	22	26
	Crisis Services	6	23	29	34	42	49
	D&A	3	9	11	14	22	25
	Medication Somatic	5	16	30	33	40	44
	Transition Support Services	2	3	3	3	4	7
2019*	ACT		2	4	4	4	4
	CBI	5	6	6	6	6	6
	Community Support	6	9	12	12	12	12
	Counseling	1	3	3	3	3	3
	Crisis Services	2	3	3	3	3	3
	Medication Somatic	4	7	8	9	9	9
	Transition Support Services	0	0	2	2	2	2

Notes:
* YTD is through 12/31/2018.
** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
*** Since “Serious Emotional Disturbance” (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q95. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 1 year prior to their admission, 6 months prior to their admission, 90 days prior to their admission, 60 days prior to their admission, and 30 days prior to their admission?

DBH Response:
The first chart shows the total number of unique persons under the age of 22, enrolled in Medicaid, diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility. The second table breaks down the MHRS services received in the respective days prior to admission.

Consumers under 22, Enrolled in Medicaid, Diagnosed with SED*** and Admitted to PRTF by Fiscal Year**	
Admission FY	**Total Consumers**
2016	36
2017	41
2018	19
2019YTD*	0

Count of Consumers Receiving MHRS Services in the Respective Days Prior to PRTF Admission						
Admission FY	**Service Group**	**30 Days**	**60 Days**	**90 Days**	**6 Months**	**1 Year**
2016	CBI	0	0	0	4	14
	Community Support	0	2	3	11	22
	Counseling	0	0	0	1	2
	Crisis Services	0	2	3	7	12
	D&A	0	0	2	2	5
	Medication Somatic	0	0	0	1	3
	Transition Support Services	1	1	1	3	7
2017	CBI	1	2	2	7	13
	Community Support	0	0	2	5	11
	Counseling	1	2	3	4	7
	Crisis Services	1	2	2	3	10
	D&A	0	0	1	2	9
	Medication Somatic	0	1	2	3	8
	Transition Support Services	0	1	3	5	10
2018	ACT	0	0	0	0	1

	CBI	0	3	3	3	4
	Community Support	1	1	1	2	7
	Counseling	0	1	1	1	2
	Crisis Services	0	0	0	3	5
	D&A	1	1	1	2	4
	Medication Somatic	0	0	0	0	2
	Transition Support Services	0	0	0	0	2

Notes:
* YTD is through 12/31/2018.
** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
*** Since “Serious Emotional Disturbance” (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q96. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and were admitted to a psychiatric residential treatment facility received MHRS within 7 days of their discharge, 30 days of their discharge, 60 days of their discharge, 90 days of their discharge, 6 months of their discharge, one year of their discharge, and greater than one year of their discharge? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

DBH Response:
The first chart shows the total number of unique persons under the age of 22, enrolled in Medicaid, diagnosed with a "serious emotional disturbance," and were discharged from a psychiatric residential treatment facility by fiscal year. The second table breaks down the MHRS services received in the respective days after discharge. DBH does not have DYRS, TIP, or ChAMPS data. DBH does not have data regarding services offered; DBH only has data for those with paid claims.

Number of Consumers under 22, Enrolled in Medicaid, and Diagnosed with SED*** Discharged from PRTF by Fiscal Year**	
Discharge FY	**Total Consumers**
2016	30
2017	31
2018	21
2019YTD*	1

Count of Consumers Receiving MHRS Services in the Respective Days after PRTF Discharge							
Discharge FY	**Service Group**	**Services after Discharge**					
		7 Days	**30 Days**	**60 Days**	**90 days**	**6 Months**	**1 Year**
2016	ACT	0	1	3	3	4	4
	CBI	7	9	11	13	14	14
	Community Support	1	7	10	13	16	18
	Counseling	0	1	1	2	3	5
	Crisis Services	0	2	2	3	3	5
	D&A	3	4	5	7	8	8
	Medication Somatic	0	4	4	6	6	8
2017	ACT	0	1	1	2	3	3
	CBI	5	9	11	14	17	17
	Community Support	3	8	11	13	18	20
	Counseling	0	2	2	3	4	7

	Crisis Services	0	0	0	0	3	3
	D&A	1	5	7	9	13	15
	Medication Somatic	0	4	8	8	13	17
	Transition Support Services	0	1	1	2	3	4
2018	ACT	1	1	1	1	3	3
	CBI	5	8	9	9	9	9
	Community Support	0	2	3	5	6	7
	Counseling	0	1	1	1	3	3
	Crisis Services	0	0	0	0	0	2
	D&A	1	4	4	4	4	5
	Day Services	0	1	1	2	2	2
	Medication Somatic	2	4	7	7	8	8
2019	ACT	1	1	1	1	1	1
	Community Support	0	1	1	1	1	1
	D&A	1	1	1	1	1	1

Notes:
* YTD is through 12/31/2018.
** The number enrolled in Medicaid is based on Fee For Service Medicaid claims data. MCO recipients have been captured only if they received services not covered under their MCO contract.
*** Since “Serious Emotional Disturbance” (SED) diagnoses are for persons aged 0-17, DBH used the diagnosis of Serious Mental Illness (SMI) for persons aged 18-21.

Q97. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 1 year prior to their detention, 6 months prior to their detention, 90 days prior to their detention, 60 days prior to their detention, and 30 days prior to their detention?

DBH Response:
DBH does not have data for the children and youth in DYRS custody.

Q98. For FY16, 17, 18, and 19 how many unique persons under the age of 22, enrolled in Medicaid, and diagnosed with a "serious emotional disturbance," and residing in an out-of-home placement while under DYRS custody, including the Youth Services Center or New Beginnings, received MHRS within 7 days of their release, 30 days of their release, 60 days of their release, 90 days of their release, 6 months of their release, one year of their release, and greater than one year of their release? For each category, what types of services were offered for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)? For each category, what types of services were provided for each child (including, but not limited to ACT, TFC, ChAMPS, HFW, CBI, and TIP)?

DBH Response:
DBH does not have data for the children and youth in DYRS custody.

Q99. For FY 16, 17, 18, and 19, how many children have received mental health screening or services at the Health Horizons Assessment Center, the Healthy Families/Thriving Communities Collaboratives, or any other source?

DBH Response

The Department of Behavioral Health (DBH) partners with the Child and Family Services Agency (CFSA) to conduct mental health screenings for children entering/reentering foster care or at risk of out of home placement. Research shows that just half of children with emotional or behavioral challenges get help—often because the illnesses go undetected. Further, children who come in contact with CFSA often are affected by trauma and a mental health screening is even more critical for early identification and intervention to head off more complex mental health disorders. DBH staff are co-located at the CFSA Healthy Horizons Assessment Center. See Chart below for screenings:

Fiscal Year	CFSA Healthy Horizons Assessment Center	Healthy Families/Thriving Communities Collaboratives	Total Number of Screenings Completed
FY16	202	247	449
FY17	164	324	488
FY18	195	222	417
FY19 (1st Quarter)	67	NA	67

Activity
Reducing Substance Related Harm Training (LEAD) Baltimore
Meeting with Baltimore LEAD team
Pathways to Housing
CM Allen & McDuffie Staff Meeting
Amazing Love
Police, Treatment, and Community Collaborative Conference (PTAC)
ACT Provider Meeting
Call with Courtney's House
MOCRS Briefing
ANC 5D Meeting
Amara & HIPS phone calls
Center for Court Excellence Meeting
PTAC EMR/ Community Engagement
Sex Worker Advocate Meeting (AMARA, HIPS Courtney's House & Fair Girls)
Drug Policy Alliance Call
Consumer Action Network Call
Homeless Stakeholders Workgroup
5D training with Baltimore LEAD team Observations
CM Evans Staff
PTAC Info Session
MPD training with HIPS present
ANC 6A Meeting
ANC 2C Meeting
MHRS Clinical Director Provider Meeting
SUD Clinical Director Meeting
Vera Institute of Justice
H st. Main Street BID
Meeting with Philadelphia LEAD
LEAD National Support Bureau
Pre-Arrest Process Workgroup w/ Providers
NAMI
MBI Returning Citizens Division Training
Joint Outreach with Pathways Teams
Langston Dwelling Community Event
Umbrella Therapeutic Services
MBI Meeting
City Care Services
NOMA BID
The Family Wellness Center
PCC and Life Strides
DPA, CCE, Family Medical and Counseling Services and HIPS in Person @ DPA
AMARA Legal w/MPD
LEAD National Bureau Follow-Up
PTAC Call
Meeting with Philadelphia LEAD team

Langston Civic Association
Training for Amazing Love Staff
Formation of North East Diversion Work Collaborative
Scheduling of training with FAIR Girls for trauma informed care

Date
29-Jan
14-Feb
27-Feb
15-Mar
2-Mar
5-Mar
15-Mar
29-Mar
5-Apr
10-Apr
10-Apr
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25-Sep
10-Oct
8-Nov

5-Dec
17-Dec
21-Dec
28-Jan

Q100. The Pre-Arrest Diversion Program will connect participants with services through the existing DBH structure and rely on current CSAs. Were CSAs, community organizations, or service providers contacted during the development of this program? If so, what opportunities for feedback or program design were they provided?

DBH Response

The Diversion program has worked to actively engage providers, community organizations, advocates, stakeholders, businesses, residents and technical advisors throughout the development and implementation phases. Interested parties have been engaged in a number of ways to promote involvement and solicit feedback. Some such activities have been invitations to review and provide feedback on training lessons, allowing interested parties to attend harm reduction training sessions conducted by DBH staff with MPD officers, inviting technical experts from other jurisdictions to assist with development and facilitation of trainings, developing provider work groups, hosting individual site visits with providers for brain storming and worktops, hosting brown bag sessions, and engaging ANCs, local Business Improvement Districts and citizens to discuss the program and invite suggestion.

Attached is a list of some of the Diversion team activities and engagements to invite inclusion into the development and implementation process. In addition, the Diversion team continues to have ongoing engagements with direct care service providers, technical experts and stakeholders to continue to enhance and improve the program. All individuals or organizations who have been expressed interest in the program have been invited to provide feedback and suggestions. In addition, clinical partners engage in ongoing clinical care discussions with the Diversion team to promote optimal outcomes for our participants.

Q101. What resources will the program be able to provide those who participate? How will the program handle housing needs? Walk me through exactly what will happen if a participant tells their case manager they are experiencing homelessness. Will they receive preferential treatment for housing access? Will they simply be referred to a shelter?

DBH Response

The Diversion program provides individuals who are connected with referrals, to appropriate services. Since the diversion program works with a wide array of individuals with unique needs the resources provided are as varied as the consumers. Examples of food, clothing, identification vouchers, vital document vouchers, transportation, access to a safe space, linkages provided to individuals who have connected with the Diversion program are, CSA linkage, ACT referrals, Petition for guardianships, connection with medical care, connecting with economic benefits, completion of VI-SPDATS, counseling, etc.

If an individual tells a member of the team that they are homeless the first step taken is to identify the nature of their homelessness. There is an overgeneralization of the term homelessness which results in the circumstances and solutions being viewed in a very narrow lens which evokes thoughts of homelessness. Once there is an evaluation and understanding of the nature of the homelessness the staff works to connect the person with the appropriate supports.

At this time Diversion participants are not being provided with preferential treatment for housing which is in keeping with the national practice amongst diversion program. The disruption or 'line jumping' practice can have the potential to create an opportunity for program misuse. The program participants have been able to quickly get access to housing evaluations and placements due to the intensive efforts made to support these consumers through the processes. Program participants do have guaranteed shelter beds when appropriate and necessary, however, it has been observed that many of the participants experiencing homelessness are actually addressing more profound behavioral health complications which act as the barrier to improving their housing needs.

Q102. The committee has heard concerns raised about lack of community involvement in the development of the diversion program. Why were there no town halls or meetings with community stakeholders? Interested community organizations have been able to meet with program officials on 2-3 occasions, but only to communicate details of the program, not to allow serious input into its development. Moreover, there appears to be no plan to continue to engage community members in the working group or otherwise. Is there a plan for continued community engagement and for soliciting feedback during and after the pilot period in order to make necessary adjustments?

DBH Response

There have been multiple meetings with stakeholders to discuss the program and invite communication and input. Providers and stakeholders have been invited to observe and provide feedback during trainings with MPD officers and there has been no change in the plan to engage with those interested in the program and providing thoughts. As this program has taken shape and developed we have been able to gain additional information regarding the types of individuals who are most encountered by this program. Just as the participant demographic for Seattle LEAD, Baltimore LEAD, and Philadelphia LEAD vary greatly, we see that the participants with the Diversion program also present with a unique set of needs. As that reality has presented itself the experts and direct care providers for those who have been who work with these individuals have been engaged more frequently more directly. As a result not all stakeholders are aware of the ongoing conversations that have happened in relation to the program. In addition to the ongoing plan to continue the engagements happening to help support the growth and success of the program there is a plan is a plan to continue to engage with all interested parties and invite feedback and to provide information to allow interested parties can feel adequately informed about the program.

Q103. Are diversion program officials working with any community members or organizations about development or implementation of the diversion program? Are there any formal memorandums of understanding between the program and any organizations? Which, if any, organizations or individuals have formal MOUs with the diversion program?

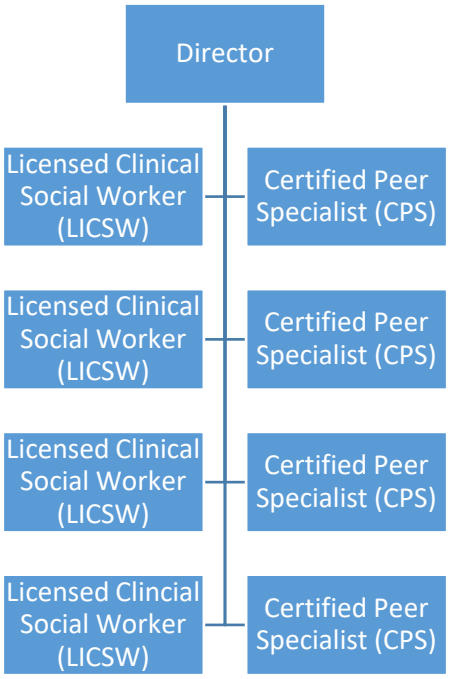
DBH Response

The diversion program is working with several providers and community member groups regarding the implantation of the program. The Diversion is also working with community partners to formalize trainings for the Diversion team to enhance clinical and subject matter knowledge. At this time there are no formal MOUs established for community provider organizations because, as a consumer first driven model it does a disservice to the consumer to limit their options for supports. In recognizing that through several meetings and planning sessions the Diversion team has established workflows and processes with many community providers to ensure that our consumers are provided services in an effect and timely manner. Currently the team is working with over 17 different MHRS providers, four SUD providers, three transitional housing providers, two property management groups, and two community organizations to provide furnishings for consumers. This approach supports the consumer choice model. The Diversion program has we have identified many consumers a poor relationship with community providers or underserved needs which contributed to their interactions with MPD. This observation supports maintaining the Diversion programs flexibility with relationships in order to serve the consumers by assisting them in forming the best and most sustainable relationship with treatment.

Q104. Please provide an organizational chart showing the individuals working with the diversion program. Are there any peers involved in the administration of the program?

DBH Response

The design of the program utilizes Certified Peer Specialists as an integral component of the Diversion team.



Q105. What is the current budget of the program? What are the program expenses?

DBH Response

The FY 19 budget is: $1,586,936. The budget for this program supports FTEs, trainings, security and facility cost for 16 hours of program operations.

Q106. To date, how many individuals have been referred to the program? How many of those referred enrolled in the program? How many of those enrolled are still enrolled or have successfully completed the program?

DBH Response

To date, DBH has 143 requested engagement or consultation for individuals that MPD suspected needed intervention. In addition to these 143 encounters, the Diversion team engaged in Substance Use Outreach to 269 individuals. Those individuals were provided education, emergency intervention, transportation to treatment, and/or peer support. Of the 134 all accepted at least one engagement from DBH staff. Of this number, 92 individuals were identified as needing ongoing support from the Diversion team. 83 individuals are enrolled in the program. The Diversion team is working to stabilize the other individuals so that they are capable of consenting to enroll with a community based provider or have been reconnected with existing supports.

Q107. How have program participants been referred to the program? How many have been referred through social contacts (are all social contact referrals done by MPD)? How many have been referred through pre-arrest diversion? How many, if any, have been referred in a way other than the two just named?

DBH Response

The Diversion program has been referred 143 cases for engagement or consultation. 89 cases have been social contact referrals, three have been arrest based diversions, 51 have been requests for consultation and outreach support. Individuals are able to connect with the Diversion program through Pre-Arrest, Social Contact, MPD Outreach, and MPD Consultations.

Q108. How is successful completion of the program determined? When is a participant considered to have "graduated" the program?

DBH Response

Graduation is considered to have occurred at the point when a participant has been linked with all identified care services needed and Diversion team speaks with the consumer and the involved care providers to ensure that all parties believe that the consumer is ready to transition. At after this meeting is conducted and all parties are in agreement the consumer is considered to have graduated.

Q109. What, if anything, happens if a participant is arrested while in the program? If a participant is arrested after graduating the program?

DBH Response

If an individual is arrested while in the program the team will continue to work to support the individual through their legal process. The services are not terminated due to an encounter with the criminal justice system. If an individual comes into contact with the criminal justice system after they have graduated they are eligible to be referred again. There is no limitation to the number of referrals that can be initiated. Consumers who have completed or opted out of care can also engage the team again voluntarily for assistance. The Diversion program will work to link the consumer with the appropriate resources as needed.

Q110. We know that Lab@DC will be charged with pilot program evaluation. Typically, a truly impartial and rigorous evaluation is conducted by an outside researcher. For instance, Santa Fe's LEAD program is being evaluated by the University of New Mexico Institute for Social Research, and Seattle's LEAD program was evaluated by the University of Washington (http://leadkingcounty.org/lead-evaluation/). What measures are being taken to ensure that there is input regarding evaluation strategy from sources outside District agencies and employees?

DBH Response

DBH has worked to support the evaluation process and its reliability by connecting our evaluation partners with national technical experts such as the Police Treatment and Community collaboration group through the Center for Health and Justice. The Lab @ DC has had active communication with the Law Enforcement Assisted Diversion (LEAD) National Bureau as well individual jurisdictions implementing the LEAD model. DBH in partnership with The Lab has established connections with multiple other technical expert groups in other jurisdictions.

The Diversion team (DBH, MPD, DHS, The Lab @ DC) is committed to openness, transparency, and public engagement in its evaluation irrespective of the evaluator. The Lab @ DC is an internal District government resource that is available to agencies interested in the most rigorous evaluation methods available. The Lab specializes in randomized control trials, and it regularly engages agencies to assess whether that form of evaluation is a possible fit for their program. There are many reasons why random assignment methods may not be suitable for a program evaluation; Seattle's LEAD program, for example, chose to forgo random assignment. The Diversion team and the Lab are still exploring whether the Diversion program can employ random assignment as a prerequisite for most evaluations by the Lab @ DC. If random assignment is not possible, The Lab will at a minimum advise DBH on how to set up the most rigorous possible evaluation design, and may conduct the evaluation itself. While The Lab @ DC is an internal entity, it is at the forefront of Open Science practices in government and will strongly advise DBH that any evaluator of the PAD program conform to the principles of the Open Science Framework.

Q111. Especially because this is a pilot program, data collection and evaluation are a crucial component for program improvement and permanent implementation. What data is being collected from this program, how will it be used in pilot evaluation, and what will be the metrics of success? Have DBH, DOH or MPD staff met with the pilot evaluator (the Lab@DC) to discuss data collection, metrics, etc? Has the evaluator (the Lab@DC) been put in contact with other diversion program evaluators/researchers to learn from their processes?

DBH Response

DBH, MPD, and DHS have all met with The Lab @ DC and maintain an ongoing communication relationship to ensure that the evaluation portion of the Diversion effort can be evaluated in a meaningful way. The Lab @ DC has been able to connect with evaluators and researchers from other jurisdictions to enhance knowledge and identify effective methodological options.

Q112. Will/has the evaluator (the Lab@DC) contacted other DC agencies to access data to evaluate the program and/or participant outcomes? or accessed other agency databases for data to evaluate the program and/or participant outcomes? Which agencies? Which databases?

DBH Response

DBH will work closely with the evaluator to identify the relevant data sources to assess program outcomes. DBH has been tracking outcomes through electronic medical record data and public arrest records (MPD is barred from sharing more detailed arrest records with DBH by the Duncan Ordinance).