

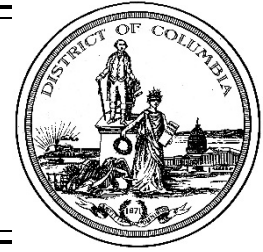
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**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE ON HEALTH  
CHAIRMAN VINCENT C. GRAY  
COUNCILMEMBER, WARD 7**

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**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 FY19 and to date in FY20.
2. Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY19 and to date in FY20. In addition, please describe any variance between the amount budgeted and actually spent for FY19 and to date in FY20:
  - 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 FY19 and to date in FY20. 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 reprogramings received by or transferred from DBH in FY19 and to date in FY20. 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 FY19 and to date in FY20. 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 FY19 and to date in FY20;
  - DBH activity that the revenue in each special purpose revenue source fund supports; and,

- The FY19 and to date FY20 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 FY19 and to date in FY20. 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 FY19? 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 FY20 and what actions DBH has undertaken to meet them to date.
  8. Please provide DBH's capital budgets for FY19 and FY20, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY19 and FY20. In your response, please include information regarding the iCAMS project or its successor.
  9. Please provide a list of all FTE positions detailed to DBH, broken down by program and activity for FY19 and to date in FY20. In addition, please provide which agency the detailee originated from and how long they were detailed to DBH.
  10. Please provide a list of all FTE positions detailed from DBH to another agency in FY19 and to date in FY20. In addition, please provide which agency the employee was detailed to and for how long.
  11. Please provide the Committee with the following:
    - A list of all employees who receive cell phones, personal digital assistants, or similar communication devices;
    - A list of travel expenses for FY19 and to date FY20, arranged by employee; and,
    - A list of employees who earn \$100,000 or more in FY19 or to date in FY20, including their names, position, salary, grade, step, position description, and agency within DBH.
  12. Please provide the following information for all grants awarded to DBH during FY19 and to date in FY20, 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.
13. 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 FY17 to FY18 or FY19 to FY20 and a detailed explanation as to why it occurred.
14. Please provide the following information for all Human Care Agreements (HCA) and task orders issued during FY19 and to date in FY20, broken out by DBH program and activity:
- Vendor name;
  - Services provided;
  - Funding source;
  - HCA amount;
  - Task order amount;
  - Actual expenditures;
  - Status of performance; and,
  - DBH employee responsible for monitoring the HCA and task order.
15. Please provide a list and narrative description of any DBH partnerships with District agencies, if any, in FY19 and to date in FY20 to address employment for DBH consumers. In addition, please provide the number of individuals served, the types of employment placements available, and the employee/s responsible for coordinating the partnership.
- Please provide an update on the MOU with the Department of Human Services Economic Security Administration to provide Supported Employment services to individuals with serious mental illness who receive Temporary Assistance for Needy Families (TANF). How many individuals participated in this program in FY19? To date in FY20?
16. 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 FY19 and to date in FY20;
  - 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.

17. Please provide an update on the work of the children mobile crisis teams. What services are provided? How many individuals were served in FY19? To date in FY20? 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 FY19 and FY20 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.
  
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 FY18, FY19 and to date in FY20.
  
20. Please explain the work the Department has been doing with the Child and Family Services Agency on trauma-informed care.
  
21. 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 FY19, 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 FY18 to FY19? If available, please provide any documentation that shows children are receiving more timely services. What efforts have been made to improve more timely services?
  
22. 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? Please also describe the collaborative work the Department is doing with DC Courts, MPD, and CFSA to address the behavioral and mental health needs of DC youth

who have been identified as commercially sexually exploited. Please provide any MOAs or MOUs related to this subject.

23. Please describe what substance abuse services are offered to children and youth and the process for obtaining these services. Are there any plans for FY20 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 FY19 and FY20 to date?
24. Please explain the work the Department is doing with the Department of Health Care Finance to improve care coordination.
25. Please provide an update on the Department's School Mental Health Program including a list of all schools that participate. For each school, please also include:
  - a. The number of student who met with a clinician;
  - b. The number of students who were referred to care;
  - c. The outcomes of all care linkages;
  - d. The most common diagnosis;
  - e. The referral source (i.e. walk-in, teacher);
  - f. The number of students participating in prevention programs;
  - g. Whether the current programs are meeting the existing need for services, and if not, what is being done to meet the total need;
  - h. What prevention programs and services were offered through the SMHP in FY19 and FY20 to date;
  - i. Any plans to expand the program and barriers to expansion; and
  - j. The number of FTEs serving in each school.
26. Please provide an update on the status of implementation of the public health model for school-based mental health. Please include the following information for Cohort 1 and Cohort 2:
  - List all schools in each cohort
  - Number of schools matched with a CBO, and identify which CBO has been matched with which schools
  - Number of schools where a CBO clinician has been hired and is working in the schools and identify which schools
  - Number of schools where a CBO clinician has been hired, but is not yet working in the school, and identify which schools and provide the reason why the CBO clinician is not yet working in the school
  - Number of schools where the CBO clinician has not yet been hired, and identify which schools and provide the reason why the CBO clinician has not yet been hired
  - Please describe any obstacles or barriers to having CBO clinicians working in schools at the start of the school year

- For all CBO clinicians working in schools since the start of implementation, please provide a breakdown of how much of their time has been spent on Tier 1, Tier 2, and Tier 3 services.
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27. Please provide a description of plans to implement the public health model for school-based mental health for Cohort 3. Please include the following information
- How many schools will be included in Cohort 3, and identify which schools
  - Timeline for implementation, including funding CBO grants, completing CBO matching process, and hiring CBO clinicians
  - Anticipated obstacles or barriers to having CBO clinicians working in all Cohort 3 schools at the start of the school year (Fall 2020), and plans to mitigate/remove these barriers
28. Please provide an update on the status of completion of the School Strengthening Tool and Work Plan for all schools in Cohorts 1 and 2. Please include the following information:
- How many schools in each cohort have completed the School Strengthening Tool and identify which schools?
  - How many schools in each cohort have completed the Work Plan and identify which schools?
  - For each school that has not completed the School Strengthening Tool, please provide the reason why this has not been done?
  - For each school that has not completed the Work Plan, please provide the reason why this has not been done?
  - How many schools in each cohort have identified an individual to serve as the School Behavioral Health Coordinator and identify which schools
  - For each school that has not identified an individual to serve as the School Behavioral Health Coordinator, please provide the reason why this has not been done?
  - Please describe any obstacles or barriers to completing the School Strengthening Tool and Work Plan and identifying the School Behavioral Health Coordinator.
29. Please provide an update on staffing levels for DBH clinicians working in schools. Please include the following information:
- How many schools have DBH clinicians working full-time, identify which schools, and the amount of time in each school?
  - For all DBH clinicians working in schools, please provide a breakdown of how much of their time has been spent on Tier 1, Tier 2, and Tier 3 services.
31. In last year's oversight responses, DBH stated that it was discontinuing the Provider Scorecard and was in the process of replacing the Scorecard metrics with separate compliance indicators and Results Based Accountability indicators. Please provide an update on this effort, to include the following information:
- Description of compliance indicators and Results Based Accountability indicators being used
  - Rationale for using these indicators

- Results of applying these indicators to providers in FY19
  - What services or support is DBH providing to ~~these~~ struggling providers?
  - What corrective action has DBH taken against providers receiving extremely low marks?
30. Please provide an update on the extent to which CBO and DBH clinicians have been able to bill their services to Medicaid, private insurance, or other sources of funds outside of local dollars. Please also discuss plans to bill additional services in the future.
31. (2) Please provide description and status update on the Memorandum of Understanding between DBH, DCPS, and OSSE providing for 1 full-time staff person at DCPS and 1 full-time staff person at OSSE to support the implementation of School-Based Mental Health. Please include the following information:
- A copy of the MOU and any other relevant interagency agreements
  - Job descriptions for the two positions
  - Plans for funding and supporting these two positions next year, and in the future
32. Please provide an update on the status of establishing a community of practice for school-based mental health. Please include the following information:
- An overview of the current organization structure, and plans for the future
  - List of events, trainings, or other convenings with brief summaries of the purpose of each event, target audience, planned number of participants, and actual number of participants
  - List of planned events, training, regular meetings, or other convenings with brief summaries of the purpose of each event, target audience, and planned number of participants
  - Estimated timeline for fully establishing the community of practice
  - Plans for assessing the effectiveness and utilization rate for the community of practice
33. Please provide an update on the status of implementing and completing an assessment or evaluation of the effectiveness of the public health model for school-based mental health. Please include the following information:
- Timeline for implementation and completion
  - Description of planned assessment or evaluation tools
  - If using an outside contractor, please identify
34. Please provide the results of the midyear and last year's end of the year surveys that were distributed to school administrators to measure the satisfaction of services provided by SMHP clinicians. In your response, please indicate any actions taken to address concern raised in previous surveys regarding the need to have additional of full-time SMHP clinicians in schools.

35. Please provide a list of children's mental health services which are currently being funded with local dollars - not Medicaid dollars. For each service, please update the Committee on steps taken to receive Medicaid reimbursement for this service. Please include the total amount spent on these services and a comparison to the last 5 fiscal years.
36. How many DBH clients relied entirely on local dollars for all of the services they received from DBH in FY19? How does this compare to the last 5 fiscal years?
- What are the demographics of this population?
  - Of this population, how many have expressed a need for bilingual therapists and/or clinicians, if collected?
  - How many therapists and/or clinicians providing DBH services are bilingual?
  - What behavioral health services are available to this population?
37. 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 FY19 and current reimbursement rates for each service.
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38. Please provide the monthly MHRS utilization data for FY19 and to date in FY20. 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.
39. Please provide the name of all certified MHRS providers. For each provider, please provide the following information for FY18, FY19 and to date in FY20:
- 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;
40. Please describe some of the positive results seen from the Live.Long.DC Strategic Plan. Is the District on track to becoming overdose-free?



41. 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?
42. Over the last fiscal year, how much money was dedicated to providing services to DBH clients who relied partially on local dollars for the services that they received from DBH? Over each of the last five fiscal years, how much money was dedicated to providing services to DBH clients who relied partially on local dollars for the services that they received from DBH?
43. Please provide an update on the DBH services to consumers under the custody of the Department of Corrections, including services provided in the READY Center.
44. 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?
45. 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?
46. Provide an update on the status of establishing medical necessity criteria for mental health consumers.
47. 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?
48. What percentage of Mental Health Community Residential Facilities (MHCRF), as a whole, are wheelchair accessible?

49. What percentage of Supported Independent Living (SIL) providers within the DBH system, as a whole, are wheelchair accessible?
50. What is the average wait time for consumers to access an accessible Mental Health Community Residential Facility (MHCRF)? What is the average wait time for Supported Independent Living providers (SIL)?
51. DBH does not currently have a process to prioritize applicants who need wheelchair accessible Mental Health Community Residential Facilities (MHCRF). Creating a process for accessible Mental Health Community Residential Facilities (MHCRF) is increasingly important as the DBH population ages and needs accessible housing. Will DBH update its application process to include whether applicants need an accessible room and any other reasonable accommodations? Will DBH develop a process to prioritize consumers who need accessible housing and create policies and procedures for providers to follow?
52. Of the total number of consumers that DBH serves, what is the number of consumers who are homeless?
53. In FY19, what array of services and support did DBH provide to homeless consumers? What were DBH's outcomes? How many DBH consumers in FY19, who were homeless, were placed in housing?
54. 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?
55. Please provide an update on the High Fidelity Wraparound Program.
  - What is the current capacity of wraparound?
  - Since MBI was awarded the Care Management Entity (CME) contract in 2017 with a reduced capacity to serve 94 youth in the community, how many youth were served in FY19 and to date in FY20?
  - We understand that there has been a decrease in the flexible funding available per youth (\$1,000 per youth). Please explain the decrease in funding? Are there any short term or long term plans to increase available flexible funding? Will DBH take steps to change high fidelity

wraparound from a locally-funded pilot program to a Medicaid-funded permanent MHRS service? If so, what steps have been taken to date?

56. Please provide an update on DBH's efforts to identify providers to provide Multisystemic Therapy (MST) and Functional Family Therapy (FFT) to youth to fill the gap, in part, created by the abrupt closures of Youth Villages in June 2017, the only MST provider in the District, and First Home Care, an FFT provider, in October 2017. Please describe the barriers to identifying providers, including whether caused by low Medicaid reimbursement rates, billing limitations, and/or burdensome reporting requirements, and what steps will DBH take to attempt to overcome those barrier(s).
57. For FY 18, FY 19, and FY20 to date, please list: a) the total number of psychiatric residential treatment facility (PRTF) and the total number of residential treatment center (RTC) admissions of a child and youth receiving MHRS (may include duplicate counts of those children or youth with multiple admissions during the Fiscal Year), b) the unduplicated number of children, and of youth, receiving MHRS and served in a PRTF or RTC.
58. What resources, and how many FTEs, are assigned to the Access Help Line? Will there be any changes during the remainder of FY20? 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?
59. Please provide detailed information about proposed changes to the ARC. When consumers who are not enrolled in services arrive at a DBH certified community-based provider, what will the new enrollment process be? Will changes to the ARC mean SUD providers are now allowed to bill for initial assessment services? Does the budget reflect this additional expense for SUD providers?
60. District contracts are usually offered as a base year plus four option years. Has DBH considered aligning its provider certification process with the five year contract cycle? So long as other periodic reviews of critical information continue, what would be DBH's major concerns with extending the provider organization certification to match the

period for which contracts normally last? Are there other steps DBH could reasonably take to reduce duplication of administrative activities and paperwork by sharing information between DBH certification and recertification efforts and OCP solicitations and post-award documentation?

61. How many children (0-20) received a service through MHRS during FY19? How does this compare to the number who received a service in FY17 and FY18.
62. Please provide an updated list of all Evidence-Based Practices (EBP) and for each EBP please note:
  - The name of each provider who offers it;
  - Each provider's capacity;
  - Each provider's current enrollment;
  - Whether the EBP is Medicaid-reimbursable and if so, under what code or rate;
  - Any quality assessment or outcome measure that have been put in place to assess the program; and
  - Whether the EBP is trauma-informed.
63. 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 FY19 and to date in FY20, 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.
64. 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 FY19 and to date in FY20.

- 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.

65. Please provide an update on the implementation of the DC SEED Grant.

66. Please provide an update on the implementation of the DC Opioid Response (DCOR) Faith-Based Recovery Month Grant. Did the programs funded by this grant prove successful?

67. Please provide an update on the “Now is the Time” Transitional Age Youth Grant.

Please describe the status of the project, including the following information:

- Which community-based organizations participated in the grant in FY19?
- What services were provided under the grant in FY19? Are any of these services time-limited? If so, which services and what are their time limits?
- To date, which community-based providers are certified to deliver transition age youth-specific services and supports?
- To date, how many Transition Aged Youth (TAY) have received services under the Now is the Time grant, broken down by service type and dates of service?
- How much of the grant funding was used in FY19 for direct services?
- Please provide any outcome evaluations or reports of the program from the past.

68. Please provide an update on the Department’s work with the DC Collaborative for Mental Health in Pediatric Primary Care.

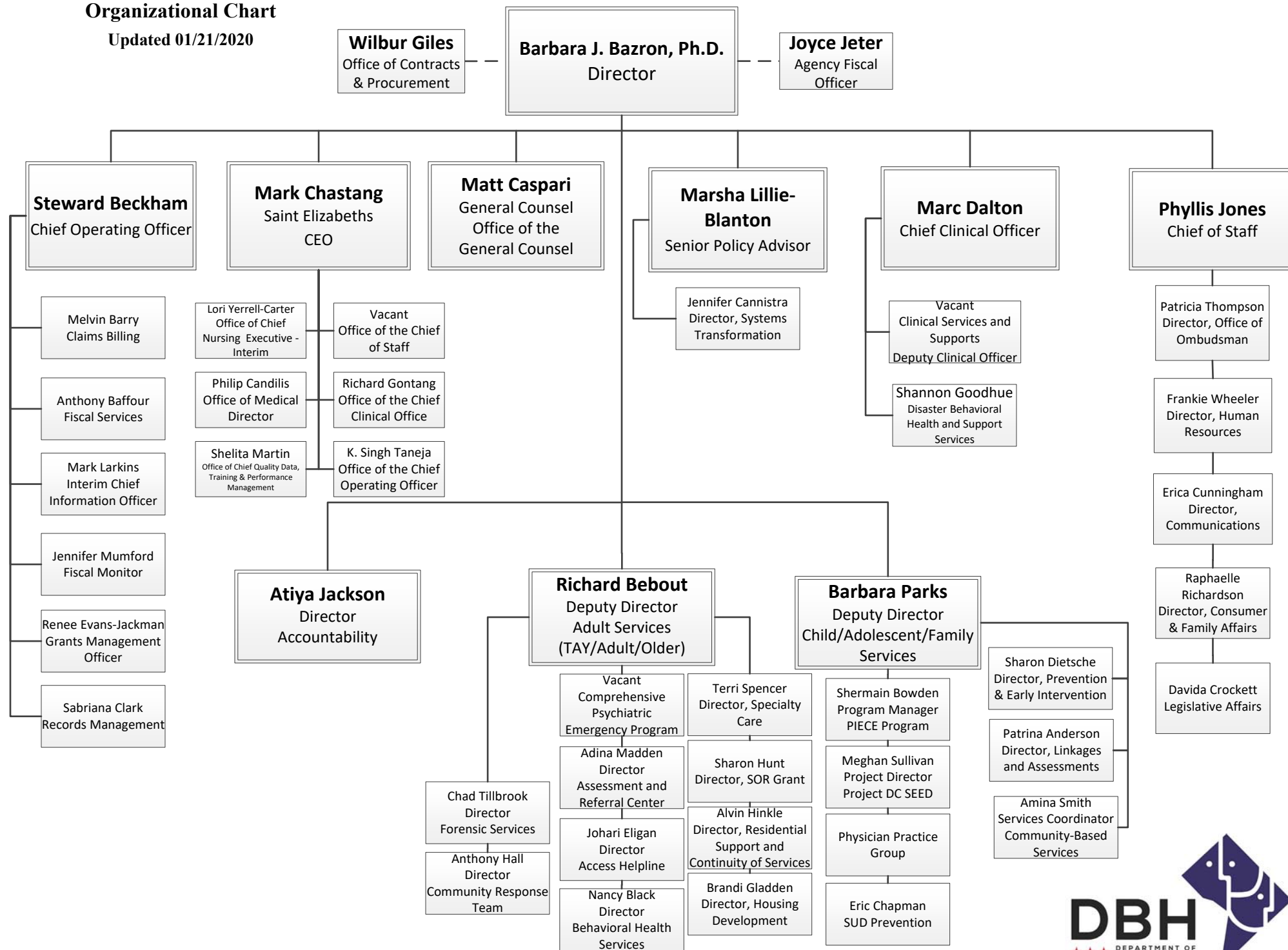
69. During FY19, what percentage of children discharged from a hospital were seen within the community within seven days? When children are not seen until after the 7-day deadline, what are the reasons? Provide numbers and percentages.

70. Please explain the work the Department is doing with CFSA to better serve the mental health needs of District foster children in Maryland.

71. Please provide an update on the collaboration between DBH, DYRS, DHS, CFSA, OSSE, DCPS, and DC Public Charter Schools to implement CAFAS and PECFAS. In your response, please provide an update on the plan to develop the data warehouse that will allow for CAFAS/PECFAS results to be shared with all of a specific child/youth's providers.
  
72. Please provide an update on the online behavioral health training program for all child development facilities and public schools that was launched in the first quarter of FY15. How many teachers and other personnel completed the online training in FY19 and FY20 to date?

# Department of Behavioral Health Organizational Chart

Updated 01/21/2020



*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 FY19 and to date in FY20.*

## **DBH Response**

With the appointment of the new director in April 2019, the organizational structure was reconfigured in the following ways for greater visibility internally and externally and to strengthen accountability:

- Community Services Administration was divided into the Children/Adolescent/Family Services Division and the Adult Services Division which now includes forensic services and the DBH operated services
- Systems Transformation Division was reconfigured to transfer Network Development which provides onboarding of new providers and ongoing technical assistance to the provider network to the Accountability Administration to strengthen interaction with providers on quality of services and partner continuous quality improvement with compliance
- Consumer and Family Affairs and Human Resources were moved to the Chief of Staff to elevate the voice of consumers/clients and their families and to provide focused attention on recruitment and retention, and labor management relations, and a
- Senior Policy Advisor position was established to guide system redesign including implementation of the 1115 Behavioral Health Transformation waiver.



Question 2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY 19 and to date in FY20

Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values					
									2019	2020	2019	2020	2019	2020
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance
<b>1000</b>	<b>AGENCY MANAGEMENT</b>	0100	<b>LOCAL FUND</b>						17318826.16	17312715.82	6110.34	16321546.32	1598224.08	4767025.07
		0100 Total							17318826.16	17312715.82	6110.34	16321546.32	1598224.08	4767025.07
		0200	<b>FEDERAL GRANT FUND</b>	PS	<b>0011</b>	REGULAR PAY - CONT FULL TIME	<b>0111</b>	CONTINUING FULL TIME	700657.02	737335.13	-36678.11	855836.1	266278.83	589557.27
					<b>0011 Total</b>				<b>700657.02</b>	<b>737335.13</b>	<b>-36678.11</b>	<b>855836.1</b>	<b>266278.83</b>	<b>589557.27</b>
					<b>0012</b>	REGULAR PAY - OTHER	<b>0125</b>	TERM FULL-TIME	25194.86	25194.99	-0.13	101663.27	0	101663.27
					<b>0012 Total</b>				<b>25194.86</b>	<b>25194.99</b>	<b>-0.13</b>	<b>101663.27</b>	<b>0</b>	<b>101663.27</b>
					<b>0013</b>	ADDITIONAL GROSS PAY	<b>0134</b>	TERMINAL LEAVE	0	0	0	0	593.02	-593.02
					<b>0013 Total</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>593.02</b>	<b>-593.02</b>
					<b>0014</b>	FRINGE BENEFITS - CURR PERSONNEL	<b>0174</b>	SEVERANCE PAY	0	0	0	0	10970.4	-10970.4
					<b>0014 Total</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11563.42</b>	<b>-11563.42</b>
					<b>0141</b>	GROUP LIFE INSURANCE	<b>0141</b>	GROUP LIFE INSURANCE	0	436.57	-436.57	0	147.94	-147.94
					<b>0142</b>	HEALTH BENEFITS	<b>0142</b>	HEALTH BENEFITS	0	72784.18	-72784.18	0	24248.55	-24248.55
					<b>0147</b>	MISC FRINGE BENEFITS	<b>0147</b>	MISC FRINGE BENEFITS	171917.35	0	171917.35	259482.33	0	259482.33
					<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	0	45279.35	-45279.35	0	16525.61	-16525.61
					<b>0154</b>	OPTICAL PLAN	<b>0154</b>	OPTICAL PLAN	0	576.52	-576.52	0	183.39	-183.39
					<b>0155</b>	DENTAL PLAN	<b>0155</b>	DENTAL PLAN	0	1736.09	-1736.09	0	552.7	-552.7
					<b>0157</b>	PREPAID LEGAL	<b>0157</b>	PREPAID LEGAL	0	1248.44	-1248.44	0	203.65	-203.65
					<b>0158</b>	MEDICARE CONTRIBUTION	<b>0158</b>	MEDICARE CONTRIBUTION	0	10589.53	-10589.53	0	4068.33	-4068.33
					<b>0159</b>	RETIREMENT	<b>0159</b>	RETIREMENT	0	38126.53	-38126.53	0	13313.86	-13313.86
					<b>0160</b>	DC METRO BENEFITS	<b>0160</b>	DC METRO BENEFITS	0	108.6	-108.6	0	0	0
					<b>0161</b>	DC HEALTH BENEFIT FEES	<b>0161</b>	DC HEALTH BENEFIT FEES	0	3529.92	-3529.92	0	1249.66	-1249.66
					<b>0014 Total</b>				<b>171917.35</b>	<b>174415.73</b>	<b>-2498.38</b>	<b>259482.33</b>	<b>60493.69</b>	<b>198988.64</b>
					<b>0015</b>	OVERTIME PAY	<b>0133</b>	OVERTIME PAY	0	1692.74	-1692.74	0	856.59	-856.59
					<b>0015 Total</b>				<b>0</b>	<b>1692.74</b>	<b>-1692.74</b>	<b>0</b>	<b>856.59</b>	<b>-856.59</b>
				PS Total					897769.23	938638.59	-40869.36	1216981.7	339192.53	877789.17
		0200 Total							897769.23	938638.59	-40869.36	1216981.7	339192.53	877789.17
		0700	<b>OPERATING INTRA-DISTRICT FUNDS</b>	PS	<b>0011</b>	REGULAR PAY - CONT FULL TIME	<b>0111</b>	CONTINUING FULL TIME	9448.04	9411.86	36.18	0	0	0
					<b>0011 Total</b>				<b>9448.04</b>	<b>9411.86</b>	<b>36.18</b>	<b>0</b>	<b>0</b>	<b>0</b>
					<b>0013</b>	ADDITIONAL GROSS PAY	<b>0136</b>	SUNDAY PAY	0	36.18	-36.18	0	0	0
					<b>0013 Total</b>				<b>0</b>	<b>36.18</b>	<b>-36.18</b>	<b>0</b>	<b>0</b>	<b>0</b>
					<b>0014</b>	FRINGE BENEFITS - CURR PERSONNEL	<b>0141</b>	GROUP LIFE INSURANCE	0	5.55	-5.55	0	0	0
					<b>0147</b>	MISC FRINGE BENEFITS	<b>0147</b>	MISC FRINGE BENEFITS	1235.86	0	1235.86	0	0	0
					<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	0	585.86	-585.86	0	0	0
					<b>0154</b>	OPTICAL PLAN	<b>0154</b>	OPTICAL PLAN	0	8.88	-8.88	0	0	0
					<b>0155</b>	DENTAL PLAN	<b>0155</b>	DENTAL PLAN	0	28.17	-28.17	0	0	0
					<b>0158</b>	MEDICARE CONTRIBUTION	<b>0158</b>	MEDICARE CONTRIBUTION	0	136.85	-136.85	0	0	0
					<b>0159</b>	RETIREMENT	<b>0159</b>	RETIREMENT	0	470.55	-470.55	0	0	0
					<b>0014 Total</b>				<b>1235.86</b>	<b>1235.86</b>	<b>-5.68434E-14</b>	<b>0</b>	<b>0</b>	<b>0</b>
				PS Total					10683.9	10683.9	-5.68434E-14	0	0	0
		0700 Total							10683.9	10683.9	-5.68434E-14	0	0	0
			<b>AGENCY MANAGEMENT Total</b>						<b>18227279.29</b>	<b>18262038.31</b>	<b>-34759.02</b>	<b>17538528.02</b>	<b>1937416.61</b>	<b>5644814.24</b>
<b>1000 Total</b>									<b>18227279.29</b>	<b>18262038.31</b>	<b>-34759.02</b>	<b>17538528.02</b>	<b>1937416.61</b>	<b>5644814.24</b>
<b>100F</b>	<b>AGENCY FINANCIAL OPERATIONS (BUDGET)</b>	0100	<b>LOCAL FUND</b>						2000547.48	1935659.2	64888.28	2099143.53	368924.97	1667298.56
		0100 Total							2000547.48	1935659.2	64888.28	2099143.53	368924.97	1667298.56
		0200	<b>FEDERAL GRANT FUND</b>	PS	<b>0011</b>	REGULAR PAY - CONT FULL TIME	<b>0111</b>	CONTINUING FULL TIME	0	0	0	0	0	0
					<b>0011 Total</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
					<b>0014</b>	FRINGE BENEFITS - CURR PERSONNEL	<b>0141</b>	GROUP LIFE INSURANCE	0	0	0	0	0	0
					<b>0142</b>	HEALTH BENEFITS	<b>0142</b>	HEALTH BENEFITS	0	-0.6	0.6	0	0	0
					<b>0147</b>	MISC FRINGE BENEFITS	<b>0147</b>	MISC FRINGE BENEFITS	0	1.57	-1.57	0	0	0
					<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	<b>0148</b>	RETIREMENT CONTRIBUTION - FICA	0	-0.44	0.44	0	0	0
					<b>0154</b>	OPTICAL PLAN	<b>0154</b>	OPTICAL PLAN	0	-0.01	0.01	0	0	0
					<b>0155</b>	DENTAL PLAN	<b>0155</b>	DENTAL PLAN	0	-0.01	0.01	0	0	0
					<b>0158</b>	MEDICARE CONTRIBUTION	<b>0158</b>	MEDICARE CONTRIBUTION	0	-0.11	0.11	0	0	0
					<b>0159</b>	RETIREMENT	<b>0159</b>	RETIREMENT	0	-0.37	0.37	0	0	0
					<b>0161</b>	DC HEALTH BENEFIT FEES	<b>0161</b>	DC HEALTH BENEFIT FEES	0	-0.03	0.03	0	0	0
					<b>0014 Total</b>				<b>0</b>	<b>2.77556E-17</b>	<b>-2.77556E-17</b>	<b>0</b>	<b>0</b>	<b>0</b>
				PS Total					0	2.77556E-17	-2.77556E-17	0	0	0
				NPS	<b>0020</b>	SUPPLIES AND MATERIALS	<b>0210</b>	GENERAL	2978	0	2978	10810.33	0	10810.33
					<b>0020 Total</b>				<b>2978</b>	<b>0</b>	<b>2978</b>	<b>10810.33</b>	<b>0</b>	<b>10810.33</b>
					<b>0040</b>	OTHER SERVICES AND CHARGES	<b>0402</b>	TRAVEL - OUT OF CITY	0	6920.56	-6920.56	15040	0	15040
					<b>0408</b>	PROF SERVICE FEES AND CONTR	<b>0408</b>	PROF SERVICE FEES AND CONTR	19837.56	34320	-14482.44	10810.33	0	2170.33
					<b>0410</b>	OFFICE SUPPORT	<b>0410</b>	OFFICE SUPPORT	28403	0	28403	0	0	2170.33
					<b>0040 Total</b>				<b>48240.56</b>	<b>41240.56</b>	<b>7000</b>	<b>25850.33</b>	<b>0</b>	<b>17210.33</b>
					<b>0050</b>	SUBSIDIES AND TRANSFERS	<b>0506</b>	GRANTS AND GRATUITIES	-25000	0	-25000	0	0	25000
					<b>0523</b>	AGENCY INDIRECT COST	<b>0523</b>	AGENCY INDIRECT COST	25000	0	25000	25000	0	25000
					<b>0050 Total</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>25000</b>	<b>0</b>	<b>25000</b>
					<b>0070</b>	EQUIPMENT & EQUIPMENT RENTAL	<b>0702</b>	PURCHASES - EQUIPMENT AND MACHINERY	20905.32	0	20905.32	810.33	0	810.33
					<b>0704</b>	PURCHASES - OTHER EQUIPMENT	<b>0704</b>	PURCHASES - OTHER EQUIPMENT	-10344.62	0	-10344.62	0	0	0
					<b>0706</b>	RENTALS - MACHINERY AND EQUIPMENT	<b>0706</b>	RENTALS - MACHINERY AND EQUIPMENT	-5905.32	0	-5905.32	0	0	0
					<b>0070 Total</b>				<b>4655.38</b>	<b>0</b>	<b>4655.38</b>	<b>810.33</b>	<b>0</b>	<b>810.33</b>
				NPS Total					55873.94	41240.56	14633.38	62470.99	0	53830.99
		0200 Total							55873.94	41240.56	14633.38	62470.99	0	53830.99
		0250	<b>FEDERAL MEDICAID PAYMENTS</b>	NPS	<b>0040</b>	OTHER SERVICES AND CHARGES	<b>0402</b>	TRAVEL - OUT OF CITY	0	3449.9	-3449.9	0	0	0
					<b>0408</b>	PROF SERVICE FEES AND CONTR	<b>0408</b>	PROF SERVICE FEES AND CONTR	60000	54366	5634	60000	0	0
					<b>0040 Total</b>				<b>60000</b>	<b>57815.9</b>	<b>2184.1</b>	<b>60000</b>	<b>0</b>	<b>0</b>
				NPS Total					60000	57815.9	2184.1	60000	0	0
		0250 Total							60000	57815.9	2184.1	60000	0	0
			<b>AGENCY FINANCIAL OPERATIONS (BUDGET) Total</b>						<b>2116421.42</b>	<b>2034715.66</b>	<b>81705.76</b>	<b>2221614.52</b>	<b>368924.97</b>	<b>1721129.55</b>
<b>100F Total</b>									<b>2116421.42</b>	<b>2034715.66</b>	<b>81705.76</b>	<b>2221614.52</b>	<b>368924.97</b>	<b>1721129.55</b>
<b>1800</b>	<b>MENTAL HEALTH AUTHORITY (BUDGET)</b>	0100	<b>LOCAL FUND</b>						5399043.14	5397712.27	1330.87	5357698.71	948481.78	3774906.11
		0100 Total							5399043.14	5397712.27	1330.87	5357698.71	948481.78	3774906.11
		0200	<b>FEDERAL GRANT FUND</b>	PS	<b>0011</b>	REGULAR PAY - CONT FULL TIME	<b>0111</b>	CONTINUING FULL TIME	80087.51	109541.29	-29453.78	121875.01	36180.64	8

Question 2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY 19 and to date in FY20

Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values			Fiscal Year Values		
									2019	2020	2020	2019	2020	2020
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance
1800	MENTAL HEALTH AUTHORITY (BUDGET)	0200	FEDERAL GRANT FUND	NPS	0070	EQUIPMENT & EQUIPMENT RENTAL	0706	RENTALS - MACHINERY AND EQUIPMENT	-20000	0	-20000			
				NPS Total	0070 Total				0	0	0			
		0200 Total							158590.73	179579.79	-20989.06	239478.17	46750.37	192727.8
		0250	FEDERAL MEDICAID PAYMENTS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	132044.53	94119.53	37925	166459.74	24710.99	141748.75
					0011 Total				132044.53	94119.53	37925	166459.74	24710.99	141748.75
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	52.64	-52.64	0	14.28	-14.28
							0142	HEALTH BENEFITS	0	6413.12	-6413.12	0	1541.82	-1541.82
							0147	MISC FRINGE BENEFITS	40346.59	0.27	40346.32	45110.59	0	45110.59
							0148	RETIREMENT CONTRIBUTION - FICA	0	5609.86	-5609.86	0	1476.47	-1476.47
							0154	OPTICAL PLAN	0	56.04	-56.04	0	14.14	-14.14
							0155	DENTAL PLAN	0	177.91	-177.91	0	44.66	-44.66
							0158	MEDICARE CONTRIBUTION	0	1311.99	-1311.99	0	366.66	-366.66
							0159	RETIREMENT	0	4705.89	-4705.89	0	1235.55	-1235.55
							0161	DC HEALTH BENEFIT FEES	0	314.6	-314.6	0	73.99	-73.99
					0014 Total				40346.59	18642.32	21704.27	45110.59	4767.57	40343.02
				PS Total					172391.12	112761.85	59629.27	211570.33	29478.56	182091.77
				NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	825950.88	825950.88	0			
					0040 Total				825950.88	825950.88	0			
				NPS Total					825950.88	825950.88	0			
		0250 Total							998342	938712.73	59629.27	211570.33	29478.56	182091.77
		0700	OPERATING INTRA-DISTRICT FUNDS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	0	1113.48	-1113.48			
					0011 Total				0	1113.48	-1113.48			
					0012	REGULAR PAY - OTHER	0121	TEMPORARY FULL-TIME				16794.98	0	16794.98
							0125	TERM FULL-TIME	0	0	0	0	0	0
					0012 Total				0	0	0	16794.98	0	16794.98
					0013	ADDITIONAL GROSS PAY	0134	TERMINAL LEAVE	0	0	0	0	167.02	-167.02
					0013 Total				0	0	0	0	167.02	-167.02
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	-2829.88	2829.88			
							0142	HEALTH BENEFITS	0	1332.79	-1332.79			
							0147	MISC FRINGE BENEFITS	1351.88	0	1351.88	4551.44	0	4551.44
							0148	RETIREMENT CONTRIBUTION - FICA	0	849.91	-849.91	0	10.36	-10.36
							0154	OPTICAL PLAN	0	9.83	-9.83			
							0155	DENTAL PLAN	0	28.73	-28.73			
							0158	MEDICARE CONTRIBUTION	0	198.64	-198.64	0	2.42	-2.42
							0159	RETIREMENT	0	584.64	-584.64			
							0161	DC HEALTH BENEFIT FEES	0	63.74	-63.74			
					0014 Total				1351.88	238.4	1113.48	4551.44	12.78	4538.66
				PS Total					1351.88	1351.88	2,344,79E-13	21346.42	179.8	21166.62
				NPS					1351.88	1351.88	2,344,79E-13	21346.42	179.8	21166.62
		0700 Total							6557327.75	6517356.67	39971.08	5830093.63	1024890.51	4170892.3
		<b>Total</b>							<b>6557327.75</b>	<b>6517356.67</b>	<b>39971.08</b>	<b>5830093.63</b>	<b>1024890.51</b>	<b>4170892.3</b>
1800 Total									<b>6557327.75</b>	<b>6517356.67</b>	<b>39971.08</b>	<b>5830093.63</b>	<b>1024890.51</b>	<b>4170892.3</b>
3800	SAINT ELIZABETHS HOSPITAL	0100	LOCAL FUND						90574327.05	90569293.83	5033.22	94033949.25	23174482.25	61970262.4
		0100 Total							90574327.05	90569293.83	5033.22	94033949.25	23174482.25	61970262.4
		0200	FEDERAL GRANT FUND	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	722062.92	787288.61	-65225.69	870499.9	322834.41	547665.49
					0011 Total				722062.92	787288.61	-65225.69	870499.9	322834.41	547665.49
					0012	REGULAR PAY - OTHER	0121	TEMPORARY FULL-TIME	182762.12	0	182762.12			
							0122	CONTINUING PART-TIME	99816.5	75030.74	24785.76	99816.5	17573.95	82242.55
							0125	TERM FULL-TIME	201595.36	181521.12	20074.24	313273.87	0	313273.87
					0012 Total				484173.98	256551.86	227622.12	413090.37	17573.95	395516.42
					0013	ADDITIONAL GROSS PAY	0131	SHIFT DIFFERENTIAL	0	25160.7	-25160.7	0	7760.09	-7760.09
							0134	TERMINAL LEAVE	0	0	0	0	0	0
							0135	HOLIDAY PAY	0	23205.82	-23205.82	0	7470.88	-7470.88
							0136	SUNDAY PAY	0	28555.51	-28555.51	0	8239.22	-8239.22
					0013 Total				0	76922.03	-76922.03	0	23470.19	-23470.19
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	659.01	-659.01	0	199.94	-199.94
							0142	HEALTH BENEFITS	0	144066.35	-144066.35	0	40577.91	-40577.91
							0147	MISC FRINGE BENEFITS	260844.77	-17250	278094.77	347852.95	0	347852.95
							0148	RETIREMENT CONTRIBUTION - FICA	0	75882.84	-75882.84	0	22907.26	-22907.26
							0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	5252	-5252	0	2207.88	-2207.88
							0154	OPTICAL PLAN	0	1045.9	-1045.9	0	298.18	-298.18
							0155	DENTAL PLAN	0	3252.62	-3252.62	0	936.9	-936.9
							0157	PREPAID LEGAL	0	6.33	-6.33			
							0158	MEDICARE CONTRIBUTION	0	19750.22	-19750.22	0	6287.96	-6287.96
							0159	RETIREMENT	0	40068.58	-40068.58	0	13089.69	-13089.69
							0160	DC METRO BENEFITS	0	25	-25			
							0161	DC HEALTH BENEFIT FEES	0	4700.77	-4700.77	0	1305.42	-1305.42
					0014 Total				260844.77	277459.62	-16614.85	347852.95	87811.14	260041.81
					0015	OVERTIME PAY	0133	OVERTIME PAY	0	183988.28	-183988.28	0	61883.08	-61883.08
					0015 Total				0	183988.28	-183988.28	0	61883.08	-61883.08
				PS Total					1467081.67	1582210.4	-115128.73	1631443.22	513572.77	1117870.45
				NPS	0020	SUPPLIES AND MATERIALS	0201	OFFICE SUPPLIES	16705.04	5553.82	11151.22	16705.04	0	105654.96
							0202	CUSTODIAL AND MAINTENANCE	11364.03	31322.56	-19958.53	11364.03	388.28	11364.03
							0203	MEDICAL, SURGICAL AND LAB	134263.54	150814.45	-16550.91	145402.88	0	145402.88
							0204	EDUCATIONAL	13362.52	431.66	12930.86	13362.52	48.04	13362.52
							0205	RECREATIONAL	0	1616.39	-1616.39			
							0207	CLOTHING AND UNIFORMS	5341.01	5830.72	-489.71	5341.01	3660.55	5341.01
							0209	FOOD PROVISIONS	96138.76	90229.55	5909.21	96138.76	0	36138.76
							0210	GENERAL	291717.66	171778.9	119938.76	291717.66	47073.77	121147.36
							0212	CULINARY PRODUCTS	0	64743.63	-64743.63			
							0213	SECURITY SUPPLIES	5500	0	5500	5500	0	5500
							0218	CLEANING SUPPLIES	0	5033.08	-5033.08			
					0020 Total				574392.56	527354.76	47037.8	585531.9	51170.64	232601.6
					0040	OTHER SERVICES AND CHARGES	0401	TRAVEL - LOCAL	16023.02	2863.44	13159.58	16023.02	300	16023.02
							0402	TRAVEL - OUT OF CITY	10682.01	10466.84	215.17	10682.01	540	10142.01
							0403	TRANS CHARGES - MATERIALS	80000	30410.87	49589.13	80000	0	80000
							0404	MAINTENANCE AND REPAIRS - AUTO	0	2686.43	-2686.43			
							0405	MAINTENANCE AND REPAIRS - MACH	0	0	0			
							0406	MAINTENANCE AND REPAIRS - LAND, BUILDING	0	19810.92	-19810.92			
							0407	MAINTENANCE AND REPAIRS - OTHER	94917.81	117974.1	-23056.29	94917.81	0	1709.7
							0408	PROF SERVICE FEES AND CONTR	189923.3					

Question 2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY 19 and to date in FY20

Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values						
									2019			2020			
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance	
3800	SAINT ELIZABETHS HOSPITAL	0200	FEDERAL GRANT FUND	NPS	0070	EQUIPMENT & EQUIPMENT RENTAL	0706	RENTALS - MACHINERY AND EQUIPMENT					0	0	0
							0707	RENTALS - OTHER					0	2752.86	0
							0708	LIBRARY BOOKS	13352.52	0	13352.52	13352.52	0	0	13352.52
							0709	TEXT BOOKS	0	304	-304				
							0710	IT HARDWARE ACQUISITIONS	0	10699.19	-10699.19				
							0711	IT SOFTWARE ACQUISITIONS	0	1948.37	-1948.37				
								<b>0070 Total</b>	<b>63853.82</b>	<b>38930.4</b>	<b>24923.42</b>	<b>63853.82</b>	<b>27522.86</b>	<b>7032.78</b>	
								NPS Total	1389854.39	1274725.66	115128.73	1400993.73	183379.5	392059.33	
0200 Total		0250	FEDERAL MEDICAID PAYMENTS	NPS	0040	OTHER SERVICES AND CHARGES	0403	TRANS CHARGES - MATERIALS	2856936.06	2856936.06	2.72848E-12	3032436.95	696952.27	1509929.78	
							0405	MAINTENANCE AND REPAIRS - MACH	0	22003.06	-22003.06				
							0407	MAINTENANCE AND REPAIRS - OTHER	0	13600	-13600				
							0408	PROF SERVICE FEES AND CONTR	0	0	0				
								<b>0040 Total</b>	<b>845000</b>	<b>808228.15</b>	<b>36771.85</b>				
								<b>0070 Total</b>	<b>845000</b>	<b>843831.21</b>	<b>1168.79</b>				
								NPS Total	80000	78481.46	1518.54				
0250 Total		0400	PRIVATE GRANT FUND	NPS	0020	SUPPLIES AND MATERIALS	0201	OFFICE SUPPLIES	925000	922312.67	2687.33				
							0209	FOOD PROVISIONS	925000	922312.67	2687.33				
							0210	GENERAL	6077.84	0	6077.84	40000	0	33000	
								<b>0020 Total</b>	<b>6077.84</b>	<b>6077.84</b>	<b>0</b>	<b>40000</b>	<b>6967.03</b>	<b>-19884.45</b>	
								<b>0040</b>							
							0401	TRAVEL - LOCAL	0	14514.17	-14514.17	0	186.96	-186.96	
							0402	TRAVEL - OUT OF CITY	0	36086.78	-36086.78	0	1850	-1850	
							0408	PROF SERVICE FEES AND CONTR	122450.74	60544.77	61905.97	175000	3847.5	77900	
							0410	OFFICE SUPPORT	0	0	0				
							0416	POSTAGE	0	0	0				
							0424	CONFERENCE FEES LOC OUT OF CITY	0	-149	149				
							0425	PAYMENT OF MEMBERSHIP DUES	0	750	-750	0	19412.8	-19412.8	
							0428	PERSONAL SERVICES CONTRACTS	0	10699	-10699				
							0499	INT PENALTIES QUICK PAY CLS 40	0	5.02	-5.02				
								<b>0040 Total</b>	<b>122450.74</b>	<b>122450.74</b>	<b>4.07496E-12</b>	<b>175000</b>	<b>25297.26</b>	<b>56450.24</b>	
								<b>0070 Total</b>							
							0701	PURCHASES - FURNITURE AND FIXTURES	0	0	0	0	0	-5000	
							0704	PURCHASES - OTHER EQUIPMENT	409.44	0	409.44	25000	0	25000	
							0709	TEXT BOOKS	15000	0	15000	15000	0	15000	
							0710	IT HARDWARE ACQUISITIONS	0	13646.56	-13646.56				
							0711	IT SOFTWARE ACQUISITIONS	0	1762.88	-1762.88				
								<b>0070 Total</b>	<b>15409.44</b>	<b>15409.44</b>	<b>9.09495E-13</b>	<b>40000</b>	<b>0</b>	<b>35000</b>	
								NPS Total	143938.02	143938.02	4.54747E-12	255000	32264.29	104565.79	
0400 Total		0450	PRIVATE DONATIONS	NPS	0020	SUPPLIES AND MATERIALS	0201	OFFICE SUPPLIES	143938.02	143938.02	4.54747E-12	255000	32264.29	104565.79	
							0203	MEDICAL, SURGICAL AND LAB	0	4523.83	-4523.83	0	110.95	-13021	
							0204	EDUCATIONAL	0	7778.23	-7778.23	0	1004.03	0	
							0205	RECREATIONAL	0	173.34	-173.34				
							0209	FOOD PROVISIONS	0	2054.98	-2054.98				
							0210	GENERAL	0	3227.78	-3227.78	0	655.55	0	
							0214	PHOTO SUPPLIES	30383.47	10323.88	20059.59	12000	488.42	-3312.48	
							0219	IT SUPPLIES	0	2133.53	-2133.53				
								<b>0020 Total</b>	<b>30383.47</b>	<b>30383.47</b>	<b>8.52651E-14</b>	<b>12000</b>	<b>2258.95</b>	<b>-16333.48</b>	
								<b>0040</b>							
							0401	TRAVEL - LOCAL	0	7038.13	-7038.13				
							0402	TRAVEL - OUT OF CITY	0	7178.84	-7178.84				
							0405	MAINTENANCE AND REPAIRS - MACH	0	60	-60				
							0408	PROF SERVICE FEES AND CONTR	75626.63	56188.69	19437.94	135463.55	76858.39	88101.55	
							0410	OFFICE SUPPORT	0	2783.76	-2783.76				
							0416	POSTAGE	0	7.41	-7.41				
							0419	TUITION FOR EMPLOYEE TRAINING	0	1339.8	-1339.8				
							0441	IT HARDWARE MAINTENANCE	0	1030	-1030				
								<b>0040 Total</b>	<b>75626.63</b>	<b>75626.63</b>	<b>-2.50111E-12</b>	<b>135463.55</b>	<b>76858.39</b>	<b>88101.55</b>	
								<b>0070 Total</b>							
							0701	PURCHASES - FURNITURE AND FIXTURES	0	0	0	0	0	-12500	
							0702	PURCHASES - EQUIPMENT AND MACHINERY	2993.9	0	2993.9	13689.19	0	13689.19	
							0704	PURCHASES - OTHER EQUIPMENT	0	2993.9	-2993.9				
								<b>0070 Total</b>	<b>2993.9</b>	<b>2993.9</b>	<b>0</b>	<b>13689.19</b>	<b>0</b>	<b>1189.19</b>	
								NPS Total	109004	109004	-2.27374E-12	161152.74	79117.34	72957.26	
0450 Total		0600	SPECIAL PURPOSE REVENUE FUNDS (O TYP	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	109004	109004	-2.27374E-12	161152.74	79117.34	72957.26	
							0013	ADDITIONAL GROSS PAY	1345760.76	1202022.24	143738.52	1364999.4	429996.98	935002.42	
								<b>0011 Total</b>	<b>1345760.76</b>	<b>1202022.24</b>	<b>143738.52</b>	<b>1364999.4</b>	<b>429996.98</b>	<b>935002.42</b>	
								<b>0013</b>							
							0131	SHIFT DIFFERENTIAL	0	35293.56	-35293.56	0	12033.14	-12033.14	
							0134	TERMINAL LEAVE	0	1885.07	-1885.07				
							0135	HOLIDAY PAY	0	48919.19	-48919.19	0	17873.07	-17873.07	
							0136	SUNDAY PAY	0	69186.77	-69186.77	0	24317.36	-24317.36	
								<b>0013 Total</b>	<b>0</b>	<b>155284.59</b>	<b>-155284.59</b>	<b>0</b>	<b>54223.57</b>	<b>-54223.57</b>	
								<b>0014</b>							
							0141	GROUP LIFE INSURANCE	0	777.69	-777.69	0	241.05	-241.05	
							0142	HEALTH BENEFITS	0	181435.65	-181435.65	0	48228.22	-48228.22	
							0147	MISC FRINGE BENEFITS	335108.3	-13296.09	348404.39	369914.84	0	369914.84	
							0148	RETIREMENT CONTRIBUTION - FICA	0	82197.29	-82197.29	0	29367.42	-29367.42	
							0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	5242.18	-5242.18	0	1230.21	-1230.21	
							0154	OPTICAL PLAN	0	1059.74	-1059.74	0	295.84	-295.84	
							0155	DENTAL PLAN	0	3599.63	-3599.63	0	998.59	-998.59	
							0158	MEDICARE CONTRIBUTION	0	20297.11	-20297.11	0	7542.98	-7542.98	
							0159	RETIREMENT	0	58953.71	-58953.71	0	20526.4	-20526.4	
							0160	DC METRO BENEFITS	0	28	-28				
							0161	DC HEALTH BENEFIT FEES	0	8628.84	-8628.84	0	2271.71	-2271.71	
								<b>0014 Total</b>	<b>335108.3</b>	<b>348923.75</b>	<b>-13815.45</b>	<b>369914.84</b>	<b>110702.42</b>	<b>259212.42</b>	
								<b>0015</b>							
							0133	OVERTIME PAY	102132.02	76657.24	25474.78	44701.15	29545.51	15155.64	
								<b>0015 Total</b>	<b>102132.02</b>	<b>76657.24</b>	<b>25474.78</b>	<b>44701.15</b>	<b>29545.51</b>	<b>15155.64</b>	
								NPS Total	1783001.08	1782887.82	113.26	1779615.39	624468.48	1155146.91	
								<b>0040 Total</b>	<b>70176.2</b>	<b>70295.2</b>	<b>-119</b>	<b>100000</b>	<b>460</b>	<b>66383</b>	
								NPS Total	70176.2	70295.2	-119	100000	460	66383	
0600 Total		0700	OPERATING INTRA-DISTRICT FUNDS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	1853177.28	1853183.02	-5.74	1879615.39	624928.48	1221529.91	
							0012	REGULAR PAY - OTHER	576661.21	750174.03	-173512.82	609632.13	186720.59	42291	



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Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values					
									2019			2020		
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance
5800	CLINICAL SERVICES DIVISION	0250 Total							482474	478091.82	4382.18			
		0400	PRIVATE GRANT FUND	NPS	0040	OTHER SERVICES AND CHARGES	0402	TRAVEL - OUT OF CITY	0	579.11	-579.11			
							0408	PROF SERVICE FEES AND CONTR	2817.75	2238.64	579.11			
					0040 Total				2817.75	2817.75	0			
		0400 Total			NPS Total				2817.75	2817.75	0			
		0600	SPECIAL PURPOSE REVENUE FUNDS (O TYP	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	0	0.07	-0.07			
					0011 Total				0	0.07	-0.07			
					0013	ADDITIONAL GROSS PAY	0136	SUNDAY PAY	0	0.01	-0.01			
					0013 Total				0	0.01	-0.01			
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	-0.01	0.01			
					0142	HEALTH BENEFITS	0	HEALTH BENEFITS	0	-4.8	4.8			
					0148	RETIREMENT CONTRIBUTION - FICA	0	RETIREMENT CONTRIBUTION - FICA	0	0.12	-0.12			
					0154	OPTICAL PLAN	0	OPTICAL PLAN	0	-0.02	0.02			
					0155	DENTAL PLAN	0	DENTAL PLAN	0	-0.08	0.08			
					0158	MEDICARE CONTRIBUTION	0	MEDICARE CONTRIBUTION	0	0.03	-0.03			
					0159	RETIREMENT	0	RETIREMENT	0	-0.81	0.81			
					0161	DC HEALTH BENEFIT FEES	0	DC HEALTH BENEFIT FEES	0	-0.25	0.25			
					0014 Total				0	-5.82	5.82			
		0600 Total			PS Total				0	-5.74	5.74			
		0700	OPERATING INTRA-DISTRICT FUNDS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	2897458.45	3038603.28	-141144.83	4518662.44	1221833.23	3296829.21
					0011 Total				2897458.45	3038603.28	-141144.83	4518662.44	1221833.23	3296829.21
					0012	REGULAR PAY - OTHER	0122	CONTINUING PART-TIME	99816.5	28427.99	71388.51	99816.5	16776.96	83039.54
					0125	TERM FULL-TIME	0	TERM FULL-TIME	0	19709.39	-19709.39	0	0	0
					0127	WORKER'S COMP INJURY EARNINGS	0	WORKER'S COMP INJURY EARNINGS	0	0	0	0	0	0
					0012 Total				99816.5	48137.38	51679.12	99816.5	16776.96	83039.54
					0013	ADDITIONAL GROSS PAY	0131	SHIFT DIFFERENTIAL	0	86375.27	-86375.27	0	23594.61	-23594.61
					0134	TERMINAL LEAVE	0	TERMINAL LEAVE	0	24775.1	-24775.1	0	2376.55	-2376.55
					0135	HOLIDAY PAY	258	HOLIDAY PAY	60864.32	-60606.32	0	21088.61	-21088.61	
					0136	SUNDAY PAY	0	SUNDAY PAY	74077.15	-74077.15	0	23914.09	-23914.09	
					0013 Total				258	246091.84	-245833.84	0	70973.86	-70973.86
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	2779.88	-2779.88	0	804.56	-804.56
					0142	HEALTH BENEFITS	0	HEALTH BENEFITS	0	378189.77	-378189.77	0	96934.62	-96934.62
					0147	MISC FRINGE BENEFITS	746257.67	MISC FRINGE BENEFITS	-399274.26	1145531.93	1251607.81	0	1251607.81	0
					0148	RETIREMENT CONTRIBUTION - FICA	0	RETIREMENT CONTRIBUTION - FICA	0	199072.6	-199072.6	0	39897.11	-39897.11
					0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	38791.3	-38791.3	0	10780.07	-10780.07
					0154	OPTICAL PLAN	0	OPTICAL PLAN	0	2630.9	-2630.9	0	700.54	-700.54
					0155	DENTAL PLAN	0	DENTAL PLAN	0	8427.45	-8427.45	0	2246.45	-2246.45
					0158	MEDICARE CONTRIBUTION	0	MEDICARE CONTRIBUTION	0	67233.66	-67233.66	0	20251.67	-20251.67
					0159	RETIREMENT	0	RETIREMENT	0	176856.87	-176856.87	0	50741.13	-50741.13
					0160	DC METRO BENEFITS	0	DC METRO BENEFITS	0	477.08	-477.08	0	0	0
					0161	DC HEALTH BENEFIT FEES	0	DC HEALTH BENEFIT FEES	0	15721.29	-15721.29	0	3972.22	-3972.22
					0014 Total				746257.67	490906.54	255351.13	1251607.81	226328.37	1025279.44
					0015	OVERTIME PAY	0133	OVERTIME PAY	387	18412.32	-18025.32	0	104842.31	-104842.31
					0015 Total				387	18412.32	-18025.32	0	104842.31	-104842.31
		0700 Total			PS Total				3744177.62	3842151.36	-97973.74	5870086.75	1640754.73	4229332.02
					NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	-9840.88	75560	-85400.88		
					0040 Total				-9840.88	75560	-85400.88			
					0041	CONTRACTUAL SERVICES - OTHER	0409	CONTRACTUAL SERVICES - OTHER	364401	181026.38	183374.62			
					0041 Total				364401	181026.38	183374.62			
					NPS Total				354560.12	256586.38	97973.74			
									4098737.74	4098737.74	1.16415E-10	5870086.75	1640754.73	4229332.02
									34163366.68	34037657.85	125708.83	35392073.79	7837584.25	21666619.35
5800 Total	CLINICAL SERVICES DIVISION		Total						34163366.68	34037657.85	125708.83	35392073.79	7837584.25	21666619.35
5900	SYSTEM TRANSFORMATION	0100	LOCAL FUND						7184863.41	7182457.32	2406.09	6997879.28	1699475.89	5252455.53
		0100 Total							7184863.41	7182457.32	2406.09	6997879.28	1699475.89	5252455.53
		0200	FEDERAL GRANT FUND	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	399760.38	407192.23	-7431.85	436414.44	58834.85	377579.59
					0011 Total				399760.38	407192.23	-7431.85	436414.44	58834.85	377579.59
					0012	REGULAR PAY - OTHER	0125	TERM FULL-TIME	0	17318.6	-17318.6			
					0012 Total				0	17318.6	-17318.6			
					0013	ADDITIONAL GROSS PAY	0134	TERMINAL LEAVE	0	7287.42	-7287.42			
					0013 Total				0	7287.42	-7287.42			
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	238.34	-238.34	0	33.95	-33.95
					0142	HEALTH BENEFITS	0	HEALTH BENEFITS	0	34398.66	-34398.66	0	4111.76	-4111.76
					0147	MISC FRINGE BENEFITS	90606.42	MISC FRINGE BENEFITS	0	90606.42	0	118268.31	0	118268.31
					0148	RETIREMENT CONTRIBUTION - FICA	0	RETIREMENT CONTRIBUTION - FICA	0	25534.67	-25534.67	0	3464.76	-3464.76
					0154	OPTICAL PLAN	0	OPTICAL PLAN	0	245.57	-245.57	0	28.98	-28.98
					0155	DENTAL PLAN	0	DENTAL PLAN	0	786.37	-786.37	0	91.44	-91.44
					0157	PREPAID LEGAL	0	PREPAID LEGAL	0	195.66	-195.66	0	54.24	-54.24
					0158	MEDICARE CONTRIBUTION	0	MEDICARE CONTRIBUTION	0	5971.82	-5971.82	0	897.93	-897.93
					0159	RETIREMENT	0	RETIREMENT	0	21225.75	-21225.75	0	2941.79	-2941.79
					0161	DC HEALTH BENEFIT FEES	0	DC HEALTH BENEFIT FEES	0	2005.38	-2005.38	0	210.94	-210.94
					0014 Total				90606.42	90602.22	4.2	118268.31	11835.79	106432.52
					0015	OVERTIME PAY	0133	OVERTIME PAY	0	47.11	-47.11			
					0015 Total				0	47.11	-47.11			
		0200 Total			PS Total				490366.8	522447.58	-32080.78	554682.75	70670.64	484012.11
		0250	FEDERAL MEDICAID PAYMENTS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	267792.31	272534.16	-4741.85	263800.26	78010.14	185790.12
					0011 Total				267792.31	272534.16	-4741.85	263800.26	78010.14	185790.12
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	152.96	-152.96	0	44.74	-44.74
					0142	HEALTH BENEFITS	0	HEALTH BENEFITS	0	12991.9	-12991.9	0	6899.32	-6899.32
					0147	MISC FRINGE BENEFITS	66680.28	MISC FRINGE BENEFITS	0	-0.03	66680.31	71489.87	0	71489.87
					0148	RETIREMENT CONTRIBUTION - FICA	0	RETIREMENT CONTRIBUTION - FICA	0	15801.47	-15801.47	0	3358.02	-3358.02
					0154	OPTICAL PLAN	0	OPTICAL PLAN	0	136.63	-136.63	0	43.13	-43.13
					0155	DENTAL PLAN	0	DENTAL PLAN	0	390.19	-390.19	0	129.67	-129.67
					0158	MEDICARE CONTRIBUTION	0	MEDICARE CONTRIBUTION	0	3777.28	-3777.28	0	1135.27	-1135.27

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									2019	2020	2019	2020	2019	2020
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance
5900	SYSTEM TRANSFORMATION	0250	FEDERAL MEDICAID PAYMENTS	PS	0014	FRINGE BENEFITS - CURR PERSONNEL	0159	RETIREMENT	0	13626.82	-13626.82	0	3900.51	-3900.51
					0014 Total		0161	DC HEALTH BENEFIT FEES	0	695.14	-695.14	0	367.95	-367.95
				PS Total					66680.28	47572.36	19107.92	71489.87	15878.61	55611.26
				NPS	0020	SUPPLIES AND MATERIALS	0201	OFFICE SUPPLIES	334472.59	320106.52	14366.07	335290.13	93888.75	241401.38
					0020 Total		0219	IT SUPPLIES	5000	13464.27	0	5000	0	0
					0031	TELECOMMUNICATIONS	0308	TELEPHONE, TELETYPE, TELEGRAM, ETC	0	38213.16	-38213.16	5000	0	0
					0031 Total				0	38213.16	-38213.16	5000	0	0
					0040	OTHER SERVICES AND CHARGES	0402	TRAVEL - OUT OF CITY	0	92.59	0	0	0	0
					0403	TRANS CHARGES - MATERIALS	0403	TRANS CHARGES - MATERIALS	11592	0	11592	11592	0	11592
					0408	PROF SERVICE FEES AND CONTR	0408	PROF SERVICE FEES AND CONTR	1154490.4	184389.53	976288.23	1277117.4	112885.46	1009509.73
					0410	OFFICE SUPPORT	0410	OFFICE SUPPORT	0	-26761.08	0	0	0	0
					0411	PRINTING, DUPLICATING, ETC	0411	PRINTING, DUPLICATING, ETC	0	0	0	0	0	0
					0419	TUITION FOR EMPLOYEE TRAINING	0419	TUITION FOR EMPLOYEE TRAINING	50000	0	50000	50000	0	50000
					0441	IT HARDWARE MAINTENANCE	0441	IT HARDWARE MAINTENANCE	0	77823.02	-77823.02	0	0	0
					0442	IT SOFTWARE MAINTENANCE	0442	IT SOFTWARE MAINTENANCE	128085.3	1184694.5	-1052527.76	612618.3	843030.48	-735097.39
					0499	INT PENALTIES QUICK PAY CLS 40	0499	INT PENALTIES QUICK PAY CLS 40	0	0	0	0	0	0
					0040 Total				1344167.7	1420238.56	-92470.55	1951327.7	955915.94	336004.34
					0041	CONTRACTUAL SERVICES - OTHER	0409	CONTRACTUAL SERVICES - OTHER	14533	14818.42	2650	0	0	0
					0041 Total				470000	464328.63	5671.37	0	0	0
					0070	EQUIPMENT & EQUIPMENT RENTAL	0702	PURCHASES - EQUIPMENT AND MACHINERY	89698.53	0	89698.53	89698.53	0	89698.53
							0704	PURCHASES - OTHER EQUIPMENT	33688	0	33688	33688	0	33688
							0708	LIBRARY BOOKS	0	37000	-37000	0	0	0
							0710	IT HARDWARE ACQUISITIONS	200000	124950.46	75049.54	0	0	-135649.99
							0711	IT SOFTWARE ACQUISITIONS	22384.64	76168.35	-53783.71	22384.64	0	22384.64
					0070 Total				345771.17	238118.81	107652.36	145771.17	0	10121.18
				NPS Total					2179471.87	2189181.85	-9709.98	2102098.87	955915.94	346125.52
		0250 Total							2513944.46	2509288.37	4656.09	2437389	1049804.69	587526.9
		0400	PRIVATE GRANT FUND	PS	0012	REGULAR PAY - OTHER	0125	TERM FULL-TIME	0	0	0	0	0	0
					0012 Total				0	0	0	0	0	0
					0014	FRINGE BENEFITS - CURR PERSONNEL	0147	MISC FRINGE BENEFITS	0	0	0	0	0	0
					0014 Total				0	0	0	0	0	0
				PS Total					0	0	0	0	0	0
				NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	136364	136364	0	137362.64	0	14887.64
					0040 Total				0	0	0	0	0	0
				NPS Total					136364	136364	0	137362.64	0	14887.64
		0400 Total							136364	136364	0	137362.64	0	14887.64
		0600	SPECIAL PURPOSE REVENUE FUNDS (O TYP	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	34900.46	34292.47	607.99	37004.03	9321.57	27682.46
					0011 Total				34900.46	34292.47	607.99	37004.03	9321.57	27682.46
					0013	ADDITIONAL GROSS PAY	0129	RN ON CALL PAY	0	4799.4	-4799.4	0	2893.11	-2893.11
					0013 Total				0	4799.4	-4799.4	0	2893.11	-2893.11
					0014	FRINGE BENEFITS - CURR PERSONNEL	0131	SHIFT DIFFERENTIAL	109.28	109.28	0	0	111.48	-111.48
					0014 Total				0	4908.68	-4908.68	0	3004.59	-3004.59
					0141	GROUP LIFE INSURANCE	0141	GROUP LIFE INSURANCE	0	7.45	-7.45	0	5.47	-5.47
					0147	MISC FRINGE BENEFITS	0147	MISC FRINGE BENEFITS	8690.22	2246.55	6443.67	10028.09	0	10028.09
					0148	RETIREMENT CONTRIBUTION - FICA	0148	RETIREMENT CONTRIBUTION - FICA	0	1128.45	-1128.45	0	764.21	-764.21
					0154	OPTICAL PLAN	0154	OPTICAL PLAN	0	14.93	-14.93	0	11.75	-11.75
					0155	DENTAL PLAN	0155	DENTAL PLAN	0	51.28	-51.28	0	41.14	-41.14
					0158	MEDICARE CONTRIBUTION	0158	MEDICARE CONTRIBUTION	0	263.83	-263.83	0	189.72	-189.72
					0159	RETIREMENT	0159	RETIREMENT	0	664.54	-664.54	0	466.04	-466.04
					0160	DC METRO BENEFITS	0160	DC METRO BENEFITS	0	12.5	-12.5	0	0	0
					0014 Total				8690.22	4389.53	4300.69	10028.09	1478.33	8549.76
				PS Total					43590.68	43590.68	6.82121E-13	47032.12	13804.49	33227.63
				NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	0	11315.25	-11315.25	0	-8624.67	-3774.33
					0040 Total				25000	0	25000	25000	0	25000
				NPS Total					25000	11315.25	13684.75	25000	-8624.67	21225.67
		0600 Total							68590.68	54905.93	13684.75	72032.12	5179.82	54453.3
		0700	OPERATING INTRA-DISTRICT FUNDS	PS	0011	REGULAR PAY - CONT FULL TIME	0111	CONTINUING FULL TIME	126958.52	126926.68	31.84	131242.32	34912.5	96329.82
					0011 Total				126958.52	126926.68	31.84	131242.32	34912.5	96329.82
					0014	FRINGE BENEFITS - CURR PERSONNEL	0141	GROUP LIFE INSURANCE	0	240.78	-240.78	0	66.37	-66.37
					0142	HEALTH BENEFITS	0142	HEALTH BENEFITS	0	12764.37	-12764.37	0	3445.89	-3445.89
					0147	MISC FRINGE BENEFITS	0147	MISC FRINGE BENEFITS	24436.71	0	24436.71	35566.67	0	35566.67
					0148	RETIREMENT CONTRIBUTION - FICA	0148	RETIREMENT CONTRIBUTION - FICA	0	498.79	-498.79	0	141.32	-141.32
					0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	8324.02	-8324.02	0	2284.35	-2284.35
					0154	OPTICAL PLAN	0154	OPTICAL PLAN	0	96.42	-96.42	0	25.98	-25.98
					0155	DENTAL PLAN	0155	DENTAL PLAN	0	333.4	-333.4	0	89.89	-89.89
					0158	MEDICARE CONTRIBUTION	0158	MEDICARE CONTRIBUTION	0	1778.16	-1778.16	0	519.39	-519.39
					0159	RETIREMENT	0159	RETIREMENT	0	400.77	-400.77	0	113.97	-113.97
					0160	DC METRO BENEFITS	0160	DC METRO BENEFITS	0	0	0	0	0	0
					0014 Total				24436.71	24436.71	-3.63798E-12	35566.67	6687.16	28879.51
					0015	OVERTIME PAY	0133	OVERTIME PAY	0	31.87	-31.87	0	0	0
					0015 Total				0	31.87	-31.87	0	0	0
				PS Total					151395.23	151395.26	-0.03	166808.99	41599.66	125209.33
				NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	175572.98	141442.98	34130	0	0	0
					0040 Total				0	34130	-34130	0	0	0
				NPS Total					175572.98	175572.98	0	0	0	0
					0070	EQUIPMENT & EQUIPMENT RENTAL	0701	PURCHASES - FURNITURE AND FIXTURES	0	9981.62	-9981.62	0	0	0
					0702	PURCHASES - EQUIPMENT AND MACHINERY	0702	PURCHASES - EQUIPMENT AND MACHINERY	-453.39	89564.96	-90018.35	0	0	0
					0704	PURCHASES - OTHER EQUIPMENT	0704	PURCHASES - OTHER EQUIPMENT	100000	0	100000	0	0	0
					0705	RENTALS - AUTOMOTIVE EQUIPMENT	0705	RENTALS - AUTOMOTIVE EQUIPMENT	0	0	0	0	0	0
					0070 Total				99546.61	99546.58	0.03	0	0	0
				NPS Total					275119.59	275119.56	0.03	0	0	0
									426514.82	426514.82	-1.45519E-11	166808.99	41599.66	125209.33
									12991592.37	13002926.22	-11333.85	12158867.76	2918055.7	7723855.64
									12991592.37	13002926.22	-11333.85	12158867.76	2918055.7	7723855.64
5900 Total									12991592.37	13002926.22	-11333.85	12158867.76	2918055.7	7723855.64
6900	COMMUNITY SERVICES	0100	LOCAL FUND						95163742.06	95154340.52	9401.54	111657143.5	24383189.04	51398075.44
		0100 Total							95163742.06	95154340.52	9401.54	111657143.5	24383189.04	51398075.44
		0110	LOCAL FUND						0	0	0	0	0	0
		0110 Total							0	0	0	0	0	0
		0200	FED											

Question 2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY 19 and to date in FY20

Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values														
									2019			2020											
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance									
6900	COMMUNITY SERVICES	0200	FEDERAL GRANT FUND	PS	0014	FRINGE BENEFITS - CURR PERSONNEL	0152	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0	7655.61	-7655.61	0	2113.85	-2113.85									
							0154	OPTICAL PLAN	0	1677.9	-1677.9	0	399.4	-399.4									
							0155	DENTAL PLAN	0	5265.58	-5265.58	0	1251.66	-1251.66									
							0157	PREPAID LEGAL	0	939.67	-939.67	0	162.72	-162.72									
							0158	MEDICARE CONTRIBUTION	0	29731.74	-29731.74	0	7805.27	-7805.27									
							0159	RETIREMENT	0	82277.17	-82277.17	0	21530.4	-21530.4									
							0160	DC METRO BENEFITS	0	112	-112	0											
							0161	DC HEALTH BENEFIT FEES	0	9935.59	-9935.59	0	2256.28	-2256.28									
							<b>0014 Total</b>								<b>516381.92</b>	<b>455022.18</b>	<b>61359.74</b>	<b>670409.53</b>	<b>113829.63</b>	<b>556579.9</b>			
							NPS	0020	SUPPLIES AND MATERIALS	0201	OFFICE SUPPLIES	2494037.54	2572046.57	-78009.03	3273667.94	642682.68	2630985.26						
										0203	MEDICAL, SURGICAL AND LAB	-66176.55	2919.51	-69096.06	0	0	-7500						
										0204	EDUCATIONAL	0	4992.76	-4992.76	0	0	-5000						
										0205	RECREATIONAL	0	7893.81	-7893.81	0	5149.7	0						
										0207	CLOTHING AND UNIFORMS	0	208.02	-208.02	26000	0	26000						
										0209	FOOD PROVISIONS	0	302.95	-302.95	0	0	0						
										0210	GENERAL	85247	1748.41	83498.59	17419	0	17419						
										0214	PHOTO SUPPLIES	0	700	-700	0	0	0						
										<b>0020 Total</b>								<b>19070.45</b>	<b>18765.46</b>	<b>304.99</b>	<b>43419</b>	<b>5149.7</b>	<b>30919</b>
										NPS	0040	OTHER SERVICES AND CHARGES	0401	TRAVEL - LOCAL	10701	770	9931	10701	0	10701			
							0402	TRAVEL - OUT OF CITY	34919				12252.83	22666.17	0	4678.15	-1503.43						
				0408	PROF SERVICE FEES AND CONTR	6201165.84	6111235.49	89930.35	12743841.48				193206.25	9876146.46									
				0410	OFFICE SUPPORT	4742.88	0	4742.88	0				0	0									
				0419	TUITION FOR EMPLOYEE TRAINING	0	3903	-3903	0				0	0									
				0424	CONFERENCE FEES LOC OUT OF CITY	0	9340.8	-9340.8	0				550	0									
				0429	PROFESSIONAL SERVICES	0	123577.11	-123577.11	0				0	0									
				0441	IT HARDWARE MAINTENANCE	0	206.44	-206.44	0				0	0									
				0499	INT PENALTIES QUICK PAY CLS 40	0	530.85	-530.85	0				0	0									
				<b>0040 Total</b>									<b>6251528.72</b>	<b>6261816.52</b>	<b>-10287.8</b>	<b>12754542.48</b>	<b>198434.4</b>	<b>9885344.03</b>					
				NPS	0041	CONTRACTUAL SERVICES - OTHER	0409	CONTRACTUAL SERVICES - OTHER	1104874.3	914312.35	190561.95	8768760	149951.31	6432925.24									
							0459	CONTRACTUAL SERVICES - IT	0	150000	-150000	0	0	0									
							<b>0041 Total</b>								<b>1104874.3</b>	<b>1064312.35</b>	<b>40561.95</b>	<b>8768760</b>	<b>149951.31</b>	<b>6432925.24</b>			
							NPS	0050	SUBSIDIES AND TRANSFERS	0501	MAINTENANCE OF PERSONS	2560170.87	1120280.33	1439890.54	633693.46	0	633693.46						
										0506	GRANTS AND GRATUITIES	6592352.72	8072911.48	-1480558.76	11683279.71	353276.19	10065711.09						
										0507	SUBSIDIES	200000	159161.73	40838.27	0	0	0						
										0599	INT PENALTIES QUICK PAY CLS 50	0	91.83	-91.83	0	0	0						
										<b>0050 Total</b>								<b>9352523.59</b>	<b>9352445.37</b>	<b>78.22</b>	<b>12316973.17</b>	<b>353276.19</b>	<b>10699404.55</b>
							NPS	0070	EQUIPMENT & EQUIPMENT RENTAL	0701	PURCHASES - FURNITURE AND FIXTURES	0	0	0	0	0	-5000						
										0702	PURCHASES - EQUIPMENT AND MACHINERY	107772.09	81904.2	25867.89	0	0	0						
				0704	PURCHASES - OTHER EQUIPMENT	0				25754	-25754	0	0	0									
				0706	RENTALS - MACHINERY AND EQUIPMENT	16000				0	16000	5000	0	5000									
0710	IT HARDWARE ACQUISITIONS	0	8585.2	-8585.2	0	0				0													
0711	IT SOFTWARE ACQUISITIONS	0	1512.96	-1512.96	0	0				0													
<b>0070 Total</b>								<b>123772.09</b>	<b>117756.36</b>	<b>6015.73</b>	<b>5000</b>	<b>0</b>	<b>0</b>										
0200 Total				NPS Total				16851769.15	16815096.06	36673.09	33888694.65	706811.6	27048592.82										
0250		FEDERAL MEDICAID PAYMENTS		NPS		0041		19345806.69	19387142.63	-41335.94	37162362.59	1349494.28	29679578.08										
0250 Total				NPS Total		0041 Total		350000	435231.01	-85231.01													
0400		PRIVATE GRANT FUND		NPS		0040		350000	435231.01	-85231.01	23982	0	3582										
0400 Total				NPS Total		0040 Total		40208	31708	8500	23982	0	3582										
0600		SPECIAL PURPOSE REVENUE FUNDS (O TYP		PS		0012		0	0	0	0	0	0										
0600 Total				PS Total		0012 Total		40208	40208	0	43982	0	23582										
0700		OPERATING INTRA-DISTRICT FUNDS		PS		0011		0	0	0	0	0	0										
0700 Total				PS Total		0011 Total		40208	40208	0	43982	0	23582										
0700				NPS		0020		0	0	0	0	0	0										
0700 Total				NPS Total		0020 Total		380633.65	121684.98	258948.67	400000	0	400000										
0700				NPS		0040		0	8500	-8500	0	0	0										
0700 Total				NPS Total		0040 Total		0	8500	-8500	23982	0	3582										
0700				NPS		0050		0	0	0	20000	0	20000										
0700 Total				NPS Total		0050 Total		0	0	0	20000	0	20000										
0700				PS		0012		0	0	0	43982	0	23582										
0700 Total				PS Total		0012 Total		40208	40208	0	43982	0	23582										
0700				PS		0014		0	0	0	0	0	0										
0700 Total				PS Total		0014 Total		40208	40208	0	43982	0	23582										
0700				NPS		0020		0	0	0	0	0	0										
0700 Total				NPS Total		0020 Total		380633.65	121684.98	258948.67	400000	0	400000										
0700				NPS		0040		0	149000	-149000	0	0	0										
0700 Total				NPS Total		0040 Total		0	38749.17	-38749.17	0	0	0										
0700				NPS		0041		0	71199.5	-71199.5	0	0	0										
0700 Total				NPS Total		0041 Total		380633.65	380633.65	1.45519E-11	400000	0	400000										
0700				NPS		0049		0	0	0	0	0	0										
0700 Total				NPS Total		0049 Total		0	0	0	0	0	0										
0700				PS		0111		380633.65	380633.65	1.45519E-11	400000	0	400000										
0700 Total				PS Total		0111 Total		380633.65	380633.65	1.45519E-11	400000	0	400000										
0700				PS		0112		797704.05	1056728.08	-259024.03	1076663.62	262736.58	813927.04										
0700 Total				PS Total		0112 Total		797704.05	1056728.08	-259024.03	1076663.62	262736.58	813927.04										
0700				PS		0121		0	88986	88986	0	0	0										
0700 Total				PS Total		0121 Total		0	88986	88986	0	0	0										
0700				PS		0125		778026.33	556247.22	221779.11	1170652.55	191040.32	979612.23										
0700 Total				PS Total		0125 Total		778026.33	556247.22	221779.11	1259638.55	191040.32	1068598.23										
0700				PS		0134		0	17927.03	-17927.03	0	2130.27	-2130.27										
0700 Total				PS Total		0134 Total		0	17927.03	-17927.03	0	2130.27	-2130.27										
0700				PS		0135		0	354.2	-354.2	0	56.58	-56.58										
0700 Total				PS Total		0135 Total		0	354.2	-354.2	0	56.58	-56.58										
0700				PS		0136		0	56.58	-56.58	0	0	0										
0700 Total				PS Total		0136 Total		0	56.58	-56.58	0	0	0										
0700				PS		0141		0	18337.81	-18337.81	0	2186.85	-2186.85										
0700 Total				PS Total		0141 Total		0	18337.81	-18337.81	0	2186.85	-2186.85										
0700				PS		0142		0	708.84	-708.84	0	237.07	-237.07										
0700 Total				PS Total		0142 Total		0	708.84	-708.84	0	237.07	-237.07										
0700				PS		0147		423479.42	54865.65	368613.77	641603.12	0	641603.12										
0700 Total				PS Total		0147 Total		423479.42	54865.65	368613.77	641603.12	0	641603.12										
0700				PS		0148		0	76056.16	-76056.16	0	24764.63	-24764.63										
0700 Total				PS Total		0148 Total		0	76056.16	-76056.16	0	24764.63	-24764.63										
0700				PS		0152		0	9658.36	-9658.36	0	2571.07	-2571.07										
0700 Total				PS Total		0152 Total		0	9658.36	-9658.36	0	2571.07	-2571.07										
0700				PS		0154		0	983.83	-983.83	0	323.14	-323.14										
0700 Total				PS Total		0154 Total		0	983.83	-983.83	0	323.14	-323.14										
0700				PS		0155		0	6365.57	-6365.57	0	985.27	-985.27										
0700 Total				PS Total		0155 Total		0	6365.57	-6365.57	0	985.27	-985.27										
0700				PS		0157		0	4.65	-4.65	0	0	0										
0700 Total				PS Total		0157 Total		0	4.65	-4.65	0	0	0										
0700				PS		0158		0	18142	-18142	0	6338.68	-6338.68										
0700 Total				PS Total		0158 Total		0	18142	-18142	0	6338.68	-6338.68										
0700				PS		0159		0	52661.21	-52661.21	0	14801.07	-14801.07										
0700 Total				PS Total		0159 Total		0	52661.21	-52661.21	0	14801.07	-14801.07										
0700				PS		0160		0	284.93	-284.93	0	0	0										
0700 Total				PS Total		0160 Total		0	284.93	-284.93	0	0	0										
0700				PS		0161		0	6415.74	-6415.74	0	2261.35	-2261.35										
0700 Total				PS Total		0161 Total		0	6415.74	-6415.74	0	2261.35	-2261.35										
0700																							

Question 2: Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY 19 and to date in FY20

Org Code 3	Org Code 3 Title	Approp Fund	Approp Fund Title	PS/NPS	Comp Source Group	Comp Source Group Title	Comp Object	Comp Object Title	Fiscal Year Values			2020		
									2019	2019	2019	2020	2020	2020
									Sum of Budget	Sum of Actuals	Sum of Variance	Sum of Budget	Sum of Actuals	Sum of Variance
6900	COMMUNITY SERVICES	0700	OPERATING INTRA-DISTRICT FUNDS	NPS	0040	OTHER SERVICES AND CHARGES	0408	PROF SERVICE FEES AND CONTR	119058.63	111098.63	7960	23107.13	0	23107.13
					0040 Total				119058.63	119058.63	0	23107.13	0	23107.13
					0041	CONTRACTUAL SERVICES - OTHER	0409	CONTRACTUAL SERVICES - OTHER	831911.45	831911.45	0	464818.31	0	364818.31
					0041 Total				831911.45	831911.45	0	464818.31	0	364818.31
					0050	SUBSIDIES AND TRANSFERS	0501	MAINTENANCE OF PERSONS	0	0	0	284600	0	284600
					0050 Total				4300000	4300000	0	4300000	0	4300000
					0070	EQUIPMENT & EQUIPMENT RENTAL	0702	PURCHASES - EQUIPMENT AND MACHINERY	0	19409.97	-19409.97	0	0	0
							0704	PURCHASES - OTHER EQUIPMENT	-4590.03	0	-4590.03	0	0	0
							0710	IT HARDWARE ACQUISITIONS	24000	0	24000	0	0	0
					0070 Total				19409.97	19409.97	0	0	0	0
				NPS Total					5270380.05	5270380.05	0	5072525.44	0	4972525.44
			0700 Total						7269589.85	7269589.85	-1.09139E-11	8050430.73	556972.5	7393458.23
	COMMUNITY SERVICES	Total							122549980.3	122667145.7	-117165.41	157513918.8	26289655.82	89094693.75
6900 Total									122549980.3	122667145.7	-117165.41	157513918.8	26289655.82	89094693.75
Grand Total									299007392	298897987.8	109404.25	335277070.6	66048673.55	198825848.9



*Q2. Please provide the following budget information for DBH, including the amount budgeted and actually spent for FY19 and to date in FY20. In addition, please describe any variance between the amount budgeted and actually spent for FY19 and to date in FY20:*

- 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**

Please see the attached budget reports at the agency, program and activity levels. In FY 19, the variance in the amount budgeted and actually spent is due to vacant FTEs, primarily in hard-to-fill clinician positions at Saint Elizabeths Hospital.

Question 3: Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY 19 and to date in FY 20. 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 2020	Source of Funds	Org Code	Prg Code	Intra-District Amount	Partner Agency	Comments/Description
<b>Transmitted Funds (Buyer)</b>						
Accountability (4900); Office of Accountability (4905)	Local	4900	4905	\$ 20,000.00	Department of Health	Bedbug inspection at DBH licensed MHCRF (Mental Health Community Residence Facilities).
Community Services (6900); Prevention and Early Intervention (6912)	Local	6900	6912	\$ 300,000.00	Department of Health	To focus on increasing access to MAT, reducing unmet treatment needs, and reducing opioid overdose related deaths in DC through the provision of prevention, treatment, and RSS to individuals with OUD.
Community Services (6900); Specialty Care - New Initiatives (6922)	Grant	6900	6922	\$ 425,595.00	Department of Human Services	DBH and DHS's on-going partnership to serve DC residents will collaborate under the DC Opioid Response Initiative.
Community Services (6900); Behavioral Health Rehab Local Match (6980)	Local	6900	6980	\$ 654,771.35	Department of Health Care Finance	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)	Local	6900	6970	\$ 962,062.95	Department of Health Care Finance	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.
Community Services (6900); Behavioral Health Rehab (6970); Behavioral Health Rehab Local Match (6980)	Local	6900	6970;6980	\$ 26,339,837.53	Department of Health Care Finance	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 State Plan for Medical Assistance.
Community Services (6900); Behavioral Health Rehab Local Match (6980)	Local	6900	6980	\$ 38,034.87	Department of Health Care Finance	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).
	<b>Total</b>			<b>\$ 28,740,301.70</b>		

Question 3: Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY 19 and to date in FY 20. 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 2020	Source of Funds	Org Code	Prg Code	Intra-District Amount	Partner Agency	Comments/Description	Advance: Yes/No
<b>Received Funds (Seller)</b>							
Community Services (6900); Implementation of Drug Treatment Choice (6960)	Intra-District	6900	6960	\$ 284,600.00	Department of Human Services - Economic Security Administration	Reimbursable MOU- Provides the necessary substance abuse treatment & prevention services that are not provided or reimbursed through Medicaid.	NO
Community Services (6900); Linkage and Assessment-Co-Located (6932); Housing Development (6940)	Intra-District	6900	6932;6940	\$ 480,395.31	Department of Human Services - Economic Security Administration	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.	NO
Community Services (6900); Linkage and Assessment (6930)	Intra-District	6900	6930	\$ 100,000.00	Child & Family Services Agency	DBH will manage contracts with the Choice Providers (doctors, psychologists, & mental health coordinators for children entering foster care and those within the Child & Family Services Agency.	NO
Various	Intra-District	Various	Various	\$ 8,412,725.81	Department of Health Care Finance (Medicaid FY20)	Medicaid Claims for Saint Elizabeth Hospital and Behavioral Health Services & Supports.	NO
Community Services (6900); Behavioral Health Rehab (6970); Behavioral Health Rehab Local Match (6980)	Intra-District	6900	6970;6980	\$ 4,300,000.00	Department of Health Care Finance	DBH will provide MHRS Day Treatment Services to individuals formerly enrolled in the Fee-for-Service Day Treatment Program.	NO
Community Services (6900); Linkage and Assessment-Co-Located (6932)	Intra-District	6900	6932	\$ 220,000.00	Deputy Mayor for Planning and Economic Development	Co-Location of two DBH Staff. Behavioral health clinicians hired to provide services to families and individuals in need of assistance overcoming health and personal barriers to improve their lives and social standing.	YES
Community Services (6900); Prevention and Early Intervention (6912)	Intra-District	6900	6912	\$ 907,868.00	Office of the State Superintendent of Education	Pre-K Enhancement and Expansion Program to improve outcomes for young children.	NO
Community Services (6900); Prevention and Early Intervention (6912)	Intra-District	6900	6912	\$ 516,452.00	Office of the State Superintendent of Education	Project AWARE - Project Advancing Wellness and Resilience Education.	NO
Community Services (6900); Linkage and Assessment (6930)	Intra-District	6900	6930	\$ 113,101.21	Department of Employment Services	Identify and hire a qualified practitioner with the appropriate licensure and experience to serve as the on-site qualified practitioner for TEPD participants.	NO
	<b>Total</b>			<b>\$ 15,335,142.33</b>			

*Q3. Please provide a complete accounting of all intra-district transfers received by or transferred from DBH during FY19 and to date in FY20. 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 Attachment. Intra-District Transfer Report

**Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY19 and to date in FY20. 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**

<b>Source of Funding</b>	<b>Amount</b>	<b>(Program/PCA)</b>	<b>(Program/PCA)</b>	<b>Purpose</b>
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.
Federal (8200)	\$35,796.00	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To align the budget with program's planned allocations for the Positive Transitions for Youth Adults Grant.
Federal (8200)	\$50,000.00	Community Services (6900); Office of Community Services (6905), Specialty Care (6920)	Community Services (6900); Office of Community Services (6905), Specialty Care (6920)	To realign the fiscal year 2019 budget to the appropriate cost centers to support needed services and agreements.
Federal (8200)	\$149,105.00	System Transformation (5900); Strategic Management & Policy (5920)	System Transformation (5900); Strategic Management & Policy (5920)	To align the budget with program's planned allocations to reflect the appropriate fiscal year.
Federal (8200)	\$11,400.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To ensure the budget is aligned with the program's grants and gratuities.
Federal (8200)	\$97,610.27	Community Services (6900); Specialty Care - New Initiatives (6922) & Behavioral Health Authority (1800); Legal Services (1888)	Community Services (6900); Specialty Care - New Initiatives (6922)	To safeguard that the DC Opioid Grant successfully completes the expectations and deliverables indicated in the federal grant award.
Federal (8200)	\$98,000.00	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To ensure the budget is aligned with the program's planned allocations.
Federal (8200)	\$133,875.00	System Transformation (5900); Strategic Management & Policy (5920)	System Transformation (5900); Strategic Management & Policy (5920)	To realign the preliminary budget load for Fiscal Year 2019 to accurately reflect program planned expenditures.
Federal (8200)	\$124,505.92	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To align the budget with program's planned allocations for the Changing and Improving Treatment for our Youth Grant.

**Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY19 and to date in FY20. 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**

<b>FY2019 Source of Funding</b>	<b>Amount</b>	<b>From(Program/PCA)</b>	<b>To (Program/PCA)</b>	<b>Purpose</b>
Intra-District (0799)	\$1,700,000.00	Clinical Services Division (5800); Behavioral Services -Adult Services (5831) & CPEP-Psychiatric Emergency (5841)	Saint Elizabeth's Hospital (3800); Fiscal & Support Services (3820), System Transformation (5900); ISIDA (5910) & Community Services (6900); Housing Development (6940).	To realign the fiscal year 2019 budget to the appropriate cost centers to address program needs for crisis beds, supported independent living, phlebotomy, SUD lab specimen pick up/analysis, acute care services, food provisions food services workers, medical supplies, and CRF-supported residences.
Federal (8200)	\$50,000.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To align the budget with program's planned allocations to reflect the appropriate fiscal year.
Federal (8200)	\$144,227.91	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To align the budget with the projected expenditures for patient services within the accurate funding stream.
Federal (8200)	\$10,000.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To properly align the budget with the projected expenditures for the remainder of the fiscal year.
Intra-District (0702)	\$18,000.00	Community Services (6900); Prevention & Early Intervention - School Mental Health (6912)	Community Services (6900); Prevention & Early Intervention - School Mental Health (6912)	To supporty the program with the necessary IT supplies required to achevie the goals outlined in the Memorandum of Understanding.
Intra-District (0751)	\$98,000.00	Community Services (6900); Housing Development (6940)	Community Services (6900); Linkage & Assessment - Co-located Programs (6932)	To align the budget with program's planned allocations for other services and charges.
Federal (8200)	\$31,000.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To ensure the budget is parallel to support training and contractually obligated requirements used for recovery coach training.
Federal Medicaid (8250)	\$200,000.00	System Transformation (5900); Information Systems Innovation & Data Analytics (ISIDA) (5910)	System Transformation (5900); Information Systems Innovation & Data Analytics (ISIDA) (5910)	To support ongoing costs and ongoing needs within the nformation Systems Innovation & Data Analytics

**Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY19 and to date in FY20. 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**

<b>FY2019 Source of Funding</b>	<b>Amount</b>	<b>From(Program/PCA)</b>	<b>To (Program/PCA)</b>	<b>Purpose</b>
Federal Medicaid (8250)	\$80,000.00	Saint Elizabeth's Hospital (3800); Office of the Chief Executive (3805),	Saint Elizabeth's Hospital (3800); Housekeeping (3830)	To ensure the budget is aligned with the program's planned housekeeping expenditures.
Intra-District (0799)	\$314,401.00	Clinical Services Division (5800); Behavioral Health Services - Adult Services (5831)	Saint Elizabeth's Hospital (3800); Office of the Chief Executive (3805), Clinical Services Division (5800); BHS -Adult Services (5831), ISIDA (5910)	To ensure the budget is aligned with the program's planned allocations.
Intra-District (0766)	\$23,622.00	Community Services (6900); Specialty Care - Community Based Services (6921)	Community Services (6900); Specialty Care - Community Based Services (6921)	To align the budget with the contractual funded through the Intra-District specific to the Memorandum of Understanding (MOU) requirements.
Intra-District (0758)	\$7,900.00	Community Services (6900); Prevention & Early Intervention - School Mental Health (6912)	Community Services (6900); Prevention & Early Intervention - School Mental Health (6912)	To ensure the budget is aligned with the program's planned allocations.
Federal (8200)	\$20,000.00	DBH Financial Operations (100FA); DBH Budget Operations (110F)	Behavioral Health Authority (1800); Office of the Director/CEO (1810)	To align the budget with program's planned allocations for the Positive Transitions for Youth Adults Grant.
Federal (8200)	\$11,527.00	System Transformation (5900); Strategic Management & Policy (5920)	System Transformation (5900); Strategic Management & Policy (5920)	To align the budget with program's planned allocations to reflect the appropriate fiscal year.
Federal (8200)	\$15,000.00	DBH Financial Operations (100FA); DBH Budget Operations (110F)	System Transformation (5900); Information Systems Innovation & Data Analytics (ISIDA) (5910)	To assure the Social, Emotional and Early Delopment Project Grant budget is in accordance with the programs planned expenditures
Local (0100)	\$2,982,382.18	DBH Financial Operations (100FA); DBH Budget Operations (110F), Clinical Services Division (5800); CPEP (5880), Community Services (6900); Prevention & Early Intervention - School Mental Health (6912), Community Services (6900); Housing Development (6940),	DBH Financial Operations (100FA); DBH Budget Operations (110F), Clinical Services Division (5800); CPEP (5880), Community Services (6900); Prevention & Early Intervention - School Mental Health (6912), Community Services (6900); Housing Development (6940),	To realign the fiscal year 2019 budget to the appropriate cost centers to support needed services and agreements.

**Question 4. Please provide a complete accounting of all reprogramming's received by or transferred from DBH in FY19 and to date in FY20. 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 2020 to date.**

<b>FY2020 Source of Funding</b>	<b>Amount</b>	<b>From(Program/PCA)</b>	<b>To (Program/PCA)</b>	<b>Purpose</b>
Federal (8200)	\$3,957,871.14	Community Services (6900); Office of Community Services (6905), Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To safeguard that the DC Opioid Grant successfully completes the expectations and deliverables indicated in the federal grant award.
Federal (8200)	\$5,495,502.00	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To safeguard that the DC Opioid Grant successfully completes the expectations and deliverables indicated in the federal grant award to the supplemental correct index.
Federal (8200)	\$90,000.00	Community Services (6900); Specialty Care - New Initiatives (6922)	Community Services (6900); Specialty Care - New Initiatives (6922)	To support ongoing operational costs and ongoing needs within behavioral health services.
Federal (8200)	\$215,867.04	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To properly align the budget with the projected expenditures for the remainder of the fiscal year.
Federal (8200)	\$120,000.00	Community Services (6900); Specialty Care (6920)	Community Services (6900); Specialty Care (6920)	To align the budget with the projected expenditures for patient services within the accurate funding stream.
Federal (8200)	\$100,000.00	Community Services (6900); Prevention Substance Use Disorder (6913)	Community Services (6900); Prevention Substance Use Disorder (6913)	To align the budget with program's planned allocations for the correct comptroller source group that supports professional services and fees.



*Q4. Please provide a complete accounting of all reprogramings received by or transferred from DBH in FY19 and to date in FY20. 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 Reprogramming Report

**Question #5 - SPECIAL PURPOSE REVENUE**

Provide a complete accounting of all DBH's Special Purpose Revenue Funds for FY19 and to date FY20.

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

REVENUE SOURCE NAME	CODE	SOURCE OF FUNDING	Program/ Activity	PROGRAM DESCRIPTION	FY 2019 GENERATED FUNDS	FY 2019 EXPENDITURES	FY 2020 BUDGET	FY 2020 COLLECTIONS TO DATE	FY 2020 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.	1,826,592	1,783,007	1,779,615	714,203	723,112
Federal Beneficiary Reimbursement 0610	D.C. Code 44-908/ D.C. Code 1-204.24d	Reimbursement	System Transformation/Information Systems	IT Staff support Forensic Patients legally incarcerated by the court system.	0	43,591	47,032	0	15,863
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.	32,578	70,176	100,000	0	460
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.	414,231	380,634	400,000	149,705	0
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.	4,001	0	0	0	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	34,978	11,315	25,000	1,037	8,625
<b>TOTAL</b>					<b>2,312,380</b>	<b>2,288,723</b>	<b>2,351,647</b>	<b>864,945</b>	<b>748,059</b>

*Q5. Please provide a complete accounting of all of DBH's Special Purpose Revenue Funds for FY19 and to date in FY20. 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 FY19 and to date in FY20;*
- *DBH activity that the revenue in each special purpose revenue source fund supports; and,*
- *The FY19 and to date FY20 expenditure of funds, including purpose of expenditure.*

**DBH Response**

See Attachment. Special Purpose Revenue

PROVIDER	DATE RECEIVED	COMPLAIN T TYPE	REFFERAL SOURCE	TYPE OF REPORT	SUMMARY NATURE OF COMPLAINT OR ALLEGATIONS	CONCLUSIONS	RECOMMENDATIONS/ OUTCOMES	DATE COMPLETE
Samaritan Inns	10/20/2018	MUI	Consumer	Investigation	Theft (consumer's property taken from provider's lockers)	Substantiated	New property security SOPs, Limit Access.	3/6/2019
United Medical Center	10/20/2018	MUI	Hospital Staff	Major Investigation	Sexual Assault (staff accused of assaulting consumer)	Substantiated for violating MUI Policy.	Required to ensure timely reporting of incidents.	3/12/2019
Samaritan Inns	11/01/18	MUI	Staff	Major Investigation	Sexual Harrassment	Unsubstantiated		03/14/19
PIW	01/10/19	MUI	ULS	Referred to DOH	Restraint/Injury	Fowarded Info to DOH for		11/04/19
Saint Elizabeths Hospital	02/07/19	UI	Staff	Major Investigation	Improper Use of Restraint	Substantiated	Retraining on Use of Restraint, No response	07/02/19
Hillcrest	02/11/19	Complaint	Consumer	Memo Completed	Housing Matter. Forwarded to Housing and Development Division	Not a MUI		06/04/19
MBI Health Services	3/1/2019	MUI	CSA	Major Investigation	Reported Crime (Homicide)	Substantiated	FOPD procedural/policy changes to be implemented	10/18/2019
CPEP	04/01/19	MUI	MHCRF	Major Investigation	Physical Assault (staff accused of improper restraint)	Substantiated	Staff received new training. Referred to Human	08/22/18
DBH School Mental Health	7/15/2019	MUI	Staff	Major Investigation	Failure to Report (involving minor)	Substantiated	Referred to Human Resources	7/31/2019
PIW	7/23/2019	MUI	Staff	Memo Completed	Sexual Assault (Upon leaving CPEP, reported to PIW that he was raped)	Unsubstantiated (denied rape to MPD		12/4/2019
Jered Facility, Inc	7/29/2019	MUI	MHCRF	Major Investigation	Physical Assault (Consumer stabbed staff and other consumers)	Substantiated	Consumer Arrested; MUI violations. Staff retraining	10/21/2019
Saint Elizabeths Hospital	8/8/2019	Complaint	ULS	Major Investigation	Improper Use of Restraint /Neglect and Abuse	Substantiated	Retraining on Use of Restraint, No response	9/29/2019
Saint Elizabeths Hospital	8/19/2019	UI	ULS	Memo Completed	Abuse (SEH investigation found unsubstantiated)	Unable to interview complainant	Unable to conduct interview; Video only	12/1/2019
Saint Elizabeths Hospital	8/29/2019	MUI		Major Investigation	Workplace Violence (staff on staff)	Substantiated	Referred to Human Resources	11/6/2019
Saint Elizabeths Hospital	8/13/2019	Complaint	ULS	Major Investigation	Improper Use of Restraint	Substantiated	Retraining on Use of Restraint, No response	9/29/2019
Saint Elizabeths Hospital	6/16/2019	Complaint	Mayors Office	Major Investigation	Abuse (Alleged staff intentionally abused consumer)	Unsubstantiated	Review of video evidence cleared staff of wrong-	8/7/2019
DBH	4/1/2019	Complaint	Staff	Major Investigation	Misconduct (Ethics)	Substantiated	Referred to Human Resources	7/27/2019

*Q6. Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DBH during FY19 and to date in FY20. 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:*

## **DBH Response**

The Center for Court Excellence on behalf of the DC Auditor is conducting an audit of substance use disorder services to justice involved individuals across agencies including DBH. The Audit Period” is defined as January 1, 2015 – September 1, 2018. DBH is providing requested documents and staff are participating in interviews as requested. No investigations, reports or reviews were conducted by the Office of the Inspector General.

## **OFFICE OF ACCOUNTABILITY**

### **Claims Audits**

The Accountability Administration conducts audits of paid claims for each fiscal year for every provider. The auditing process is retrospective and generally crosses fiscal years. Audits are conducted annually for all MHRS, ASARS and Health Homes providers on a sample universe which includes all paid claims. All annual audit samples are random, statistically valid, and generated using RAT-STATS, a tool developed for this purpose by the Federal government. In addition, focused audits are conducted for a variety of reasons and the sample universe may be tailored to the reason for the audit. Focused audit samples may be generated using methods appropriate to the purpose of the audit. The corrective action plan section below explains what happens in response to audits and reviews by the Accountability Administration.

In FY19 and to date in FY20, the following audits and audit activities were conducted:

- 19 audit of FY18 MHRS claims
- 8 focused audits of FY19 MHRS claims
- 8 audits of FY18 Substance Use Disorder claims
- 5 audits of FY18 Health Homes claims

For FY18 audits, every Claims Review Committee included provider participation. (The Claims Review Committee reviews and evaluates failed claims about which the provider and DBH disagree). Based on the results of the audits, DBH sent eight letters (seven to MHRS providers and one to a Health Home provider) to recoup the following amount for rejected claims for local and Medicaid funds. The remaining 32 FY18 and FY19 recoupment letters are in process.

Value on recoupment letters to date:

Medicaid	\$8,775.41
Local	<u>\$ 0.00</u>
Total	\$8,775.41

Appeals for FY18 Recoupments:

No appeals were directed to the Director

Annual FY19 audits are scheduled to begin in April 2020. All providers with an FY18 fail rate 40% or greater will be audited. Preliminary audit results will be completed by the end of September 2020.

### **Corrective Action Plans**

The Accountability Administration requires providers to submit Corrective Action Plans (CAPs) for compliance and quality deficiencies identified during the Claim Audits or during other routine monitoring. Statements of Deficiencies (SOD) are issued to Mental Health Community Residence Facility (MHCRF) operators for failure to comply with licensure regulations. SODs are also issued for failure to comply with DBH certification regulations. Each provider is assigned a primary accountability staff person who monitors CAPs and SODs. In addition, Accountability is available to provide training on compliance planning and proper claiming. This training is developed and modified to address specific issues identified during Claim Audits. Information from audits and other reviews is also used to inform the overall technical assistance plan for providers, which includes the technical assistance provided by Network Development and the Community Services Administration.

### **Investigations**

Please see Attachment. The Accountability Administration reports include recommendations for policy changes, training, corrective action plans, or disciplinary action when allegations are substantiated.

**FY 19 Oversight Question 7, Attachment 1 of 2: FY19 Performance Plan Key Performance Indicator Status**

KPI	FY 19 Total Target	FY19 Performance	KPI Status	Explanation for Performance
1. Number of new Certified Peer Specialists to include those in specialty tracks of family and youth in FY19.	20	38	Met	DBH held multiple training classes and exceeded its goal of newly-certified peer specialists.
2. Number of people trained in Recovery Coaching in FY19.	20	136	Met	DBH held multiple training classes and exceeded its goal of newly-certified recovery coaches.
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.	55,160	55,087	Nearly met	DBH worked with participating physician groups to encourage use of behavioral health screening tools.
4. Achieve two percent increase in the number of individuals (adults and youth) reached through planned prevention strategies over previous fiscal year.	7,859	33,511	Met	The four prevention centers held 368 activities across the city throughout the year.
5. Percent of post fall assessments conducted within 72 hours of event.	90%	96%	Met	St. Elizabeths Hospital has a protocol to assess individuals after incidents involving a fall and to carefully track any necessary follow-up.

KPI	FY 19 Total Target	FY19 Performance	KPI Status	Explanation for Performance
6. Child mental health consumers receive their first service within 30 days of enrollment.	75%	73%	Nearly met	There has been a significant increase in the delivery of timely services since September 2018, from 57% in Q1 to 87% in Q4. DBH provided technical assistance to providers to improve their intake workflow and minimize the time between enrollment and the first service. Providers were also given monthly summaries and client-level data showing when their new consumers received their first service.
7. Adult mental health consumers receive their first service within 30 days of enrollment.	75%	82%	Met	DBH provided technical assistance to providers to analyze their intake workflow and minimize the time between enrollment and the first service. Providers were also given monthly summaries and client-level data showing when new consumers received their first service.
8. Percent of inpatient consumers restored to competency.	80%	88%	Met	St. Elizabeths Hospital has a robust competency restoration program and carefully tracks their assessments and court orders.



KPI	FY 19 Total Target	FY19 Performance	KPI Status	Explanation for Performance
9. Consumers who are in need of linkage support at the Department of Corrections who are actually linked by DBH staff.	80%	88%	Met	DBH has co-located staff who conducted assessments and linked individuals to services.
10. Percent of the individuals referred to a Resiliency Specialist, who were linked to bereavement services.	90%	NA	NA	DC's Child Fatality Review Committee refers to DBH appropriate individuals who have lost children; during this fiscal year, there were no referrals made to DBH. 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.	50	27	Not met	<p>Overall, 889 consumers were supported with vouchers during FY19.</p> <p>Due to budgetary constraints, only 27 new vouchers were issued in FY19. Funding for the DBH voucher program largely pays the expense of subsidy payments for existing consumers in the voucher program, leaving minimal funding for new vouchers. The cost per voucher was higher in FY19 than previous years, due to rent increases for existing consumers and rising rents for new consumers. The increase</p>

KPI	FY 19 Total Target	FY19 Performance	KPI Status	Explanation for Performance
				in cost per consumer led to a smaller number of consumers being able to receive new vouchers.
12. Achieve a ten percent increase in website traffic over the previous fiscal year.	935,000	579,050	Not met	During FY19, there was turnover and an extended gap in staffing for the area responsible for this KPI.
13. Achieve a twenty percent increase in social media hits (Facebook and Twitter) over baseline established in FY17 previous fiscal year.	176,201	130,831	Not met	During FY19, there was turnover and an extended gap in staffing for the area responsible for this KPI.
14. Increase number of public events over baseline established in FY17	699	659	Nearly met	During FY19, there was turnover and an extended gap in staffing for the area responsible for this KPI.

**FY 19 Oversight Question 7, Attachment 2 of 2: FY20 Performance Plan Key Performance Indicator**

Measure	Frequency	FY20 Total Target
1. Percent of certified peers employed	Quarterly	80%
2. Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Annual	80%
3. Percent of Mental Health Rehabilitative Services (MHRS) consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	Quarterly	70%
4. Percent of children newly-enrolled in mental health rehabilitative services (MHRS) services who had their first service within 30 days of enrollment	Quarterly	75%
5. Percent of adults newly-enrolled in mental health rehabilitative services (MHRS) services who had their first service within 30 days of enrollment	Quarterly	80%
6. Percent of consumers who completed competency restoration program who were found competent	Quarterly	90%
7. Percent of school-based behavioral health partnership schools with a school-based behavioral health clinician	Semi-annual	80%
8. Percent of Individuals from Saint Elizabeths Hospital readmitted within 30 days	Quarterly	2%
9. Percent of SUD withdrawal management clients who stepped down to a lower level of care	Quarterly	75%
10. Percent of SUD residential clients who stepped down to a lower level of care	Quarterly	50%
11. Percent of methadone clients who were served in two consecutive quarters	Quarterly	95%
12. Percent of children receiving MH services whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment	Quarterly	80%
13. Percent of consumers who remained in the CRF placement for at least 90 days from move-in date, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges.	Quarterly	90%
14. Percent of vendors not selling tobacco to minors	Annual	90%

*Q7. Did DBH meet the objectives set forth in the performance plan for FY19? 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 FY20 and what actions DBH has undertaken to meet them to date.*

**DBH Response**

Please see Attachment One of Two for the report on the FY 19 performance plan Key Performance Indicators (KPIs) and a description of the status of each. See Attachment Two for FY20 KPIs.

Question 8: Please provide DBH's capital budgets for FY19 and FY20, including amount budgeted and actual dollars spent. In addition please provide an update on all capital projects undertaken in FY19 and FY20. In your response, please include info regarding the iCAMS project or its successor.

**Capital LTD Activity and FY2021 - 2026 Planned Allotments - All Capital Funds (excl Intra-District funds)**

(Project/Fund Detail with Lifetime Balances Only)

Source: SOAR/BFA

(Report Date: Jan 17, 2020)

Owner Agency	Project No	Project Title	Implementing Agency	Approp Fund	Agy Fund	Lifetime Budget	LTD Allotments	Allotments in FY 2019	Expenditures in FY 2019	Allotments in FY 2020	LTD Expenditures	Unspent Allotments	Encumbrances	Pre Encumbrances	ID Advances	Allotment Balance	LifeTime Balance
RM0	DB202C	THERMAL DOCKING STATION SYSTEM	RM0	0300	0300	500,000	500,000	0	0	500,000	0	500,000	0	0	0	500,000	500,000
	DB203C	INTERCOM SYSTEM	RM0	0300	0300	300,000	300,000	0	0	300,000	0	300,000	0	0	0	300,000	300,000
	HX201C	ST. ELIZABETHS GENERAL IMPROVEMENTS (HX2)	RM0	0300	0300	29,410,584	29,410,584	0	0	0	29,410,583	1	1	0	0	0	0
	HX403C	HOUSING INITIATIVES - DBH	RM0	0300	0300	37,366,910	37,366,910	0	0	0	37,677,605	(310,695)	0	0	(310,695)	0	0
					0301	1,000,000	1,000,000	0	0	0	689,305	310,695	0	0	310,695	0	0
	HX501C	NEW MENTAL HEALTH HOSPITAL	RM0	0300	0300	38,983,364	38,983,364	0	0	0	38,920,864	62,500	0	0	62,500	0	0
	HX703C	DBH FACILITIES SMALL CAPITAL IMPROVEMENT	RM0	0300	0300	2,258,767	2,258,767	0	333,942	0	1,861,463	397,304	5,900	337,977	53,427	0.38	0
					0301	283,954	283,954	0	0	0	59,954	224,000	0	0	224,000	0	0
	HX805C	VEHICLE ACQUISITION-DBH	KT0	0300	0304	360,000	360,000	0	329,839	0	329,839	30,161	0	0	0	30,161	30,161
	HX990C	FACILITY UPGRADES	RM0	0300	0300	1,185,000	1,185,000	835,000	0	350,000	0	1,185,000	0	0	270,300	914,700	914,700
	HX993C	PHARMACY MEDICINE DISPENSING UPGRADE (PY)	RM0	0300	0300	1,038,000	1,038,000	0	0	1,038,000	0	1,038,000	0	824,628	0	213,372	213,372
	HX997C	FLOORING REPLACEMENT	RM0	0300	0300	1,085,000	1,085,000	1,085,000	0	0	0	1,085,000	0	0	0	1,085,000	1,085,000
	HX998C	HVAC MODERNIZATION AT SAINT ELIZABETHS H	RM0	0300	0300	1,825,000	1,825,000	500,000	0	1,325,000	0	1,825,000	0	0	0	1,825,000	1,825,000
	XA537C	RENOVATION SEH BUILDINGS	RM0	0300	0300	18,673,477	18,673,477	0	0	0	18,673,477	0	0	0	0	0	0
	XA655C	AVATAR UPGRADE	RM0	0300	0300	1,655,000	1,655,000	0	0	0	1,621,308	33,692	10,721	0	0	22,970.81	22,971
	XA854C	INTEGRATED CARE APPLICATIONS MGMT (ICAM)	RM0	0300	0300	3,546,082	3,546,082	0	0	0	3,542,785	3,296	3,296	0	0	0	0
<b>Grand Total</b>						<b>139,471,137</b>	<b>139,471,137</b>	<b>2,420,000</b>	<b>663,781</b>	<b>3,513,000</b>	<b>132,787,183</b>	<b>6,683,954</b>	<b>19,918</b>	<b>1,162,605</b>	<b>610,227</b>	<b>4,891,204</b>	<b>4,891,204</b>

*Q8. Please provide DBH's capital budgets for FY19 and FY20, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY19 and FY20. In your response, please include information regarding the iCAMS project or its successor.*

**DBH Response**

See Attachment. Capital Budgets

*Q9. Please provide a list of all FTE positions detailed to DBH, broken down by program and activity for FY19 and to date in FY20. In addition, please provide which agency the detailee originated from and how long they were detailed to DBH.*

**DBH Response**

There are no FTE positions detailed to DBH.

*Q10. Please provide a list of all FTE positions detailed from DBH to another agency in FY19 and to date in FY20. In addition, please provide which agency the employee was detailed to and for how long.*

**DBH Response**

There are no FTE positions detailed from DBH.



Cell Phone	Name1	Department	Device Type	Entity
841-2793	Nina Cadney	Social Worker	Hot Spot	St. Elizabeth Hospital
590-6635	Sabrina Clark	Medical Records	Hot Spot	64 New York Ave
329-1179	Alvin Hinkle	R.S.S & Care Continuity Care	Hot Spot	64 New York Ave
579-7134	Evgheni Resetneac	It Specialist Sytems Analyis	Hot Spot	64 New York Ave
579-5227	Cicely Mcfarlane	Social Worker	Hot Spot	St. Elizabeth Hospital
329-2580	Antoine Patterson	Information Technology Specialist	Hot Spot	64 New York Ave
570-6956	Jennifer Cannistra	Systems Transformation	Hot Spot	64 New York Ave
441-7260	Boateng Kwadwo	Project Manager	Hot Spot	64 New York Ave
754-2441	Cheryl Copeland	School Mental Health	Hot Spot	821 Howard Rd
578-7044	Angelica Clarkbrown	School Mental Health	Hot Spot	64 New York Ave
821-7074	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
815-6395	Adina Madden	Accessment and Referral- Arc	Hot Spot	64 New York Ave
809-4019	Marjorie Smith-Cooper	Clinical Case Manager -Arc	Hotspot	64 New York Ave
809-1962	Mary Lewis	Clinical Nurse-Arc	Hot Spot	64 New York Ave
281-0473	Donald Clarke	Help Desk Branch -Avatar	Hot Spot	64 New York Ave
809-1585	Carrie Grundmyer	School Mental Health	Hot Spot	64 New York Ave
794-0166	Donald Clarke	Help Desk Branch -Avatar	Hot Spot	64 New York Ave
596-4960	Barbara Bazron	Chief Department Of Behavioral Health	Hot Spot	64 New York Ave
591-6699	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
580-5671	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
579-7134	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
579-5228	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
794-0189	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
579-8528	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
591-5640	Sara Jones	School Mental Health	Hot Spot	64 New York Ave
329-8349	Perette Arrington	School Mental Health	Hot Spot	64 New York Ave
794-0177	Erica Barnes	School Mental Health	Hot Spot	64 New York Ave
591-6617	Nancy Parris	School Mental Health	Hot Spot	64 New York Ave
725-8296	April Preston	School Mental Health	Hot Spot	64 New York Ave
725-6749	Nikiya Ford-Jackson	School Mental Health	Hot Spot	64 New York Ave
579-1343	Jackie Droddy	School Mental Health	Hot Spot	64 New York Ave
536-8050	Patrina Anderson	Linkage & Assessment Service	Hot Spot	64 New York Ave
579-7136	Janice Jackson	School Mental Health	Hot Spot	64 New York Ave
821-7070	Gillian Daniels	School Mental Health	Hot Spot	64 New York Ave
380-6620	Jonathan Ward	Comprehensive Emergency Program	Hot Spot	1905 E St. S.E
365-0478	Jonathan Ward	Comprehensive Emergency Program	Hot Spot	1905 E St. S.E
596-4961	Jonathan Ward	Comprehensive Emergency Program	Hot Spot	Cpep
657-7836	Karende Bryant	Information Technology Specialist	Hot Spot	64 New York Ave
329-2046	Kristin Adams	Youth Project Coordinator	Hot Spot	64 New York Ave
657-7835	Linda Morman	School Mental Health	hotspot	Howard Rd
821-7071	Mark Larkins	Interim CIO	Hot Spot	64 NY
579-7135	Gillian Daniels	School Mental Health	Hotspot	35 k st. N.E
641-1679	Marcus Warren	Information Technology Specialist	Hotspot	64 New York Ave
590-6637	Melvin Barry	Claims Billing Division	Hotspot	64 New York Ave
631-3186	Neil Curameng	It Specialist	Hot Spot	64 New York Ave
579-5226	Oron Gan	School Mental Health	hotspot	Howard Rd
579-5230	Patricia Moody	School Mental Health	hotspot	Howard Rd
365-0173	Raphaelle Richardson	School Mental Health	hotspot	Howard Rd
841-2795	Robin Queen	CYSD	Hot Spot	64 NY
236-7129	Charneta Scott	School Mental Health	Hot Spot	Howard Rd
494-6164	Jackie Droddy	School Mental Health	Hotspot	Howard rd
657-7495	Sharmaine Bowden	School Mental Health	Hot Spot	Howard Rd
365-0194	Sharon Hardy	School Mental Health	hotspot	Howard Rd
841-2614	Sheryl Jenkins	Resident Services	hotspot	64 NY
579-8984	Pradeep Hariharan	ES	Hotspot	64 NY
841-2747	Gillian Daniels	PPG Dr.	Hot Spot	35 K
379-6211	Sylvia B.Ratliff	CYSD	Hot Spot	64 NY
870-6836	Christine Taylor	IS	Hot Spot	64 NY
536-9566	Nicole Denny	School Mental Health	Hotspot	SMHP
329-7469	Margaret Patterson	IS	Hot Spot	64 NY
495-8365	Phyllis Jones	Chief of Staff	Hot Spot	64 NY
510-5449	Cassandra Jackson	Medical Records	Hot Spot	64 NY
807-8773	Travis-Dread-Hughes	Arc	Hot Spot	64 ny ave
657-3006	Venida Hamilton	Network Development	Hot Spot	64 NY

578-6100	Sheila Kelly	Office of Accountability	HotSpot	64
578-8030	Drew Sweat	Office of Accountability	HotSpot	64 ny
641-6263	Winston Miller	IS	Hot Spot	64 NY
578-7445	Keisha Davis	Licensure	HotSpot	64
590-6635	Renee Bivins	Facilities	Hotspot	St Elizabeth
570-3151	Frankie Wheeler	Human Resources	Hotspot	64 NY
302-8548	Leslie Ann- Byam	Community Services Administration	Hotspot	64 NY
805-3875	Gloria Mensah	System Transformation	Hotspot	64 NY
834-6349	Christiane Brady	School Mental Health	Hotspot	35 k st.
365-0668	Carrie Grunmyer	School Mental Health	Hotspot	64 NY
603-6004	Venida Hamilton	Network Development	Hotspot	64 Ny
657-7835	Kimberly Harrington	School Mental Health	Hotspot	Howard Road
306-1139	Jackie Droddy	School Mental Health	Hotspot	Howard Road
763-6127	Jackie Droddy	School Mental Health	Hot spot	64 ny ave
834-2416	Marina Soto	Executive Assistant	Hotspot	64 NY
897-5681	Christine Phillips	Office of Accountability	Hotspot	64 NY
834-2102	Danike Grant	Office of Accountability	Hotspot	64 NY
807-8449	Steward Beckham	Chief Operating Officer	Hotspot	64 NY
807-8419	Vincent Muse	IS	Hot spot	St Elizabeth
807-8440	Marc Dalton	Chief Clinical Officer	Hot spot	64 NY
578-6535	Dana Brooks	Clinical Services Administration	Hot spot	35 K
763-4395	Haican Arslan	Contractor	Hot spot	64 NY
763-5341	Carolyn Horton	IT	Hot spot	64 New York Av

Department of Behavioral Health

Fiscal Year 2020

Travel Expenses

Fiscal Year	Employee Name		Travel Dates	Destination	Purpose of the Travel	Total Travel Expense
20	Adewale	Benjamin	10/2/19 - 10/8/19	San Diego, CA	32nd Annual Psych Congress 2019	\$3,770.53
20	Akai	Maxine	10/14/2019	Cincinnati, OH	JUST Conference	\$0.00
20	Akpama	Juliana	10/2/19-10/5/19	New Orleans, LA	American Psychiatric Nurses Association 33rd Annual Conference	\$645.00
20	Bazron	Barbara	9/9/19 - 9/14/19	Washington, DC	NASMHPD	\$165.00
20	Bazron	Barbara	12/3/19 - 12/4/19	New York NY	Bloomberg Opiod Partner Meeting	\$156.00
20	Bebout	Richard	10/12/19 - 10/16/19	Ft. Lauderdale, FL	National Conference in Correctional Health Care	\$1,570.32
20	Bebout	Richard	10/30/19 - 11/1/19	Miami, FL	Reforming States Group Meeting	\$0.00
20	Bello	Jimmy	10/2/19-10/5/19	New Orleans, LA	American Psychiatric Nurses Association 33rd Annual Conference	\$645.00
20	Bloodworth	Natalie	1/15/2020 - 1/17/2020	Online	Dialectical Behavioral Therapy Certificate Course	\$0.00
20	Boesch	Richard	1/23/2020 - 1/25/2020	New York NY	Cognitive Behavioral Therapy Certificate Course	\$899.59
20	Boley	Natasha	12/3/19 - 12/5/20	Silver Spring, MD	Certified Investigators Course	\$599.00
20	Boswell	Alexandria	11/13/19 - 11/15/19	Louisville, KY	2019 Annual KPA Convention	\$872.92
20	Brooks	Dana	10/24/19-10/27/19	Baltimore, MD	American Academy of Psychiatry and the Law	\$758.00
20	Brooks	Dana	10/31/2019	Williamsburg, VA	Forensic Treatment Plan Meeting	\$45.70
20	Caspari	Matthew	11/21/19 - 11/22/22	Washington, DC	NELI 40th Annual Employment Law Conference	\$1,045.00
20	Clark	Rachel	1/23/2020	Catonsville, MD	Art Based Techniques as Clinical Intervention for Suicidal Clients	\$0.00
20	Clark	Rachel	10/30/2019	Rockville, MD	New Advanced Parenting Strategies for your Clients	\$65.00
20	Clarke	Unek	12/13/19;1/10/20; 2/14/20; 3/13/20; 4/3/20; 5/8/22	Columbia, MD	University of Maryland - School of Medicine	\$1,600.00
20	Coles	Monique	11/13/19 - 11/17/22	Phoenix, AZ	33rd National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Copeland	Cheryl	10/20/19 - 11/3/19	Kansas City, MO	Celebrating 50 Years of Healing through Art	\$0.00
20	Dalton	Marc	10/30/2019	Williamsburg, VA	Forensic Treatment Plan Meeting	\$45.70
20	Davis	Belinda	11/14/19 - 11/15/19	Washington, DC	Supporting grieving & Traumatized Teens	\$250.00
20	Del Valle-Ortiz	Carmen	10/2/19- 10/6/19	San Diego, CA	32nd Psychiatric Congress - 2019	\$1,716.02
20	Delaney	Tyanne	10/1/19-10/5/19	New Orleans, LA	American Psychiatric Nurses Association 33rd Annual Conference	\$1,824.45
20	Douglas	Monique	10/2/2019 - 10/5/2019	Hollywood, FL	Dive I: Zero to Three Annual Conference	\$1,653.37
20	Douglas	Monique	12/13/19;1/10/20; 2/14/20; 3/13/20; 4/3/20; 5/8/22	Columbia, MD	University of Maryland - School of Medicine	\$1,600.00
20	Doyle	Keri-Lynn	1/23/2020 - 1/25/2020	New York NY	Cognitive Behavioral Therapy Certificate Course	\$899.59
20	Dutta	Trina	11/11/2019 - 11/13/19	Washington, DC	National Association of Medicaid Directors	\$600.00
20	Earlington	Di-Ann	12/13/19;1/10/20; 2/14/20; 3/13/20; 4/3/20; 5/8/23	Columbia, MD	University of Maryland - School of Medicine	\$1,600.00

Department of Behavioral Health  
Fiscal Year 2020  
Travel Expenses

20	Edwards	Andre	10/16/19 - 10/18/19	On-Line	QPR Gatekeeper: Training Certificate Course	\$495.00
20	Harrington	Kimberly	11/7/2019	Baltimore, MD	Beyond Cutting: An In-Depth Look at Self-Injury	\$125.00
20	Hodges	Margot	1/23/2020	Catonsville, MD	Art Based Techniques as Clinical Intervention for Suicidal Clients	\$0.00
20	Huntley	Yvonne	11/13/19 - 11/17/23	Phoenix, AZ	34th National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Jackson	Annette	11/13/19 - 11/17/21	Phoenix, AZ	32nd National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Kohlrieser	Chaz	10/16/19 - 10/18/19	On-Line	QPR Gatekeeper: Training Certificate Course	\$495.00
20	Krishnan	Shilpa	11/12/19 - 11/16/19	San Diego, CA	CEP Contemporary Issue in Forensic Psychology	\$2,625.98
20	Lam	Jonathan	3/19/2020 - 3/21/2020	Washington, DC	2020 Psychotherapy Network Symposium	\$679.99
20	Mack-Lewis	Qutina	12/9/19 - 12/11/19	Las Vegas, NV	Training & Poster Presentation at ASHP Mid Year Conference	\$1,687.08
20	Manocchio	Teresa	11/11/19 - 11/13/19	Washington, DC	National Association of Medicaid Directors	\$600.00
20	Marsh	Alicia	1/23/2020 - 1/25/2020	New York NY	Cognitive Behavioral Therapy Certificate Course	\$899.59
20	Mathis	Gladys	11/13/19 - 11/17/24	Phoenix, AZ	35th National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Mathur	Raj	12/12/19 - 12/13/19	Baltimore, MD	Pri -Med	\$45.00
20	Minor	Nevena	11/11/19 - 11/13/20	Washington, DC	National Association of Medicaid Directors	\$600.00
20	Muchemi	Sheila	10/3/10 - 10/4/19	Towson, MD	7th Biennial Trauma Conference	\$672.82
20	O'Connor	Stephen	10/2/2019 - 10/5/2019	Hollywood, FL	Dive I: Zero to Three Annual Conference	\$1,653.37
20	Olsen	Mia	11/17/19 - 11/19/19	Chicago, IL	AHLA' Fundamentals of Law	\$1,772.59
20	Olsen	Mia	11/21/19 - 11/22/21	Washington, DC	NELI 40th Annual Employment Law Conference	\$1,045.00
20	Palmer	Marquita	11/13/19 - 11/17/20	Phoenix, AZ	31st National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Parks	Barbara	11/19/19 - 11/21/19	Philadelphia, PA	Fall 2019 BUILD State Partner Meeting	\$0.00
20	Parris	Nancy	12/13/19; 1/10/20; 2/14/20; 3/13/20; 4/3/20; 5/8/21	Columbia, MD	University of Maryland - School of Medicine	\$1,600.00
20	Patterson	Jenise	11/13/19 - 11/17/19	Phoenix, AZ	30th National Federation of Families for Children's Mental Health Conference	\$1,831.01
20	Phillips	Christine	12/3/19 - 12/5/19	Silver Spring, MD	Certified Investigators Course	\$599.00
20	Pizzarello	Scott	3/3/2020 - 3/8/2020	New Orleans, LA	American Psychology Law Society Conference	\$762.58
20	Prentiss	Audrey	2/11/2020	Ellicott City, MD	Alzheimer's Disease & Other Dementias Certification Training	\$249.99
20	Richardson	Tracey	10/24/19 - 10/27/19	Baltimore, MD	American Academy of Psychiatry and the Law, 50th Annual Conference	\$953.43
20	Richardson	Tracey	11/21/19 - 11/22/20	Washington, DC	NELI 40th Annual Employment Law Conference	\$1,045.00
20	Richardson	Raphaelle	12/11/19 - 12/12/19	Hagerstown, MD	SAMHSA: Regional 3 Peers Summit	\$273.77
20	Richardson	Iris	1/7/2020 - 1/10/2020	Fordyce, AR	Site Visit: Millcreek of Arkansas	\$1,488.16
20	Shah	Renu	10/21/19 - 10/27/19	Baltimore, MD	AAPL Forensic Psych Review Course and Annual Meeting	\$1,825.00

Department of Behavioral Health

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Travel Expenses

20	Stone	Sheila	2/18/20 - 2/20/20	Columbia, MD	Complex PTSD Training Conference	\$599.00
20	Suardi	Enrico	10/17/19 - 10/20/19	Boston, MA	2019 Psychopharmacology Conference	\$2,319.75
20	Sullivan	Meghan	11/14/19 - 11/16/19	Phoenix, AZ	30th National Federation of Families for Children's Mental Health Conference	\$1,745.25
20	Thomas	Joetta	1/23/2020	Catonsville, MD	Art Based Techniques as Clinical Intervention for Suicidal Clients	\$0.00
20	Tillbrook	Chad	10/24/19-10/27/19	Baltimore, MD	American Academy of Psychiatry and the Law	\$758.00
20	Tillbrook	Chad	11/1/2019	Williamsburg, VA	Forensic Treatment Plan Meeting	\$45.70
20	Touschstone	Tanya	11/20/2019	Fort Dix, NJ	Fort Dix Federal Correction Institution	\$41.25
20	Toussaint-Green	Ghislaine	11/13/19 -11/16/19	Phoenix, AZ	30th National Federation of Families for Children's Mental Health Conference	\$2,078.04
20	Toussaint-Green	Ghislaine	12/13/19;1/10/20; 2/14/20; 3/13/20; 4/3/20; 5/8/20	Columbia, MD	University of Maryland - School of Medicine	\$1,600.00
20	Walker	Myra	11/13/19 - 11/18/19	Phoenix, AZ	30th National Federation of Families for Children's Mental Health Conference	\$1,902.46
20	Williams	Anndreeze	11/21/19 - 11/22/19	Washington, DC	NELI 40th Annual Employment Law Conference	\$1,045.00
20	Yavi	Mani	10/15/19 - 10/19/19	Houston, TX	American Psychiatric Nurses Association Conference	\$2,094.64
20	Yerrell-Garrett	Lori	10/1/19-10/5/19	New Orleans, LA	American Psychiatric Nurses Association 33rd Annual Conference	\$2,048.85
20	Zaidi	Muhammad	11/6/19 - 11/11/19	Colorado Springs, CO	2019 Neuroscience Education Institute Congress	\$1,831.35

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Acharya,Monika	00027851	MEDICAL OFFICER (PSYCHIATRY)	5B	4	\$243,373.00	S.E.H.
Adade,Otema Alice	00000288	MEDICAL OFFICER PSYCHIATRY	6C	4	\$129,066.50	B.H.A.
Adams,Myla D.	00069821	Quality Assessment Specialist	13	5	\$103,905.00	B.H.A.
Adebayo,Oluwafemi Isaac	00014760	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Adebusola,Funmi	00006046	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Adeleye,John A	00001210	Supervisory Psychiatric Nurse	14	0	\$128,564.60	B.H.A.
Adeso,Relindis A	00010586	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Adewale,Benjamin A	00013245	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Adeyemi,Oluwakemi	00009413	Utilization Review Specialist	12	8	\$100,225.00	S.E.H.
Adurota,Olagunwa F	00008199	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$107,178.14	S.E.H.
Agbara,Emmanuel N	00002839	PSYCHIATRIC NURSE	11	9	\$111,562.00	S.E.H.
Ahaghotu,Georgia Onyinyechi	00001738	PSYCHIATRIC NURSE	9	9	\$102,653.00	B.H.A.
Aje,Oluwakemi A	00003276	MEDICAL OFFICER (PSYCHIATRY)	5B	0	\$167,944.00	S.E.H.
Akhtar,Saleha	00000511	MEDICAL OFFICER (PSYCHIATRY)	5	8	\$252,908.00	B.H.A.
Akinlosotu,Raymond O	00012576	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Akpuaka,Aloysius I	00000124	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Akwar,Philip A	00008361	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Albury,Lisa Evans	00031664	Evid-Based Svcs Prog Mgr	14	0	\$110,473.98	B.H.A.
Alexander,Antoinette C	00011542	Administrative Svcs Manager	14	0	\$120,178.29	B.H.A.
Allen Williams,Debra	00021112	Human Resources Spec (Empl & L	14	8	\$126,897.00	B.H.A.
Allen,Ada R	00009174	Nurse Practitioner	12	10	\$121,046.00	S.E.H.
Allen,Debbie L	00002549	ASSESSMENT CENTER COORDINATOR	13	0	\$105,738.82	B.H.A.
Allen,Jennifer Eileen	00007104	Evaluation and Quality Coord	13	8	\$116,145.00	B.H.A.
Allen,Rhonda L	00027862	MEDICAL OFFICER (PSYCHIATRY)	5C	7	\$264,359.00	B.H.A.
Allen,Shirley Michele	00003213	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$120,000.00	S.E.H.
Alleyne,Joycelyn P	00000665	Network Development Spec	13	10	\$122,227.00	B.H.A.
Alleyne,Karen C	00005905	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Amaechi,Philo N	00001060	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Anderson,Cynthia R.	00002531	MEDICAL OFFICER GENERAL PRACTI	3	8	\$188,345.00	S.E.H.
Anderson,Deborah A	00045776	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Anderson,Patrina Ann	00012997	Director, Link & Assessment Di	15	0	\$136,276.99	B.H.A.
Anderson,Shawn J	00026729	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Aneto,Dorothy C	00002758	PSYCHIATRIC NURSE	11	10	\$106,534.00	B.H.A.
Anokam,Theresa A	00025221	Nurse Practitioner	12	10	\$121,046.00	S.E.H.
Apraku-Gyau,Kwasi	00008477	Administrative Operations Mana	15	0	\$128,961.41	B.H.A.
Arotimi,Margaret	00045768	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$112,530.96	S.E.H.
Arrington,Perette L	00039209	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	B.H.A.
Aruna,Theresa I	00015026	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Atanga,Theresa M	00023836	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Atique,Muhammad	00025700	MEDICAL OFFICER (PSYCHIATRY)	5B	5	\$248,167.00	S.E.H.
Augustus,Todd Matthew	00008585	MEDICAL OFFICER (PSYCHIATRY)	5C	5	\$254,101.00	B.H.A.
Austin,Jerome W	00020905	ACCOUNTANT	13	9	\$110,191.00	S.E.H.
Ayernor,Kerniba Y	00009963	Director of Nursing Operations	14	0	\$133,100.51	S.E.H.
Ayodeji-Coker,Lateefat A	00006221	PSYCHIATRIC NURSE	11	7	\$104,125.00	S.E.H.
Baffour,Anthony	00076917	Administrative Services Manage	15	0	\$137,473.92	B.H.A.
Bah,Fatmata B	00006372	PSYCHIATRIC NURSE	11	7	\$104,125.00	S.E.H.
Bailey,Derrick C.	00082131	Provider Relations Manager	14	0	\$121,338.65	B.H.A.
Baker,Mionna L.	00045749	ACCOUNTABILITY ANALYST	13	6	\$110,063.00	B.H.A.
Ballard III,James M	00088338	Clinical Outreach Manager	13	0	\$113,236.00	B.H.A.
Barber,Julie G.	00005247	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Barbot,Henry C	00007748	MEDICAL OFFICER (PSYCHIATRY)	5C	8	\$269,681.00	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Barnard,Marvin	00047925	MEDICAL OFFICER GENERAL PRACTI	3	8	\$170,639.00	B.H.A.
Barnes Power,Peggie	00025138	Care Manager	13	7	\$113,104.00	B.H.A.
Barnes,Erica Lynn	00031775	Program Manager	14	0	\$122,184.81	B.H.A.
Barnes,Rhonda L	00003493	Program Manager	13	0	\$105,600.53	B.H.A.
Barrett,Linda T	00013449	Human Resources Specialist	14	10	\$133,537.00	B.H.A.
Barrett,Shurnett A	00093763	Nurse Educator	13	8	\$107,380.00	S.E.H.
Barry,Melvin L	00027677	Director of Operations	16	0	\$152,241.67	B.H.A.
Bazemore,Alfreda D	00023831	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Bazron,Barbara Jean	00011599	Director of Mental Health	E5	0	\$195,163.02	B.H.A.
Bebout,Richard R	00006816	Deputy Director, Adult Service	16	0	\$180,250.00	B.H.A.
Beckham,Steward D	00012656	Chief Operating Officer	16	0	\$165,006.00	B.H.A.
Bekele,Muluberhan	00009498	PSYCHIATRIC NURSE	11	10	\$115,283.00	B.H.A.
Bello,Jimmy A	00001284	PSYCHIATRIC NURSE	11	8	\$107,844.00	S.E.H.
Beyder-Kamjou,Irina	00012656	Chief Operating Officer	16	0	\$157,080.00	B.H.A.
Bhise,Gauri T	00037522	Reports Developer	13	3	\$100,940.00	B.H.A.
Binks,Sidney W	00000795	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	S.E.H.
Bippe,Raphael N	00015044	PSYCHIATRIC NURSE	11	6	\$100,403.00	S.E.H.
Bivins,Renee T	00046300	Director of Hospital Operation	15	0	\$136,160.62	S.E.H.
Black,Nancy Burgess	00025150	Supv Medical Officer Psych	MD6	0	\$271,965.20	B.H.A.
Blake-Smith,Michelle DM	00031782	Compl & Perform Imprv Ofcr	14	0	\$121,342.49	S.E.H.
Blocker,Adrienne F	00068436	Special Project Coordinator	13	7	\$113,104.00	B.H.A.
Bloodworth,Natalie J	00039206	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Boateng,Kwadwo A	00003096	IT Project Manager	13	5	\$107,022.00	B.H.A.
Boesch,Richard P	00031757	Supvy. Clinical Psychologist	14	0	\$145,494.17	S.E.H.
Bowden,Shermain M	00024232	Program Manager	14	0	\$114,219.85	B.H.A.
Boyd,Nancy Frances	00045765	Nurse Educator	13	7	\$104,569.00	S.E.H.
Boyer,Marie A	00010491	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$108,584.76	B.H.A.
Brady,Christiane	00082674	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Brooks,Dana A	00001265	Supervisory Clinical Administr	14	0	\$107,843.04	B.H.A.
Brooks,Ericka Oliver	00009148	Comm Services Review Analyst	13	6	\$110,063.00	B.H.A.
Brown,Carol L	00001811	Human Resources Specialist	13	8	\$107,380.00	B.H.A.
Brown,Denise	00043373	Clinical Administrator	13	0	\$115,863.81	S.E.H.
Brown,Mariam R	00001577	Human Resources Specialist	13	10	\$113,002.00	B.H.A.
Bryant,Karend S	00013179	Information Technology Special	13	10	\$122,227.00	B.H.A.
Burroughs,Terredell H	00016707	Continuous QI Prog Spec	14	5	\$126,479.00	B.H.A.
Burton,John H	00095074	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Byam,Leslie-Ann P	00085808	Transitional Age Youth Proj Di	14	0	\$121,489.39	B.H.A.
Cabinda,Irene L	00015869	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Cadney Baucum,Nina Sattia'M'Lee	00020666	SOCIAL WORKER	12	10	\$101,276.00	S.E.H.
Campbell,James Spencer	00025848	SUPERVISORY SOCIAL WORKER	13	0	\$107,374.55	B.H.A.
Campbell,Mary E	00012288	Risk Mgr & Spec Svcs Coord	15	0	\$162,865.37	B.H.A.
Campbell-Smith,Samantha	00077969	Supvy Business Analyst (IT)	15	0	\$127,883.01	B.H.A.
Candilis,Philip J	00031776	Supv Medical Officer (Psychiat	MD6	0	\$271,842.75	S.E.H.
Cannistra,Jennifer	00012939	Director, Sys Transform Admin	16	0	\$177,467.35	B.H.A.
Carlock,Jason J	00002146	Incident Investigation Manager	14	0	\$111,933.75	S.E.H.
Carter,Katrina L.	00095030	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Carter,Nancy D.	00045782	PSYCHIATRIC NURSE	11	10	\$106,534.00	S.E.H.
Casazza,Holly R	00011896	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	S.E.H.
Caspari,Matthew W	00043662	SUPERVISORY ATTORNEY ADVISOR	2	0	\$183,711.64	B.H.A.
Chapman II,Eric J	00046906	Prevention Services Program Ma	14	0	\$120,471.88	B.H.A.
Chapman,Naomi R	00020084	Supvy Human Resources Spec	15	0	\$145,087.79	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Chastang,Mark J.	00001934	Health System Administrator	11	0	\$195,051.77	S.E.H.
Cherry,Joybell A	00009460	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Chesley Brown,Saundra E	00025592	MEDICAL OFFICER GENERAL PRACTI	3	8	\$170,639.00	B.H.A.
Chuukwu,Rose Akutta	00085401	Clinical Nurse	11	7	\$104,125.00	B.H.A.
Clark Brown,Angelica N	00070931	Early Childhood Clin Spec	13	4	\$103,981.00	B.H.A.
Clarke,Donald L. M.	00043607	Information Technology (Proj M	14	0	\$115,198.75	B.H.A.
Cobbs,Sylvia W	00010289	PSYCHIATRIC NURSE	11	10	\$115,283.00	B.H.A.
Colbert-Ellis,Janice M	00031649	Forensic Svcs Advisor & Liaiso	13	10	\$118,670.00	B.H.A.
Colombel,Allison M	00011925	Behavioral Health Program Coor	13	8	\$116,145.00	B.H.A.
Cook,Malcolm A	00094834	Nurse Practitioner	12	9	\$117,140.87	S.E.H.
Cooper-Smith,Marjorie C	00073603	Clinical Case Manager	13	4	\$103,981.00	B.H.A.
Cox,Nelda T	00009171	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Crockett,David L	00001303	Legislative Affairs Specialist	13	7	\$104,569.00	B.H.A.
Croson,Kathryn M	00010878	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	S.E.H.
Crutchfield,Melody Y	00006018	Employment Manager (Evid-Based	13	0	\$107,842.56	B.H.A.
Cunningham,Erica W	00083148	Director of Communications	14	0	\$126,215.00	B.H.A.
Curameng,Neil M	00002480	IT Specialist (Systems Analysi	13	5	\$107,022.00	B.H.A.
Curtis,Chaka A	00019251	PSYCHIATRIC NURSE	11	7	\$104,125.00	B.H.A.
Dabney,Rosetta S.	00018750	Clinical Care Coordinator	12	10	\$105,339.00	B.H.A.
Dalili,Ali	00012840	PHARMACIST	12	10	\$105,339.00	S.E.H.
Dalkilic,Alican	00043376	MEDICAL OFFICER (PSYCHIATRY)	5B	7	\$258,124.00	S.E.H.
Dalton,Marc E	00011669	Supv Medical Officer Psych	MD6	0	\$280,124.15	B.H.A.
Dang,Vu Tuong	00006797	Chief of Staff	16	0	\$178,549.47	B.H.A.
Daniels,Gillian R	00012564	ADMIN OFFICER	13	8	\$107,380.00	B.H.A.
Daramola,Victoria B	00023406	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
David,Olusegun	00045786	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Davis Shelton,Madeleine	00001488	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Davis,Merrien J	00024673	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Davis,Paul W	00025774	Audio Visual Services Speciali	13	9	\$119,186.00	S.E.H.
Davis-DeBose,Natasha Denise	00073373	Program and Policy Coordinator	13	6	\$101,758.00	B.H.A.
DeBoard,Nicole Y	00002415	Supervisory Dietitian	14	0	\$107,841.48	S.E.H.
Del Valle ortiz,Carmen	00001089	MEDICAL OFFICER (PSYCHIATRY)	5	8	\$252,908.00	S.E.H.
Delaney,Tyenne V	00045790	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$106,765.76	S.E.H.
DeValera,Karen A	00016551	Dstr, Emer & Colbr Supt Svc Pr	14	0	\$117,724.33	B.H.A.
Dickerson,Angela	00011281	Quality Improvement Specialist	13	6	\$106,858.00	S.E.H.
Dietsche,Sharon S	00000979	Dir, Prev & Early Intervnt Div	15	0	\$119,706.00	B.H.A.
Doby Copeland,Cheryl	00021065	Clinical Program Coordinator	12	8	\$100,225.00	B.H.A.
Dogboe,Edem Kofi	00045779	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$110,313.00	S.E.H.
Droddy,Jacqueline Lynn	00033016	SUPERVISORY SOCIAL WORKER	13	0	\$110,595.79	B.H.A.
Dugdill,Jonathan C.	00093760	Supvy. Clinical Psychologist	14	0	\$114,378.79	S.E.H.
Dunbar,Denise Althea	00006816	Director, Comm Services Admin	16	0	\$167,186.18	B.H.A.
Dutta,Trina	00077968	Director, Strategic Management	15	0	\$164,300.45	B.H.A.
Earlington,Di-Ann G	00004998	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	B.H.A.
Ebiringa,Goodness Ihuoma	00019721	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Ekwe,Benneth I	00013095	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Eligan,Johari J	00004916	Director, Division of Care Co	14	0	\$107,842.80	B.H.A.
Ellis,Aisha M	00045679	Nurse Practitioner	12	9	\$113,729.00	S.E.H.
Ellis,Vivian	00010967	Human Resources Specialist	13	8	\$107,380.00	B.H.A.
Emeagwali,Obianuju E	00013014	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Emeruem,Grace	00014762	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Evans Jackman,Renee M	00077991	Grants Program Coordinator	14	0	\$135,466.24	B.H.A.



NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Ezimorah,Jane frances C	00005032	PSYCHIATRIC NURSE	11	10	\$106,534.00	S.E.H.
Faiz,Saeeda	00000027	PSYCHIATRIC NURSE	9	10	\$102,984.00	B.H.A.
Farooqui,Azra A.	00002222	MEDICAL OFFICER (PSYCHIATRY)	5	5	\$238,528.00	B.H.A.
Fayomi,Christianah	00005837	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Fegan,Gerard E	00001363	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Flower,Travis D.	00043371	CLINICAL PSYCHOLOGIST	13	8	\$107,334.00	S.E.H.
Forbes,Ayana M.	00083147	Continuous Qual Improv Prog Of	14	3	\$119,295.63	B.H.A.
Ford Jackson,Nikiya Faneer	00046627	PROGRAM ANALYST	13	5	\$107,022.00	B.H.A.
Fortin,Amy Elizabeth	00012635	Juvenile Behav Div Prog Coordi	13	8	\$116,145.00	B.H.A.
Francis,Ngozi V	00024402	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Frazier,Acquanetta L.	00001214	MEDICAL OFFICER GENERAL PRACTI	3B	8	\$197,432.00	S.E.H.
Fulton,Karen E	00016324	SOCIAL WORKER	12	10	\$101,276.00	S.E.H.
Fulwood,Anglia C	00010534	Program Specialist	13	6	\$101,758.00	B.H.A.
Gan,Oron G	00003026	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	B.H.A.
Garcia,Anne	00000535	Clinical Qual & Education Coor	13	10	\$113,002.00	S.E.H.
Garcia,Danilo A	00000266	MEDICAL OFFICER GENERAL PRACTI	3	8	\$188,345.00	S.E.H.
Garcia,Todd R	00015691	Program Specialist	12	8	\$100,225.00	B.H.A.
Gladden,Brandi V	00040036	Director, Housing Development	15	0	\$119,704.97	B.H.A.
Gnahoui,Wanda L	00041452	MEDICAL OFFICER PSYCHIATRY	6C	6	\$267,880.00	B.H.A.
Godwin,Michele P	00045664	CLINICAL PSYCHOLOGIST	13	9	\$110,145.00	S.E.H.
Gontang,Richard A	00003432	Chief Clinical Officer	15	0	\$167,586.53	S.E.H.
Goodhue,Shannon M	00012255	Director, Disaster & Supt Beha	15	0	\$119,704.97	B.H.A.
Gore,T Allen	00045738	MEDICAL OFFICER (PSYCHIATRY)	5C	8	\$269,681.00	B.H.A.
Gossett,Jasmine	00083148	Director of Communications	14	0	\$126,936.96	B.H.A.
Graham,Kendall J.	00019785	Health Systems Specialist	13	5	\$107,022.00	B.H.A.
Grant,Danike Cary	00002032	Compliance Specialist	13	8	\$116,145.00	B.H.A.
Grant,Teresa M	00001158	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	B.H.A.
Gray,Veronica	00024738	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Green,Madonna M	00020093	ACCOUNTABILITY ANALYST	13	5	\$107,022.00	B.H.A.
Grekova,Natalia	00045670	MEDICAL OFFICER (PSYCHIATRY)	5	1	\$220,938.00	S.E.H.
Griffin,Christopher M	00020789	Care Manager	13	6	\$110,063.00	B.H.A.
Griffin,J'wan S	00073374	School Primary Project Manager	13	0	\$111,649.16	B.H.A.
Grundmayer,Carrie Ann	00033070	SUPERVISORY SOCIAL WORKER	13	0	\$112,719.01	B.H.A.
Gulley,Jordan E	00047908	CRT Site Coordinator	14	0	\$107,843.00	B.H.A.
Haith,L'Tanya A.	00043377	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Hakim,Ana Maria	00070752	Early Childhood Clin Spec	12	8	\$100,225.00	B.H.A.
Hall III,Bert S	00012126	Supv Dental Officer	MD3	0	\$167,811.11	S.E.H.
Hall,Anthony Rashad	00095039	CRT Director	15	0	\$132,255.97	B.H.A.
Hamer,Kelly C	00013575	Instructional Design/Trng Spec	13	4	\$103,981.00	B.H.A.
Hamilton,Venida Y	00004601	Director, Network Development	15	0	\$149,209.72	B.H.A.
Hammock,Monica L	00082688	SUPERVISORY SOCIAL WORKER	13	0	\$113,052.11	B.H.A.
Handal,Hazel	00085469	Reports Developer	13	5	\$107,022.00	B.H.A.
Hardy,Sharon R	00012946	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Hariharan,Pradeep	00013824	Info Technology Manager (APPSW	15	0	\$119,704.94	B.H.A.
Harper Jr.,Ambus H	00024152	CLINICAL SUPERVISOR	13	0	\$109,614.00	B.H.A.
Harrell,Andrea R	00001730	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Harris,Emerson A	00024882	CLINIC MGR	13	9	\$115,717.00	B.H.A.
HART,LAKEASHA L	00006995	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Hawkins,Cynthia A	00024928	Human Resources Manager	14	0	\$140,162.22	B.H.A.
Hawkins,Delores N	00020585	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Heaven,Laura Nicole	00001897	Chief, Data & Perform Mgmt	15	0	\$143,645.76	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Hill,Angela Maria	00013289	Revenue Manager	14	0	\$104,701.75	B.H.A.
Hinkle Jr.,Alvin H	00002954	Director, Resid. Spt. Svc. & C	15	0	\$121,295.18	B.H.A.
Hnatowski,Lauren Elizabeth	00041846	Attorney Advisor	14	2	\$121,760.00	B.H.A.
Hogan,Carol	00011093	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Holness,E Gail Anderson	00000051	Faith Based Outreach Coordinat	13	6	\$101,758.00	B.H.A.
Howard-Clark,Sabriana Antoinette	00031701	Medical Records Administrator	14	0	\$121,295.17	B.H.A.
Humphrey,Stephony K	00002811	Behavioral Health Analyst	13	4	\$103,981.00	B.H.A.
Hunt,Sharon R	00077650	Deputy Director, Comm Svcs Adm	15	0	\$158,010.32	B.H.A.
Ibeh,Godwin O	00015948	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Ibeh,Sybil	00032612	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Ibetoh,Angela Ngozi	00000850	Psychiatric Nurse	9	10	\$106,074.00	S.E.H.
Ibijemilusi,Caroline A	00045777	PSYCHIATRIC NURSE	11	9	\$111,562.00	S.E.H.
Ibikunle,Jimmy O	00001313	Supv Medical Officer Psych	MD6	0	\$280,123.72	B.H.A.
Idowu,Josephus O	00006120	PSYCHIATRIC NURSE	9	10	\$106,074.00	B.H.A.
Ihegbe,Ngozi A	00001817	PSYCHIATRIC NURSE	11	10	\$115,283.00	B.H.A.
Iwuji,Raphael O.	00017083	PSYCHIATRIC NURSE	11	7	\$104,125.00	S.E.H.
Jackson,Atiya Sokoni Marie	00009869	Senior Deputy Director	16	0	\$177,513.77	B.H.A.
Jackson,Cassandra G	00032978	Medical Records Admin	14	0	\$112,502.79	S.E.H.
Jackson,James V	00035359	Administrative Program Officer	15	0	\$162,705.29	B.H.A.
Jackson,Laura A	00085475	Compliance Specialist	12	10	\$102,268.00	B.H.A.
Jaji,Abayomi I	00047905	MEDICAL OFFICER (PSYCHIATRY)	5C	7	\$264,359.00	B.H.A.
Jenkins,Sheryl D	00031751	Care Manager	13	5	\$107,022.00	B.H.A.
Johnson,Nicole R.	00031692	Supvy Med Ofcr (Psych-Forensic	MD6	0	\$236,491.91	B.H.A.
Johnson,Olayinka M	00011728	MEDICAL OFFICER (PSYCHIATRY)	5C	7	\$264,359.00	S.E.H.
Jones,Eric T	00000958	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	S.E.H.
Jones,Helen	00085504	Program Monitor	13	10	\$122,227.00	B.H.A.
Jones,Phyllis G	00006797	Chief of Staff	16	0	\$185,960.32	B.H.A.
Jones,Sarah P	00089382	Early Childhood Clin Spec	13	3	\$100,940.00	B.H.A.
Jordan,Valerie B.	00069775	Public Health Analyst	13	5	\$107,022.00	B.H.A.
Kamal,Sana	00014793	MEDICAL OFFICER (PSYCHIATRY)	5B	3	\$238,692.00	B.H.A.
Karim,Amina T.	00016824	Investigative Analysis Special	13	5	\$107,022.00	B.H.A.
Kasaci,Arda	00027801	MEDICAL OFFICER (PSYCHIATRY)	5B	7	\$258,124.00	B.H.A.
Kasem,Safaa M.	00001400	MEDICAL OFFICER (PSYCHIATRY)	5B	6	\$253,084.00	B.H.A.
Keita,Shomarka O	00011631	MEDICAL OFFICER GENERAL PRACTI	3	8	\$188,345.00	S.E.H.
Kelley,Christine G	00005462	CLINICAL PSYCHOLOGIST	13	6	\$101,712.00	S.E.H.
Kelly,Sheila Long	00009690	Director of Licensure	15	0	\$134,490.57	B.H.A.
Kennedy,Timothy A.	00046649	PROGRAM ANALYST	13	6	\$110,063.00	S.E.H.
Koehne,Susan L	00024167	Program Analyst (Qual Improv)	13	6	\$110,063.00	B.H.A.
Kolansky,Saul K	00003505	MEDICAL OFFICER PSYCHIATRY	6C	8	\$222,496.00	S.E.H.
Krahling,Debra B	00025263	Clinical Administrator	13	0	\$122,043.00	S.E.H.
Krishnan,Shilpa	00010498	Depy. Director Forensic Servs.	15	0	\$128,073.29	B.H.A.
Kromah,Mildred T	00045787	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$112,317.82	S.E.H.
Lam,Jonathan H.	00015889	CLINICAL PSYCHOLOGIST	13	8	\$107,334.00	S.E.H.
Lane,Julie O	00085844	Prevention Program Coordinator	13	4	\$100,952.00	B.H.A.
Larkins,Mark Anthony	00022472	SUPV INFO TECH SPECIALIST	15	0	\$126,530.53	B.H.A.
Larry,Lamont W	00002131	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	S.E.H.
Lee,Hyun Ah	00088704	Supervisory Pharmacist	14	0	\$150,979.26	S.E.H.
Lewis Marlin,Robin	00069817	Compliance Specialist	13	7	\$113,104.00	B.H.A.
Lewis,Mary L	00085386	Clinical Nurse	11	10	\$115,283.00	B.H.A.
Lewis,Michelle C	00033565	Interpreter American Sign Lang	12	9	\$102,782.00	B.H.A.
Lewis,Qutina S.	00088703	Lead Pharmacist	13	8	\$116,145.00	S.E.H.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Lillie-Blanton,Marsha D	00001611	Senior Policy Advisor	16	0	\$169,950.00	B.H.A.
Linder,Detra	00045774	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Lingle,Timothy	00009223	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$107,178.14	S.E.H.
Livingood,John M	00011980	MEDICAL OFFICER PSYCH TRAINING	5B	8	\$131,645.50	S.E.H.
Lugo-Axtmann,Anais D	00089379	Early Childhood Clin Spec	13	3	\$100,940.00	B.H.A.
Madden,Adina Kaleia	00070288	Chief, SUD Access and Referral	14	0	\$134,454.89	B.H.A.
Majekodunmi,Ruth Kappy O	00005847	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$103,524.33	S.E.H.
Malcolm,Maurice Andrew	00037344	Chief Information Officer	15	0	\$162,000.00	B.H.A.
Malik,Rizwan A	00005041	MEDICAL OFFICER (PSYCHIATRY)	5C	6	\$259,166.00	S.E.H.
Malone,Sophia Adrianna	00001793	SUPERVISORY SOCIAL WORKER	13	0	\$109,175.88	S.E.H.
Manocchio,Teresa M	00094832	Policy Analyst	14	6	\$130,071.00	B.H.A.
Marquez,Claudia M	00044555	Policy Officer	13	10	\$113,002.00	S.E.H.
Marsh,Alicia M.	00045665	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	S.E.H.
Martin Stebbins,Leatrice	00012096	PHARMACIST	12	10	\$105,339.00	S.E.H.
Martin,Kevin O	00019734	Network Development Spec	13	10	\$122,227.00	B.H.A.
Martin,Shelita S.	00016618	Chief, Quality, Data, Training	15	0	\$135,702.53	S.E.H.
Maskittie,Beverly	00021543	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Mathieux,Myrtha R	00019997	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Mathur,Raj P	00025592	MEDICAL OFFICER GENERAL PRACTI	3	8	\$188,345.00	B.H.A.
Mbuh,Samuel	00045766	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$119,869.00	S.E.H.
McAllister,Tyreese R	00045740	CRT Site Coordinator	14	0	\$107,843.06	B.H.A.
McCarty-Jones,Brendolyn R	00025128	SUPV HUMAN RESOURCES SPEC	14	0	\$125,923.34	B.H.A.
McFarlane,Cicely Lilla	00007087	SOCIAL WORKER	12	10	\$101,276.00	S.E.H.
McKain,Denise P	00010958	Supervisory Psychiatric Nurse	14	0	\$123,784.23	S.E.H.
Meikle,Jamie S	00045739	Investigative Analysis Special	13	7	\$109,811.00	B.H.A.
Michael,Regina N	00006764	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Miller,Winston J	00026183	Information Technology Special	13	10	\$122,227.00	B.H.A.
Minor,Nevena A	00003426	Policy Analyst	14	5	\$126,479.00	B.H.A.
Mohyuddin,Farooq	00031792	Supv Medical Officer Psych	MD4	0	\$238,106.35	S.E.H.
Moliki-nee Agbor,Serah F.	00045781	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Moore,Thomas Edward	00087589	Compliance Specialist	13	4	\$100,952.00	B.H.A.
Morales,Luis A.	00082689	SUPERVISORY SOCIAL WORKER	13	0	\$112,333.66	B.H.A.
Moss-Baker,Angele D	00009618	Behavioral Health Trng Spec	13	8	\$116,145.00	B.H.A.
Mowbray,Mary Catherine	00027773	Creative Arts Therapist (Art)	12	5	\$100,224.00	S.E.H.
Muhammad,LaDonna K	00069818	ACCOUNTABILITY ANALYST	13	7	\$113,104.00	B.H.A.
Mumford,Jennifer D	00076916	Supervisory Program Monitor	14	0	\$124,158.26	B.H.A.
Mumuney,Queen	00045778	Supvy. Psychiatric Nurse	13	0	\$116,111.62	S.E.H.
Murphy,Kelly Laura	00097339	Project Director (SOR)	14	0	\$129,387.00	B.H.A.
Murray,Yvette R	00020376	Human Resources Specialist	13	7	\$104,569.00	B.H.A.
Naqvi,Syed Akhtar	00043379	MEDICAL OFFICER (PSYCHIATRY)	5C	7	\$264,359.00	S.E.H.
Nash,Keri A.	00003855	Policy Analyst	14	1	\$112,111.00	B.H.A.
Ndubuizu,Ngozi M	00025445	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Nebafu,Gladys M.	00009882	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Nelson Pierre,Susan D	00004103	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Nelson,Keli-Lloyd Alecia	00023648	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Norvell,Carolyn S	00015906	PHARMACIST	12	10	\$105,339.00	B.H.A.
Nwaobilor,Obioma U	00045789	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Nwonye,Florence N	00011382	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
O'Connor,Stephen J	00008759	Program Manager	14	0	\$115,700.25	B.H.A.
Ogwuegbu,Regina	00019678	PSYCHIATRIC NURSE	11	10	\$106,534.00	S.E.H.
Ohashi,Masako	00021108	Creative Arts Therapist (Art)	12	5	\$100,224.00	S.E.H.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Ojo,Caroline C	00009954	PSYCHIATRIC NURSE	11	6	\$100,403.00	B.H.A.
Ojomo,Adebayo	00045775	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Okeh,Anthony Chinaka	00002496	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Okoroafor,Ndubuisi I	00027063	PSYCHIATRIC NURSE	11	6	\$100,403.00	S.E.H.
Okpala,Bernardine N	00032552	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Okparaeke,Rosemary N	00001471	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
OLANIYAN,MODUPE ADE	00031783	Clinical Care Coordinator	12	10	\$105,339.00	B.H.A.
Olsen,Mia Faye	00041847	Attorney Advisor	14	2	\$125,415.00	B.H.A.
Olson,Wendy A	00017100	Supvy. Clinical Psychologist	14	0	\$112,054.83	S.E.H.
Olugbemi,Funmilayo O	00002248	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Olumese,Elizabeth Ire	00024950	Nurse Practitioner	12	10	\$121,046.00	S.E.H.
Onuekwusi,Kevin O	00045783	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Onwuche,Nkechi Christine	00023665	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$111,457.44	B.H.A.
Onyemenem,Augustine E	00034796	PRTF Coordinator	13	8	\$116,145.00	B.H.A.
Orimolade,Kehinde B	00003570	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$112,530.96	S.E.H.
Owens,Karen S	00025290	Supv Dental Officer	MD3	0	\$200,715.41	S.E.H.
Owolabi,Motunrayo I	00024639	PSYCHIATRIC NURSE	9	9	\$102,653.00	S.E.H.
Paige Young,Vaughnetta	00070695	Program Monitor	12	8	\$100,225.00	B.H.A.
Park,James	00012665	PHARMACIST	12	10	\$105,339.00	S.E.H.
Parks,Barbara J	00008477	Deputy Director of Child/Youth	16	0	\$148,500.00	B.H.A.
Parris,Nancy E	00071590	Early Childhood Clin Spec	13	10	\$122,227.00	B.H.A.
Patterson,Antoine C	00031781	Information Technology Special	13	9	\$119,186.00	B.H.A.
Patterson,Ulrich D	00020864	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Pengrin,Lauren M	00095060	MEDICAL OFFICER (PSYCHIATRY)	5B	2	\$234,126.00	S.E.H.
Perrin,Paul S	00022193	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Perry,Tamil N	00012112	Training Administrator	14	0	\$120,028.04	S.E.H.
Phillips,Christine Jallah	00071990	Director of Certification Divi	15	0	\$137,014.15	B.H.A.
Phillips,Sharon	00016748	Lead Pharmacist	13	10	\$122,227.00	B.H.A.
Pipkin,Cherylyn Y	00012061	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Plater,Laverne D	00025524	Nurse Consultant	12	10	\$121,046.00	S.E.H.
Points Jr.,Bruce D	00076943	Program Manager	13	0	\$104,620.25	B.H.A.
Pollock,Andrew H	00026820	Deputy Director of Accountabil	16	0	\$151,525.76	B.H.A.
Pontes,Martha G	00045785	Supervisory Psychiatric Nurse	14	0	\$128,184.31	S.E.H.
Poole,Laressa J	00009264	Network Development Manager	14	0	\$125,102.80	B.H.A.
Porter,Willie	00003076	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Potter,Edger	00045678	Supv. Medical Officer (General	MD5	0	\$219,228.00	S.E.H.
Powell,Dorothy J	00025794	PODIATRIST	1	8	\$143,213.00	S.E.H.
Prentiss,Audrey J	00012762	CLINICAL PSYCHOLOGIST	13	10	\$112,956.00	S.E.H.
Preston,April Y	00089383	Early Childhood Clin Spec	13	4	\$103,981.00	B.H.A.
Pryor,Michael	00085471	Community Prevention Specialis	13	7	\$113,104.00	B.H.A.
Queen,Robin Young	00009877	Care Manager	13	8	\$116,145.00	B.H.A.
Rajnauth-Suralie,Linda	00011551	Dental Officer (Periodontics)	3	8	\$94,172.50	S.E.H.
Randolph,Thomas	00070289	Public Health Advisor	13	7	\$113,104.00	B.H.A.
Ratliff,Sylvia B	00018436	Compliance Specialist	13	10	\$122,227.00	B.H.A.
Ray,Kim A	00039268	Chief, Co-Located Programs Bra	14	0	\$111,029.47	B.H.A.
Reaves,Juanita Y	00008597	Planning & Performance Mgmt Of	15	0	\$149,490.23	B.H.A.
Reed,Martin	00003865	PGM ANALYST	13	10	\$113,002.00	B.H.A.
Reipa,Rokas	00002239	IT Specialist (Data Mgmt)	14	3	\$119,295.00	B.H.A.
Renix,Robert A.	00014008	Supervisory Chaplain	14	0	\$107,841.45	S.E.H.
Reyes,Josephine G	00002596	MEDICAL OFFICER GENERAL PRACTI	3	8	\$170,639.00	S.E.H.
Richardson,Estelle	00010290	Change Management Director	15	0	\$156,927.30	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Richardson,Raphaelle K	00005092	Director, Consumer & Family Af	15	0	\$136,578.00	B.H.A.
Richardson,Tracey Ballard	00041845	SUPERVISORY ATTORNEY ADVISOR	2	0	\$156,907.11	B.H.A.
Robinson,Chele L	00082130	Network Development Spec	13	4	\$103,981.00	B.H.A.
Robinson,Crystal B	00008921	Program Manager, Rehabilitatio	14	0	\$123,897.51	S.E.H.
Robinson,Tracie R	00013582	Creative Arts Ther (Dance)	12	5	\$100,224.00	S.E.H.
Rodgers,Estes	00001992	Incident Review Specialist	13	7	\$113,104.00	S.E.H.
Rodgers,Jessica A	00024566	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Rogers,Roy	00001647	Social Worker	12	10	\$101,276.00	B.H.A.
Rosado Nelson,Leila	00027507	Supervisory Clinical Administr	14	0	\$108,480.33	S.E.H.
Ross,Collin R.	00009692	Program Coodinator	12	10	\$105,339.00	B.H.A.
Rouse,Shamar E	00043372	Suvpy Clinical Administrator	13	0	\$103,152.85	S.E.H.
Route,Jocelyn C	00007168	Strategic Planning, Pol, & Eng	14	4	\$122,887.24	B.H.A.
Royster,Tanya A	00011599	Director of Mental Health	E5	0	\$211,773.00	B.H.A.
Sadasivan,Avanti	00007456	CLINICAL PSYCHOLOGIST		0	\$101,712.00	B.H.A.
Saffell,Lynne M	00075295	Program Monitor	12	8	\$100,225.00	B.H.A.
Sands Jr.,Robert E.	00088707	Occupational Therapist	12	9	\$110,452.00	S.E.H.
Sanzi,Cheri C	00047573	Deputy Director of Admin Opera	15	0	\$139,461.90	B.H.A.
Schapiro,Moses	00008369	SOCIAL WORKER	12	10	\$101,276.00	S.E.H.
Schwartz,Andrew	00000359	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Scott,Charneta C	00007592	Project Manager	14	0	\$134,404.33	B.H.A.
Scott,Cortez Todarro	00007531	Clinical Administrator	13	0	\$103,321.71	S.E.H.
Secarea,Cristina M	00003180	MEDICAL OFFICER (PSYCHIATRY)	5B	1	\$229,671.00	B.H.A.
Shah,Renu	00043375	MEDICAL OFFICER PSYCHIATRY	6C	4	\$258,133.00	S.E.H.
Shah,Yasir	00085472	Grant Specialist	13	5	\$107,022.00	B.H.A.
Shapiro,David Adam	00024543	Learning and Development Dir	15	0	\$123,790.74	B.H.A.
Shere,Jeremy M	00073455	ACCOUNTABILITY ANALYST	13	7	\$113,104.00	B.H.A.
Sherron,Robert Lee	00012445	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	B.H.A.
Shokunbi,Tinuola T	00013421	PSYCHIATRIC NURSE	11	7	\$104,125.00	S.E.H.
Sices,Shanetha R	00012180	Incident Review Specialist	13	4	\$103,981.00	S.E.H.
Simo Mukam,Bern Megang	00012021	PSYCHIATRIC NURSE	11	10	\$115,283.00	S.E.H.
Singh,Anjali	00009221	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	B.H.A.
Singh,Kunverjit	00010191	Reports Developer	13	7	\$113,104.00	B.H.A.
Smith,Amina A.	00031664	Evid-Based Svcs Prog Mgr	13	0	\$117,724.37	B.H.A.
Smith,Gail C	00012226	Treatment Team Coordinator	13	0	\$106,084.43	S.E.H.
Smith,Tamisha N.K.	00007619	Medicaid Eligib & Compl Ofcr	14	0	\$104,701.75	B.H.A.
Snoddy,Michael	00070696	Program Monitor	13	10	\$122,227.00	B.H.A.
Sofela,Abiodun J	00011281	Quality Improvement Coordinato	13	7	\$113,104.00	S.E.H.
Sofola,Kolawole R	00019154	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$112,531.13	S.E.H.
Soto,Marina Isabel	00069822	Executive Assistant	13	6	\$101,758.00	B.H.A.
Spencer,Deborah Lynn	00020663	Executive Assistant	13	9	\$110,191.00	B.H.A.
Spencer,Terri R.B.	00071744	Director, Specialty Care Divis	15	0	\$129,930.70	B.H.A.
Steiner,Erik B	00003755	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Stewart,Craig S	00000551	Director of Investigations Div	15	0	\$129,433.92	B.H.A.
Stewart,Darryl	00045679	Nurse Practitioner	12	9	\$117,141.00	S.E.H.
Stiller,John W	00000658	MEDICAL OFFICER NEUROLOGY	5B	8	\$220,348.00	S.E.H.
Stone,Sheila M	00024814	Program Administrator	14	0	\$119,704.58	S.E.H.
Street,Darin	00031719	CFSA Mental Health Coord	13	5	\$103,905.00	B.H.A.
Stuart,Philippa S	00033325	Program Analyst (Qual Improv)	13	4	\$103,981.00	B.H.A.
Suardi,Enrico Mario	00093764	Supvy. Medical Officer (Psychi	MD6	0	\$246,330.00	S.E.H.
Sullivan,Meghan K	00092089	Project Director (DC Seed)	13	0	\$112,530.53	B.H.A.
Sweat,Drew L	00015613	Health Systems Specialist	13	6	\$110,063.00	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Taddesse,Haregnesh	00015194	Claims Management Analyst	13	3	\$100,940.00	B.H.A.
Talleyrand,Alix	00002993	Mental Health Curriculum Dev.	13	9	\$119,186.00	S.E.H.
Taneja,Kanwaljit Singh	00019933	Chief Operating Officer	16	0	\$178,549.47	S.E.H.
Tanyi,George S	00020337	PSYCHIATRIC NURSE	11	10	\$115,283.00	B.H.A.
Tapp,Lisa L	00001538	Equal Employment Manager	13	8	\$107,380.00	B.H.A.
Taylor,Christine A	00026526	Claims Revenue Manager	14	0	\$109,614.00	B.H.A.
Teegarden,Elizabeth A	00000928	CLINICAL PSYCHOLOGIST	13	7	\$104,523.00	B.H.A.
Tesfaye,Yoseph	00009017	PROGRAM ANALYST	13	10	\$122,227.00	B.H.A.
Thompson,Patricia C	00020832	Project Director II	14	0	\$125,641.50	B.H.A.
Thornton,Gabrielle	00008934	Recreation Therapist	12	5	\$100,224.00	S.E.H.
Thullah Bangura,Mary T	00019678	PSYCHIATRIC NURSE	11	7	\$104,125.00	S.E.H.
Tillbrook,Chad E	00023792	Director, Forensic Division	16	0	\$185,960.32	B.H.A.
Timmons,LaRena S	00045746	ACCOUNTABILITY ANALYST	13	5	\$107,022.00	B.H.A.
Tisdale,Bruce B	00082131	Network Development Manager	14	0	\$117,724.37	B.H.A.
Tsegay,Temertsa	00004128	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Tu,Yi-Ling E	00035155	Infection Control Coordinator	14	0	\$118,399.79	S.E.H.
Tzeggai,Sara	00025821	Dietitian	12	9	\$102,782.00	S.E.H.
Tzeuton,Adele Leonie	00007681	PSYCHIATRIC NURSE	11	9	\$111,562.00	S.E.H.
Ugochukwu,Josephine O	00045780	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$107,619.04	S.E.H.
Umaru,Aminu C	00094838	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$117,950.86	S.E.H.
Unaegbu,Elizabeth Ngozi	00007248	SUPERVISORY PSYCHIATRIC NURSE	13	0	\$107,178.14	S.E.H.
Uzoma,Hyacinth N.	00002889	MEDICAL OFFICER (PSYCHIATRY)	5B	5	\$248,167.00	S.E.H.
Uzoukwu,Chinyere E	00020833	PSYCHIATRIC NURSE	9	10	\$106,074.00	S.E.H.
Valentine,Kelly L	00085470	Community Prevention Specialis	13	7	\$113,105.33	B.H.A.
Valentine,Ti'Shema Y	00070182	IT Specialist (System Analysis	13	7	\$113,104.00	B.H.A.
Varghese,Sophy Mary	00019552	Supvy Social Worker	14	0	\$114,733.50	S.E.H.
Venson,Alvin D.	00046644	Facilities Operations Manager	14	0	\$114,801.89	S.E.H.
Veria,Ana Maria	00036272	Policy Analyst	14	6	\$130,070.46	B.H.A.
Villier,Jean Joel	00006211	MEDICAL OFFICER (PSYCHIATRY)	5B	8	\$263,291.00	S.E.H.
Volkov,Igor	00027872	MEDICAL OFFICER (PSYCHIATRY)	5	6	\$243,204.00	B.H.A.
Volkov,Janna	00027551	MEDICAL OFFICER (PSYCHIATRY)	5B	7	\$258,124.00	S.E.H.
Wadhawan,Abhishek	00002075	MEDICAL OFFICER (PSYCHIATRY)	5	1	\$220,938.00	S.E.H.
Ward,Jonathan F	00001041	Deputy Director, Crisis and Em	15	0	\$139,322.69	B.H.A.
Waters,Crystal M	00027384	Supervisory Nurse Practitioner	13	0	\$124,557.92	S.E.H.
Watson,Howard Purvis	00036937	Program Coordinator	13	8	\$107,380.00	B.H.A.
Wellington,David L	00046654	Supvy. Inventory Management Sp	13	0	\$107,635.96	S.E.H.
Wheeler,Frankie T	00011789	Director of Human Resources	16	0	\$170,510.66	B.H.A.
White,Sharon M	00011900	Consumer Grievance Spec	13	10	\$122,227.00	B.H.A.
White,Tony	00001416	Comm Svcs Review Ana (Adult)	13	10	\$122,227.00	B.H.A.
Wilkerson,Shandra A	00036280	Deputy Director, Behav. Hlth.	15	0	\$122,939.77	B.H.A.
Williams,Anndreeze H	00043434	Attorney Advisor	15	5	\$161,798.00	B.H.A.
Williams,Crystal D	00000707	PROGRAM ANALYST	13	6	\$110,063.00	B.H.A.
Williams,Lanada N	00003297	Provider Relations Specialist	13	6	\$110,063.00	B.H.A.
Williams,Soammes F	00011052	Info Tech Spec (Sys Admin)	12	10	\$105,339.00	B.H.A.
Williams,Terrence	00012656	Chief Operating Officer	16	0	\$158,816.15	B.H.A.
Williams,Tyanna Marie	00005483	Chief, New Initiatives Branch	14	0	\$107,843.06	B.H.A.
Wilson,Richard	00002596	MEDICAL OFFICER GENERAL PRACTI	3C	8	\$203,024.00	S.E.H.
Wilson,Wanda M	00087479	SOCIAL WORKER	12	10	\$101,276.00	B.H.A.
Wooden,Eugene R	00021832	Coord of Assertive Comm Treatm	14	0	\$107,841.91	B.H.A.
Woodland,Calvin	00085473	Community Outreach Coordinator	13	5	\$107,022.00	B.H.A.
Worsley,Jacqueline	00045702	Administrative Specialist	13	8	\$107,380.00	B.H.A.

NAME	POSITION	JOB_TITLE	GRADE	STEP	SALARY	AGENCY
Wotring,James R.	00009869	Senior Deputy Director	16	0	\$180,544.90	B.H.A.
Yerrell-Garrett,Lori Ann	00015499	Assistant Chief Nursing Execut	15	0	\$160,882.95	S.E.H.
Zaidi,Syed I.H.	00031669	MEDICAL OFFICER (PSYCHIATRY)	5C	8	\$269,681.00	S.E.H.
Zaidi,Syed M	00015380	MEDICAL OFFICER GENERAL PRACTI	3C	8	\$203,024.00	S.E.H.
Zhang,Lixin	00003737	Information Technology Special	13	6	\$110,063.00	B.H.A.
























*Q11. Please provide the Committee with the following:*

- a. A list of all employees who receive cell phones, personal digital assistants, or similar communication devices;*
- b. A list of travel expenses for FY19 and to date FY20, arranged by employee; and,*
- c. A list of employees who earn \$100,000 or more in FY19 or to date in FY20, including their names, position, salary, grade, step, position description, and agency within DBH.*

**DBH Response:**

See Attachment 1 of 3. Communications Devices

See Attachment 2 of 3. Travel

See Attachment 3 of 3. Salaries

Grant Number/Title	FY 2019 Revised Budget	Funding Source	FY 2019 Expenditures	FY 2020 Revised Budget	Funding Source	FY 2020 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
6U79TI025317/State Adolescent Treatment Enhancement and Dissemination/(61SATD)	\$22,040.00	Substance Abuse and Mental Health Services Administration (SAMHSA)	\$22,040.00	\$0.00	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-occurring clients.	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
6H79SM061903/Positive Transitions Youth - Young Adult/(81PTYA)	\$1,193,700.98	SAMHSA	\$1,193,700.98	\$250,000.00	SAMHSA	\$100,684.89	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	Tyanna Williams
5U79SP020706/ DC Strategic State and Tribal Initiative/ (81SPSF)	\$1,807,116.53	SAMHSA	\$1,807,116.53	\$250,000.00	SAMHSA	\$0.00	Strategic Prevention Framework, Partnerships for Success Initiative (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/ (82APBG/SUD Block Grant)	\$1,050,578.89	SAMHSA	\$1,050,578.89	\$0.00	SAMHSA	\$0.00	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 - (6913 - Prevention and Substance Use Disorder,6920 - Specialty Care)	Sharon Hunt
2B08TI010008/ Substance Abuse and Prevention and Treatment/ (92APBG/SUD Block Grant)	\$5,687,595.49	SAMHSA	\$5,687,595.49	\$1,610,097.51	SAMHSA	\$256,108.94	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 Management,1089 - Health Information Management,1820 - Consumer and Family Affairs,1889 - Legislative and Public Affairs,4930 - Certification, 5870 - Access Helpline,5890 - Assessment and Referral Center	Sharon Hunt

2B08TI010008/ Substance Abuse and Prevention and Treatment/ (02APBG/SUD Block Grant)	\$0.00	SAMHSA	\$0.00	\$6,934,702.10	SAMHSA	\$1,520,429.55	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 Management,1088 - Claims Administration, 1820 - Consumer and Family Affairs,1889 - Legislative and Public Affairs,4940 - Program Integrity, 5870 - Access Helpline 5890	Sharon Hunt
3B09SM010008/ State Mental Health Block Grant/ (82MHBG)	\$1,627,261.18	SAMHSA	\$1,627,261.18	\$0.00	SAMHSA	\$0.00	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	Raessa Singh
3B09SM010008/ State Mental Health Block Grant/ (92MHBG)	\$543,687.03	SAMHSA	\$543,687.02	\$1,196,462.98	SAMHSA	\$439,402.15	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	Raessa Singh
3B09SM010008/ State Mental Health Block Grant/ (02MHBG)	\$0.00	SAMHSA	\$0.00	\$596,250.00	SAMHSA	\$148,000.00	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	Raessa Singh
2X06SM016009/ Projects for Assistance in Transition from Homelessness/(91MHHP)	\$227,677.06	SAMHSA	\$227,677.06	\$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	Anthony Hall
2X06SM016009/ Projects for Assistance in Transition from Homelessness/(01MHHP)	\$0.00	SAMHSA	\$0.00	\$269,783.62	SAMHSA	\$82,234.55	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	Anthony Hall
DC0079L3G001605/ Shelter Plus Care Program/ (95MHSP)	\$40,701.00	Housing and Urban Development (HUD)	\$40,701.00	\$0.00	HUD	\$0.00	Provides housing assistance to homeless individuals.	Housing Assistance	Housing Assistance	None	Community Services, Housing Development - 6940	Brandi Gladden
DC0079L3G001706/ Shelter Plus Care Program/ (91MHSP)	\$199,161.73	HUD	\$199,161.73	\$0.00	HUD	\$0.00	Provides housing assistance to homeless individuals.	Housing Assistance	Housing Assistance	None	Community Services, Housing Development - 6940	Brandi Gladden
Shelter Plus Care Program/ (01MHSP)	\$0.00	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

5H79SM063426/ District of Columbia Social, Emotional and Early Development (DC SEED) Project (81SEED)	\$1,225,957.04	SAMHSA	\$1,225,957.04	\$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 (91SEED)	\$0.00	SAMHSA	\$0.00	\$972,568.99	SAMHSA	\$474,709.24	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)	\$1,302,468.84	SAMHSA	\$1,302,468.84	\$0.00	SAMHSA	\$0.00	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, 6920 - Specialty Care)	Kelly Valentine
2016-MO-BX-0014/Justice Mental Health Collaboration Program (72JMHC)	\$100,414.79	Department of Justice (DOJ)	\$100,414.79	\$0.00	DOJ	\$0.00	DBH in collaboration with Metropolitan 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	Chad Tillbrook
5H79TI080229/DC Opioid Targeted Strategy (DOTS) Project (81DOTS)	\$1,330,515.91	SAMHSA	\$1,330,515.91	\$200,000.00	SAMHSA	-\$37,468.02	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	Petrina Williams
1H79TI081707-01/District of Columbia Opioid Response (DCOR) (81DCOR)	\$9,314,837.06	SAMHSA	\$9,314,837.06	\$0.00	SAMHSA	\$0.00	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 recovery.	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 recovery.	Yes	Community Services, Specialty Care - 6922, Legal Services - 1888	Sharon Hunt

5H79TI081707-02/District of Columbia Opioid Response (DCOR) (91DCOR)	\$0.00	SAMHSA	\$0.00	\$31,141,696.25	SAMHSA	\$6,155,998.74	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 recovery.	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 recovery.	Yes	Community Services, Specialty Care - 6922	Sharon Hunt
1H79TI081212-01/District of Columbia Changing and Improving Treatment for our Youth (81CITY)	\$192,562.63	SAMHSA	\$192,562.63	\$0.00	SAMHSA	\$0.00	Enhance DBH services for youth (ages 12-18) and transition age youth (ages 18-25) to provide a comprehensive, family-centered, trauma-informed, evidence-based, coordinated system of care from early intervention through recovery. Provide tobacco use counseling and interventions as a standard of practice. Increase access for youth/TAY and their families to co-occurring substance use disorder/mental health services. Develop and implement education and messaging on making healthy choices regarding substance use and emotional wellness.	Provide other supports such as tobacco, vaping use counseling and intervention and cessation. Reduce the stigma associated with youth entering substance abuse treatment. Expand the reach of substance abuse treatment services for children and youth by establishing partnerships with other District agencies such DC Health, DYRS, CFSA, and DOES.	Provide other supports such as tobacco, vaping use counseling and intervention and cessation. Reduce the stigma associated with youth entering substance abuse treatment. Expand the reach of substance abuse treatment services for children and youth by establishing partnerships with other District agencies such DC Health, DYRS, CFSA, and DOES.	None	Community Services, Specialty Care - 6920	Eric Chapman
5H79TI081212-02/District of Columbia Changing and Improving Treatment for our Youth (91CITY)	\$0.00	SAMHSA	\$0.00	\$525,372.00	SAMHSA	\$22,431.24	Enhance DBH services for youth (ages 12-18) and transition age youth (ages 18-25) to provide a comprehensive, family-centered, trauma-informed, evidence-based, coordinated system of care from early intervention through recovery. Provide tobacco use counseling and interventions as a standard of practice. Increase access for youth/TAY and their families to co-occurring substance use disorder/mental health services. Develop and implement education and messaging on making healthy choices regarding substance use and emotional wellness.	Provide other supports such as tobacco, vaping use counseling and intervention and cessation. Reduce the stigma associated with youth entering substance abuse treatment. Expand the reach of substance abuse treatment services for children and youth by establishing partnerships with other District agencies such DC Health, DYRS, CFSA, and DOES.	Provide other supports such as tobacco, vaping use counseling and intervention and cessation. Reduce the stigma associated with youth entering substance abuse treatment. Expand the reach of substance abuse treatment services for children and youth by establishing partnerships with other District agencies such DC Health, DYRS, CFSA, and DOES.	None	Community Services, Specialty Care Community Based-Services - 6920	Eric Chapman
1H79SM081976-01/OurTime: Exploration (91EXPL)	\$18,096.09	SAMHSA	\$18,096.09	\$0.00	SAMHSA	\$0.00	Focus on wards 1 and 6 to increase the self-efficacy and meaningful participation in transition plans of young adults ages 16-25 who have mental health and/or co-occurring substance use disorders. Improve and expand treatment recovery and support services and strengthen evidenced-based practices that address all life domains.	Increase the number of unduplicated youth receiving direct treatment services and/or recovery support. Increase community buy-in and ownership of TAY outcomes and increase community knowledge, support, and responsiveness to TAY.	Increase the number of unduplicated youth receiving direct treatment services and/or recovery support. Increase community buy-in and ownership of TAY outcomes and increase community knowledge, support, and responsiveness to TAY.	None	Community Services, Specialty Care - 6922	Leslie-Ann Byum
	<b>\$25,884,372.25</b>	<b>\$0.00</b>	<b>\$25,884,372.24</b>	<b>\$44,146,933.45</b>	<b>\$0.00</b>	<b>\$9,162,531.28</b>						

*Q12. Please provide the following information for all grants awarded to DBH during FY19 and to date in FY20, 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 Attachment. Grant Report

Department of Behavioral Health, FY 19 - FY 20 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	61SATD	16	9/1/2016	1/31/2019	\$1,405,530.00	\$975,008.54	\$430,521.46	Two youth SUD providers closed which led to lower than anticipated enrollment. Also, a no-cost extension was granted for 3 months only not one year as requested which was insufficient time to award and stand up new grants.
DC COOP Agreement to Benefit Homeless	71CABH	17	9/30/2017	9/29/2019	\$3,750,000.00	\$3,731,276.54	\$18,723.46	As the end of the grant neared, staff in the CABHI providers transitioned to other jobs.
DC Strategic & Tribal Initiative	81SPSF	18	9/30/2018	9/29/2019	\$2,041,000.00	\$1,807,116.53	\$233,883.47	The initial release of the RFA for 8 High Need Community sub-grantees to work in each ward resulted in five awards. The RFA was released a second time to select three additional subgrantees whose grant period was not a full year which resulted in underspending.
PATH Grant	91MHPH	19	9/30/2018	9/29/2019	\$300,000.00	\$227,677.06	\$72,322.94	The underspending is due to a vacant FTE in the homeless outreach program. When the program merged with the newly established Community Response Team, the position description was changed.
Positive Transitions Youth	81PTYA	18	9/30/2018	9/29/2019	\$1,608,539.00	\$1,193,700.98	\$414,838.02	DBH was granted a no cost extension to March 29, 2020. Plans are underway to spend the balance.
Justice and Mental Health Collaboration	72JMHC	17	10/1/2016	9/30/2019	\$250,000.00	\$194,954.50	\$55,045.50	Underspending in personnel costs due to a staff resignation.
District of Columbia Opioid Response	81DCOR	18	9/30/2018	9/29/2019	22,140,062.75*	\$9,314,837.06	\$12,825,225.69	DBH has requested carry over authority to spend the balance of the Year One Grant and expects a response in March 2020. Though SAMHSA announced the grant award effective October 1, 2018, after multiple reviews by SAMSHA of the District's spending plan, DBH did not receive spending authority until December 2018 resulting in a nine month award period.
DC-CITY: Changing and Improving Treatment for our Youth	81CITY	18	9/30/2018	9/29/2019	\$541,350.00	\$192,562.63	\$348,787.37	Although the grant was awarded at the start of FY2019, the grant funds were not made available until the Q2. In addition, staff turnover led to underspending in personnel costs.
Social, Emotional and Early Development	81SEED	18	9/30/2018	9/29/2019	\$1,769,136.00	\$1,225,957.04	\$543,178.96	Underspending was due primarily with challenges attracting and retaining certified Family Peer Specialists and late approval of the carryover authority affected ability to spend.



Substance Abuse Prevention	82APBG	18	10/1/2017	9/30/2019	\$6,968,530.00	\$6,963,066.02	\$5,463.98	Underspending in nonpersonnel services led to a small surplus
<b>TOTAL</b>					<b>\$18,634,085.00</b>	<b>\$25,826,156.90</b>	<b>\$14,947,990.85</b>	

\*spending authority for total award of \$32,154,971 including \$11 million for Year One and Year Two

*Q13. 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 FY17 to FY18 or FY19 to FY20 and a detailed explanation as to why it occurred.*

**DBH Response**

See Attached Grants Lapse Report

FY2019 Local MHRS Allocations	Purchase Order Number1	Purchase Order Number2	FY2019 PO Funding of HCA	Processed e-invoice Payments
			<b>A</b>	<b>B</b>
Absolute Healthcare Resources	PO601926		10,000.00	8,991.11
Abundant Grace Health Services	PO599212		25,000.00	19,388.40
Amazing Love Health Services	PO596047		175,000.00	169,180.73
Amazing Love Health Services		PO601931	216,469.00	203,039.98
Amazing Love Health Services		PO611082	30,000.00	28,080.55
Anchor Mental Health Association, Inc	PO590906		949,000.00	908,136.67
Better Morning	PO594641		55,000.00	51,657.03
City Care Health Services	PO591551		150,000.00	138,458.70
City Care Health Services	PO602859		50,000.00	39,437.88
Community Connections, Inc.	PO590790		872,000.00	871,593.96
Community Wellness Ventures	PO594884		90,000.00	89,740.55
Community Wellness Ventures	PO611079		10,000.00	9,979.56
Deaf - REACH, Specialty Services	PO591078		40,000.00	37,569.94
Dedicated Health Care	PO605622		25,000.00	24,847.62
District Health Care Services	PO606365		5,000.00	4,992.51
Family Preservation Services	PO592199		410,000.00	408,192.47
Family Solutions of Ohio	PO590905		15,000.00	21,160.25
Family Solutions of Ohio	PO608823		10,000.00	-
Family Wellness Center	PO594639		40,000.00	39,683.27
Goshen Healthcare Management	PO606007		2,000.00	-
Global Resources & Supports	PO590889		9,688.00	1,687.39
Global Resources & Supports	PO604737		5,000.00	-
Hillcrest Children's Center	PO590851		350,000.00	349,504.33
Holy Health Care Services	PO591385		20,000.00	19,223.47
Holy Health Care Services	PO605403		20,000.00	7,851.67
Inner City Family Services	PO591143		120,000.00	119,646.64
Integrated Health Resouces	PO600515		5,000.00	-
Kahak	PO599213		5,000.00	-
Kinara Health & Home Care Services	PO592180		40,000.00	39,836.81
Kinara Health & Home Care Services	PO611083		25,000.00	24,890.60
Latin America Youth Ctr (LAYC)	PO590734		15,000.00	4,612.56
Life Care	PO591022		80,001.00	70,406.24
Life Changing Solutions	PO601014		5,000.00	-
Life Enhancement Services (LES)	PO591550		30,000.00	28,937.86
Life Enhancement Services (LES)	PO597399		75,001.00	72,942.92
Life Stride, Inc	PO590718		245,000.00	244,993.01
Maryland Family Resources (MD/DC)	PO591322		10,000.00	6,809.15

FY2019 Local MHRS Allocations	Purchase Order Number1	Purchase Order Number2	FY2019 PO Funding of HCA	Processed e-invoice Payments
			A	B
Mary s Center Maternal Child Care, Inc.	PO591259		190,000.00	188,080.36
MBI Health Services	PO591179		2,700,000.00	2,686,971.59
MBI Health Services	PO610564		250,000.00	249,997.81
McClendon Center, Specialty Services	PO591366		240,000.00	239,983.24
Neighbors Consejo	PO592185		1.00	-
Neighbors Consejo		PO597398	40,000.00	39,714.07
Neighbors Consejo		PO603905	100,000.00	98,500.37
New Hope Heath Services	PO600931		15,000.00	13,193.72
New Living	PO592183		25,000.00	19,457.31
NYA Health Services	PO610354		3,000.00	-
ONE CARE DC	PO591176		50,000.00	47,654.10
ONE CARE DC	PO609237		100,000.00	43,094.81
Outreach Solutions	PO591049		5,000.00	-
Pathways to Housing D.C., MHRS Services	PO591203	Line 1	350,000.00	348,999.19
Pathways to Housing D.C., DCOR Grant	PO591203	Line 2	112,500.00	110,552.60
Prestige Healthcare Resources	PO590736		40,001.00	39,219.30
Prestige Healthcare Resources	PO601927		75,000.00	74,474.21
Preventive Measures	PO594665		180,000.00	171,002.13
PRS-DC Recovery Academy	PO591027		5,000.00	3,219.53
PSI, III	PO592184		220,000.00	200,247.05
Psychiatric Center Chartered (PCC)	PO592179		240,000.00	237,230.05
RAP, Inc.	PO590717		1.00	-
Restoration Community Alliance				
Spring Leaf Solutions	PO600187		20,000.00	19,981.68
Umbrella Therapeutic Services	PO593814		230,000.00	229,799.18
Umbrella Therapeutic Services	PO605123		90,000.00	79,440.88
Volunteers of America Chesapeake	PO591273		280,000.00	273,497.04
Wellness Healthcare	PO602017		5,000.00	-
Woodley House, Inc.	PO591149		35,000.00	24,057.87
Totals			9,839,662.00	9,503,841.92

Program Index

Object

Provider		Purchase Order (PO)							
FY2019 SUD Allocations	Local Claims	Purchase Order Levels I & II	Purchase Order Level III	Contract End Date	Purchase Order - New Option Period	FY2019 Allocated Local Fund	e-invoicing Payments	SUD Local PO Balances	Burn-Rate %
Calvary Healthcare		PO590946		9/30/19		15,000.00	7,925.90	7,074.10	52.8%
Clean and Sober Streets		PO593925		7/5/19		9,000.00	8,852.49	147.51	98.4%
Clean and Sober Streets			PO591258	7/20/19		1,750,000.00	1,718,603.71	31,396.29	98.2%
Clean and Sober Streets				9/30/19	PO606123	50,000.00	15,953.24	34,046.76	31.9%
Clean and Sober Streets				9/30/19	PO606986	183,333.00	177,634.92	5,698.08	96.9%
Community Connections, Inc.		PO590672		9/30/19		38,000.00	22,086.82	15,913.18	58.1%
DC Recovery Alliance								0.00	0.0%
Family Medical Counseling		PO590703				53.20	53.20	0.00	100.0%
Family Medical Counseling		PO596011		9/30/19		49,946.80	32,109.76	17,837.04	64.3%
Federal City Recovery Services			PO593141	7/20/19		3,250,000.00	3,249,514.28	485.72	100.0%
Federal City Recovery Services		PO593267		7/5/19		29,000.00	28,674.91	325.09	98.9%
Federal City Recovery Services				9/30/19	PO606124	20,000.00	19,957.05	42.95	99.8%
Federal City Recovery Services				9/30/19	PO606984	400,000.00	399,827.53	172.47	100.0%
Foundations for Contemp. (PIDARC)		PO591001		7/5/19		399,000.00	365,163.89	33,836.11	91.5%
Foundations for Contemp. (PIDARC)				9/30/19	PO606182	90,000.00	38,343.98	51,656.02	42.6%
Good Hope Institute (BHG)		PO593608		9/12/19		279,000.00	270,674.65	8,325.35	97.0%
Good Hope Institute (BHG)				9/30/19	PO610180	35,000.00	14,733.36	20,266.64	42.1%
Hillcrest Children's Center (Youth Tx)		PO593034		7/5/19			-	0.00	0.0%
Hillcrest Children's Center (Youth Tx)				9/30/19	PO606179	0.00	-	0.00	0.0%
Holy Comforter St-Cyprian		PO593157		7/5/19		74,000.00	61,131.10	12,868.90	82.6%
Holy Comforter St-Cyprian				9/30/19	PO606187	30,000.00	21,928.96	8,071.04	73.1%
Inner City Family Services		PO593143		7/5/19		17,000.00	6,591.00	10,409.00	38.8%
Inner City Family Services				9/30/19	PO606181	0.00	-	0.00	0.0%
La Clinica Pueblo		PO593903		7/5/19		279,000.00	273,156.03	5,843.97	97.9%
La Clinica Pueblo				9/30/19	PO606178	50,000.00	33,397.27	16,602.73	66.8%
Latin America Youth Ctr (Youth Tx)		PO591075		9/30/19		49,574.61	26,983.78	22,590.83	54.4%
Life Stride, Inc		PO591318		9/30/19		20,000.00	15,586.59	4,413.41	77.9%
MBI Health Services		PO591196		7/5/19		10,000.00	2,902.61	7,097.39	29.0%
Plant the Seed									
Psychiatric Institute of Washington (PIW)		PO596650		8/30/19		2,349,899.00	2,337,171.33	12,727.67	99.5%
Psychiatric Institute of Washington (PIW)		PO609173		9/30/19		70,000.00	69,980.04	19.96	100.0%
Psychiatric Institute of Washington (PIW)		PO609517		9/30/19		250,000.00	249,508.81	491.19	99.8%
Psychiatric Institute of Washington (PIW)		PO610708		9/30/19		140,013.62	138,335.85	1,677.77	98.8%
RAP, Inc.			PO593266	7/20/19		987,105.00	952,528.10	34,576.90	96.5%
RAP, Inc.			PO590658	7/20/19		183,333.00	178,103.61	5,229.39	97.1%
RAP, Inc.				9/30/19	PO606189	30,000.00	29,888.70	111.30	99.6%
RAP, Inc.				9/30/19	PO606987	200,000.00	194,614.33	5,385.67	97.3%
Safe Haven Outreach Ministries		PO593138		8/30/19		998,000.00	969,195.88	28,804.12	97.1%
Safe Haven Outreach Ministries		PO609435		9/30/19		150,000.00	91,377.52	58,622.48	60.9%
Salvation Army		PO594125		7/5/19		89,000.00	81,623.43	7,376.57	91.7%
Salvation Army			PO594068	9/30/19		90,000.00	89,471.12	528.88	99.4%
Salvation Army				9/30/19	PO606611	10,000.00	9,234.99	765.01	92.3%

FY2019 SUD Local Claims Allocations	Purchase Order Levels I & II	Purchase Order Level III	Contract End Date	Purchase Order - New Option Period	FY2019 Allocated Local Fund	e-invoicing Payments	SUD Local PO Balances	Burn-Rate %
Samaritan Inns		PO593265	9/6/19		1,490,000.00	1,481,020.74	8,979.26	99.4%
Samaritan Inns	PO593914		7/5/19		99,000.00	96,386.10	2,613.90	97.4%
Samaritan Inns			9/30/19	PO606190	10,000.00	8,681.72	1,318.28	86.8%
Samaritan Inns			9/30/19	PO609720	149,000.00	148,379.10	620.90	99.6%
So Others Might Eat (SOME)	PO593916		7/5/19		79,000.00	65,454.99	13,545.01	82.9%
So Others Might Eat (SOME)			9/30/19	PO606609	99,000.00	78,096.52	20,903.48	78.9%
So Others Might Eat (SOME) (Crisis Beds)								
United Planning Organization (UPO)	PO593904		7/5/19		284,000.00	281,865.89	2,134.11	99.2%
United Planning Organization (UPO)			9/30/19	PO606125	90,000.00	89,028.71	971.29	98.9%
Volunteers of America (VOAC)	PO593726		7/5/19		20,000.00	-	20,000.00	0.0%
Volunteers of America (VOAC)			9/30/19	PO606762	5,000.00	-	5,000.00	98.9%
<b>Total Amounts Allocated</b>					<b>14,999,258.23</b>	<b>13,156,034.04</b>	<b>547,523.72</b>	<b>87.7%</b>
					<b>Percent of Fiscal Year</b>			<b>99%</b>
					<b>Program Index</b>		<b>Object</b>	
					<b>6960A</b>		<b>0501</b>	

FY2020 Local MHRS PO Funding of HCA's	Purchase Order Number1	Purchase Order Number2	FY2020 PO Funding of HCA	e-invoicing Payments	MHRS Local PO Balances	Burn-Rate %
<b>Update thru - January 17, 2020</b>			A	B	C	
Absolute Healthcare Resources	PO613031		120,000.00	1,104.20	118,895.80	1%
Abundant Grace Health Services	PO612392		110,000.00	20,614.96	89,385.04	19%
Amazing Love Health Services	PO617821		400,000.00	178,176.40	221,823.60	45%
Anchor Mental Health Association, Inc	PO612386		1,200,000.00	166,467.87	1,033,532.13	14%
Better Morning	PO613541		90,000.00	10,168.95	79,831.05	11%
City Care Health Services	PO615872		150,000.00	50,206.58	99,793.42	33%
Community Connections, Inc.	PO612438		750,000.00	116,910.05	633,089.95	16%
Community Wellness Ventures	PO615363		110,000.00	108,982.42	1,017.58	99%
Deaf - REACH, Specialty Services	PO612396		50,000.00	5,484.38	44,515.62	11%
Dedicated Health Care	PO613056		20,000.00	0.00	20,000.00	0%
District Health Care Services	PO612387		10,000.00	7,120.36	2,879.64	71%
Family Preservation Services	PO618335		400,000.00	86,278.39	313,721.61	22%
Family Solutions of Ohio	PO613539		95,000.00	0.00	95,000.00	0%
Family Wellness Center	PO612397		40,000.00	0.00	40,000.00	0%
Goshen Healthcare Management	PO612362		20,000.00	6,126.16	13,873.84	31%
Global Resources & Supports	PO612797		40,000.00	0.00	40,000.00	0%
Hillcrest Children's Center	PO612360		500,000.00	94,895.52	405,104.48	19%
Holy Health Care Services	PO613053		30,000.00	0.00	30,000.00	0%
Inner City Family Services	PO612359		120,000.00	22,069.01	97,930.99	18%
Integrated Health Resources	PO617514		30,000.00	0.00	30,000.00	0%
Kahak	PO612358		20,000.00	0.00	20,000.00	0%
Kinara Health & Home Care Services	PO616493		100,000.00	0.00	100,000.00	0%
Kinara Health & Home Care Services	PO617633		50,000.00	0.00	50,000.00	0%
Latin America Youth Ctr (LAYC)	PO612035		20,000.00	0.00	20,000.00	0%
Life Care	PO615838		100,000.00	0.00	100,000.00	0%
Life Changing Solutions	PO613047		15,000.00	0.00	15,000.00	0%
Life Enhancement Services (LES)	PO611570		40,000.00	19,292.43	20,707.57	48%
Life Enhancement Services (LES)	PO618305		250,000.00	7,540.39	242,459.61	3%
Life Stride, Inc	PO613049		300,000.00	20,298.07	279,701.93	7%
Maryland Family Resources (MD/DC)						
Mary s Center Maternal Child Care, Inc.	PO615866		200,000.00	32,301.83	167,698.17	16%
MBI Health Services	PO612127		500,000.00	429,317.62	70,682.38	86%
McClendon Center, Specialty Services	PO612192		250,000.00	66,942.02	183,057.98	27%
Neighbors Consejo	PO613051		70,288.11	45,583.92	24,704.19	65%
Neighbors Consejo	PO617820		179,711.89	0.00	179,711.89	0%
New Hope Heath Services	PO612390		20,000.00	19573.84	426.16	98%
New Living	PO612092		10,000.00	0.00	10,000.00	0%
NYA Health Services	PO612761		10,000.00	0.00	10,000.00	0%
ONE CARE DC	PO613054		80,000.00	0.00	80,000.00	0%
Outreach Solutions	PO613052		10,000.00	0.00	10,000.00	0%
P&G Behavioral Health	PO619433		5,000.00	0.00	5,000.00	0%
Pathways to Housing D.C., MHRS Services	PO612796		730,000.00	115,856.25	614,143.75	16%
Prestige Healthcare Resources	PO613544		70,000.00	62,531.89	7,468.11	89%
Preventive Measures	PO615706		150,000.00	0.00	150,000.00	0%
PRS-DC Recovery Academy	PO615705		5,000.00	0.00	5,000.00	0%
PSI, III	PO613632		250,000.00	24,162.54	225,837.46	10%
Psychiatric Center Chartered (PCC)	PO613050		250,000.00	33,769.19	216,230.81	14%
RAP, Inc.	PO617904		5,000.00	0.00	5,000.00	0%
Restoration Community Alliance						
Spring Leaf Solutions	PO615837		20,000.00	16,181.12	3,818.88	81%
Umbrella Therapeutic Services	PO611407		300,000.00	62,123.63	237,876.37	21%
Universal Healthcare Management	PO619196		5,000.00	0.00	5,000.00	0%
Volunteers of America Chesapeake	PO611696		300,000.00	40,461.60	259,538.40	13%
Wellness Healthcare	PO611358		10,000.00	0.00	10,000.00	0%
Woodley House, Inc.	PO611432		50,000.00	2,542.37	47,457.63	5%
Totals			<b>8,660,000.00</b>	<b>1,873,083.96</b>	<b>6,786,916.04</b>	<b>21.6%</b>

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Object

FY2020 Local MHRS PO Funding of HCA's	Purchase Order Number1	Purchase Order Number2	FY2020 PO Funding of HCA	e-invoicing Payments	MHRS Local PO Balances	Burn-Rate %
				<b>6970A</b>	<b>0501</b>	



FY 19 Oversight Question 14. Attachment 4 of 4. FY 20 HCA. SUD

Provider		Purchase Order (PO)							
FY2020 SUD Allocations	Local Claims	Purchase Order Levels I & II	Purchase Order Level III	Contract End Date	Purchase Order - New Option Period	FY2020 Allocated Local Fund	e-invoicing Payments	SUD Local PO Balances	Burn-Rate %
<b>Update - January 17, 2020</b>									
Calvary Healthcare		PO612366		9/30/20		25,000.00	1,186.48	23,813.52	4.7%
Clean and Sober Streets			PO614613	7/20/20		1,300,000.00	815,729.94	484,270.06	62.7%
Community Connections, Inc.		PO612134		11/30/19		50,000.00	3,548.86	46,451.14	7.1%
Family Medical Counseling		PO612394		11/30/19		75,000.00	-	75,000.00	0.0%
Federal City Recovery Services		PO614196		7/5/20		40,000.00	34,431.16	5,568.84	86.1%
Federal City Recovery Services			PO614612	7/20/20		2,500,000.00	937,596.06	1,562,403.94	37.5%
Foundations for Contemp. (PIDARC)		PO615259		7/5/20		299,000.00	105,444.23	193,555.77	
Good Hope Institute (BHG)		PO617515		9/12/20		299,000.00	2,983.93	296,016.07	
Hillcrest Children's Center (Youth Tx)		PO614437		7/5/20		130,000.00	-	130,000.00	0.0%
Holy Comforter St-Cyprian		PO614438		7/5/20		130,000.00	53,711.28	76,288.72	41.3%
Inner City Family Services		PO614520		7/5/20		50,000.00	-	50,000.00	0.0%
La Clinica Pueblo		PO615263		7/5/20		299,000.00	121,400.88	177,599.12	
Latin American Youth Ctr (Youth Tx)		PO614519		9/30/20		45,000.00	-	45,000.00	0.0%
Life Stride, Inc		PO612395		9/30/20		30,000.00	3,532.41	26,467.59	11.8%
MBI Health Services		PO614197		7/5/20		50,000.00	-	50,000.00	0.0%
Psychiatric Institute of Washington (PIW)			PO611695	8/30/20		900,000.00	435,605.37	464,394.63	48.4%
RAP, Inc.			PO614411	7/20/20		1,400,000.00	269,763.61	1,130,236.39	19.3%
Safe Haven Outreach Ministries			PO617700	8/30/20		249,000.00	162,673.79	86,326.21	65.3%
Salvation Army		PO613530		7/5/20		100,000.00	94,825.31	5,174.69	94.8%
Salvation Army			PO614103	9/30/20		200,000.00	11,514.40	188,485.60	5.8%
Samaritan Inns		PO613531		7/5/20		200,000.00	199,950.36	49.64	100.0%
Samaritan Inns			PO615113	9/6/20		990,000.00	650,826.64	339,173.36	65.7%
So Others Might Eat (SOME)		PO613532		7/5/20		250,000.00	10,237.58	239,762.42	4.1%
Total Family Coalition									
United Planning Organization (UPO)		PO612995		7/5/20		299,000.00	7,282.93	291,717.07	2.4%
Volunteers of America (VOAC)		PO613055		7/5/20		40,000.00	-	40,000.00	2.4%
<b>Total Amounts Allocated</b>						<b>9,950,000.00</b>	<b>3,922,245.22</b>	<b>6,027,754.78</b>	<b>39.4%</b>
						<b>Percent of Fiscal Year</b>			<b>24%</b>
						<b>Program Index</b>		<b>Object</b>	
						<b>6960A</b>	<b>0501</b>		

*Q14. Please provide the following information for all Human Care Agreements (HCA) and task orders issued during FY19 and to date in FY20, broken out by DBH program and activity:*

- Vendor name;*
- Services provided;*
- Funding source;*
- HCA amount;*
- Task order amount;*
- Actual expenditures;*
- Status of performance; and,*
- DBH employee responsible for monitoring the HCA and task order.*

### **DBH Response**

See Attachment 1 of 4. FY 19 HCA. MHRS

See Attachment 2 of 4. FY 19 HCA. SUD

See Attachment 3 of 4. FY 20 HCA. MHRS

See Attachment 4 of 4. FY 20 HCA. SUD

*Q15. Please provide a list and narrative description of any DBH partnerships with District agencies, if any, in FY19 and to date in FY20 to address employment for DBH consumers. In addition, please provide the number of individuals served, the types of employment placements available, and the employee/s responsible for coordinating the partnership. -Please provide an update on the MOU with the Department of Human Services Economic Security Administration to provide Supported Employment services to individuals with serious mental illness who receive Temporary Assistance for Needy Families (TANF). How many individuals participated in this program in FY19? To date in FY20?*

## **DBH Response**

Department of Disability Services, Rehabilitation Services Administration (RSA): Through an MOU, the RSA supports nine DBH certified evidence-based supported employment (EBSE) providers. Funding from RSA is directed toward job development, job placement, and job retention services. To date in FY20, all DBH certified EBSE providers continue using the milestone payment system to pay for job development, placement, and retention services for all eligible referred consumers. DBH and RSA will be expanding supported employment services to consumers with substance use disorders in FY20 in conjunction with approval of the 1115 System Transformation Waiver, for which DBH partners with DHCF.

The DBH Supported Employment programs served 610 consumers in FY19 and 109 consumers to date in FY20. Through the braided funding agreement between DBH and RSA, 332 consumers have received job placements and retention services in FY19. Year-to-date in FY20, 190 consumers have received such services.

Department of Disability Services (DDS): The U.S. Department of Labor's Office of Disability Employment Policy contracts with EconSys to coordinate a national employment first community of practice and highly competitive technical assistance agreements with states. DBH has been active in these initiatives over the past several years, and has partnered with DDS to co-lead the District's successful applications for technical assistance for FY19 and FY20.

In FY19, DBH, RSA, DOES, and OSSE worked together to draft two cross-system MOAs between DBH, RSA, and DOES to start the process for DBH to participate in the Data Vault that is coordinated by OSSE. These MOAs, which are currently under review, are designed to promote co-enrollment, data-sharing, and leveraging of resources across systems to support Individual Placement and Support (IPS) outcomes, and inclusion of people in IPS in the District of Columbia's Career Pathways program. IPS is the internationally recognized evidence-based model for supported employment.

In FY20, under the Visionary Opportunities to Increase Competitive Employment (VOICE) technical assistance initiative, DDS and DBH jointly received an award for 300 hours of technical assistance to help build the capacity of two DBH IPS supported employment providers. These providers will serve people with opioid use disorders (OUD) and develop best practices that align with IPS. Lessons learned and best practices will then be replicated at other supported employment

agencies as DBH brings services to scale through the implementation of this service through the 1115 Behavioral Health Waiver.

Competitive employment opportunities were identified for individuals enrolled in the program. In FY19 and to date in FY20, individuals obtained some of the following types of employment placements at some of the listed private and public employers:

Employment Placements	Employers
Security Officer	Amazon
Patient Care Tech	Karma Home Designs
Field Tech	City Bikes
Nursing Assistant	Sunrise Assisted Living
Service Manager	The Red Door Spa
Overnight Stocker	WMATA
Business Development Assistant	Salvation Army
Disaster Supervisory Specialist	Washington Hospital Center
Maintenance Helper	Verizon Wireless
Cashier	Arlington National Cemetery
Executive Director	Ludlow Taylor Elementary School
CNA Instructor	CVS
On-Call Sous Chef	Landmark Theatre
Customer Service Representative	National Service Contractors
Bakery Packer	Bowl America
Cook	City Winery DC
Loss Prevention Specialist	The Gap
Nursing Assistant	FedEx Field
Pharmacy Tech	SOME, Inc.
Bus Driver	Forever 21
Front Office Manager	Tenleytown Trash
Bicycle Assembler	Harris Teeter
Special Police Officer	Mundo Verde
Buffet Cook	Revella Consulting Group
Construction Worker	Walmart
Receptionist	Howard University Hospital
Residential Counselor	Macys
Meat Clerk	Whole Foods
Paper Carrier	First Class Work Solutions
Dishwasher	DC Department of Behavioral Health
Home Health Aide	Office of Councilmember Brandon Todd
Sanitation Crew Member	DC Department of Employment Services
Barista	DC Department of Public Works
Peer Educator	Library of Congress
CDL Driver	U.S. Court House
Nail Technician	U.S. Department of Defense
	FEMA
	NIT Federal Credit Union
	PG County Public Schools
	UPS
	Carmines Restaurant

	Forman Mills
	Aramark

For FY19, the Department of Human Services (DHS) Economic Security Administration provided funding to DBH to continue its partnership to collaborate and coordinate resources/services to better assist TANF customers that may have mental health related barriers. DBH provides behavioral health screenings and referrals to appropriate clinical services in accordance with the MOU which began in FY14. In FY19, 210 individuals were screened and referred to providers for ongoing behavioral health services. To date in FY20, 81 individuals have been screened and referred for ongoing behavioral health services.

*Q16. 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 FY19 and to date in FY20;*
- *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**

### **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 of their household income toward their rent and the Home First Program subsidizes the balance. The program is administered through an MOU with the DC Housing Authority.

### **Supported Independent Living**

The Supported Independent Living (SIL) Program provides an independent home setting with services and supports to assist consumers transitioning to a less restrictive level of care. Training is provided in life skill activities, home management, community services based on individual needs. Weekly home visits and monitoring is conducted by community support workers to support the consumer to maintain community tenure and move to independent living.

### **Mental Health Community Residential Facilities (MHCRFs)**

DBH licenses all MHCRFs and contracts for four levels of:

*Intensive Rehabilitative Residence (IRR)* that supports for individuals 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

*Supportive Rehabilitative Residence (SRR)* that provides 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. The specific services include: 24-hour awake supervision; assistance to obtain medical care and transportation to appointments; training in life skills; medication monitoring and participation in treatment planning.

*Supportive Residence (SR)* that provide on-site supervision when residents are in the facility; medication monitoring; assistance with activities of daily living; arrangement of transportation; monitoring behaviors to ensure consumer safety; and participation in treatment planning.

*Transitional SR (TSR)* that provide the same services as a SSR. However, consumers in a TSR CRF are provided with skills training with the expectation that they will be ready for independent, apartment living within a year.

**DC Local Rent Supplement Program (LRSP)**

DBH assigns 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. 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.

**Federal Voucher Program/ Shelter Plus Care**

The Shelter Plus Care program funded with a HUD grant to DBH ended in November, 2019. The vouchers are not supported with local dollars.

*Number of Individuals Served in FY19 and to date FY20 and Capacity of the program*

Program	FY19 Capacity*	Consumers Served FY19	FY20 Capacity*	Consumers Served FY20 (through 12/31/19)
<b>Federal Funding</b>				
Federal – DBH Shelter Plus Care	22	20	0*	20
<b>Local Funding</b>				
<b>LRSP Vouchers</b>				
DBH Capital-Funded Housing (LRSP Vouchers)	192	192	196	192
<b>Supported Housing</b>				
Home First (Vouchers)	890	881	850	878
Supported Independent Living (SIL)	375	411	375	346
<b>Community Residential Facilities (CRFs)</b>				
Intensive Residence (IR)	10	10	10	9
Supportive Rehabilitative Residence (SRR)	198	182	188	186
Supportive Residence (SR)	447	422	435	423
Transitional Supportive Residence (TSR)	6	6	6	6
<b>Total</b>	<b>2,140</b>	<b>2,124</b>	<b>2,060</b>	<b>2,060</b>

The LRSP program added four (4) units through a capital-funded project which became available for occupancy in FY20-1Q. The Voucher Program’s reduced capacity reflects budgetary constraints.

*Performance measures and associated outcomes for each program*

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, 2019
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

- *The name and title of the DBH employee responsible for administering the program;*

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.*

The average time it takes to make housing to become available varies by housing program. For the Home First Program, the average time from receipt of an application to voucher award in FY19 was 2.8 years. Note: Consumers discharging from Saint Elizabeths Hospital or transitioning from CRFs into apartments are voucher priority populations. Housing vouchers for priority consumers are issued within three days of requests from Discharge Planning Team at Saint Elizabeths or following DBH confirmation of level of care assessment for CRF consumer.

The average time between voucher award and lease-up was 3.7 months for all voucher awardees.

For all LRSP vouchers, SROs, and CRFs, the average wait time from application/referral to placement is four weeks. Individuals self-report on their housing application whether they are homeless which could be living with family or friends, residing in shelters, or living on the streets. Individuals may apply for other District government housing programs but if permanent housing is received from DHS or DCHA, they are not eligible for a DBH voucher.



*Q17. Please provide an update on the work of the children mobile crisis teams. What services are provided? How many individuals were served in FY19? To date in FY20? 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 FY19 and FY20 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.*

### **DBH Response:**

The Department of Behavioral Health contracts through the Office of Contracts and Procurement for emergency mobile psychiatric services for children and youth. The contract was awarded to Anchor Mental Health. ChAMPS provides mobile crisis interventions to youth ages six to 17 which includes screening for mental health and substance use needs, and referral to appropriate resources, including longer-term mental health or substance use rehabilitative services. Services are provided in the community, schools, or in homes. In FY 19, 1,125 youth were served, and 239 youth in FY20 YTD. All calls are triaged and assessed by a licensed clinical manager.

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

All calls involving children and youth in psychiatric crisis are deployable calls meaning an onsite response by a clinical team. The team is not deployed for calls when the caller can be helped by phone such as assistance with problem solving or for calls for services that the team is unable to perform such as removal of child from a home. In the instance in which the request is for removal from the home, the call is referred to Child and Family Services Agency hotline. A team also is not deployed when the guardian declines assessment or when immediate medical attention is indicated such as a child has ingested a potentially lethal substance. The team is unable to be deployed when a child's location is unknown or the team is otherwise unable to access child.

- *What is the response time for deployable calls? Please include the longest and shortest response times that occurred in FY19 and FY20 to date.*

In FY 19, the average response time was 32 minutes with the shortest response time at 31 minutes and the longest response time at 1 hour 35 minutes. In FY 20 YTD, the average response time is 37 minutes with the shortest response time at 35 minutes and the longest response time at 1 hour 17 minutes.

- *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.*

There are six crisis teams. Typically, team members are deployed in pairs; however, workers can be deployed individually when the program is experiencing high call volume. Staff are scheduled to maximize coverage and the number of available teams. Due to high call volume during daytime/school hours, teams are scheduled most heavily during this time period. In addition, two clinical Managers can also be deployed if needed. 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.

ChAMPS educates DCPS staff on how to access and utilize ChAMPS services, what to expect regarding crisis response and assessment, goals of crisis intervention and possible outcomes. Champs also is deployed by the DBH school based program.

*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? 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 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.

For children and youth in foster care, Child and Family Services Agency (CFSA) Social Workers can submit a referral directly to the Department of Behavioral Health (DBH) staff co-located at CFSA. DBH Co-located Staff connects children directly with DBH Core Service Agency (CSA) via access to ICAMS. This electronic access ensures referrals are sent quickly to the CSAs. On average, enrollment with a DBH provider occurs within one day. Following an enrollment to a CSA, the CFSA social Worker in consultation with the child's caretaker are tasked with scheduling the diagnostic assessment with the assigned CSA. On average the length of time from enrollment to intake for FY19 was 27 days. In FY20, the average length of time from enrollment to intake is 16 days. The DBH co-located staff provides support in addressing any barriers to scheduling intake appointments to ensure timely access to services.

Children and youth in foster care can also be referred to a CSA following a mental health/trauma screening up to 30 days after entry into foster care. In FY19, between October 2018 and February 28, 2019, the co-located DBH clinicians at CFSA screened 145 children or 90 percent of 160 children eligible for screening. If a child is not screened, it is often due to the child being less than 3 months of age or case closure. Following a positive screening result, on average children that required mental health services were linked to a cores service agency (CSA) the within one day. On March 1, 2019, CFSA clinicians absorbed responsibility of completing mental health screens upon inception of CFSA's internal mental health clinic.

Referrals from DBH are not made for a service type as the CSA determines the appropriate care based on the Diagnostic Assessment. Upon completion of the Diagnostic Assessment, children can receive a combination of services offered by the CSA. However, DBH has standardized the authorization process for high intensity services such as CBI to reduce barriers to service access. The average time to receive CBI level services from enrollment for FY19 was 13 days and in FY20 to date the average time from enrollment to service is 9 days. DBH is continuously working 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 FY18, FY19 and to date in FY20.*

**DBH Response:**

As indicated by the chart below, the average number of days between enrollment and the receipt of the first service for children was 33 days in FY18, 22 days in FY19, and 10 days in FY20 to date. Once a child is assessed, they can immediately receive any combination of the core services which can include medication management, community support, counseling, or CBI. The service is determined by their presented needs in the comprehensive Diagnostic Assessment. To ensure timely access to care, DBH monitors system-wide data on the time from referral to the date of the first service. Additionally, the DBH Integrated Care Application Management System (iCAMS) allows system-level, agency-level and individual data to be more easily collected, reported and analyzed.

Age 0-17	FY18		FY19		FY20 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
Diagnostic Assessment	190	33	228	22	34	10

*Q20. Please explain the work the Department has been doing with the Child and Family Services Agency on trauma-informed care.*

**DBH Response:**

DBH and Child and Family Services Agency (CFSA) have worked very closely to expand trauma informed care within the District since FY 12 with the award of the SAMHSA System of Care (SOC) Expansion Implementation (DC Gateway Project) grant to DBH and the Administration for Children, Youth and Families (ACYF) Trauma grant awarded to CFSA in FY12. As a result of this partnership, there have been several successful initiatives that enhanced access to trauma informed care and promoted sustainability.

During FY19, DBH had staff co-located at CFSA who administered behavioral health and trauma screenings to 145 children and youth. The screening tools utilized include *Trauma Symptoms Checklist for Children (TSCC)*, the *Childhood Stress Disorder Checklist-Exposure* and Commercial Sexual Exploitation of Children (CDSC-CW) and the initial CAFAS or PECFAS Assessment for all children entering care within the first 30 days. The screenings facilitated a more informative approach to referral for more comprehensive assessments through a core service agency. CFSA also implemented Initial Case Plan Meetings held within 14 days of the child's entry into foster care and allowed for the child's trauma screening results to be discussed with the family and other stakeholders which enhanced the case planning process in a more informative manner. The DBH co-located team participated in these meetings. CFSA also automated and integrated all screenings and assessments in their SACWIS system, provided in-service trauma training for all new direct service staff, increased their array of trauma screenings.

Also during FY19, DBH continued to offer three trauma therapy models: Trauma Systems Therapy (TST), Child Parent Psychotherapy (CPP), Trauma Focus Cognitive Behavioral Therapy (TF-CBT). In FY19, DBH certified an additional TF-CBT provider which expanded service capacity.

In FY20, DBH and CFSA continues to collaborate in the provision of trauma informed care for youth impacted by trauma. The new 1115 Behavioral Health Transformation Demonstration waiver includes Trauma-Informed Behavioral Health Services which will further support the work with trauma impacted families. CFSA plans to support the expansion of Functional Family Therapy (FFT) utilizing the Community Based Child Abuse Prevention or (CBCAP) funding to provide intensive therapeutic interventions to families as a key service to prevent or reduce child abuse and neglect. FFT is an evidenced-based practice that targets families with children between the ages of 11-18 with behavioral or emotional problems such as conduct disorder, violent acting out, and substance abuse disorders. DBH will use the funding to identify, train and monitor the fidelity of the model by a community mental health provider and track the utilization and success of the treatment modality.

*Q21. 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 FY19, 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 18 and FY19? 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 the Child and Family Services Agency (CFSA), DBH is better able to serve children involved in foster care by having staff co-located at CFSA to assist with screening of mental health needs and timely enrollment to a Core Service Agency (CSA) for behavioral health services. In FY19, 175 children and youth involved in foster care were referred for mental health assessments and treatment through the DBH co-located staff stationed in the clinical services unit within CFSA. To date in FY20, a total of 30 children and youth were referred to a CSA.

In FY19, from October 1, 2019 to February 28, 2020, two co-located DBH staff administered initial mental health/trauma screenings and functional assessments within 30 days to all eligible children experiencing a new placement 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 agreed that provision of mental health assessments to children and youth entering care after experiencing trauma will lead to early identification and intervention for this vulnerable population. The screenings assess whether the child required further assessment/intervention, provided recommendations for evidence based services to include trauma focused therapies and to ensure timely access to mental health services.

In FY2019, during the period of October 1, 2018- February 28, 2019, 145 children received a mental health screening through the DBH co-located staff. Of the 145 children screened, 117 received mental health screenings within 30 days of entry.

On March 1, 2019, CFSA implemented a Mental Health Redesign which included the onboarding of three mental health clinicians to administer mental health screenings and to provide direct therapeutic interventions. As a result of this, DBH co-located staff no longer conducted screenings and assessments for children that enter and re-enter foster care and there was a decrease from four (4) to one (1) DBH co-located staff. The remaining DBH co-located staff person's role is to facilitate timely enrollment of children in behavioral health services within the DBH network but does not conduct screenings and assessments. Therefore, no children were screened by DBH 3<sup>rd</sup> and 4<sup>th</sup> quarter of FY19 and in FY20.

<b>FY19 - Percentage of Children Screened within 30 days of Entering or Re-entering Foster Care</b>	
Total Consumers Screened for FY19	145
Total Consumers Screened within 30 days	117
Percentage Screened within 30 days FY19	81%
# of days from Linkage to first services in FY18	90
# of days from Linkage to first services in FY19	50

Time to linkage to receipt of the first service decreased in FY19 compared to FY18. The amount of time to link for first service in FY19 was 50 days compared to 90 days in FY 18. DBH has worked internally to address barriers to ensure timeliness of services by partnering with Network Development to provide technical assistance on internal processes, infrastructure and hiring practices within each CSA and externally working with CFSA to ensure families are aware of appointment and encouraging the Social Worker attend and/or support in the transportation to scheduled appointments. However, DBH acknowledges that continued improvement is necessary and continues to address identified barriers.

The Department of Behavioral Health continues to assess and enhance the current 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. If a child is currently receiving services or recently enrolled with a mental health provider, the provider is notified of removal and invited to participate in a Review, Evaluate and Direct (RED) 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.

**Amendment Letter for Memorandums of Understanding  
Between  
District of Columbia Courts and Department of Behavioral Health  
DCSC-18-MOU-0022**

This Amendment is made to that Memorandum of Understanding (DCSC-18-MOU-0022) previously executed by and between the District of Columbia Superior Courts and Department of Behavioral Health on March 12, 2018. It is mutually understood and agreed by and between the undersigned parties to amend that previously executed MOU as follows:

**Section I Introduction:** The above identified agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section III Scope of Services** - the above identified agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section VII Period of Performance** - the above identified agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section VIII Authority for MOU** - the above identified agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

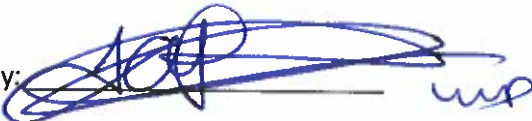
**Section IX Funding Provisions** - the above identified agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section XI Payments** - the above identified letter agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section XII Modifications** - the above identified letter agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

**Section XIII Records Maintenance** -the above identified letter agreement is hereby amended as follows:  
The term Memorandum of Understanding (MOU) is replaced with the term Memorandum of Agreement.

It is understood and agreed that all terms and conditions forming a part of the original Agreement, (DCSC-18-MOU-0022) as well as the above stated amendments of sections (I, II, III, VII, VIII, XI, XII, XIII) shall remain in full force and effect during the period of agreement.

By:   
Tanya A Royster, M.D.  
Director  
Department of Behavioral Health

Date: 5/15/2018

By: \_\_\_\_\_  
Louis W. Parker  
Contracting Officer  
District of Columbia Courts

Date: \_\_\_\_\_



**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
DEPARTMENT OF BEHAVIORAL SERVICES  
AND THE  
DISTRICT OF COLUMBIA SUPERIOR COURT  
DCSC-18-MOU-0022**

**I. INTRODUCTION**

This Memorandum of Understanding or ("MOU") is entered into between the DISTRICT OF COLUMBIA SUPERIOR COURT, the buyer agency ("Buyer" or "DCSC") and the DEPARTMENT OF BEHAVIORAL HEALTH, the seller agency ("Seller" or "DBH"), collectively referred to herein as the "Parties."

DCSC has requested the services of DBH and THE OFFICE OF THE ATTORNEY GENERAL (OAG) to participate in a partnership to expand the Juvenile Behavioral Diversion Program (JBDP), a problem-solving mental health court that links court-involved youth to mental health services in the community and the development and implementation of Here Opportunities Prepare you for Excellence (HOPE) Court which supports children and youth at risk or engaged in commercial sex trafficking. These programs are a partnership with the District of Columbia Family Court's Social Services Division (CSSD). This collaboration is funded by the US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance - Award #: 2017-MO-BX-0033, dated September 21, 2017 and Special Conditions are hereby incorporated in this MOU by reference.

**II. PROGRAM GOALS AND OBJECTIVES**

The DBH is the agency designated to facilitate training and program development for the JBDP and HOPE Court for the District of Columbia. In an effort to increase public safety by facilitating collaboration among the criminal justice, juvenile justice mental health and substance abuse treatment systems to increase access to mental health and other treatment services for those individuals with mental illness or co-occurring mental health and substance use disorders.

**III. SCOPE OF SERVICES**

The scope of this MOU is based on the scope outlined in the grant application to DOJ.

DCSC will provide the seller funding not-to-exceed Two Hundred and Eight Thousand, Five hundred Dollars (\$208,500.00) to be used for the following:

**A. Training for JBDP Expansion**

JBDP partner agencies (CSSD, DBH, and OAG) shall train approximately three-hundred (300) people on the JBDP approach and model through at least eighty (80) hours of training in total. Each ninety (90)-minute training session covers seven (7) distinct subject areas: (1) overview of JBDP, (2) referral process, (3) screening tools (Comprehensive Behavioral Rating Scale (CBRS), Sex Trafficking Assessment Review (STAR)), (4) JBDP eligibility review process, (5) mental health rehabilitation services, (6) supervision of JBDP youth and, (7) JBDP research and evaluation (Attachment D).

#### **B. Training for HOPE Court**

The HOPE Court training will include a learning series of seven courses. DBH has established nine evidence based practices, three of which are trauma models that support youth and their families that will be incorporated in the treatment for children, youth and families involved with the court.

Two models are proposed for use in the HOPE Court: the SERVE Brain and the Stages of Change Models. The SERVE Brain Model, a brain-based approach to addressing complex traumatic stress (Attachment E), focuses on using a synthesized model of neuroscience, attachment theory and evidence-based treatment to effectively treat complex traumatic stress. The SERVE Model training is a two (2) day training. DBH will offer this training eight (8) times during the grant period.

The Stages of Change Model has been utilized with commercially sexually exploited youth to help providers identify where youth are in the change process, and find strategies to help youth transition from one stage to the next.

Additional trainings offered in the learning series will take place four (4) times during the grant period and include: Commercial Sexual Exploitation of Children (CSEC) Context and Lived Experience; CSEC screening and assessment; trauma informed care and practice; CSEC supervision; and CSEC Support Group training (Attachment F outlines each training). The CSEC learning series will train approximately three-hundred (300) people, including selected community members. All trainings will be conducted at DBH or DCSC facilities.

#### **C. Implementation of the CSEC-HOPE Court**

DBH will be responsible for:

1. Identifying and building the capacity of community CSEC treatment providers;
2. Linking youth and families to CSEC providers through the provider network;
3. Providing oversight and monitoring of services;
4. Identifying individuals to collaborate with CSSD in the case review and treatment recommendations for youth;

5. Hiring a Program Coordinator to support the HOPE Court during hearings, participate on the interagency Treatment Care Review Committee (comprised of DBH, CSSD, and OAG) and staffing; and
6. Appointing a representative to serve as a member of the Suitability Committee/Treatment Case Review Committee.

#### IV. RESPONSIBILITIES OF SELLER

DBH agrees to be bound by all of the terms and conditions of US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics—Award #: 2017-MO-BX-0033 (including grant adjustments) and accomplish the tasks and deliverables as outlined in the approved grant application and budget. DBH will submit invoices for service rendered monthly to the Court.

#### V. RESPONSIBILITIES OF BUYER

DCSC will be responsible for fulfilling all functions associated with its designation to administer the Juvenile Behavioral Diversion Program and Hope Court for the District of Columbia which include, but are not limited to, program and financial oversight.

#### VI. QUARTERLY REPORTING REQUIREMENTS

Progress Reports: DBH shall prepare quarterly progress reports to include a summary of activities and accomplishments as well as the proposed activities for the upcoming reporting period. In addition to a summary of all grant activity, this report shall state whether DBH has met the established goals and performance measures.

DBH shall provide DCSC with program performance data on a quarterly basis in accordance with the schedule set forth below.

<b>Performance Data</b>	<b>Report Due Date:</b>
January 1, 2018 – March 31, 2018	April 15, 2018
April 1, 2018 – June 30, 2018	July 15, 2018
July 1 2018 – September 30, 2018	October 15, 2018
October 1, 2018 – December 31, 2018	January 15, 2019
January 1, 2019 – March 31, 2019	April 15, 2019
April 1, 2019 – June 30, 2019	July 15, 2019
July 1 2018 – September 30, 2019	October 15, 2019

The DC Courts will provide DBH with templates or formats for preparing reports.

Semi-Annual GMS Programmatic reports: DBH shall provide DCSC with semi-annual programmatic reports for submission to DOJ through the Grant Management System (GMS) system on the following dates:

– January 15, 2018 and July 15, 2018

- January 15, 2019 and July 15, 2019
- October 30, 2019 (final report)

**VII. PERIOD OF PERFORMANCE**

The period of performance of this MOU shall begin the date the last party signs this MOU and shall end September 30, 2019.

**VIII. AUTHORITY FOR MOU**

Statutory authority to enter into this MOU is set forth in D.C. Official Code §§ 1-301.01(k), 11-1742(b).

**IX. FUNDING PROVISIONS/COST OF SERVICES**

Total cost for goods and services under this MOU shall not exceed \$208,500.00 Funding for the goods and services shall not exceed the actual cost of the goods and services, including labor and materials. This funding will be spent in accordance with the approved federal grant budget. Any and all unspent funds will be returned to DCSC at the end of the performance period.

**X. INVOICING, BUDGET, AND PERSONNEL REQUIREMENTS**

**Invoicing:** DBH shall provide DCSC with monthly invoices for goods and services by the 15<sup>th</sup> of each month.

**Budget:** Budget shall be allocated as follows:

<u>Department of Behavioral Health</u>	Federal Budget	Match
Program Manager		\$ 8,454.40
Program Coordinator		\$ 7,511.04
Program Coordinator: New Hire	\$78,692.35	
Benefits:	\$20,460.00	
Office Supplies	\$ 3,347.00	\$ 4,071.21
Training:		
CSEC 101 - CSEC in Context (4 X )	\$ 2,200.00	
CSEC 101: The Lived Experience (4 X)	\$22,000.00	
CSEC Screening and Assessment (4 X)		\$2,200.00
Trauma Informed Care and Practice Training (4X)		\$2,200.00
The SERVE MODEL Training (2 days) (8X)	\$30,000.00	
Stages of Change (4X)	\$ 7,800.00	
CSEC Supervisory Training (4X)	\$ 6,000.00	
Support Group Training (TOT) (4X)	\$ 8,000.00	
CSEC Consultation Hours (Technical Assistance)	\$30,000.00	
<b>TOTAL to DBH:</b>	<b>\$208,500.00</b>	<b>\$24,436.65</b>

**Match Requirement:** DBH is committed to \$24,436.65 in-kind match. DBH will report on the in-kind match contribution with the financial and programmatic reporting according to the reporting schedule.

**Key Personnel Approval:** This program requires the hiring of a program coordinator as a key personnel for this project. The Department of Justice (DOJ) grant requires that DOJ approve the final candidate for the position. DBH will submit the name and credentials of the proposed program coordinator to DCSC for approval.

**Special Conditions and Administrative Requirements:** All the administrative requirements and special conditions outlined by DOJ in the grant awarded to DCSC will also apply to DBH (See Attachment A).

## **XI. PAYMENT**

Buyer's payment for the goods and services under this MOU shall not exceed \$208,500.00.

DBH shall provide documentation supporting the cost of services (i.e., vouchers, receipts, invoices, paid checks, and payroll registers, etc.). The documentation shall explain the amounts billed for that period.

The Parties' DBH's and DCSC's Directors or their designees shall resolve all adjustments and disputes arising from services performed under this MOU. In the event that the Parties are unable to resolve a financial issue, the matter shall be referred to the DC Courts Administrative Services Division, Contracting Officer, Louis W. Parker.

## **XII. MODIFICATIONS**

The terms and conditions of this MOU may be modified only upon prior written agreement by the DBH and DCSC.

## **XIV. RECORDS MAINTENANCE**

The DBH shall maintain records pertinent to this MOU for a period of no less than three (3) years. In addition, records pursuant to the resolution of an audit or monitoring finding shall be maintained for a period of not less than three (3) years after resolution.

## **REQUIRED AND STANDARD CLAUSES**

**Non-Discrimination:** The Parties shall abide by the provisions of Executive Order 11246, as amended; Title VI of the Civil Rights Act of 1964, as amended (78 Stat. 252; 42 U.S.C. §§ 2000d et seq.); Title V, Section 504 of the Rehabilitation Act of 1973, as amended (87 Stat. 394; 29 U.S.C. § 794); the Age Discrimination Act of 1975, as amended (89 Stat. 728; 42 U.S.C. §§ 6101 et seq.); and with all other Federal laws and regulations prohibiting discrimination on the grounds of race, color, national origin, disability, religion, or sex, in employment and in providing facilities and services to the public. Nothing in the advertising for employees shall be done which prevent those covered by these laws from qualifying for employment.

**Anti-Deficiency Act:** Pursuant to the Anti-Deficiency Act, 31 U.S.C. § 1341(a)(1), nothing contained in this MOU shall be construed as binding on the United States or the District of Columbia to expend in any one (1) fiscal year any sum in excess of the appropriations made by Congress for the purposes of this MOU for that fiscal year, or as involving the United States or the District of Columbia in any contract or other obligation for the further expenditure of money in excess of such appropriations.

**Interest of Members of Congress:** Nothing herein contained shall be deemed to be inconsistent with or contrary to the purpose or intent of any Act of Congress or the law of the District of Columbia establishing, affecting, or relating to this MOU. Pursuant to 41 U.S.C. § 22, no member of Congress shall be admitted to any share of part of this MOU, or to any benefits that may arise there from.

**Lobby Prohibition:** The Parties shall abide by the provisions of 18 U.S.C. § 1913, which states:

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, to favor or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation; but this shall not prevent officers or employees of the United States or of its departments or agencies from communicating to any such Member or official, at his request, or to Congress or such official, through the proper official channels, requests for legislation, law, ratification, policy, or appropriations which they deem necessary for the efficient conduct of the public business, or from making any communication whose prohibition by this section might, in the opinion of the Attorney General, violate the Constitution or interfere with the conduct of foreign policy, counter-intelligence, intelligence, or national security activities. Violations of this section shall constitute violations of Section 1352(a) of Title 31.

**Severance of Terms and Compliance with Applicable Law:** The Parties shall comply with all applicable laws, regulations, and rules. This MOU is subject to all laws, regulations and rules governing the Parties hereinafter enacted or promulgated. If any term or provision of this MOU is held to be invalid or illegal, such term or provision shall not affect the validity or

enforceability of the remaining terms and provisions of this MOU. Meeting the terms of this MOU shall not excuse any failure to comply with all applicable laws, regulations, and rules, whether or not these laws and regulations are specifically listed in this MOU.

Communications that are required to be in writing, and all concerns regarding the technical implementation and interpretation of this MOU, shall be personally delivered, e-mailed, or mailed to the persons listed below:

**Behavioral Health Department's Authorized Representative is:**

Patrina Anderson  
Director, Linkage and Assessment Services Division  
DBH  
64 New York Avenue, NE  
Washington, DC 20002  
202-671-2910

**District of Columbia Superior Courts' Authorized Representative is:**

Louis W. Parker  
Contracting Officer  
Administrative Services Division  
DC Courts  
616 H Street, NW, Suite 610  
Washington, DC 20001  
Louise.Parker@dcsc.gov

**District of Columbia Superior Courts' Contracting Officer's Technical Representative (COTR) is:**

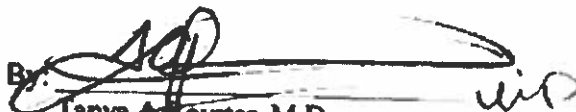
Dr. Michael Barnes  
Assistant Deputy Director/Clinical Psychologist  
515 E Street, NW, Building B  
Washington, DC 20001  
(202) 508-1751  
Michael Barnes@dcsc.gov

**INSURANCE**

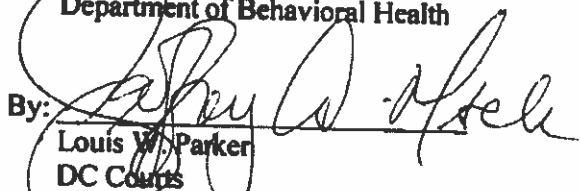
1. If any Party hires a contractor or consultant to provide any of the services specified in this MOU, then the contractor or consultant shall procure liability insurance from a responsible company or companies with a minimum limitation of five hundred thousand dollars (\$500,000) per person for any one (1) claim, an aggregate limitation of one million dollars (\$1,000,000) for any number of claims arising from any one (1) incident, five hundred thousand dollars (\$500,000) for property damage for any one (1) claim, and one million dollars (\$1,000,000) for property damage for any number of claims arising from any one (1) incident. The policies shall name the District of Columbia as an additional insured, shall specify that the insured shall have no right of subrogation against the District of Columbia for payments of any premiums or deductibles due there under, and shall specify that the insurance shall be assumed by, be for the account of, and be at the insured's sole risk. Prior to beginning the work authorized herein, the contractor shall provide the Party with confirmation of such insurance coverage, including any such coverage required by a third-party, and when requested, a copy of any contractual provisions requiring the third-party to maintain insurance.

**SIGNATORIES**

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be executed as of the date therein written.

By:   
Tanya A. Koyster, M.D.  
Director  
Department of Behavioral Health

Date: 2/13/2018

By:   
Louis W. Parker  
DC Courts  
Contracting Officer

Date: 3/12/18



*Q22. 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? 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? Please also describe the collaborative work the Department is doing with DC Courts, MPD, and CFSA to address the behavioral and mental health needs of DC youth who have been identified as commercially sexually exploited. Please provide any MOAs or MOUs related to this subject.*

**DBH Response:**

DBH offers three evidence-based practices (EBP) to children, youth, and their families geared toward treating children and youth who have been traumatized, including those identified as commercially sexually exploited: (1) Trauma Focus Cognitive Behavior Therapy (TF-CBT), (2) Child Parent Psychotherapy for Family Violence (CPP-FV), and (3) Trauma Systems Therapy (TST). DBH also offers the Transition to Independence Process (TIP) service to youth and young adults between the ages of 14-29 years old. TIP is an evidence-supported practice that demonstrates improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties. To enhance provider knowledge and competency on commercially sexually exploited children (CSEC), in FY18 and FY19, DBH provided a specialized training series on Human Trafficking, Motivational Interviewing, and the application of Stages of Change and the Brain Serve Model (BSM) which supported trauma informed care. The total number of participants that received training was 244. The participants included behavioral health providers, judges, probation officers, and attorneys on specialty courts and CSEC. DBH is an active member of the Strengthening Teens, Enriching Parents (STEP) program operated by Department of Human Services (DHS). STEP supports youth with multiple missing person reports who leave home due to a number of reasons including sex trafficking and their families.

DBH also works closely with the District of Columbia Superior Court to support HOPE Court. Established in FY18 with a two-year \$300,000 grant, HOPE Court meets the unique needs of youth at risk of or affected by commercial sexual exploitation. The grant supported a full time DBH Program Coordinator who provided clinical consultation, coordination, and support to the Court as well as specialized training for behavioral health providers, judges, probation officers, and attorneys on specialty courts and CSEC. The grant ended in FY19, however, a no cost extension was granted for FY20 to continue training and consultation with behavioral health providers treating youth at risk and active in sexual exploitation. Data on HOPE Court is based on calendar year (CY) not fiscal for research purposes. HOPE Court served 35 youth in CY2018 and 52 youth in CY2019. Currently in CY2020, 33 youth are involved in HOPE Court. Other HOPE Court partners are CFSA, Court Social Services, the Office of the Attorney General (OAG), Courtney's House, Fair Girls, Rights4Girls, and the Public Defender Service.

DBH also participates in a bi-monthly call that reviews youth with pre-existing court matters who may be eligible for a specialized court, such as HOPE Court or the Juvenile Behavioral Diversion Program (JBDP). Members of the CSEC Multidisciplinary Team Committee include the OAG,

CFSA, Court Social Services, Department of Youth Rehabilitation Services (DYRS), Children's National Health System, MPD, and Safe Shores. Each reports on high-risk youth who come to the attention of their respective agencies, youth concerns, case status, and development of a tentative plan to address holistic youth needs, which include, but are not limited to mental health, physical health, placement, and other service needs. DBH along with its partners are in regular communication to allow immediate exchanges of information. DBH works with MPD to support investigations for those suspected of trafficking children including providing information on youth abscondance (previously known locations, social media information, known affiliates, and history) and scheduling forensic interviews.

Regarding housing options, the Wayne Place transitional housing program, operated in partnership with CFSA, is available for eligible young adults. When necessary, DBH works with other government and community partners for referral and placement in their housing resources. In FY18, one youth was referred and accepted to Wayne Place. In FY19 one youth was referred to Wayne Place.

Attachment 1. Executed MOA between the District of Columbia Superior Court and DBH.

*Q23. Please describe what substance abuse services are offered to children and youth and the process for obtaining these services. Are there any plans for FY20 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 FY19 and FY20 to date?*

## **DBH Response**

DBH provides substance use disorder services to children and youth and their families across the entire continuum of care which includes prevention, treatment, and recovery. Through the provision of prevention services, engagement takes place by way of planned prevention initiatives implemented by both DBH prevention staff and sub-grantees which include four (4) DC Prevention Centers (DCPCs) and the DC Opioid Response or DCOR prevention grantees. These initiatives include evidence based programs such as implementation of the “Too Good for Drugs” curriculum, the “Hip Hop 2 Prevention” curriculum, and the Botvin “Lifeskills” program. Implementation of environmental strategies such as social marketing campaigns and the development of public service announcements are all aimed at addressing substance use among youth. The prevention sub-grantees are strategically placed throughout the District, thus allowing them to engage youth and families through schools, community centers, and places of worship. Successful meeting of grant deliverables is built upon the engagement of youth and their inclusion in the development and implementation of prevention initiatives. One engagement activity of note was a youth summit that took place in September that had over 200 individuals in attendance. This event was focused on providing safe alternatives to dealing with stress and peer pressure as opposed to using drugs.

Treatment and recovery services are available for children and youth through DBH’s substance use disorder (SUD) child and youth provider network. DBH also receives funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for its Youth and Family TREE grant/DC CITY grant. This five (5) year grant focuses on the provision of treatment services and supports through DBH’s local Adolescent Substance Abuse Treatment Expansion Program (ASTEP) providers. The ASTEP program has three providers, Hillcrest, Latin American Youth Center and Federal City. These ASTEP providers adopt the Adolescent Community Reinforcement Approach (A-CRA) or other approaches in their treatment of youth and their families in need of substance abuse treatment services.

During FY2019, a total of 39 youth received services through the A-CRA approach. Year to date for FY2020, a total of seven (7) youth have received services through the A-CRA approach. It should be noted that in FY19 approximately 200 youth ages 12-25 received a substance abuse treatment service. The overarching intent of this effort is to enhance the number and types of treatment services available, and to also address and remove any impediments to accessing these services.

In addition, the DC CITY grant provides other supports such as tobacco and vaping use counseling and intervention and also cessation. The grant will also include social marketing strategies aimed at reducing the stigma associated with youth entering substance abuse treatment. In FY 20, DBH will expand the reach of substance abuse treatment services for children and

youth by establishing partnerships with other District agencies such as DC Health, DYRS, CFSA, and DOES. It is the hope that these partnerships will improve access for children and youth, along with their families, to enter treatment. These partnerships will also allow for the leveraging of resources such as space where treatment groups can take place and the utilization of tobacco cessation tools such as those coordinated by DC Health. DBH will be providing training and technical assistance to SUD providers on a variety of topics including family and youth engagement, and other evidence-based approaches including Motivational Enhancement Therapy-Cognitive Behavioral Therapy (MET-CBT).

*Q24. Please explain the work the Department is doing with the Department of Health Care Finance to improve care coordination.*

### **DBH Response**

DBH and the Department of Health Care Finance (DHCF) are collaborating on the implementation of the District's 1115 Behavioral Health Transformation waiver demonstration. This will expand the availability of Medicaid resources for services and supports that are critical for high-quality care, including Recovery Support Services (RSS) and Transition Planning Services. Under the waiver, providers of RSS can now bill Medicaid for their case management work. In line with this change, DBH has now made RSS a core service for all treatment providers, with the hope that this will expand individual access to these services.

As of January 1, 2020, the expansion of RSS works in concert with Clinical Care Coordination (CCC). CCC is the collaboration of practitioners via direct face-to-face contact, video-conferencing, or telephone communicates to discuss treatment needs, assessments, and treatment information with external health care providers to facilitates appropriate linkages to care, including transitions into or from higher levels of care or institutional settings. CCC also includes treatment planning and plan of care implementation activities that are separate from the diagnostic assessment service, when the clinician and consumer are meeting face-to-face or via video-conference, and can only be provided by licensed clinicians.

The 1115 wavier also expands Transition Planning Services, which are defined as discharge planning and facilitation of transitions of care for individuals leaving institutional treatment settings by providers of community-based behavioral health services. The components of Transition Planning Services include assessment; development of a service plan; and care coordination and case management. Previously, these services were provided solely by the institution in question, This service will be available in June 2020 to individuals with serious mental illness (SMI) and/or SUD served by Free Standing Mental Health Clinics (FSMHC), federally qualified health centers (FQHCs), providers of MHRS, and providers of adult substance use rehabilitation services.

DBH has also been working with DHCF to enhance provider connection to DC's Health Information Exchange (HIE), which facilitates a person-centered approach to care delivery that can improve health outcomes for all District residents. In October 2019, DHCF awarded the HIE Connectivity Grant, which supports the HIE connectivity of Medicaid in-patient facilities, behavioral health clinics, dentists, emergency medical services (EMS), and home health providers. One of the six grant goals is to improve care coordination and transitions of care by improving access to information collected across settings of care.

Lastly, DBH will work with DHCF in CY2020 to implement the 18-month Substance Use Disorder Provider Capacity Planning grant received from Centers for Medicare and Medicaid Services (CMS) in September 2019. The capacity grant will support the District's overall objective of providing a more seamless experience of care that integrates behavioral and physical health, improves treatment rates for SUD, and promotes healthier lives for District residents. Planning grant activities includes: a comprehensive needs assessment SUD providers; education and

technical assistance; and infrastructure to enable structured data collection and communication providers.

Q25 Attachment 1 of 2

- h. What prevention programs and services were offered through the SMHP in FY19 and FY20 to date

List of School Mental Health Program Prevention programs implemented in each school during FY19 (SY18 - SY19) and FY19 (SY19 - SY20) to date.

<b>School</b>	<b>Evidence Based Prevention Programming Implemented</b>	<b>Early Intervention Programming Implemented</b>
Aiton Elementary School	Good Touch Bad Touch Parent Café Teacher Training- Classroom Management Parent Workshop- Stress Management Kimochis	Lunch Bunch Groups
Amidon Bowen Elementary School	Ask 4Help Good Touch Bad Touch Kimochis CARE in the Classroom Teacher Presentation: Recognizing Safety Concerns in Student	Social Skills Mindfulness Resilience Builders Boys Groups Girls Groups Grif/Loss Groups PBIS Reboot
Anacostia High School	Love is Not Abuse SOS	Attachment Group New Heights Cannabis Youth Treatment Coping Strategies Creative Recording Studio
Ballou High School	Love Is Not Abuse SOS	Mentor Group Anger Management
Beers Elementary School	Too Good for Violence Ask for Help	Girls Group Self-Esteem/Leadership Social Skills
Boone Elementary School	Good Touch Bad Touch Presentation for Teachers: Interventions for the Classroom	Lunch Bunch
Browne Educational Campus	SOS Zones of Regulation Parent Café Too Good For Drugs	Social Skills Conflict Resolution Girls Groups Boys Groups Girls in Real Life Situations

Cardozo Educational Campus - High School	SOS Love is Not Abuse Too Good For Violence Too Good For Drugs Mindfulness Day	Mindfulness Mondays Pride Day Girls Group Mindfulness Schools
Cardozo Educational Campus Middle School	Botvins SOS Healthy Boundaries	
Cedar Tree Public Charter School	Parent Café Kimochis Good Touch Bad Touch	
Center City- Capitol Hill Public Charter School	Too Good for Drug	Anger Management Social Skills Groups Healthy Relationships
Center City- Public Charter School Congress	Too Good For Violence Kimochis Too Good For Drugs Student Presentation: Use of Language/Fostering Relationships	
Cesar Chavez Parkside Public Charter School	Student Presentations on: Domestic Violence Anti-Bullying	
High School Columbia Heights Educational Campus	Too Good For Drugs SOS Healthy Boundaries Student Presentation: Mental Health 101 Staff Workshops: Self-Care and Stress Reduction	
Columbia Heights Educational Campus Middle School	Healthy Boundaries SOS Connect With Kids Zones of Regulation Bully Prevention	Middle School Support Group Middle School Transition Group 6 <sup>th</sup> Grade Transition Group Drugs/Risk Taking Behavior Conversations about Race Healthy Relationships Mentoring
DC International Public Charter School	Parent Workshop: Question, Persuade, Refer SOS	Owning Up Girls group Conflict Resolution
Democracy Prep Public Charter School	Too Good For Violence (Whole School completed) Student Presentation: Restorative Circles	Bullying Group Social Skills Say Goodbye to Being Shy
Eagle Public Charter School Main	Teacher Presentation: Age Appropriate Behaviors Good Touch Bad Touch	
Eagle Public Charter School New Jersey	Connect With Kids Kimochis	Social Skills



EL Haynes Public Charter School Elementary School	Kimochis	Anger Management
Friendship Blow Pierce Public Charter School	Staff Presentations On : Bipolar Disorder Impact of Trauma Substance Abuse Mind and Body Managing Disruptive Behavior Surviving Holiday Stress Good Touch Bad Touch Healthy Boundaries	Managing Conflict and Anger Lunch Bunch K2 Concerns
Friendship Technology Public Charter School	SOS	
Garfield Elementary School	Good Touch Bad Touch	Mindfulness Bully Prevention Social Skills Skill Streaming in EC
Inspired Teaching Public Charter School	Too Good For Violence Kimochis Student Presentations On: Sexual Harassment/Bullying Emotional Regulation Safe Hands “Hands of Harry”	Social Skills
Jefferson Middle School	Recognizing/Reducing Bullying Understanding Mental Health Too Good For Drugs Dads and Donuts Special Program Girls Leadership Conference	Supports for In-school Suspension 6 <sup>th</sup> Grade Boys Group
Johnson Middle School	SOS	
Kelly Miller Middle School		6 <sup>th</sup> Grade Boys Group
Ketchum Elementary School	Teacher Presentation: Vicarious Trauma/Self Care Good Touch Bad Touch Coping with Community Violence-MH Supports Kimochis Bullying Prevention Second Step	Lunch bunch
Kramer Middle School		Healthy Boundaries Too Good For Drugs SOS
LAMB Public Charter School		Social Skills Kimochis

Malcolm X Elementary School	Parent Workshops: Behavior Management, Self Care, Mental Health Awareness, Too Good For Violence	5 <sup>th</sup> grade Transition Group Social Skills Conflict Resolution Coping Cats Grief/Loss Emotional Regulation Ask 4 Help
Maya Angelou Public Charter School	Too Good For Violence LINA	
McKinley Tech High School	SOS	Mindfulness Emotional Regulation Girls on The Rise Girls Lunch Group
McKinley Tech Middle School	Teacher Training: Impact of Trauma	Too Good For Drugs Too Good For Violence Social-Emotional Skill Building
Miner Elementary School	Connect with Kids-Adventures Healthy Boundaries Good Touch Bad Touch	
Moten Elementary School	Bully Prevention Acts of Kindness Program Classroom Safety Too Good For Drugs Ask 4 Help Parent Presentation: Helping Your Child with Test Anxiety Good Touch Bad Touch	Social Skills Lunch Bunch
Mundo Verde Public Charter School	Too Good For Violence Ask for Help	Coping Cats
Patterson Elementary School	Parent Café Kimochis Teacher Presentation: Mindfulness; Self Care; Mandated Reporting SOS Ask 4 Help Second Step Good Touch Bad Touch Bullying Prevention Monthly Parent Meetings	Social Skills Grief Group
Payne Elementary School	Second Step Good Touch Bad Touch Stand Up Be Safe Too Good For Drugs Staff Presentation: Stress Management	Social skills

Richard Wright Public Charter School	Love is Not Abuse	LGBTQ Group Lunch Bunch Breakfast Bunch
Sela Public Charter School	Kimochis Too Good For Violence Connect with Kids-Adventures	Social Skills
Simon Elementary School	The 3 "R"s Too Good For Drugs Bullying Prevention Family Fitness: Yoga Parent Cafe	Mentor Group Lunch Bunch Rethink Learning to Listen Learning to Care
Stanton Elementary School	Too Good For Violence	
Stuart Hobson Middle School	SOS Good Touch Bad Touch Too Good For Drugs Mental Health Night Panther Pride (Gay/Straight Alliance) Teacher Training; Becoming a Trauma Informed Teacher	Humane Rescue Alliance SASS
Takoma Educational Campus	Bullying Prevention Parent Café Teacher Presentation; Mental Health 101	Kimochis
Neval Thomas Elementary School	Kimochis	
Thurgood Marshall Public Charter School	Too Good For Drugs Love is not Abuse SOS	Girls Group Coping Cats Keeping Your Cool
Turner Elementary School	Good Touch Bad Touch Too Good For Drugs Parent Wellness Workshop The Three "R"s	Kimochis ISS Social Emotional Group Girls Group
Two Rivers Public Charter School	Kimochis Too Good For Violence	Lunch Bunch 6 <sup>th</sup> Grade Girls Group 4 <sup>th</sup> Grade Boys Group K Lunch Bunch

Two Rivers Public Charter School Young	Too Good For Violence Good Touch Bad Touch Parent Café	Coping Cats Girls in Real Life Situations Conflict Resolution Impulse Control Grief/Loss Anger Management Boys Group Self-esteem Group Restorative Justice Circles
Walker Jones Educational Campus	Good Touch Bad Touch Kimochis Parent Presentation: Emotional Needs of Children Self-Regulation	Social Skills Anger Management Behavior Control SOS
Washington Met High School	Too Good For Drugs	Social Skills SOS
Wheatley Educational Campus	Ask 4 Help	
Wilson High School	The Three "R"s Tiger Talk – DC Prevention Center	Mindfulness
Washington Yu Ying Public Charter School	Teacher Presentation: Developmental Stages in Children; Mandated Reporting Feelings and Regulation Zones of Regulation	Boys Group Boys To Men

Q.25 j. Attachment 2 of 2 SCHOOL LIST – SCHOOL YEAR 2019-2020

#	WARD	FTE	DCPS/ DCPCS	SCHOOL INFORMATION	GRADE LEVEL	PRINCIPAL	CLINICIAN
1	7	1	DCPS	<b>AITON ELEMENTARY SCHOOL</b> 533 48 <sup>th</sup> Place, NE Washington, DC 20019 Main# 202-671-6060 Fax# 202-724-4630	PS – 5th	Malaika Golden <a href="mailto:Malaika.golden@k12dc.gov">Malaika.golden@k12dc.gov</a>	Kelly Baker Cell: 202-573-3493 Email: <a href="mailto:Kelly.baker1@dc.gov">Kelly.baker1@dc.gov</a>  Supervisor: Jackie Droddy
2	6	1	DCPS	<b>AMIDON-BOWEN ELEMENTARY SCHOOL</b> 401 I Street, SW Washington, DC 20024 Main# 202-724-4867 Fax# 202-724-4868	PK3-5th	TaMikka Sykes <a href="mailto:Tamikka.sykes@k12dc.gov">Tamikka.sykes@k12dc.gov</a>	Dorothy Arnold Cell: 202-841-7927 Email: <a href="mailto:Dorothy.Arnold@dc.gov">Dorothy.Arnold@dc.gov</a> Supervisor: Luis Morales
3	8	1	DCPS	<b>ANACOSTIA HIGH SCHOOL</b> 1601 16 <sup>TH</sup> Street, SE Washington, DC 20020 Main# 202-698-2155 Fax# 202-698-2188	9 <sup>TH</sup> -12 <sup>th</sup>	William Haith <a href="mailto:William.haith@k12dc.gov">William.haith@k12dc.gov</a>	Nathan Luecking Cell: 202-503-7331 Email: <a href="mailto:Nathan.Luecking@dc.gov">Nathan.Luecking@dc.gov</a> Supervisor: Jackie Droddy
4	8	1	DCPS	<b>BALLOU SENIOR HIGH SCHOOL</b> 3401 4 <sup>th</sup> Street, SE Washington, DC 20020 Main # 202-645-3400 Fax# 202-645-3397	9 <sup>th</sup> - 12 <sup>th</sup>	Willie Jackson <a href="mailto:Willie.jackson@k12dc.gov">Willie.jackson@k12dc.gov</a>	Jonathan Rivers Cell: 202-365-5875 Email: <a href="mailto:jonathan.rivers@dc.gov">jonathan.rivers@dc.gov</a> Supervisor: Luis Morales
5	7	.5	DCPS	<b>BEERS ELEMENTARY SCHOOL</b> 3600 Alabama Ave, SE Washington, DC 20020 Main # 202-939-4800 Fax # 202-645-3225	PK3-5th	Gwendolyn Payton <a href="mailto:Gwendolyn.payton@k12dc.gov">Gwendolyn.payton@k12dc.gov</a>	Sharon Hardy Cell: 202-821-5452 Email: <a href="mailto:Sharon.hardy@dc.gov">Sharon.hardy@dc.gov</a> Supervisor: Erica Barnes
6	8	1	DCPS	<b>BOONE ELEMENTARY SCHOOL</b> 2200 Minnesota Ave, SE Washington, DC 20020 Main#: 202-671-6240 Fax #: 202-645-3292	PK3-5th	Carolyn Jackson-King <a href="mailto:Carolyn.jackson-kingk12@dc.gov">Carolyn.jackson-kingk12@dc.gov</a>	Corrie Clanton Cell: 202-253-3784 Email: <a href="mailto:corrie.clanton@dc.gov">corrie.clanton@dc.gov</a> Supervisor: Jackie Droddy

7	5	1	DCPS	<b>BROOKLAND MIDDLE SCHOOL</b> 1150 Michigan Avenue Washington, DC 20017 Main # 202-759-1999 Fax #: 202-724- 1530	6 <sup>th</sup> -8 <sup>th</sup>	Kerry Richardson <a href="mailto:Kerry.richardson@k12dc.gov">Kerry.richardson@k12dc.gov</a>	Ruth Moss Cell: Email: <a href="mailto:ruth.moss@dc.gov">ruth.moss@dc.gov</a> Supervisor: Jackie Droddy
8	5	.5	DCPS	<b>BROWNE EDUCATIONAL CAMPUS</b> 850 26 <sup>th</sup> Street, NE Washington, DC 20002 Main# 202-671-6210 Fax # 202-724-1530	PS-8 <sup>th</sup>	Dwight Davis <a href="mailto:Dwight.davis@k12dc.gov">Dwight.davis@k12dc.gov</a>	Belinda Davis Cell: 202-631-3458 Email: <a href="mailto:Belinda.davis@dc.gov">Belinda.davis@dc.gov</a> Supervisor: Luis Morales
9	1	.5	DCPS	<b>CARDOZO EDUCATIONAL CAMPUS- MIDDLE</b> 1200 Clifton Street, NW Washington, DC 20009 Main # 202-673-7385 Fax # 202673-2232	6 <sup>th</sup> - 8 <sup>th</sup>	Arthur Mola <a href="mailto:Arthur.Mola@k12dc.gov">Arthur.Mola@k12dc.gov</a>	Miata Tucker Zaza Cell: 202-407-2164 Email: <a href="mailto:Miatta.Tucker-Zaza@dc.gov">Miatta.Tucker-Zaza@dc.gov</a> Supervisor: Luis Morales
10	1	1	DCPS	<b>CARDOZO EDUCATIONAL CAMPUS- HIGH</b> 1200 Clifton Street, NW Washington, DC 20009 Main # 202-673-7385 Fax # 202673-2232	9 <sup>TH</sup> - 12 <sup>TH</sup>	Arthur Mola <a href="mailto:Arthur.Mola@k12dc.gov">Arthur.Mola@k12dc.gov</a>	Amanda Harvey Cell: 202-439-6231 Email: <a href="mailto:Amanda.Harvey2@dc.gov">Amanda.Harvey2@dc.gov</a> Supervisor: Carrie Grundmayer
11	1	1	DCPS	<b>COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – HIGH</b> 3101 16 <sup>TH</sup> Street, NW Washington, DC 20010 Main #: 202-939-7700 Fax #: 202-576-9174	9 <sup>th</sup> - 12 <sup>th</sup>	Maria Tukeva <a href="mailto:Maria.tukeva@k12dc.gov">Maria.tukeva@k12dc.gov</a>	Madeline Keefe Cell: 202-577-9403 Email: <a href="mailto:Madelyn.keefe@dc.gov">Madelyn.keefe@dc.gov</a> Supervisor: Luis Morales

12	1	1	DCPS	<b>COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – MIDDLE</b> 3101 16TH Street, NW Washington, DC 20010 Main #: 202-939-6680 Fax #: 202-576-9158	6 <sup>TH</sup> - 8 <sup>TH</sup>	Maria Tukeva <a href="mailto:Maria.tukeva@k12dc.gov">Maria.tukeva@k12dc.gov</a>	Aaron Feinstein Cell: 202-597-2912 Office: 202-939-6686 Email: <a href="mailto:aaron.feinstein@dc.gov">aaron.feinstein@dc.gov</a> Supervisor: Luis Morales
13	4	1	DCPS	<b>DOROTHY HEIGHT ELEMENTARY SCHOOL</b> 1300 Allison Street, NW Washington, DC 20011 Main # 202-723-4100 Fax# 202-723-6867	PK4-5th	Masi Peston <a href="mailto:Masi.Preston@k12dc.gov">Masi.Preston@k12dc.gov</a>	Jennifer Murphy Cell: (202)568-0882 Email: Jennifer.murphy3@dc.gov Supervisor: Erica Barnes
14	8	1	DCPS	<b>GARFIELD ELEMENTARY SCHOOL</b> 2435 Alabama Ave, SE Washington, DC 20020 Main #: 202-671-6140 Fax #: 202-698-1614	PK3-5 <sup>th</sup>	Kennard Branch <a href="mailto:Kennard.branch@k12dc.gov">Kennard.branch@k12dc.gov</a>	Nicole Denny Cell: 202-329-1132 Email: <a href="mailto:Nicole.denny@dc.gov">Nicole.denny@dc.gov</a> Supervisor: Erica Barnes
15	8	1	DCPS	<b>HART MIDDLE SCHOOL</b> 601 Mississippi Ave, SE Washington, DC 20032 Main #: 202-671-6426 Fax #: 202-645-3426	6 <sup>th</sup> -8 <sup>th</sup>	Charlette Butler-Strickland <a href="mailto:Charlette.butler@k12dc.gov">Charlette.butler@k12dc.gov</a>	Natasha Carter Cell: 202-597-2894 Email: <a href="mailto:Natasha.carter@dc.gov">Natasha.carter@dc.gov</a> Supervisor: Carrie Grundmayer
16	8	1	DCPS	<b>HENDLEY ELEMENTARY SCHOOL</b> 425 Chesapeake Street SE Washington, DC 20032 Main# 202-645-3450 Fax# 202-6457098	PK3-5th	Sundai Riggins <a href="mailto:Sundai.Riggins@k12.dc.gov">Sundai.Riggins@k12.dc.gov</a>	Vacant

17	6	1	DCPS	<b>JEFFERSON MIDDLE SCHOOL</b> 801 7 <sup>th</sup> Street, SW Washington, DC 20024 Main#: 202-729-3270 Fax #: 202-724-2459	6 <sup>th</sup> - 8 <sup>th</sup>	Greg Dohmann <a href="mailto:greg.dohmann@k12.dc.gov">greg.dohmann@k12.dc.gov</a>	Lakeasha Hart-Tribue Cell: 202-821-9386 Email: <a href="mailto:Lakeasha.hart2@dc.gov">Lakeasha.hart2@dc.gov</a> Supervisor: Carrie Grundmayer
18	8	1	DCPS	<b>JOHNSON MIDDLE SCHOOL</b> 1400 Bruce Street, SE Washington, DC 20020 Main #: 202-939-3140 Fax #: 202-645-5882	6 <sup>th</sup> -8 <sup>th</sup>	Courtney Aldridge <a href="mailto:Courtney.aldridge2@k12dc.gov">Courtney.aldridge2@k12dc.gov</a>	Tiffany Hardy Cell: 202-379-8782 Email: <a href="mailto:Tiffany.hardy@dc.gov">Tiffany.hardy@dc.gov</a> Supervisor: Luis Morales
19	7	1	DCPS	<b>KELLY MILLER MIDDLE SCHOOL</b> 301 49 <sup>TH</sup> STREET, NE WASHINGTON, DC 20019 Main #: 202-388-6870 Fax #: 202-727-8330	6 <sup>th</sup> -8 <sup>th</sup>	Kortni Stafford <a href="mailto:Kornti.stafford@k12dc.gov">Kornti.stafford@k12dc.gov</a>	Kimberly Ward Cell: (202) 731-3123 Email: Kimberly.ward@dc.gov Supervisor: Monica Hammock
20	8	1	DCPS	<b>KETCHAM ELEMENTARY SCHOOL</b> 1919 15 <sup>TH</sup> Street, SE Washington, DC 20020 Main #: 202-698-1122 Fax #: 202-698-1113	PK3-5 <sup>th</sup>	Maisha Riddlesprigger <a href="mailto:Maisha.riddlesprigger@k12dc.gov">Maisha.riddlesprigger@k12dc.gov</a>	JoEtta Thomas Cell: 202-441-7835 Email: <a href="mailto:joetta.thomas@dc.gov">joetta.thomas@dc.gov</a> Supervisor: Carrie Grundmayer
21	8	.5	DCPS	<b>KING ELEMENTARY SCHOOL</b> 3200 6 <sup>TH</sup> Street SE Washington, DC 20032 Main# 202-939-4900 Fax# 202-645-7308	PK3-5	Angel Hunter <a href="mailto:Angel.hunter@k12dc.gov">Angel.hunter@k12dc.gov</a>	Margot Hodges Cell: 202-579-5229 Email: <a href="mailto:Margot.Hodges@dc.gov">Margot.Hodges@dc.gov</a> Supervisor: Carrie Grundmayer



22	7	.5	DCPS	<b>KIMBALL ELEMENTARY SCHOOL</b> 3375 Minnesota Avenue, SE Washington, DC 20019 Main #: 202-671-6260 Fax #: 202-645-3147	PK3-5th	Johann Lee <a href="mailto:Johann.lee@k12dc.gov">Johann.lee@k12dc.gov</a>	Vacant
23	8	1	DCPS	<b>KRAMER MIDDLE SCHOOL</b> 1700 Q Street, SE Washington, DC 20020 Main #: 202-939-3150 Fax 3: 202-698-1171	6 <sup>th</sup> -8 <sup>th</sup>	Katreena Shelby <a href="mailto:Katreena.Shelby@k12.dc.gov">Katreena.Shelby@k12.dc.gov</a>	Vacant
24	8	1	DCPS	<b>MALCOLM X ELEMENTARY SCHOOL</b> 1500 Mississippi Ave, SE Washington, DC 20032 Main#: 202-645-3409 Fax #: 202-645-7219	PK3- 5 <sup>th</sup>	Zara Berry-Young <a href="mailto:Zara.berry-young@k12dc.gov">Zara.berry-young@k12dc.gov</a>	Janice Jackson Cell: 202-744-1849 Email: <a href="mailto:Janice.jackson@dc.gov">Janice.jackson@dc.gov</a> Supervisor: Luis Morales
25	5	1	DCPS	<b>MCKINLEY TECHNOLOGY MIDDLE SCHOOL</b> 151 T Street, NE Washington, DC 20002 Main #: 202-281-3950 Fax #: 202- 832-1293	6-8th	Mary Louise Jones <a href="mailto:Loiuse.jones@k12dc.gov">Loiuse.jones@k12dc.gov</a>	Austin Quinn Cell: 202-763-3208 Email: <a href="mailto:Austin.quinn@dc.gov">Austin.quinn@dc.gov</a> Supervisor: Monica Hammock
26	5	1	DCPS	<b>MCKINLEY TECHNOLOGY HIGH SCHOOL</b> 151 T Street, NE Washington, DC 20002 Main #: 202-281-3950 Fax #: 202- 576-6279	9-12th	Mary Louise Jones <a href="mailto:Loiuse.jones@k12dc.gov">Loiuse.jones@k12dc.gov</a>	Natalie Bloodworth Cell: 202-536-9569 Email: <a href="mailto:natalie.bloodworth@dc.gov">natalie.bloodworth@dc.gov</a> Supervisor: Monica Hammock
27	6	.5	DCPS	<b>MINER ELEMENTARY SCHOOL</b> 601 15 <sup>th</sup> Street, NE Washington, DC 20002 Main#: 202-397-3960 Fax#: 202-724-4957	PK3-5 <sup>th</sup>	Bruce Jackson <a href="mailto:Bruce.jackson@k12dc.gov">Bruce.jackson@k12dc.gov</a>	Alyson St. Amand Cell: 202-740-0378 Email: <a href="mailto:Alyson.StAmand@dc.gov">Alyson.StAmand@dc.gov</a> Supervisor: Jackie Drodody

28	8	1	DCPS	<b>MOTEN ELEMENTARY SCHOOL</b> 1565 Morris Road, SE Washington, DC 20020 Main #: 202-698-1111 Fax 3: 202-698-1112	PK3-5 <sup>th</sup>	Akela Stanfield- Dogbe <a href="mailto:Alela.dogbe@k12dc.gov">Alela.dogbe@k12dc.gov</a>	Karra Hancock Cell: 202-815-0125 Email: <a href="mailto:Karra.hancock4@dc.gov">Karra.hancock4@dc.gov</a> Supervisor: Jackie Droddy
29	8	1	DCPS	<b>PATTERSON ELEMENTARY SCHOOL</b> 4399 South Capitol Terrace, SW Washington, DC 2032 Main#: 202-939-5280 Fax#: 202-645-3851	PK3-5 <sup>th</sup>	Victorie Thomas <a href="mailto:Victorie.thomas@k12dc.gov">Victorie.thomas@k12dc.gov</a>	Doree Smith Cell: 202-527-2051 Email: <a href="mailto:doree.powell2@dc.gov">doree.powell2@dc.gov</a> Supervisor: Erica Barnes
30	7	1	DCPS	<b>RON BROWN COLLEGE PREP HIGH SCHOOL</b> 4800 Meade Street Washington, DC 20019 Main# 202-729-4343	9-12 <sup>th</sup>	Benjamin Williams <a href="mailto:Benjamin.williams@k12dc.gov">Benjamin.williams@k12dc.gov</a>	Pierre Thomas <a href="mailto:Pierre.thomas1@dc.gov">Pierre.thomas1@dc.gov</a> Supervisor: Jackie Droddy
31	8	1	DCPS	<b>SIMON ELEMENTARY SCHOOL</b> 401 Mississippi Ave, SE Washington, DC 20032 Main#: 202-645-3360 Fax #: 202-645-3359	PK3-5 <sup>th</sup>	Sharon Holmes <a href="mailto:sharon.holmes@k12dc.gov">sharon.holmes@k12dc.gov</a>	Tina Terrill Cell: 202-578-8650 Email: <a href="mailto:tina.terrill@dc.gov">tina.terrill@dc.gov</a> Supervisor: Erica Barnes
32	8	1	DCPS	<b>STANTON ELEMENTARY SCHOOL</b> 2710 Naylor Road, SE Washington, DC 20020 Main #: 202-671-6180 Fax #: 202-645-3264	PK3-5 <sup>th</sup>	Harold McCray <a href="mailto:Harold.mccray@k12.dc.gov">Harold.mccray@k12.dc.gov</a>	Kim Stiven Cell: Email: <a href="mailto:kim.stiven1@dc.gov">kim.stiven1@dc.gov</a> Supervisor: Luis Morales
33	6	1	DCPS	<b>STUART HOBSON MIDDLE SCHOOL</b> 410 E Street NE Washington, DC 20002 Main#: 202-671-6010 Fax#: 202-698-4720	6 <sup>th</sup> -8 <sup>th</sup>	Kristofer Comeforo <a href="mailto:Kristofer.comeforo@k12dc.gov">Kristofer.comeforo@k12dc.gov</a>	Kimberly Harrington Cell: 202-557-6404 Email: <a href="mailto:Kimberly.harrington@dc.gov">Kimberly.harrington@dc.gov</a> Supervisor: Carrie Grundmayer

34	4	1	DCPS	<b>TAKOMA EDUCATIONAL CAMPUS</b> 7010 Piney Branch Road, NW Washington, DC 20012 Main#: 202-671-6050 Fax#: 202-671-5305	PK3-8 <sup>th</sup>	Loren Brody <a href="mailto:Loren.brody@k12dc.gov">Loren.brody@k12dc.gov</a>	Vanessa Victor Cell: 202-573-6585 Email: <a href="mailto:Vanessa.Haywood@dc.gov">Vanessa.Haywood@dc.gov</a> Supervisor: Monica Hammock
35	7	1	DCPS	<b>NEVEL THOMAS ELEMENTARY SCHOOL</b> 650 Anacostia Avenue, NE Washington, DC 20019 Main#: 202-724-4593 Fax#: 202-724-5053	PK3- 5 <sup>th</sup>	Jaimee Trahan <a href="mailto:Jaimee.trahan@k12dc.gov">Jaimee.trahan@k12dc.gov</a>	Erin Hollerbach Cell: 202-597-2916 Email: <a href="mailto:erin.hollerbach2@dc.gov">erin.hollerbach2@dc.gov</a> Supervisor: Luis Morales
36	8	1	DCPS	<b>TURNER ELEMENTARY SCHOOL</b> 3264 Stanton Road, SE Washington, DC 20020 Main #: 202-645-3470 Fax 3: 202-645-3467	PK3-5 <sup>th</sup>	Jessica Johnson <a href="mailto:Jessica.Morris@k12.dc.gov">Jessica.Morris@k12.dc.gov</a>	Rachel Clark Cell: (202) 281-6821 Email: <a href="mailto:Rachel.clark1@dc.gov">Rachel.clark1@dc.gov</a> Supervisor: Carrie Grundmayer
37	6	1	DCPS	<b>WALKER-JONES EDUCATIONAL CAMPUS</b> 1125 New Jersey Avenue, NW Washington, DC 20001 Main#: 202-939-5934 Fax#: 202-535-1307	PK3-8 <sup>th</sup>	Clinton Turner <a href="mailto:Clinton.turner@k12dc.gov">Clinton.turner@k12dc.gov</a>	LaTonya Moore Cell: Email: <a href="mailto:LaTonya.Moore@dc.gov">LaTonya.Moore@dc.gov</a> Supervisor: Erica Barnes
38	1	1	DCPS	<b>WASHINGTON METROPOLITAN HIGH SCHOOL</b> 300 Bryant Street, NW Washington, DC 20001 Main#: 202-939-3610 Fax #: 202-671-0086	8 <sup>th</sup> -12 <sup>th</sup>	Ronald Bradford <a href="mailto:Ronald.bradford@k12dc.gov">Ronald.bradford@k12dc.gov</a>	Brian Wheeler Cell: 202-841-0401 Email: <a href="mailto:Brian.wheeler2@dc.gov">Brian.wheeler2@dc.gov</a> Supervisor: Monica Hammock

39	5	2	DCPS	<b>WHEATLEY EDUCATIONAL CAMPUS</b> 1299 Neal Street, NE Washington, DC 20002 Main #: 202-939-5970 Fax #: 202-724-9090	PK3-8 <sup>th</sup>	Shenora Plenty <a href="mailto:Shenora.plenty@k12dc.gov">Shenora.plenty@k12dc.gov</a>	Vacant
40	3	1	DCPS	<b>WOODROW WILSON SENIOR HIGH SCHOOL</b> 3950 Chesapeake Street, NW Washington, DC 20008 Main#: 202-282-0120 Fax #: 202-282-0077	9 <sup>th</sup> -12 <sup>th</sup>	Kimberly Martin <a href="mailto:Kimberly.martin@k12dc.gov">Kimberly.martin@k12dc.gov</a>	Perette Arrington Cell: 202-494-3157 Email: <a href="mailto:Perette.arrington@dc.gov">Perette.arrington@dc.gov</a> Supervisor: Monica Hammock
41	8	2	DCPCS	<b>CENTER CITY PCS CONGRESS HEIGHTS</b> 220 Highview Place, SE Washington, DC 20032 Main #: 202-562-7070 Fax #: 202-574-5829	PK3-8 <sup>th</sup>	Niya White <a href="mailto:Nwhite@centercitypcs.org">Nwhite@centercitypcs.org</a>	Jasmine Tingling Clemmons Cell: 202-438-1810 Email: <a href="mailto:Jasmine.tingling-clemmons@dc.gov">Jasmine.tingling-clemmons@dc.gov</a> Supervisor: Carrie Grundmayer
42	6	2	DCPCS	<b>CENTER CITY PCS CAPITOL HILL</b> 1503 East Capitol Street, SE Washington, DC 20003 Main #: 202-537-7556	PK3-8 <sup>th</sup>	Andre Samuels <a href="mailto:asamuels@centercitypcs.org">asamuels@centercitypcs.org</a>	Margot Hodges Cell: 202-579-5229 Email: <a href="mailto:Margot.Hodges@dc.gov">Margot.Hodges@dc.gov</a> Supervisor: Carrie Grundmayer
43	8	2	DCPCS	<b>CEDAR TREE PCS</b> 701 Howard Rd, SE Washington, DC 20020 Main#: 202-800-8655 Fax #: 202-610-2845	PK3-K	LaTonya Henderson <a href="mailto:lhenderson@cedartree-dc.org">lhenderson@cedartree-dc.org</a>	Sharon Hardy Cell: 202-821-5452 Email: <a href="mailto:Sharon.hardy@dc.gov">Sharon.hardy@dc.gov</a> Supervisor: Erica Barnes
44	7	1	DCPCS	<b>CESAR CHAVEZ PCS PARKSIDE MIDDLE</b> 3701 Hayes Street, NE Washington, DC 20019 Main#: 202-398-2230	6 <sup>th</sup> -8 <sup>th</sup>	Kourtney Miller <a href="mailto:Kourtney.miller@chavezschools.org">Kourtney.miller@chavezschools.org</a>	Vita Noble Cell: 202-841-7105 Email: <a href="mailto:vita.noble2@dc.gov">vita.noble2@dc.gov</a> Supervisor: Luis Morales

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45	1	1	DCPCS	<b>DC INTERNATIONAL SCHOOL</b> 1400 Main Drive, NW Washington, DC 20012 Main#: 202-808-9033 Fax #:	6 <sup>th</sup> -12 <sup>th</sup>	Maya Stewart Deidre Bailey <a href="mailto:maya.stewart@dcinternationalschool.org">maya.stewart@dcinternationalschool.org</a> <a href="mailto:Deidre.bailey@dcinternationalschool.org">Deidre.bailey@dcinternationalschool.org</a>	Christiane Brady Cell: 202-748-3988 Email: <a href="mailto:Christiane.brady@dc.gov">Christiane.brady@dc.gov</a>  Supervisor: Monica Hammock
46	6	2	DCPCS	<b>EAGLE ACADEMY PCS</b> 1017 New Jersey Ave, SE Washington, DC 20003 Main#: 202-459-6825 Fax#: 202-476-6796	PK3-2 <sup>nd</sup>	Sabina Ogilvie <a href="mailto:sogilvie@eagleacademypcs.org">sogilvie@eagleacademypcs.org</a>	Emily Kahan Cell: 202-480-6765 Email: <a href="mailto:Emily.kahan@dc.gov">Emily.kahan@dc.gov</a>  Supervisor: Monica Hammock
47	8	1	DCPCS	<b>EAGLE ACADEMY PCS</b> 3400 Wheeler RD SE Washington, DC 20032 Main#: 202-544-2646 Fax: 202-544-0187	PK3-3 <sup>rd</sup>	Melanie Leonard <a href="mailto:mleonard@eagleacademypcs.org">mleonard@eagleacademypcs.org</a>  Royston Lyttle <a href="mailto:rlyttle@eagleacademypcs.org">rlyttle@eagleacademypcs.org</a>	Oron Gan Cell: 202-365-5133 Email: <a href="mailto:oron.gan@dc.gov">oron.gan@dc.gov</a>  Supervisor: Erica Barnes
48	4	1	DCPCS	<b>EL HAYNES PCS</b> 4501 Kansas Ave, NW Washington, DC 20011 Main#: 202-706-5828 Fax #: 202-667-8811	PK3-4 <sup>th</sup>	Brittney Wagner Friel <a href="mailto:bwagnerfriel@elhaynes.org">bwagnerfriel@elhaynes.org</a>	Danielle Goldberg Cell: 202-236-4622 Email: <a href="mailto:Danielle.goldberg@dc.gov">Danielle.goldberg@dc.gov</a> Supervisor: Jackie Droddy

49	7	1	DCPCS	<b>FRIENDSHIP BLOW PIERCE</b> 725 19 <sup>th</sup> Street, NE Washington, DC 20002 Main#: 202-572-1070 Fax#: 202-399-6157	PK3-8 <sup>th</sup>	Gregory Spears <a href="mailto:gspears@friendshipschools.org">gspears@friendshipschools.org</a>	Taiwan Lovelace Cell: 202-834-2636 Email: <a href="mailto:Taiwan.lovelace@dc.gov">Taiwan.lovelace@dc.gov</a> Supervisor: Carrie Grundmayer
50	7	2	DCPCS	<b>FRIENDSHIP SOUTHEAST ACADEMY MIDDLE</b> 2705 Martin Luther Avenue SE Washington, DC 20032 Main#: (202) 552-5700 Fax#: (202) 986-9240	7 <sup>th</sup>	John Snowdy <a href="mailto:jsnowdy@friendshipschools.org">jsnowdy@friendshipschools.org</a>	Sharryl Jackson Cell: 202-834-6327 Email: <a href="mailto:Sharryl.Jackson@dc.gov">Sharryl.Jackson@dc.gov</a> Supervisor: Monica Hammock
51	7	.5	DCPCS	<b>FRIENDSHIP TECHNOLOGY PREP HS</b> 2705 Martin Luther Avenue SE Washington, DC 20032 Main#: (202) 552-5700 Fax#: (202) 986-9240	9 <sup>th</sup> -12 <sup>th</sup>	Kun Ye Booth <a href="mailto:kbooth@friendshipschools.org">kbooth@friendshipschools.org</a>	Sharryl Jackson Cell: 202-834-6327 Email: <a href="mailto:Sharryl.Jackson@dc.gov">Sharryl.Jackson@dc.gov</a> Supervisor: Monica Hammock
52	5	.5	DCPCS	<b>INSPIRED TEACHING DEMONSTRATION PCS</b> 200 Douglas Street, NE Washington, DC 20002 Main#: 202-248-6825 Fax#: 202-248-6939	PK3-8 <sup>th</sup>	Deborah Williams	Jasmine Tingling Clemmons Cell: 202-438-1810 Email: <a href="mailto:Jasmine.tingling-clemmons@dc.gov">Jasmine.tingling-clemmons@dc.gov</a> Supervisor: Carrie Grundmayer
53	5	.5	DCPCS	<b>LATIN AMERICAN MONTESSORI BILINGUAL</b> 1800 Perry Street, NE Washington, DC 20002 Main#: 202-726-6200	Pre K- 3	Michelle Mangan <a href="mailto:michelle@lambpcs.org">michelle@lambpcs.org</a>	Alyson St. Amand Cell: 202-740-0378 Email: <a href="mailto:Alyson.StAmand@dc.gov">Alyson.StAmand@dc.gov</a> Supervisor: Jackie Drodgy
54	5	1	DCPCS	<b>MUNDO VERDE PUBLIC CHARTER SCHOOL</b> 4401 8 <sup>th</sup> Street NE Washington, DC 20017 Main# (202) 803-8967	PK3-K		Vacant

				Fax# (202) 905-0002			
55	5	.5	DCPCS	<b>Mundo Verde Public Charter School</b> 30 P Street NW Washington, DC 20001 Main# 202-750-7060 Fax # 202-905-0002	PreK-5th	Michelle Johnson <a href="mailto:mjohnson@mundoverdepcs.org">mjohnson@mundoverdepcs.org</a>	Miata Tucker Zaza Cell: 202-407-2164 Email: <a href="mailto:Miatta.Tucker-Zaza@dc.gov">Miatta.Tucker-Zaza@dc.gov</a> Supervisor: Luis Morales
56	5	1	DCPCS	<b>PERRY STREET PREP PUBLIC CHARTER SCHOOL</b> 1800 Perry Street, NE Washington, DC 20018 Main# 202-529-4400 Fax # 202-526-2214	PK-8th	Rachel Crouch <a href="mailto:Rachel.crouch@pspdc.org">Rachel.crouch@pspdc.org</a>	Kanisha Barnes Cell: 202-821-9698 Email: Kanisha.barnes1@dc.gov Supervisor: Jackie Drodgy
57	6	1	DCPCS	<b>RICHARD WRIGHT PCS</b> 770 M Street, SE Washington, DC 20001 Main#: 202-388-1011 Fax #: 202-388-5197	8 <sup>th</sup> -12 <sup>th</sup>	Marco Clark <a href="mailto:Marco.clark@richardwrightpcs.org">Marco.clark@richardwrightpcs.org</a>	Shara Cyrus Cell: Email: <a href="mailto:Shara.Cyrus@dc.gov">Shara.Cyrus@dc.gov</a> Supervisor: Carrie Grundmayer
58	4	2	DCPCS	<b>SELA PCS</b> 6015-17 Chillum Place, NE Washington, DC 20011 Main#: 202-670-7352 Fax#: 202-722-2968	PK4-4th	Joshua Bork <a href="mailto:jbork@selapcs.org">jbork@selapcs.org</a>	Emily Kahan Cell: 202-480-6765 Email: <a href="mailto:Emily.kahan@dc.gov">Emily.kahan@dc.gov</a> Supervisor: Monica Hammock
59	8	1	DCPCS	<b>THURGOOD MARSHALL HIGH SCHOOL</b> 2427 Martin Luther King Jr Ave, SE Washington, DC 20020 Main#: 202-569-6862 Fax #: 202-563-6946	9 <sup>th</sup> -12 <sup>th</sup>	Raymond Weeden <a href="mailto:rweeden@tmapchs.org">rweeden@tmapchs.org</a>	Joyce Ericson Cell: 202-669-4116 Email: <a href="mailto:joyce.ericson@dc.gov">joyce.ericson@dc.gov</a> Supervisor: Jackie Drodgy
60	6	1	DCPCS	<b>TWO RIVERS PCS – 4<sup>TH</sup> STREET</b> 1227 4 <sup>th</sup> Street NE Washington, DC 20002	PK3-8 <sup>TH</sup>	Jennifer McCormick <a href="mailto:jmccormick@tworiverspcs.org">jmccormick@tworiverspcs.org</a>  Caroline Mwendwa-Baker <a href="mailto:cbaker@tworiverspcs.org">cbaker@tworiverspcs.org</a>	Caitlin Eshelman Cell: 202-253-8583 Email: <a href="mailto:Caitlin.friedrich@dc.gov">Caitlin.friedrich@dc.gov</a> Supervisor: Erica Barnes

61	5	2	DCPCS	<b>TWO RIVERS PCS</b> 820 26 <sup>th</sup> Street, NE Washington, DC 20002	PK3-3 <sup>rd</sup>	Chelsie Jones <a href="mailto:cjones@tworiverspcs.org">cjones@tworiverspcs.org</a>	Belinda Davis Cell: 202-631-3458 Email: <a href="mailto:Belinda.davis@dc.gov">Belinda.davis@dc.gov</a> Supervisor: Luis Morales
62	4	1	DCPCS	<b>WASHINGTON Yu-Ying</b> 220 Taylor Street, NE Washington, DC 20017 Main #: 202-635-1950 Fax#: 202-635-1960	PK3-5th	Maquita Alexander <a href="mailto:maquita@washingtoneyu.org">maquita@washingtoneyu.org</a>	William McNulty Cell: 202-295-7036 Email: <a href="mailto:William.mcnulty@dc.gov">William.mcnulty@dc.gov</a> Supervisor: Monica Hammock

School Mental Health Managers

Sharon Dietsche, Director	202-673-7792 (O)	202-281-9220 (C)	Sharon.Dietsche@dc.gov
Erica Barnes, Branch Chief	202-299-5847 (O)	202-295-7037 (C)	<a href="mailto:Erica.barnes@dc.gov">Erica.barnes@dc.gov</a>
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Q25. Please provide an update on the Department’s School Mental Health Program including a list of all schools that participate. For each school, please also include:

- a. The number of student who met with a clinician;
- b. The number of students who were referred to care;
- c. The outcomes of all care linkages;
- d. The most common diagnosis;
- e. The referral source (i.e. walk-in, teacher);
- f. The number of students participating in prevention programs;
- g. Whether the current programs are meeting the existing need for services, and if not, what is being done to meet the total need;
- h. What prevention programs and services were offered through the SMHP in FY19 and FY20 to date;
- i. Any plans to expand the program and barriers to expansion; and
- j. The number of FTEs serving in each school.

**DBH Response:**

The DBH School Mental Health Program consists of 53 clinicians serving 62 schools. This program predates the School-Based Behavioral Health Expansion (Expansion), which has as its goal to expand the multi-tiered system of behavioral health supports to all DC Public and Public Charter Schools. This Expansion began in SY 2018-2019 and being implemented on a three to five year phased implementation plan. The Expansion represents a systems-wide approach to providing behavioral health supports for all children in support of their well-being and academic achievement. The Expansion includes a variety of investments and resources. As a key resource, the DBH School Mental Health Program is considered a part of the Expansion. For purposes of this question, however, we are providing the data only for the School Mental Health Program, as requested.

	School Year (SY)	
	2018-2019	
a. The number of students who met with a clinician	3467	
b. The number of students who were referred to care	1361	
c. Outcome for of all care linkages	100% referrals were followed up on	
d. The most common diagnoses	Adjustment Disorders, Major depressive disorder, ADHD	
e. The referral source	Primary Project	53%
	School	22%
	Parents	15%
	Self Referrals	10%
f. The number of students participating in prevention programs	12,512	

g. The current programs are meeting the existing needs for services. The goal for the School-Based Mental Health (SBMH) expansion is to have a full time clinician in each DCPS and DCPCS.

h. For FY19 and FY20 each DBH SMHP clinician is required to do programming in either prevention or early intervention each quarter of the fiscal year. The programming is determined by the implementation plan that each clinician develops in collaboration with the school leadership. There is no specific amount of programming that is implemented as it is based on the individual needs of each school that is outlined in the implementation plan. When an issue has presented an increased need for intervention, SMHP has responded by either increasing or adding programming. For example, if a school is experiencing an increase in students expressing suicidal ideation, a clinician may either add the Signs of Suicide program to their implementation plan or increase the amount of classrooms/students receiving the program.

Please see Attachment 1 of 2 that lists prevention and early intervention programs offered through the SMHP in FY 19 and FY 20 to date by school.

i. Currently there are no plans to expand DBH SMHP. The expansion of mental health services will be completed through the District's SBMH expansion program.

j. Please see Attachment 2 of 2. List of SMHP schools with the number of FTEs in each school.

Q26. Attachment 1 of 3. Schools in Cohort with CBO Match

**Cohort 1**

1. AITON ELEMENTARY SCHOOL (Howard)
2. ANACOSTIA HIGH SCHOOL (Latin American Youth Center)
3. BALLOU SENIOR HIGH SCHOOL (Hillcrest)
4. CARDOZO EDUCATIONAL CAMPUS (Latin American Youth Center)
5. CESAR CHAVEZ PCS PARKSIDE-MIDDLE (Hillcrest)
6. CESAR CHAVEZ PCS PARKSIDE – HIGH (Hillcrest)
7. COOLIDGE HIGH SCHOOL (Mary’s Center)
8. C.W. HARRIS ELEMENTARY SCHOOL (MBI)
9. DEMOCRACY PREP CONGRESS HEIGHTS PCS (Closed)
10. DUNBAR HIGH SCHOOL (Hillcrest)
11. EASTERN HIGH SCHOOL (One Common Unity)
12. ELIOT-HINE MIDDLE SCHOOL (MBI)
13. FRIENDSHIP PCS-BLOW PIERCE (SMILE, INC)
14. FRIENDSHIP PCS – COLLEGIATE (SMILE, INC)
15. GARFIELD ELEMENTARY SCHOOL (Catholic Charities)
16. HART MIDDLE SCHOOL (Hillcrest)
17. HENDLEY ELEMENTARY SCHOOL (Catholic Charities)
18. HOUSTON ELEMENTARY SCHOOL (MBI)
19. IDEA PCS (SMILE, INC)
20. INGENUITY PREP (Awaiting CBO Match)
21. JEFFERSON MIDDLE SCHOOL ACADEMY (Catholic Charities)
22. JOHNSON JOHN HAYDEN MIDDLE SCHOOL (Hillcrest)
23. KELLY MILLER MIDDLE SCHOOL (MBI)
24. KETCHAM ELEMENTARY SCHOOL (Community of Hope)
25. KIMBALL ELEMENTARY SCHOOL (SMILE, INC)
26. KING ML ELEMENTARY SCHOOL (MBI)
27. KINGSMAN ACADEMY PCS (Hillcrest)
28. KIPP DC-AIM ACADEMY PCS (Catholic Charities)
29. KIPP DC-COLLEGE PREP ACADEMY (Mary’s Center)
30. KIPP DC SOMERSET PREP ACADEMY (Catholic Charities)
31. KRAMER MIDDLE SCHOOL (Latin American Youth Center)
32. LUKE C. MOORE ALTERNATIVE HIGH SCHOOL (Howard)
33. MALCOLM X ELEMENTARY SCHOOL AT GREEN (MBI)
34. MONUMENT ACADEMY PCS (SMILE, INC)
35. MOTEN ELEMENTARY SCHOOL (Community of Hope)
36. NATIONAL COLLEGIATE PREPARTORY PCHS (Not joining Cohort/Focusing on preparing for school closure)
37. MAYA ANGELOU PCS HIGH SCHOOL (Howard)
38. PATTERSON ELEMENTARY SCHOOL (Catholic Charities)
39. RIVER TERRACE ELEMENTARY CAMPUS (DBH Clinical Specialist)
40. ROCKETSHIP PCS (Hillcrest)
41. ROOSEVELT HS (One Common Unity)

42. SAVOY ELEMENTARY SCHOOL (MBI)
43. SEED PCS OF WASHINGTON DC (One Common Unity)
44. SMOTHERS ELEMENTARY SCHOOL (Hillcrest)
45. SOUSA MIDDLE SCHOOL (SMILE, INC)
46. STANTON ELEMENTARY SCHOOL (MBI)
47. ST. COLLETTA SPECIAL EDUCATION PCS (DBH Clinical Specialist)
48. THE CHILDREN'S GUILD (DBH Clinical Specialist)
49. TURNER ELEMENTARY SCHOOL (DBH Clinical Specialist)
50. WALKER- JONES EDUCATIONAL CAMPUS (Catholic Charities)
51. WASHINGTON METROPOLITAN HIGH SCHOOL (Howard)
52. WOODSON H.D. HIGH SCHOOL (Hillcrest)

## **Cohort 2**

1. ACHIEVEMENT PREP ACADEMY PCS-WAHLER PLACE ELEMENTARY SCHOOL (AprilMay, INC.)
2. ACHIEVEMENT PREP ACADEMY PCS-WAHLER PLACE MIDDLE SCHOOL (AprilMay, INC.)
3. AMIDON-BOWEN ELEMENTARY SCHOOL (Hillcrest)
4. BANCROFT ELEMENTARY SCHOOL (Mary's Center)
5. BARNARD ELEMENTARY SCHOOL (Mary's Center)
6. BEERS ELEMENTARY SCHOOL (MBI)
7. BOONE ELEMENTARY SCHOOL (SMILE, INC)
8. BRIDGES PCS (Mary's Center)
9. BRIGHTWOOD EDUCATION CAMPUS (Latin American Youth Center)
10. BROOKLAND MIDDLE SCHOOL (Howard)
11. BROWNE EDUCATION CAMPUS (One Common Unity)
12. BRUCE-MONROE ELEMENTARY SCHOOL @ PARK VIEW (Mary's Center)
13. BURRVILLE ELEMENTARY SCHOOL (AprilMay, INC.)
14. CAPITAL CITY PCS-HIGHSCHOOL (Mary's Center)
15. CEDAR TREE ACADEMY PCS (SMILE, INC)
16. COLUMBIA HEIGHTS EDUCATION CAMPUS-HIGH SCHOOL/MIDDLE SCHOOL (Mary's Center)
17. DC BILINGUAL PCS (Mary's Center)
18. DC INTERNATIONAL SCHOOL (Mary's Center)
19. DC PREP PCS-BENNING ELEMENTARY SCHOOL (Waiting for all of network to join Cohorts)
20. DC PREP PCS-BENNING MIDDLE SCHOOL (Waiting for all of network to join Cohorts)
21. DC SCHOLARS PCS (Awaiting CBO Match)
22. DEAL MIDDLE SCHOOL (One Common Unity)
23. DOROTHY I. HEIGHT ELEMENTARY SCHOOL (AprilMay, INC.)
24. DREW ELEMENTARY SCHOOL (MBI)
25. EAGLE ACADEMY-CONGRESS HEIGHTS (Hillcrest)
26. E.L. HAYNES PCS-HIGH SCHOOL (Mary's Center)
27. FRIENDSHIP PCS-ARMSTONG (SMILE, INC.)
28. FRIENDSHIP PCS-SOUTHEAST ACADEMY (SMILE, INC.)

29. FRIENDSHIP PCS-TECHNOLOGY PREP MIDDLE SCHOOL (SMILE, INC.)
30. H.D. COOKE ELEMENTARY SCHOOL (Mary's Center)
31. HOPE COMMUNITY PCS-TOLSON (DBH Clinical Specialist)
32. J.O. WILSON ELEMENTARY SCHOOL (Hillcrest)
33. KIPP DC-HEIGHTS ACADEMY PCS (Catholic Charities)
34. KIPP DC-LEAD ACADEMY PCS (Catholic Charities)
35. KIPP DC-NORTHEAST ACADEMY PCS (Mary's Center)
36. KIPP DC-PROMISE ACADEMY PCS (Mary's Center)
37. KIPP DC-QUEST ACADEMY PCS (Catholic Charities)
38. KIPP DC-SPRING ACADEMY PCS (Mary's Center)
39. LANGDON ELEMENTARY SCHOOL (Hillcrest)
40. LANGLEY ELEMENTARY SCHOOL (MBI)
41. LASALLE-BACKUS EDUCATION CAMPUS (Volunteers of America)
42. LECKIE EDUCATION CAMPUS (MBI)
43. MARIE REED ELEMENTARY SCHOOL (Community of Hope)
44. MARY McLEOD BETHUNE DAY ACADEMY PCS (One Common Unity)
45. MCKINLEY MIDDLE SCHOOL (Howard)
46. MCKINLEY TECHNOLOGY HIGH SCHOOL (Howard)
47. MERIDIAN PCS (Hillcrest)
48. MINER ELEMENTARY SCHOOL (MBI)
49. NALLE ELEMENTARY SCHOOL (Catholic Charities)
50. PAUL PCS- INTERNATIONAL HIGH SCHOOL (One Common Unity)
51. PERRY STREET PREP PCS (One Common Unity)
52. PLUMMER ELEMENTARY SCHOOL (MBI)
53. POWELL ELEMENTARY SCHOOL (Mary's Center)
54. RAYMOND EDUCATION CAMPUS (Hillcrest)
55. RICHARD WRIGHT PCS FOR JOURNALISM AND MEDIA ART (One Common Unity)
56. SIMON ELEMENTARY SCHOOL (Catholic Charities)
57. STUART HOBSON MIDDLE SCHOOL (One Common Unity)
58. TAKOMA EDUCATION CAMPUS (One Common Unity)
59. THOMAS ELEMENTARY SCHOOL (Catholic Charities)
60. THURGOOD MARSHALL PCS-HIGH SCHOOL (One Common Unity)
61. TRUESDELL EDUCATION CAMPUS (Mary's Center)
62. TUBMAN ELEMENTARY SCHOOL (Mary's Center)
63. TWO RIVERS PCS-4<sup>TH</sup> STREET (DBH Clinical Specialist)
64. TYLER ELEMENTARY SCHOOL (DBH Clinical Specialist)
65. WHEATLEY EDUCATION CAMPUS (One Common Unity)
66. WHITTIER EDUCATION CAMPUS (One Common Unity)
67. WOODROW WILSON SENIOR HIGH SCHOOL (Latin American Youth Center)

SCHOOL	COHORT	MATCHED STATUS	CBO	CLINICIAN STATUS
ACHIEVEMENT PREPARATORY ACADEMY ES - WHALER	COHORT 2	MATCHED	AprilMay	Hired, working
ACHIEVEMENT PREPARATORY ACADEMY MS - WHALER	COHORT 2	MATCHED	AprilMay	Hired, working
AITON ELEMENTARY SCHOOL	COHORT 1	MATCHED	Howard	Hired, working
AMIDON-BOWEN ELEMENTARY SCHOOL	COHORT 2	MATCHED	SMILE	Hired, not working
ANACOSTIA HIGH SCHOOL	COHORT 1	MATCHED	LAYC	Hired, working
BALLOU SENIOR HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working
BANCROFT ELEMENTARY SCHOOL @ SHARPE	COHORT 2	MATCHED	Mary's Center	Hired, working
BARNARD ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
BEERS ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Not Hired
BOONE ELEMENTARY SCHOOL	COHORT 2	MATCHED	SMILE	Hired, working
BRIDGES PCS	COHORT 2	MATCHED	Mary's Center	Hired, working
BRIGHTWOOD EDUCATION CAMPUS	COHORT 2	MATCHED	LAYC	Not Hired
BROOKLAND MIDDLE SCHOOL	COHORT 2	MATCHED	Howard	Hired, not working
BROWNE EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working
BRUCE-MONROE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
BURRVILLE ELEMENTARY SCHOOL	COHORT 2	MATCHED	AprilMay	Not Hired
C W HARRIS ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
CAPITAL CITY PCS - HIGH SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
CARDOZO EDUCATIONAL CAMPUS - HIGH	COHORT 1	MATCHED	LAYC	Hired, working
CARDOZO EDUCATIONAL CAMPUS - MIDDLE	COHORT 1	MATCHED	LAYC	Hired, working
CEDAR TREE PCS	COHORT 2	MATCHED	SMILE	Hired, working
CESAR CHAVEZ PCS PARKSIDE HS	COHORT 1	MATCHED	Hillcrest	Hired, working
CESAR CHAVEZ PCS PARKSIDE MS	COHORT 1	MATCHED	Hillcrest	Hired, working
COOLIDGE HIGH SCHOOL	COHORT 1	MATCHED	Mary's Center	Hired, working
COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – HIGH	COHORT 2	MATCHED	Mary's Center	Hired, working

COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – MIDDLE	COHORT 2	MATCHED	Mary's Center	Hired, working
DC BILINGUAL PCS	COHORT 2	MATCHED	Mary's Center	Hired, working
DC INTERNATIONAL SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
DC SCHOLARS	COHORT 2	MATCHED	One Common Unity	Hired, working
DEAL MIDDLE SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working
DOROTHY HEIGHT ELEMENTARY SCHOOL	COHORT 2	MATCHED	AprilMay	Not Hired
DREW ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Not Hired
DUNBAR HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working
EAGLE ACADEMY PCS - CONGRESS HEIGHTS	COHORT 2	MATCHED	Hillcrest	Hired, working
EASTERN HIGH SCHOOL	COHORT 1	MATCHED	One Common Unity	Hired, working
EL HAYNES PCS	COHORT 2	MATCHED	Mary's Center	Hired, working
ELIOT HINE MIDDLE SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
FRIENDSHIP BLOW PIERCE	COHORT 1	MATCHED	SMILE	Hired, working
FRIENDSHIP PCS - ARMSTRONG	COHORT 2	MATCHED	SMILE	Hired, working
FRIENDSHIP PCS COLLEGIATE ACADEMY	COHORT 1	MATCHED	SMILE	Hired, working
FRIENDSHIP SOUTHEAST ACADEMY MIDDLE	COHORT 2	MATCHED	SMILE	Hired, working
FRIENDSHIP TECHNOLOGY PREP HS	COHORT 2	MATCHED	SMILE	Not Hired
GARFIELD ELEMENTARY SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working
H. D. COOKE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
HARRIET TUBMAN ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
HART MIDDLE SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working
HENDLEY ELEMENTARY SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working
HOUSTON ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
IDEA PCS	COHORT 1	MATCHED	SMILE	Hired, working
INGENUITY PREP PCS	COHORT 1	MATCHED	MBI	Not Hired
J.O. WILSON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Hillcrest	Hired, working
JEFFERSON MIDDLE SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working
JOHN HAYDEN JOHNSON MIDDLE SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working

KELLY MILLER MIDDLE SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
KETCHAM ELEMENTARY SCHOOL	COHORT 1	MATCHED	Community of Hope	Hired, working
KIMBALL ELEMENTARY SCHOOL	COHORT 1	MATCHED	SMILE	Hired, working
MARTIN LUTHER KING, JR ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, not working
KINGSMAN ACADEMY PCS	COHORT 1	MATCHED	Hillcrest	Hired, working
KIPP DC: AIM ACADMEY PCS	COHORT 1	MATCHED	Catholic Charities	Hired, working
KIPP DC: COLLEGE PREPARATORY ACADEMY	COHORT 1	MATCHED	Mary's Center	Hired, working
KIPP DC: HEIGHTS ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired
KIPP DC: LEAD ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired
KIPP DC: NORTHEAST ACADMEY PCS	COHORT 2	MATCHED	Mary's Center	Hired, working
KIPP DC: PROMISE ACADEMY	COHORT 2	MATCHED	Mary's Center	Not Hired
KIPP DC: QUEST ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired
KIPP DC: SOMERSET PREP	COHORT 1	MATCHED	Catholic Charities	Hired, working
KIPP DC: SPRING ACADEMY PCS	COHORT 2	MATCHED	Mary's Center	Hired, working
KRAMER MIDDLE SCHOOL	COHORT 1	MATCHED	LAYC	Hired, working
LANGDON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Hillcrest	Hired, working
LANGELY ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working
LECKIE EDUCATION CAMPUS	COHORT 2	MATCHED	MBI	Not Hired
LUKE C. MOORE ALTERNATIVE HIGH SCHOOL	COHORT 1	MATCHED	Howard	Not Hired
MALCOLM X ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
MARIE REED ELEMENTARY SCHOOL	COHORT 2	MATCHED	Community of Hope	Hired, working
MARY MCLEOD BETHUNE DAY ACADEMY PCS	COHORT 2	MATCHED	One Common Unity	Hired, working
MAYA ANGELOU PCS - HIGH SCHOOL	COHORT 1	MATCHED	Howard	Hired, not working
MCKINLEY TECHNOLOGY HIGH SCHOOL	COHORT 2	MATCHED	Howard	Not Hired
MCKINLEY TECHNOLOGY MIDDLE SCHOOL	COHORT 2	MATCHED	Howard	Not Hired
MERIDIAN PCS	COHORT 2	MATCHED	Hillcrest	Hired, working
MINER ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working
MONUMENT ACADEMY PCS	COHORT 1	MATCHED	SMILE	Hired, working



MOTEN ELEMENTARY SCHOOL	COHORT 1	MATCHED	Community of Hope	Hired, working
NALLE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working
PAUL PCS	COHORT 2	MATCHED	One Common Unity	Hired, working
PERRY STREET PREP PUBLIC CHARTER SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working
PLUMBER ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working
POWELL ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working
RAYMOND EDUCATION CAMPUS	COHORT 2	MATCHED	Hillcrest	Hired, working
RICHARD WRIGHT PCS	COHORT 2	MATCHED	One Common Unity	Hired, working
ROCKETSHIP PCS	COHORT 1	MATCHED	Hillcrest	Hired, working
ROOSEVELT HIGHSCHOOL	COHORT 1	MATCHED	One Common Unity	Hired, working
SAVOY ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
SEED PCS OF WASHINGTON DC	COHORT 1	MATCHED	One Common Unity	Hired, working
SIMON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working
SMOTHERS ELEMENTARY SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working
SOUSA MIDDLE SCHOOL	COHORT 1	MATCHED	SMILE	Hired, working
STANTON ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working
STUART HOBSON MIDDLE SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working
TAKOMA EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working
THOMAS ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working
THURGOOD MARSHALL HIGH SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working
TRUESDELL EDUCATION CAMPUS	COHORT 2	MATCHED	Mary's Center	Hired, working
TURNER ELEMENTARY SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working
WALKER-JONES EDUCATIONAL CAMPUS	COHORT 1	MATCHED	Catholic Charities	Hired, working
WASHINGTON METROPOLITAN HIGH SCHOOL	COHORT 1	MATCHED	Howard	Not Hired
WHEATLEY EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working
WHITTIER EDUCATION CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working
WOODROW WILSON SENIOR HIGH SCHOOL	COHORT 2	MATCHED	LAYC	Hired, working
WOODSON H D HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working



## Q26. Attachment 3 of 3. Reasons Regarding School and Hire Status

Cohort 1 Schools with CBO Clinician Hired but not placed in schools and identified reason are:

1. CW Harris: Clinician (awaiting DC License)
2. Martin Luther King Elementary School: Clinician, LPC (starting TBD)

Cohort 2 Schools with CBO Clinician Hired but not placed in schools + reason

1. KIPP: Spring Academy: Clinician, LGSW (starting 1/13/20) (school pushed back start date)
2. Amidon-Bowen Elementary School: Clinician, LGPC (starting TBD, awaiting documents)

Cohort 1 schools without a CBO clinician

1. Washington Metropolitan High School (Howard) The CBO has reported salary restrictions, a competitive market, and that potential qualified candidates have challenges obtaining a license.
2. Maya Angelou PCS - High School (Howard) The CBO has reported salary restrictions, a competitive market, and that potential qualified candidates have challenges obtaining a license.
3. Aiton Elementary School (Howard) The CBO has reported salary restrictions, a competitive market, and that potential qualified candidates have challenges obtaining a license.
4. Luke C. Moore High School (Howard) The CBO has reported salary restrictions, a competitive market, and that potential qualified candidates have challenges obtaining a license.
5. Kingsman Academy PCS (Hillcrest) The CBO leader reports that the last clinician resigned. The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.
6. Ballou HS (Hillcrest) The CBO leader reports that the last clinician resigned. CBO is currently hiring for placement. The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.
7. Ingenuity Prep PCS This school is no longer matched with previous CBO.

Cohort 2 schools CBOs matched and are without a CBO clinician

1. Beers Elementary School (MBI)  
The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.
2. Brookland Middle School (Howard)  
The CBO reports salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.
3. Brightwood Education Campus (LAYC) The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.
4. Burrville Elementary School (AprilMay)  
The CBO reports salary restrictions, a competitive market, and that potential qualified candidates have challenges obtaining a license.
5. Leckie Education Campus (MBI)  
The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.
6. McKinley Tech Middle School (Howard)

The CBO has reported salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.

7. McKinley Tech High School (Howard)

The CBO has reported salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.

8. KIPP DC: Heights Academy (Catholic Charities)

The CBO reports salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.

9. KIPP DC: Quest Academy PCS (Catholic Charities/Project Aware)

The CBO reports salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.

10. KIPP: Promise Academy PCS (Mary's Center)

The CBO reports salary restrictions and a competitive market impact their ability to hire quality candidates.

11. KIPP: Lead (Catholic Charities)

12. The CBO reports salary restrictions, a competitive market, and that potential candidates have challenges obtaining a license.

13. Drew Elementary School (MBI)

14. The CBO reports that potential qualified candidates have challenges obtaining a license and may decline job offers.

15. LaSalle-Backus Education Campus (VOA) This school was matched on 1/15/2020 with a different CBO partner.

*Q26. Please provide an update on the status of implementation of the public health model for school-based mental health. Please include the following information for Cohort 1 and Cohort 2:*

- *List all schools in each cohort*
- *Number of schools matched with a CBO, and identify which CBO has been matched with which schools*
- *Number of schools where a CBO clinician has been hired and is working in the schools and identify which schools*
- *Number of schools where a CBO clinician has been hired, but is not yet working in the school, and identify which schools and provide the reason why the CBO clinician is not yet working in the school*
- *Number of schools where the CBO clinician has not yet been hired, and identify which schools and provide the reason why the CBO clinician has not yet been hired*
- *Please describe any obstacles or barriers to having CBO clinicians working in schools at the start of the school year*
- *For all CBO clinicians working in schools since the start of implementation, please provide a breakdown of how much of their time has been spent on Tier 1, Tier 2, and Tier 3 services.*

## **DBH Response**

Cohort 1 has 50 Participating schools, Cohort 2 has 65 Participating schools for a total of 115 Participating schools. Of the 119 (total), 2 schools delayed participation, and 2 are not participating due to closures. Of the 119 (total), 108 schools are matched with a CBO, and of these 88 (or 81%) (39 Cohort 1 and 49 Cohort 2) schools have the CBO partner clinician hired and working in the school. Of the remaining schools matched with CBOs, 4 have hired clinicians who are completing the on-boarding process and not yet working in schools. The remaining 16 schools matched with CBOs are awaiting the hiring and placement of their CBO clinician.

In addition to the schools matched with CBOs, there are 7 schools, with unique populations or circumstances, which are best served by a DBH Clinical Specialist.

Hiring challenges include multiple entities competing for the same workforce, time needed by a school to find the right clinician match for their school population and climate, and delays as hired clinicians complete all licensing and background requirements. Additionally, the CBO and the school may decide that a candidate may not have enough experience in a school setting or the candidate may not present with skills that make for success as a school based behavioral health therapist.

Some obstacles or barriers to having CBO clinicians working in schools at the start of the school year include: challenges with obtaining clearance to enter schools, the length of the matching process and, a competitive hiring market. However, it is important to note that since the start of implementation, the CBO clinicians have each month provided an average of 1,426 hours of prevention, 1,694 hours of hours of early intervention, and 4,225 hours of treatment.

Q26. Attachment. Schools in Cohort and CBO Match

Q26. Attachment. Implementation Status

Q26. Attachment. Reasons Regarding School and Hire Status

### District of Columbia Expansion of School-based Behavioral Health - Cohort 3

School Code	School Name	RANK	COHORT	Z-Score Composite
318	Excel Academy	1	3	2.21
1016	Rocketship DC PCS - Legacy Prep	2	3	1.60
361	Friendship PCS - Blow Pierce Elementary School	3	3	1.43
436	Ron Brown College Preparatory High School	4	3	1.05
126	Briya PCS	5	3	1.00
420	MacFarland Middle School	6	3	0.96
290	Noyes Elementary School	7	3	0.92
276	DC Prep PCS - Anacostia Elementary School	8	3	0.91
146	E.L. Haynes PCS - Middle School	9	3	0.89
243	KIPP DC - Valor Academy PCS	10	3	0.88
309	Seaton Elementary School	11	3	0.86
316	Randle Highlands Elementary School	12	3	0.81
1122	KIPP DC - Discover Academy PCS	13	3	0.77
283	Washington Leadership Academy PCS	14	3	0.77
189	KIPP DC - KEY Academy PCS	15	3	0.64
130	DC Prep PCS - Edgewood Elementary School	16	3	0.62
138	Early Childhood Academy PCS	17	3	0.55
363	Friendship PCS - Chamberlain Elementary School	18	3	0.54
478	Phelps Architecture, Construction and Engineering High School	19	3	0.52
471	Duke Ellington School of the Arts	20	3	0.50
224	Cleveland Elementary School	21	3	0.50
1164	Friendship PCS - Technology Preparatory High School	22	3	0.45
1206	E.L. Haynes PCS - Elementary School	23	3	0.42
364	Friendship PCS - Chamberlain Middle School	24	3	0.41
236	KIPP DC - Arts and Technology Academy PCS	25	3	0.40
336	West Education Campus	26	3	0.40
326	Thomson Elementary School	27	3	0.39
295	Payne Elementary School	28	3	0.39
115	Howard University Middle School of Mathematics and Science PCS	29	3	0.37
292	Oyster-Adams Bilingual School	30	3	0.35
121	KIPP DC - WILL Academy PCS	31	3	0.35
184	Capital City PCS - Lower School	32	3	0.31
263	Washington Global PCS	33	3	0.29
239	Garrison Elementary School	34	3	0.26
3069	Creative Minds International PCS	35	3	0.25
1104	Center City PCS - Capitol Hill	36	3	0.23
220	Burroughs Elementary School	37	3	0.22
209	KIPP DC - Connect Academy PCS	38	3	0.20
1129	KIPP DC - Grow Academy PCS	39	3	0.20
131	Hope Community PCS - Lamond	40	3	0.17
170	Paul PCS - Middle School	41	3	0.14
182	Capital City PCS - Middle School	42	3	0.12
3065	Mundo Verde Bilingual PCS	43	3	0.12

**District of Columbia Expansion of School-based Behavioral Health - Cohort 3**

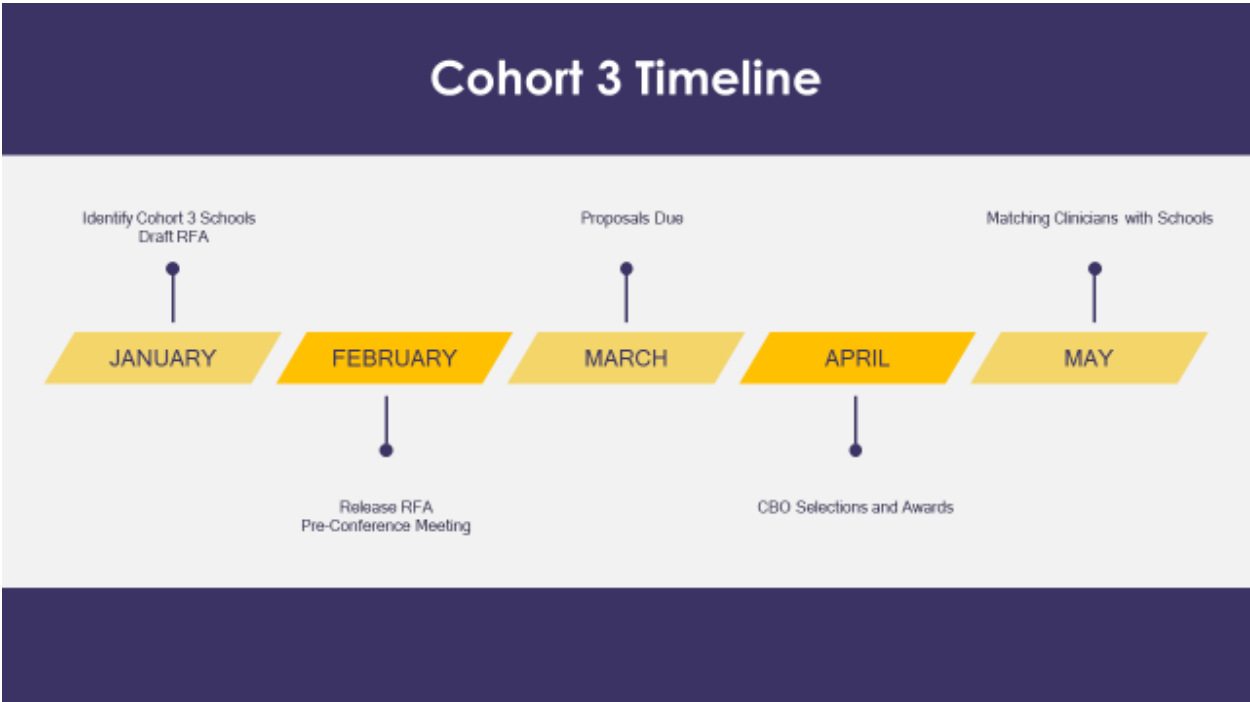
<b>School Code</b>	<b>School Name</b>	<b>RANK</b>	<b>COHORT</b>	<b>Z-Score Composite</b>
409	School Without Walls @ Francis-Stevens	44	3	0.11
196	DC Prep PCS - Edgewood Middle School	45	3	0.10
3064	Inspired Teaching Demonstration PCS	46	3	0.04
246	Hardy Middle School	47	3	0.03
219	Bunker Hill Elementary School	48	3	0.00
271	Ludlow-Taylor Elementary School	49	3	-0.03
1107	Center City PCS - Shaw	50	3	-0.04
1108	Center City PCS - Trinidad	51	3	-0.05
365	Friendship PCS - Woodridge Elementary School	52	3	-0.06
1105	Center City PCS - Congress Heights	53	3	-0.08
333	Watkins Elementary School (Capitol Hill Cluster)	54	3	-0.13
1057	Friendship PCS - Southeast Middle School	55	3	-0.14
1103	Center City PCS - Brightwood	56	3	-0.15
261	Lafayette Elementary School	57	3	-0.17
193	Latin American Montessori Bilingual PCS	58	3	-0.19
1106	Center City PCS - Petworth	59	3	-0.21
402	Benjamin Banneker High School	60	3	-0.23
331	Van Ness Elementary School	61	4	-0.25
366	Friendship PCS - Woodridge Middle School	62	4	-0.26
270	Two Rivers PCS - Young	63	4	-0.26
132	KIPP DC - LEAP Academy PCS	64	4	-0.28
1117	Washington Yu Ying PCS	65	4	-0.29
1118	Washington Latin PCS - Upper School	66	4	-0.33
287	Murch Elementary School	67	4	-0.34
360	Capitol Hill Montessori School @ Logan	68	4	-0.40
1125	Eagle Academy PCS - Capitol Riverfront	69	4	-0.41
1038	Digital Pioneers Academy PCS	70	4	-0.42
125	Washington Latin PCS - Middle School	71	4	-0.42
245	Harmony DC PCS - School of Excellence	72	4	-0.45
159	Elsie Whitlow Stokes Community Freedom PCS - Brookland	73	4	-0.46
258	Hearst Elementary School	74	4	-0.49
3066	Shining Stars Montessori Academy PCS	75	4	-0.50
321	Stoddert Elementary School	76	4	-0.51
3068	BASIS DC PCS	77	4	-0.53
252	Hyde-Addison Elementary School @ Meyer	78	4	-0.56
466	School Without Walls High School	79	4	-0.57
232	Eaton Elementary School	80	4	-0.57
1137	AppleTree Early Learning Center PCS - Oklahoma Avenue	81	4	-0.58
140	AppleTree Early Learning Center PCS - Columbia Heights	82	4	-0.59
254	Janney Elementary School	83	4	-0.60
274	Maury Elementary School @ Eliot-Hine	84	4	-0.62
313	Shepherd Elementary School	85	4	-0.63
3072	AppleTree Early Learning Center PCS - Douglas Knoll	86	4	-0.68

**District of Columbia Expansion of School-based Behavioral Health - Cohort 3**

School Code	School Name	RANK	COHORT	Z-Score Composite
197	Sela PCS	87	4	-0.69
175	School-Within-School @ Goding	88	4	-0.70
1069	AppleTree Early Learning Center PCS - Parklands at THEARC	89	4	-0.72
173	Roots PCS	90	4	-0.76
212	Brent Elementary School	91	4	-0.79
289	Breakthrough Montessori PCS	92	4	-0.82
228	Lee Montessori PCS	93	4	-0.82
273	Mann Elementary School	94	4	-0.88
272	Key Elementary School	95	4	-0.93
1037	Statesman College Preparatory Academy for Boys PCS	96	4	-0.97
301	Peabody Elementary School (Capitol Hill Cluster)	97	4	-1.00
305	Ross Elementary School	98	4	-1.00
1059	Elsie Whitlow Stokes Community Freedom PCS - East End	99	4	-1.01
3073	AppleTree Early Learning Center PCS - Lincoln Park	100	4	-1.08



Q27 Attachment Cohort 3 Timeline



Q27. Please provide a description of plans to implement the public health model for school-based mental health for Cohort 3. Please include the following information

- a. How many schools will be included in Cohort 3, and identify which schools
- b. Timeline for implementation, including funding CBO grants, completing CBO matching process, and hiring CBO clinicians
- c. Anticipated obstacles or barriers to having CBO clinicians working in all Cohort 3 schools at the start of the school year (Fall 2020), and plans to mitigate/remove these barriers

### **DBH Response**

Cohort 3 will be comprised of 60 schools. The attachments provide the list of schools and timeline. The anticipated obstacles or barriers to having CBO clinicians working in all Cohort 3 schools at the start of the school year (Fall 2020) include: CBOs experiencing difficulty recruiting bilingual clinicians; difficulty recruiting clinicians with an interest and experience in working with the early childhood or elementary school population; limited workforce pool; difficulty of CBOs to have a competitive salary; and candidates not passing licensing exam. DBH's plans to mitigate/remove barriers include implementing workforce development strategies and activities such as: an internship program in school behavioral health; fostering relationships with local social work and psychology graduate programs to facilitate a graduate school to workforce pipeline; providing funding to CBOs to support supervision of Licensed Graduate Social Workers to incentivize these practitioners to apply for these jobs and partnering with the Office of the State Superintendent of Education (OSSE) to host job fairs with the Community Based Organizations (CBO) to foster interest and excitement in the work of school behavioral health as a career path and to create a database of prospective applicants. The initial job fair is scheduled for 4/3/2020 12pm-5pm on the 1<sup>st</sup> Floor at the Office of the State Superintendent of Education (OSSE). Additionally, DBH has moved our timeline up to April, 2020 to select additional CBOs and to execute the grant awards sooner.

Q27. Attachment 1 of 2. Ranking Cohort 3 Final

Q27. Attachment 2 of 2. Cohort 3 Timeline

SCHOOL	COHORT	MATCHED STATUS	CBO	CLINICIAN STATUS	SST STATUS	WORKPLAN STATUS	IDENTIFIED SBHC
ACHIEVEMENT PREPARATORY ACADEMY ES - WHALER	COHORT 2	MATCHED	AprilMay	Hired, working	complete	complete	Identified SBHC
ACHIEVEMENT PREPARATORY ACADEMY MS - WHALER	COHORT 2	MATCHED	AprilMay	Hired, working	complete	complete	Identified SBHC
AITON ELEMENTARY SCHOOL	COHORT 1	MATCHED	Howard	Hired, working	complete	complete	Identified SBHC
AMIDON-BOWEN ELEMENTARY SCHOOL	COHORT 2	MATCHED	SMILE	Hired, not working	not complete	not complete	Identified SBHC
ANACOSTIA HIGH SCHOOL	COHORT 1	MATCHED	LAYC	Hired, working	complete	complete	Identified SBHC
BALLOU SENIOR HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
BANCROFT ELEMENTARY SCHOOL @ SHARPE	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
BARNARD ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
BEERS ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Not Hired	not complete	not complete	Identified SBHC
BOONE ELEMENTARY SCHOOL	COHORT 2	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
BRIDGES PCS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
BRIGHTWOOD EDUCATION CAMPUS	COHORT 2	MATCHED	LAYC	Not Hired	not complete	not complete	No Identified SBHC
BROOKLAND MIDDLE SCHOOL	COHORT 2	MATCHED	Howard	Hired, not working	complete	complete	Identified SBHC
BROWNE EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
BRUCE-MONROE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC

BURRVILLE ELEMENTARY SCHOOL	COHORT 2	MATCHED	AprilMay	Not Hired	complete	complete	Identified SBHC
C W HARRIS ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
CAPITAL CITY PCS - HIGH SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
CARDOZO EDUCATIONAL CAMPUS - HIGH	COHORT 1	MATCHED	LAYC	Hired, working	complete	complete	Identified SBHC
CARDOZO EDUCATIONAL CAMPUS - MIDDLE	COHORT 1	MATCHED	LAYC	Hired, working	complete	complete	Identified SBHC
CEDAR TREE PCS	COHORT 2	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
CESAR CHAVEZ PCS PARKSIDE HS	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
CESAR CHAVEZ PCS PARKSIDE MS	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
COOLIDGE HIGH SCHOOL	COHORT 1	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – HIGH	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
COLUMBIA HEIGHTS EDUCATIONAL CAMPUS – MIDDLE	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
DC BILINGUAL PCS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
DC INTERNATIONAL SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
DC SCHOLARS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	not complete	Identified SBHC
DEAL MIDDLE SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	not complete	Identified SBHC
DOROTHY HEIGHT ELEMENTARY SCHOOL	COHORT 2	MATCHED	AprilMay	Not Hired	not complete	not complete	Identified SBHC
DREW ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Not Hired	complete	not complete	Identified SBHC

DUNBAR HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
EAGLE ACADEMY PCS - CONGRESS HEIGHTS	COHORT 2	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
EASTERN HIGH SCHOOL	COHORT 1	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
EL HAYNES PCS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
ELIOT HINE MIDDLE SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
FRIENDSHIP BLOW PIERCE	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
FRIENDSHIP PCS - ARMSTRONG	COHORT 2	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
FRIENDSHIP PCS COLLEGIATE ACADEMY	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
FRIENDSHIP SOUTHEAST ACADEMY MIDDLE	COHORT 2	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
FRIENDSHIP TECHNOLOGY PREP HS	COHORT 2	MATCHED	SMILE	Not Hired	complete	complete	Identified SBHC
GARFIELD ELEMENTARY SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
H. D. COOKE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
HARRIET TUBMAN ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
HART MIDDLE SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
HENDLEY ELEMENTARY SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
HOUSTON ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
IDEA PCS	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC

INGENUITY PREP PCS	COHORT 1	MATCHED	MBI	Not Hired	complete	not complete	Identified SBHC
J.O. WILSON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
JEFFERSON MIDDLE SCHOOL	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
JOHN HAYDEN JOHNSON MIDDLE SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
KELLY MILLER MIDDLE SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
KETCHAM ELEMENTARY SCHOOL	COHORT 1	MATCHED	Community of Hope	Hired, working	complete	complete	Identified SBHC
KIMBALL ELEMENTARY SCHOOL	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
MARTIN LUTHER KING, JR ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, not working	not complete	not complete	Identified SBHC
KINGSMAN ACADEMY PCS	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
KIPP DC: AIM ACADMEY PCS	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
KIPP DC: COLLEGE PREPARATORY ACADEMY	COHORT 1	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
KIPP DC: HEIGHTS ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired	not complete	not complete	Identified SBHC
KIPP DC: LEAD ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired	not complete	not complete	Identified SBHC
KIPP DC: NORTHEAST ACADMEY PCS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
KIPP DC: PROMISE ACADEMY	COHORT 2	MATCHED	Mary's Center	Not Hired	not complete	not complete	Identified SBHC
KIPP DC: QUEST ACADEMY PCS	COHORT 2	MATCHED	Catholic Charities	Not Hired	not complete	not complete	Identified SBHC
KIPP DC: SOMERSET PREP	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC

KIPP DC: SPRING ACADEMY PCS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	not complete	Identified SBHC
KRAMER MIDDLE SCHOOL	COHORT 1	MATCHED	LAYC	Hired, working	complete	complete	Identified SBHC
LANGDON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
LANGELY ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working	not complete	not complete	No Identified SBHC
LECKIE EDUCATION CAMPUS	COHORT 2	MATCHED	MBI	Not Hired	not complete	not complete	No Identified SBHC
LUKE C. MOORE ALTERNATIVE HIGH SCHOOL	COHORT 1	MATCHED	Howard	Not Hired	complete	complete	Identified SBHC
MALCOLM X ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
MARIE REED ELEMENTARY SCHOOL	COHORT 2	MATCHED	Community of Hope	Hired, working	complete	complete	Identified SBHC
MARY MCLEOD BETHUNE DAY ACADEMY PCS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
MAYA ANGELOU PCS - HIGH SCHOOL	COHORT 1	MATCHED	Howard	Hired, not working	complete	complete	Identified SBHC
MCKINLEY TECHNOLOGY HIGH SCHOOL	COHORT 2	MATCHED	Howard	Not Hired	complete	complete	Identified SBHC
MCKINLEY TECHNOLOGY MIDDLE SCHOOL	COHORT 2	MATCHED	Howard	Not Hired	complete	not complete	Identified SBHC
MERIDIAN PCS	COHORT 2	MATCHED	Hillcrest	Hired, working	not complete	not complete	No Identified SBHC
MINER ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
MONUMENT ACADEMY PCS	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
MOTEN ELEMENTARY SCHOOL	COHORT 1	MATCHED	Community of Hope	Hired, working	complete	complete	Identified SBHC
NALLE ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC

PAUL PCS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
PERRY STREET PREP PUBLIC CHARTER SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
PLUMBER ELEMENTARY SCHOOL	COHORT 2	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
POWELL ELEMENTARY SCHOOL	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
RAYMOND EDUCATION CAMPUS	COHORT 2	MATCHED	Hillcrest	Hired, working	complete	not complete	Identified SBHC
RICHARD WRIGHT PCS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
ROCKETSHIP PCS	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
ROOSEVELT HIGHSCHOOL	COHORT 1	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
SAVOY ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	complete	complete	Identified SBHC
SEED PCS OF WASHINGTON DC	COHORT 1	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
SIMON ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
SMOTHERS ELEMENTARY SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
SOUSA MIDDLE SCHOOL	COHORT 1	MATCHED	SMILE	Hired, working	complete	complete	Identified SBHC
STANTON ELEMENTARY SCHOOL	COHORT 1	MATCHED	MBI	Hired, working	not complete	not complete	Identified SBHC
STUART HOBSON MIDDLE SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
TAKOMA EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working	not complete	not complete	Identified SBHC
THOMAS ELEMENTARY SCHOOL	COHORT 2	MATCHED	Catholic Charities	Hired, working	complete	not complete	Identified SBHC



THURGOOD MARSHALL HIGH SCHOOL	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
TRUESDELL EDUCATION CAMPUS	COHORT 2	MATCHED	Mary's Center	Hired, working	complete	complete	Identified SBHC
TURNER ELEMENTARY SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC
WALKER-JONES EDUCATIONAL CAMPUS	COHORT 1	MATCHED	Catholic Charities	Hired, working	complete	complete	Identified SBHC
WASHINGTON METROPOLITAN HIGH SCHOOL	COHORT 1	MATCHED	Howard	Not Hired	complete	complete	Identified SBHC
WHEATLEY EDUCATIONAL CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	complete	Identified SBHC
WHITTIER EDUCATION CAMPUS	COHORT 2	MATCHED	One Common Unity	Hired, working	complete	not complete	Identified SBHC
WOODROW WILSON SENIOR HIGH SCHOOL	COHORT 2	MATCHED	LAYC	Hired, working	complete	complete	Identified SBHC
WOODSON H D HIGH SCHOOL	COHORT 1	MATCHED	Hillcrest	Hired, working	complete	complete	Identified SBHC

*Q28. Please provide an update on the status of completion of the School Strengthening Tool and Work Plan for all schools in Cohorts 1 and 2. Please include the following information:*

- How many schools in each cohort have completed the School Strengthening Tool and identify which schools?*
- How many schools in each cohort have completed the Work Plan and identify which schools?*
- For each school that has not completed the School Strengthening Tool, please provide the reason why this has not been done?*
- For each school that has not completed the Work Plan, please provide the reason why this has not been done?*
- How many schools in each cohort have identified an individual to serve as the School Behavioral Health Coordinator and identify which schools?*
- For each school that has not identified an individual to serve as the School Behavioral Health Coordinator, please provide the reason why this has not been done?*
- Please describe any obstacles or barriers to completing the School Strengthening Tool and Work Plan and identifying the School Behavioral Health Coordinator.*

## **DBH Response**

In Cohort 1, 43 schools have completed the School Strengthening Tool (SST) and 50 schools have completed the Tool in Cohort 2 schools. Additionally, in terms of the Work Plan, it was completed by 42 schools in Cohort 1 and 41 schools in Cohort 2. The School Behavioral Health Coordinator (SBHC) has a key role in partnering with the Community Based Organization (CBO) clinician in the teaming and partnering for the completion of the School Strengthening Tool and Work Plan. The schools identified as not completing the School Strengthening Tool and/or Work Plan, have similar reasons for this status. The reasons include that there was no CBO clinician to begin the process; no SBHC to initiate the process; or the team experienced challenges in scheduling to begin the process of completing the School Strengthening Tool and/or Work Plan. The specific reasons that each of the seven schools have not completed the School Strengthening Tool or Work Plan are listed below for each school:

### **Martin Luther King, JR ES**

The school and the CBO agreed to place a clinician and CSW worker in the building. The CBO ran into challenges hiring for both positions. There was no SBHC identified at the school, and without a CBO clinician, the SST and Work plan process did not start. The CBO does have a candidate in mind for this school. Additionally, the CBO is currently working with the principal to negotiate allowing the clinician to start before the Community Support Worker (CSW).

### **Stanton Elementary School**

After the new CBO supervisor was on boarded, the CBO and school team experienced challenges aligning their schedules. The CBO recently hired and placed a clinician at this school, and the school recently identified a SBHC. DBH and this team have experienced challenges in scheduling to begin the process to complete the SST. The DBH Clinical Specialist and the SBHC are currently in the process of scheduling their meeting to begin the School Strengthening Tool completion process.

**Raymond Elementary School**

The DBH Clinical Specialist has worked with the CBO and School team to successfully complete their SST and they are scheduled to submit a completed work plan on January 23<sup>rd</sup>, 2020.

**Ingenuity Prep**

The previous CBO was not able to hire a clinician for placement at this school. As the new supervisor was on-boarded, DBH and the team experienced challenges in scheduling to begin the process to complete the SST. These challenges contributed to the work plan not being completed. And, recently the school has requested a new CBO partner and is interviewing with three prospective CBOs.

**Meridian Public Charter School:**

A clinician was just hired and placed at this school. The team is in the process of scheduling a meeting to begin the School Strengthening tool and work plan. The School has not identified a SBHC. The CBO Supervisor has prioritized active engagement with this school and is planning a meeting with the School Administrator on 1/24/2020 to initiate the process of completing the SST.

**Amidon Bowden:**

The CBO has selected and hired a candidate for this school but is unable to place the candidate due challenges with the CBO's Human Resource department. The School has not identified a SBHC and the DBH Clinical Specialist is working with the team to schedule a meeting following the CBO Supervisor meeting with the school. The CBO Supervisor has prioritized active engagement with this school; and the CBO Supervisor is planning a meeting with the School Administrative team on 1/24/2020 to initiate the SST process and to identify a School Behavioral Health Coordinator.

**KIPP: Spring Academy**

The CBO Clinician was recently placed at this school. The DBH Clinical Specialist has worked with the CBO and school team to successfully complete their SST and they are scheduled to submit a completed work plan on February 3<sup>rd</sup>, 2020.

In Cohort 1, 46 schools have identified an individual to serve as the School Behavioral Health Coordinator. In Cohort 2, 58 SMHCs have been identified. In Cohort 1, there are no schools that have not identified an individual to serve as the SBHC and in Cohort 2, there are 4 schools that have not identified a SBHC. The obstacles or barriers to completing the School Strengthening Tool and Work Plan and identifying the School Behavioral Health Coordinator often involve a need for understanding the scope of roles and process. The School Behavioral Health Coordinator plays a vital role in the integration and teaming within the best practices of school-based behavioral health. School administrators are continuing to enhance their understanding of the role and expectations of the School Behavioral Health Coordinator. DBH continues to support school leaders and school teams through technical assistance in collaboration with the Community of Practice contractor.

See Attachment. School Strengthening Tool Work Plan and SBHC Status

*Q29 Please provide an update on staffing levels for DBH clinicians working in schools. Please include the following information: How many schools have DBH clinicians working full-time, identify which schools, and the amount of time in each school? For all DBH clinicians working in schools, please provide a breakdown of how much of their time has been spent on Tier 1, Tier 2, and Tier 3 services.*

**DBH Response:**

DBH clinicians are working in a total of 62 public schools comprised of 44 schools assigned a full-time clinician and 18 schools with a half-time clinician.

The amount of time that each clinician spends on Tier 1 (prevention) Tier 2 (early intervention) and Tier 3 (treatment) services in a school depends on the needs of the school. At the beginning of the school year, the DBH clinician completes a needs assessment and implementation plan for the school. This consists of interviews with school personnel at every level of the school—including principals, vice principals, school mental health clinicians, teachers, para-professionals, front office staff, long time security guards, and the janitorial staff—as well as well as students and parents/caregivers.

Based on this needs assessment, a plan is established for the type and amount of services that covers all three tiers of services. The needs assessment and implementation plan are working documents and can be amended at any time during the school year as needs of the school may change.

*Q30. Please provide an update on the extent to which CBO and DBH clinicians have been able to bill their services to Medicaid, private insurance, or other sources of funds outside of local dollars. Please also discuss plans to bill additional services in the future.*

### **DBH Response**

CBOs who are providing services within the District's School-based Behavioral Health expansion have contracts with the Managed Care Organizations and the CBO clinicians are billing for the treatment services. However, it is too early to provide an update on the extent or a determination on success of the billing. There are various issues that the CBOs have expressed as having a negative impact on the CBO clinicians' ability to develop a caseload for treatment services in their partnership Cohort schools. The identified obstacles and barriers have included: limited or varying referral process in the school, 90 day or more delay in hiring, discovering the reality that there is not a caseload available at the onset of clinician's placement in the school, and not all schools have a criteria for referral of their students for treatment services. DBH is providing funds to DCPS and to OSSE to hire a full-time position to support CBO partnerships in DC Public Schools and to support CBO partnerships and school leader support in the DC Public Charter Schools. DBH will work closely with the DCPS and OSSE Managers to support establishing relationships between the CBO partners and their schools as well as trouble-shooting the establishment of a referral criteria and process to support development of the CBO clinician's caseload.

The Department of Behavioral Health School Mental Health Program currently engages in billing treatment services to all Medicaid clients. DBH works to make sure that all Medicaid insurance is linked in the medical records system for timely billing. DBH SMHP staff also work with families who have lapsed insurance and assist them in whatever process is necessary to get them re-connected to Medicaid. Despite these efforts, at times, it can take a family time to respond or get the appropriate documentation needed. Currently the DBH School Mental Health Program is not billing private insurance clients, on rare occasions there have been instances where single case agreements with a small amount of private insurance companies has occurred and has resulted in billing. However, the majority of private insured clients are referred to providers in their respective networks for treatment services.



# Request for Superintendent's Signature

MOU's must be reviewed and signed off (below) by <sup>(1)</sup> your division's Assistant Superintendent, <sup>(2)</sup> General Counsel, <sup>(3)</sup> Chief Operating Officer and <sup>(4)</sup> the Chief Financial Officer PRIOR TO submitting to the Front Office. All other documents should be reviewed and signed by your division's Assistant Superintendent, Manager, and Director if applicable.

Date Submitted to Front Office:

Prepared By: DC Department of Behavioral Health/Health & Wellness

Division: Health and Wellness

Point of Contact: Emily Pigg

Subject: MOU for Intradistrict Transfer of Funds, DBH to OSSE, to Support School-Based Behavioral Health Expansion

Requested Return Date: 12/31

*Please allow a minimum of 3-5 business days for review and approval.*

### Background/Purpose of Document Including Cost and Funding Source:

This MOU facilitates the intra-district transfer of funds from DBH to OSSE to fund an FTE to support the school-based behavioral health expansion. Language within the MOU allows for automatic renewal of the agreement. Corresponding LOI is in progress.

### Review Sign-Offs

	Signature	Date
Manager/Director		12/19/19
Assistant Superintendent		12/19/19
General Counsel (Legal) <i>(legal docs only e.g. MOU's)</i>		12/30/19
COO (Required)		1/6/2020
CFO (Required)		1/14/20
COS		

AP

**MEMORANDUM OF UNDERSTANDING  
FOR INTRA-DISTRICT FUNDING BETWEEN  
THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH AND  
THE DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION**

**I. INTRODUCTION**

The parties to this Memorandum of Understanding ("MOU") are the District of Columbia Department of Behavioral Health ("DBH"), the buyer agency, and the District of Columbia Office of the State Superintendent of Education ("OSSE"), the seller agency, collectively referred to herein as the "parties."

The mission of 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 prevention, resiliency, and recovery and the overall wellbeing of the District of Columbia.

The mission of OSSE is to work urgently and purposefully, in partnership with education and related systems, to sustain, accelerate, and deepen progress for District of Columbia students. Within OSSE, the Division of Health and Wellness plays a unique role, and believes that healthy bodies and minds are the foundation of academic success. The Division leverages programming, partnerships, policy, and data to remove health barriers to learning so that people of all ages and backgrounds are prepared to succeed in school and in life.

**II. AUTHORITY FOR MOU**

D.C. Official Code § 1-301.01(k); and D.C. Official Code § 38-2602(b)(15).

**III. OVERVIEW PROGRAM GOALS AND OBJECTIVES**

The goal of the Comprehensive School Behavioral Health (CSBH) system expansion is to leverage a strategic collaboration between school personnel, community mental health providers, students and families to create a positive school culture, including timely access to high-quality, reliable supports for children, youth, and their families. The school and Community Based Organizations (CBO) teams offer a full array of tiered trauma-informed, culturally-responsive, evidence-based interventions to promote wellness, identify challenges early, and offer treatment services when necessary so that all children and youth succeed and thrive.

The District has a need for a dedicated OSSE role of School Behavioral Health Outreach Manager, who will be assigned to support the D.C. Public Charter Schools and also the overall landscape-wide experience of the Cohort schools within D.C. Public Schools and D.C. Public Charter Schools. The School Behavioral Health Outreach Manager would help school leaders

and staff understand the intersection of mental health and academic achievement and help school leaders to use available OSSE data to inform data-driven decision-making. The Manager would also work with the evaluation team and Community of Practice (CoP) through complementing and not duplicating services.

This Full Time Employee (FTE) will provide technical assistance with school-based teams to complement supports from CoP vendor, including matching with CBOs.

#### **IV. RESPONSIBILITIES OF THE PARTIES**

Pursuant to the applicable authorities and in the furtherance of the shared goals of the parties to carry out the purposes of this MOU expeditiously and economically, the parties agree as follows:

##### **A. OSSE RESPONSIBILITIES**

OSSE shall employ one FTE to assist with implementation of the CSBH system expansion. The FTE role will:

1. Deepen engagement and support with school leaders to:
  - a. Build program knowledge and buy-in;
  - b. Leverage the expertise and appropriate services of the CBOs to meet the needs of the students and their families;
  - c. Integrate mental health service delivery with other school-wide initiatives (school climate, restorative justice, etc.); and
  - d. Consult on use of available OSSE data to inform data driven decision-making;
2. Provide operational support with school-CBO matching process and activities;
3. Support collection and coordination of data from schools and CBOs, to include School Strengthening Tool and work plan logistics (account creation and maintenance, user notifications, and completion tracking), including sharing of the data with DBH; and
4. Maintain regular communication and collaboration with the evaluation team and CoP to prevent duplication of services.

The OSSE FTE will support all D.C. Public Charter Schools. The FTE will focus support in fiscal year 2020 will be provided to schools within cohorts 1 and 2 (See Appendix A).

##### **B. DBH RESPONSIBILITIES**

1. Transfer funds up to the amount allocated in **Section VI** and Appendix B for District of Columbia fiscal year 2020 (October 1, 2019-September 30, 2020) and each subsequent fiscal year for so long as such funds are available under local law, based upon DBH's approval of OSSE's completion of required responsibilities.



## **V. DURATION OF MOU**

### **A. PERIOD**

The period of this MOU shall be from the date of the last signature through September 30, 2020, unless terminated in writing by the parties 30 days prior to the expiration of the MOU.

### **B. RENEWAL**

This MOU shall renew automatically on a fiscal year-to-fiscal year basis unless either party objects in writing at least 30 days prior to the start of the next fiscal year. Renewal of this MOU, according to this provision, is subject to the availability of funds at the time of renewal.

## **VI. FUNDING PROVISIONS**

### **A. COST OF SERVICES**

1. Total cost for services under this MOU shall not exceed \$88,685.46 for FY 2020. Eighty-eight thousand, six hundred eighty five dollars and forty six cents is the estimated value of the services to be provided by OSSE and represents the pro-rated annual salary and benefits of the School Behavioral Health Outreach Manager. Funding for the services shall not exceed the actual cost of the goods and services.
2. For any subsequent fiscal years, total cost for services under this MOU shall not exceed the amounts specified in Appendix B. The amounts for subsequent fiscal years shall consist of a full year's salary and benefits of the School Behavioral Health Outreach Manager to include annual cost-of-living increases. The amounts for subsequent fiscal years shall only be transferred in the event that the MOU is renewed for the applicable fiscal year. A party shall not pay out or obligate funds for which it has not received budget authority for a fiscal year.
3. In the event of termination of the MOU, payment to OSSE shall be held in abeyance until all required fiscal reconciliation is completed.

### **B. PAYMENT**

1. Release of local funds under this MOU shall be made through intra-district transfer by DBH to OSSE. DBH shall advance funds to OSSE based on the execution of this MOU. Payment for all services shall not exceed the actual cost of services.
2. OSSE shall obligate all funds received from DBH under this MOU for the operation of the CSBH expansion program by the expiration date of this MOU. All unliquidated funds shall be returned to DBH.
3. OSSE shall submit an annual spending report to DBH by October 30, 2020 and by October 30th of any subsequent option period exercised by DBH. The annual

spending report shall detail the total amount of expenditures for the preceding fiscal year.

### **C. ANTI-DEFICIENCY CONSIDERATIONS**

The parties acknowledge and agree that their respective duties to fulfill financial obligations of any kind pursuant to any and all provisions of this MOU, or any subsequent agreement entered into by the parties pursuant to this MOU, are and shall remain subject to the availability of funds and the provisions of: (i) the federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351; (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01 *et seq* (2012 Repl. and 2015 Supp.); (iii) D.C. Official Code § 47-105 (2012 Repl.); and (iv) D.C. Official Code § 1-204.46 (2014 Repl. and Supp.), as may be amended, regardless of whether a particular obligation has been expressly so conditioned.

### **VII. MODIFICATIONS OF TERMS AND CONDITIONS**

The terms and conditions of this MOU may be modified only upon prior written agreement by the parties. Modification of this MOU shall be in the form of an amendment signed and dated by authorized representatives of the parties with a copy of the original or latest version of the agreement attached.

### **VIII. CONSISTENT WITH LAW**

The parties shall comply with all applicable laws, rules, and regulations whether now in effect or hereafter enacted or promulgated.

### **IX. COMPLIANCE AND MONITORING**

- A.** OSSE may be subject to scheduled and unscheduled monitoring reviews by DBH and/or its designee.
- B.** OSSE is required to comply with information and document requests from DBH in order to evaluate the impact of the CSBH system expansion and/or facilitate a monitoring review by DBH.

### **X. RECORDS AND REPORTS**

OSSE shall maintain records and receipts for the expenditure of all funds provided pursuant to this MOU for a period of no less than three years from the date of expiration or termination of this MOU. However, except in the case of an audit or investigation, in which case records shall be retained until the review has been completed. Upon DBH's request, OSSE shall make these documents available for inspection by duly authorized representatives of DBH and other officials as may be specified by the District of Columbia in its sole discretion.

**XI. TERMINATION**

**A. NOTICE OF TERMINATION**

Either party may terminate this MOU, in whole or in part, by giving thirty (30) calendar days advance written notice to the other party.

**B. WINDING DOWN**

A party shall not be obligated to perform a service/responsibility under this MOU upon receipt of a written notice of termination. A party shall be reimbursed for costs incurred, or for costs to which it has already been irrevocably committed, for the performance of approved services as of the day following the date on which that party received written notice of termination. To the extent a party incurs costs after receipt of written notice of termination due to the actions of another party, the party that caused the costs to be incurred shall be responsible for payment.

**XII. NOTICES**

The following individuals are the contact points for each party under this MOU:

**A. OSSE:**

Heidi Schumacher, M.D.  
Assistant Superintendent  
Health and Wellness Division  
Office of the State Superintendent of Education (OSSE)  
Government of the District of Columbia  
1050 First Street, NE  
Washington, D.C. 20002  
d: 202-481-3755  
c: 202-341-9628  
Email: [Heidi.Schumacher@dc.gov](mailto:Heidi.Schumacher@dc.gov)  
[www.osse.dc.gov](http://www.osse.dc.gov)

**B. DBH:**

Charneta Scott, PhD  
Project Manager  
D.C. Department of Behavioral Health  
64 New York Ave, NE  
Washington, D.C. 20002  
Office: 202-654-6175  
Email: [Charneta.Scott@dc.gov](mailto:Charneta.Scott@dc.gov)

**C. GENERAL COUNSEL FOR OSSE:**

Sarah Jane Forman, Esq.  
General Counsel  
Office of the State Superintendent of Education (OSSE)  
1050 First Street, NE, 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Office: 202-727-0382  
Email: [Sarahjane.forman@dc.gov](mailto:Sarahjane.forman@dc.gov)

**D. GENERAL COUNSEL FOR DBH:**

Matthew Caspari  
General Counsel  
D.C. Department of Behavioral Health  
64 New York Ave, NE, 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Office: 202-673-7505  
Email: [Matthew.Caspari@dc.gov](mailto:Matthew.Caspari@dc.gov)

**XIII. CONFIDENTIAL INFORMATION**

The parties to this MOU shall use, restrict, safeguard and dispose of all information related to services provided by this MOU, in accordance with all relevant federal and local statutes, regulations and policies. Information received by either party in the performance of responsibilities associated with the performance of this MOU shall remain the property of DBH.

**XIV. RESOLUTION OF DISPUTES**

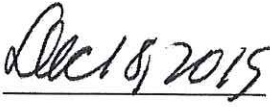
The parties' directors for the respective agencies, or their designees, shall resolve all disputes or adjustments resulting from goods or services provided under this MOU. In the event the parties are unable to resolve a financial issue, the matter shall be referred to the Office of Financial Operations and Systems (OFOS) of the District of Columbia Office of the Chief Financial Officer. The decision of OFOS shall be final.

IN WITNESS WHERE OF, the parties here to have executed this MOU as of the last date written below as follows:

**FOR THE DEPARTMENT OF BEHAVIORAL HEALTH**

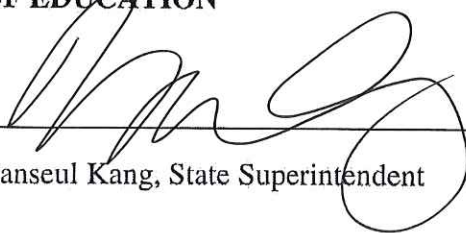
  
\_\_\_\_\_

Barbara J. Bazron, Ph.D., Director

  
\_\_\_\_\_

Date

**FOR THE DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION**

  
\_\_\_\_\_

Hanseul Kang, State Superintendent

  
\_\_\_\_\_

Date

## APPENDIX A:

### List of Schools in Cohorts 1 and 2

#### Cohort 1 Schools

1. AITON ELEMENTARY SCHOOL
2. ANACOSTIA HIGH SCHOOL
3. BALLOU SENIOR HIGH SCHOOL
4. CARDOZO EDUCATIONAL CAMPUS
5. CESAR CHAVEZ PCS PARKSIDE-MIDDLE
6. CESAR CHAVEZ PCS PARKSIDE - HIGH
7. COOLIDGE HIGH SCHOOL
8. C.W. HARRIS ELEMENTARY SCHOOL
9. DEMOCRACY PREP CONGRESS HEIGHTS PCS (Closed)
10. DUNBAR HIGH SCHOOL
11. EASTERN HIGH SCHOOL
12. ELIOT-HINE MIDDLE SCHOOL
13. FRIENDSHIP PCS-BLOW PIERCE
14. FRIENDSHIP PCS - COLLEGIATE
15. GARFIELD ELEMENTARY SCHOOL
16. HART MIDDLE SCHOOL
17. HENDLEY ELEMENTARY SCHOOL
18. HOUSTON ELEMENTARY SCHOOL
19. IDEA PCS
20. INGENUITY PREP
21. JEFFERSON MIDDLE SCHOOL ACADEMY
22. JOHNSON JOHN HAYDEN MIDDLE SCHOOL
23. KELLY MILLER MIDDLE SCHOOL
24. KETCHAM ELEMENTARY SCHOOL
25. KIMBALL ELEMENTARY SCHOOL
26. KING ML ELEMENTARY SCHOOL
27. KINGSMAN ACADEMY PCS
28. KIPP DC-AIM ACADEMY PCS
29. KIPP DC-COLLEGE PREP ACADEMY
30. KIPP DC SOMERSET PREP ACADEMY
31. KRAMER MIDDLE SCHOOL
32. LUKE C. MOORE ALTERNATIVE HIGH SCHOOL
33. MALCOLM X ELEMENTARY SCHOOL AT GREEN
34. MONUMENT ACADEMY PCS
35. MOTEN ELEMENTARY SCHOOL

36. NATIONAL COLLEGIATE PREPARTORY PCHS (Not joining Cohort/Focusing on preparing for school closure)
37. MAYA ANGELOU PCS HIGH SCHOOL
38. PATTERSON ELEMENTARY SCHOOL
39. RIVER TERRACE ELEMENTARY CAMPUS
40. ROCKETSHIP PCS
41. ROOSEVELT HS
42. SAVOY ELEMENTARY SCHOOL
43. SEED PCS OF WASHINGTON DC
44. SMOTHERS ELEMENTARY SCHOOL
45. SOUSA MIDDLE SCHOOL
46. STANTON ELEMENTARY SCHOOL
47. ST. COLLETTA SPECIAL EDUCATION PCS
48. THE CHILDREN'S GUILD
49. TURNER ELEMENTARY SCHOOL
50. WALKER- JONES EDUCATIONAL CAMPUS
51. WASHINGTON METROPOLITAN HIGH SCHOOL
52. WOODSON H.D..HIGH SCHOOL

#### **Cohort 2 Schools**

1. ACHIEVEMENT PREP ACADEMY PCS-WAHLER PLACE ELEMENTARY SCHOOL
2. ACHIEVEMENT PREP ACADEMY PCS-WAHLER PLACE MIDDLE SCHOOL
3. AMIDON-BOWEN ELEMENTARY SCHOOL
4. BANCROFT ELEMENTARY SCHOOL
5. BARNARD ELEMENTARY SCHOOL
6. BEERS ELEMENTARY SCHOOL
7. BOONE ELEMENTARY SCHOOL
8. BRIDGES PCS
9. BRIGHTWOOD EDUCATION CAMPUS
10. BROOKLAND MIDDLE SCHOOL
11. BROWNE EDUCATION CAMPUS
12. BRUCE-MONROE ELEMENTARY SCHOOL @ PARK VIEW
13. BURRVILLE ELEMENTARY SCHOOL
14. CAPITAL CITY PCS-HIGHSCHOOL
15. CEDAR TREE ACADEMY PCS
16. COLUMBIA HEIGHTS EDUCATION CAMPUS-HIGH SCHOOL/MIDDLE SCHOOL
17. DC BILINGUAL PCS
18. DC INTERNATIONAL SCHOOL
19. DC PREP PCS-BENNING ELEMENTARY SCHOOL (Waiting for all of network to join Cohorts)
20. DC PREP PCS-BENNING MIDDLE SCHOOL (Waiting for all of network to join Cohorts)
21. DC SCHOLARS PCS
22. DEAL MIDDLE SCHOOL
23. DOROTHY I. HEIGHT ELEMENTARY SCHOOL

24. DREW ELEMENTARY SCHOOL
25. EAGLE ACADEMY-CONGRESS HEIGHTS
26. E.L. HAYNES PCS-HIGH SCHOOL
27. FRIENDSHIP PCS-ARMSTONG
28. FRIENDSHIP PCS-SOUTHEAST ACADEMY
29. FRIENDSHIP PCS-TECHNOLOGY PREP MIDDLE SCHOOL
30. H.D. COOKE ELEMENTARY SCHOOL
31. HOPE COMMUNITY PCS-TOLSON
32. J.O. WILSON ELEMENTARY SCHOOL
33. KIPP DC-HEIGHTS ACADEMY PCS
34. KIPP DC-LEAD ACADEMY PCS
35. KIPP DC-NORTHEAST ACADEMY PCS
36. KIPP DC-PROMISE ACADEMY PCS
37. KIPP DC-QUEST ACADEMY PCS
38. KIPP DC-SPRING ACADEMY PCS
39. LANGDON ELEMENTARY SCHOOL
40. LANGLEY ELEMENTARY SCHOOL
41. LASALLE-BACKUS EDUCATION CAMPUS
42. LECKIE EDUCATION CAMPUS
43. MARIE REED ELEMENTARY SCHOOL
44. MARY McLEOD BETHUNE DAY ACADEMY PCS
45. MCKINLEY MIDDLE SCHOOL
46. MCKINLEY TECHNOLOGY HIGH SCHOOL
47. MERIDIAN PCS
48. MINER ELEMENTARY SCHOOL
49. NALLE ELEMENTARY SCHOOL
50. PAUL PCS- INTERNATIONAL HIGH SCHOOL
51. PERRY STREET PREP PCS
52. PLUMMER ELEMENTARY SCHOOL
53. POWELL ELEMENTARY SCHOOL
54. RAYMOND EDUCATION CAMPUS
55. RICHARD WRIGHT PCS FOR JOURNALISM AND MEDIA ART
56. SIMON ELEMENTARY SCHOOL
57. STUART HOBSON MIDDLE SCHOOL
58. TAKOMA EDUCATION CAMPUS
59. THOMAS ELEMENTARY SCHOOL
60. THURGOOD MARSHALL PCS-HIGH SCHOOL
61. TRUESDELL EDUCATION CAMPUS
62. TUBMAN ELEMENTARY SCHOOL
63. TWO RIVERS PCS-4<sup>TH</sup> STREET
64. TYLER ELEMENTARY SCHOOL
65. WHEATLEY EDUCATION CAMPUS
66. WHITTIER EDUCATION CAMPUS
67. WOODROW WILSON SENIOR HIGH SCHOOL



APPENDIX B:

Funding Source	Fiscal Year	Period of Availability	Amount
Local	FY 2020	10/1/2019 – 9/30/2020	\$88,685.46
Local	FY 2021*	10/1/2020 – 9/30/2021	\$121,794.70
Local	FY 2022*	10/1/2021 – 9/30/2022	\$125,448.54

\* The amounts for subsequent fiscal years shall only be transferred in the event that the MOU is renewed for the applicable fiscal year. A party shall not pay out or obligate funds for which it has not received budget authority for a fiscal year.

*Q31(2). Please provide description and status update on the Memorandum of Understanding between DBH, DCPS, and OSSE providing for 1 full-time staff person at DCPS and 1 full-time staff person at OSSE to support the implementation of School-Based Mental Health. Please include the following information:*

- a. A copy of the MOU and any other relevant interagency agreements*
- b. Job descriptions for the two positions*
- c. Plans for funding and supporting these two positions next year, and in the future*

## **DBH Response**

The Memorandum of Understanding (MOU) between DBH and OSSE for the full-time staff person at OSSE was fully executed on January 14, 2020 and the MOU between DBH and DCPS is expected to be finalized within 30 days. While the official job descriptions are undergoing final approval, the duties and responsibilities of each position have been established. The OSSE staff person will be the School Behavioral Health Outreach Manager and will be assigned to support the D.C. Public Charter Schools as well as the overall landscape-wide experience of the Cohort schools within the charter schools and DCPS. The School Behavioral Health Outreach Manager will help student leaders and staff understand the intersection of behavioral health and academic achievement and help school leaders use available OSSE data to inform data-driven decision-making. The Manager also will work with the evaluation team and Community of Practice (CoP) through complementing and not duplicating services.

The DCPS staff person will serve as the Expansion Outreach Manager and will be assigned to manage outreach and partnership between the Community Based Organizations (CBOs) and DCPS. The Expansion Outreach Manager will promote DCPS participation in the Community of Practice and the application support at the school level. This Expansion Outreach Manager also will monitor the CBO's compliance with the Memorandum of Agreement between DCPS and the CBO.

Funds for these positions are in the DBH budget and each MOU will renew automatically each fiscal year unless either party objects in writing at least 30 days prior to the start of the fiscal year.

See Attachment. DBH and OSSE MOU

*Q31. In last year's oversight responses, DBH stated that it was discontinuing the Provider Scorecard and was in the process of replacing the Scorecard metrics with separate compliance indicators and Results Based Accountability indicators. Please provide an update on this effort, to include the following information:*

- *Description of compliance indicators and Results Based Accountability indicators being used*
- *Rationale for using these indicators*
- *Results of applying these indicators to providers in FY19*
- *What services or support is DBH providing to struggling providers?*
- *What corrective action has DBH taken against providers receiving extremely low marks?*
- 

### **DBH Response**

The Results Based Accountability (RBA) initiative assisted DBH in establishing a set of performance metrics through engagement of providers, internal programs and National Association of State Mental Health Program Directors Research Institute (NRI). In late FY19, DBH implemented an enhanced system of performance management based on activities from the RBA initiative. The foundation of this performance management system are 10 priority metrics, which will be displayed and monitored via internal dashboards. These foundational utilization and performance metrics were selected because they align with agency KPIs and workload measures and represent critical areas of clinical activities that heavily correlate with positive client outcomes.

### **Utilization Metrics**

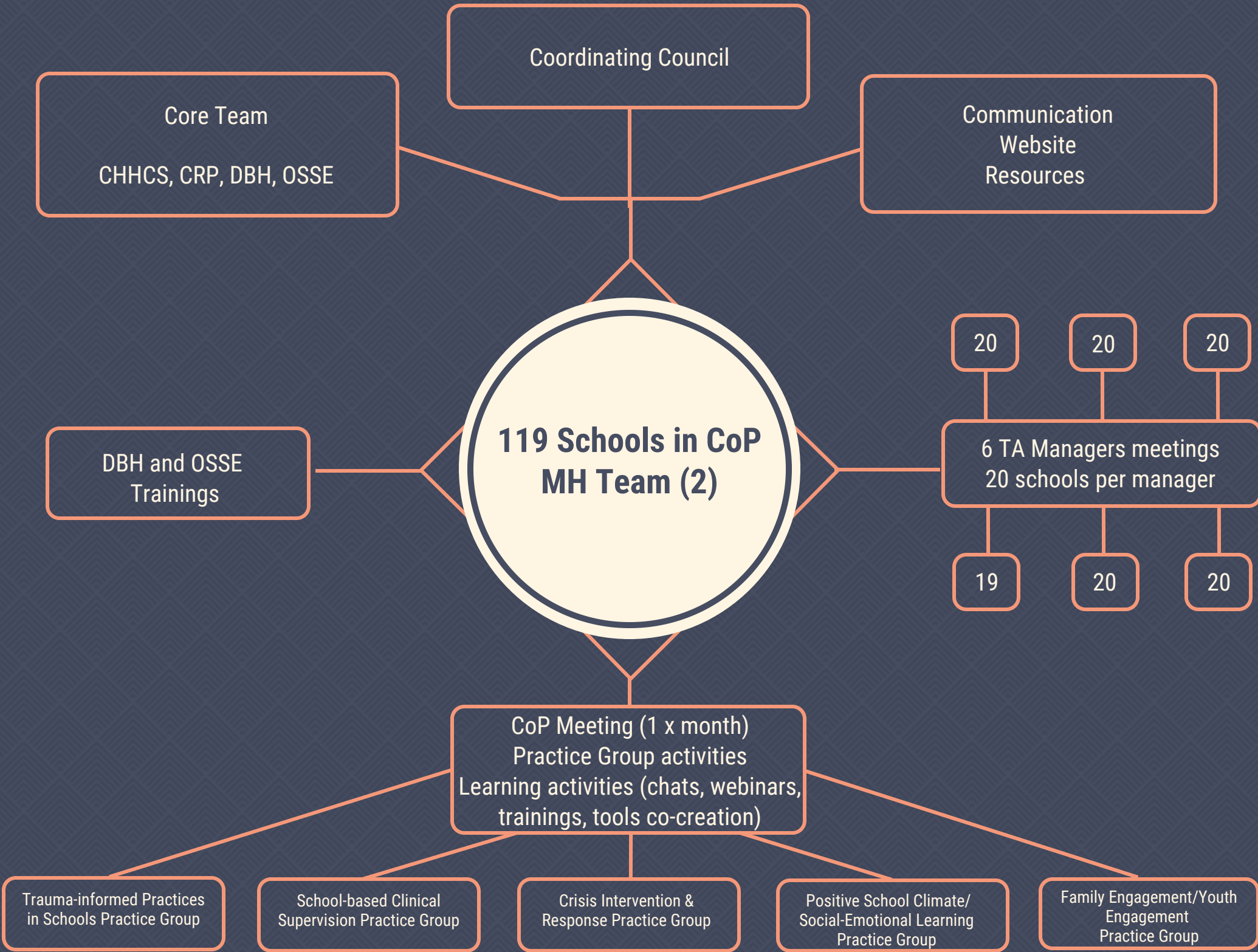
1. Number of consumers receiving MHRS
2. Number of clients receiving ASARS
3. Saint Elizabeths Hospital average daily census
4. Number of Community Response Team interventions

### **Performance Metrics**

1. Percentage of MHRS consumers whose first service was within 30 days of enrollment
2. Percentage of MHRS consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days
3. Percentage of SUD clients stepping down to a lower level of care
4. Percentage of children initially at a high acuity (80) who had a significant (20 point) improvement in functioning (child mental health only)
5. Percentage of consumers satisfied with services (consumer satisfaction survey)
6. Percentage of methadone clients who were served in two consecutive quarters

The establishment of the priority metrics and the implementation of the enhanced performance management system has resulted in increased transparency and strengthened coordination of performance improvement efforts and improved provider census management through regular dissemination of client-level data/reports. In FY19, DBH met or nearly met 10 of 13 KPIs.

In the spirit of continuous quality improvement, DBH will build upon this enhanced performance management system to identify additional priority metrics that target population-level outcomes. Providers with low marks are offered ongoing technical assistance. Serious deficiencies may lead to corrective action plans or notice to cure.



**119 Schools in CoP  
MH Team (2)**

Coordinating Council

Core Team  
CHHCS, CRP, DBH, OSSE

Communication Website Resources

DBH and OSSE Trainings

20

20

20

6 TA Managers meetings  
20 schools per manager

19

20

20

CoP Meeting (1 x month)  
Practice Group activities  
Learning activities (chats, webinars,  
trainings, tools co-creation)

Trauma-informed Practices in Schools Practice Group

School-based Clinical Supervision Practice Group

Crisis Intervention & Response Practice Group

Positive School Climate/Social-Emotional Learning Practice Group

Family Engagement/Youth Engagement Practice Group

Q.32 Attachment

<b>Status</b>	<b>Date</b>	<b>Name/Title</b>	<b>Type</b>	<b>Location</b>	<b>Description</b>	<b>Target Audience</b>	<b>Partners</b>	<b># Planned</b>	<b># Registrants</b>	<b># Attendees</b>
Completed	9/30/2019	DC School Behavioral Health Community of Practice (DC CoP): Launch Meeting	DC CoP Meeting	National Press Club	Monthly DC CoP meeting. The purpose of this meeting was to celebrate the launch of the DC CoP, provide an overview of the Expansion and CoP, and to define partnership and collaboration in small groups.	Community of Practice (DC CoP) participants and partners	Opening remarks from DBH, OSSE, and City Council representatives	200	124	111
Completed	10/11/2019	Multi-Tiered Systems of Supports: Best Practices for Implementation	Training	DBH	Training on how to select, implement, and organize Tier 1, Tier 2, and Tier 3 interventions within a multi-tiered system of supports (MTSS). Participants gained an understanding of prevention and early intervention programs and practices to further their School Strengthening Work Plans. The training also featured an array of evidence-based programs for consideration.	School Behavioral Health Coordinators and Clinicians, with a focus on CBO clinicians	DBH Clinical Specialists	30		Approx. 12
Completed	11/12/2019	Multi-Tiered Systems of Supports: Best Practices for Implementation	Training	OSSE	Training on how to select, implement, and organize Tier 1, Tier 2, and Tier 3 interventions within a multi-tiered system of supports (MTSS). Participants gained an understanding of prevention and early intervention programs and practices to further their	School Behavioral Health Coordinators and Clinicians, with a focus on CBO clinicians with a focus on Project AWARE schools		30	25	14

					School Strengthening Work Plans.					
Completed	11/13/2019	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA. The purpose of the meeting was to develop a shared vision and agenda for the group and to review survey results of resources and support requested by TA providers.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		9	N/A	11
Completed	11/20/2019	DC School Behavioral Health Community of Practice (DC CoP): Developing Shared Vision for DC CoP & Introducing Practice Groups	DC CoP Meeting	University of the District of Columbia	Monthly DC CoP meeting. The purpose of this meeting was to develop a shared vision for the DC CoP and for Practice Groups to initially convene around current practices in DC and barriers/challenges to implementation.	Community of Practice (DC CoP) participants		100	57	51

Completed	12/18/2019	DC School Behavioral Health Community of Practice (DC CoP): Building Partnerships - Getting Buy-in and Shifting Mindsets	DC CoP Meeting	<i>Virtual Meeting</i>	Monthly DC CoP meeting. The purpose of this meeting is to explore assumptions on the implementation of school mental health and to shift mindsets and gain buy-in from key decision-makers and stakeholders.	Community of Practice (DC CoP) participants		60	56	31
Completed	1/14/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA. The purpose of the meeting was to develop a protocol for assigning Cohort 1 schools to new TA providers and to begin creating forms to collect TA requests and contacts.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10	N/A	9

Planned	1/22/2020	DC School Behavioral Health Community of Practice (DC CoP): Trauma-informed Practices in Schools - Using Consultancy Protocol to Address Problems of Practice	DC CoP Meeting	St. Francis Hall	Monthly DC CoP meeting. Monthly DC CoP meeting. The purpose of this meeting is to provide learning content and facilitate peer/social learning activities on the topic of trauma-informed practices in schools. Participants will learn how to use the consultancy protocol to address problems of practice related to the implementation of trauma-informed approaches in schools. The meeting will leverage the expertise and activities of the Trauma-Informed Practices in Schools Practice Group. Practice Group will define their workscope for the next 4 months.	Community of Practice (DC CoP) participants	DC CoP Trauma-Informed Practices in Schools Practice Group	100		
Planned	Jan TBD	Skill-Building Session: Trauma-Informed Practices	video conference/chat	Webex	Hour-long call to discuss challenges with implementing trauma-informed practices and/or using the strategies outlined in the previous CoP and to hear from consultants on possible solutions	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams		20		



Planned	2/4/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	2/26/2020	DC School Behavioral Health Community of Practice (DC CoP): Finding Common Ground - Family Engagement/Youth Engagement	DC CoP Meeting	TBD	Monthly DC CoP meeting. Monthly DC CoP meeting. The purpose of this meeting is to provide learning content and facilitate peer/social learning activities on the topic of family and youth engagement. The meeting will leverage the expertise and activities of the Family and Youth Engagement Practice Group. CoP members will create Dialogue Guides on Family Engagement.	Community of Practice (DC CoP) participants	DC CoP Family and Youth Engagement Practice Group	100		
Planned	Feb TBD	Mapping SMH Interventions Using an MTSS Framework	Training	TBD	Training on how to select, implement, and organize Tier 1, Tier 2, and Tier 3 interventions within a multi-tiered system of supports (MTSS). Participants gained an understanding of prevention and early intervention programs and practices to further their	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams	DBH Clinical Specialists	30		

					School Strengthening Work Plans.					
Planned	Feb TBD	Skill-Building Session: Family and Youth Engagement	video conference/chat	Webex	Hour-long call to discuss challenges with implementing family engagement strategies and using the strategies outlined in the previous CoP and to hear from consultants on possible solutions	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams		20		
Planned	3/3/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	DBH	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	3/25/2020	DC School Behavioral Health Community of Practice (DC CoP): TBD (on School Climate/Social Emotional Learning)	DC CoP Meeting	TBD	Monthly DC CoP meeting. Monthly DC CoP meeting. The purpose of this meeting is to provide learning content and facilitate peer/social learning activities on the topic of positive school climate and social-emotional learning implementation. The meeting will leverage the	Community of Practice (DC CoP) participants	DC CoP School Climate and Social-Emotional Learning Practice Group	100		

					expertise and activities of the School Climate and Social-Emotional Learning Practice Group.					
Planned	March TBD	Mapping SMH Interventions Using an MTSS Framework	Training	TBD	Training on how to select, implement, and organize Tier 1, Tier 2, and Tier 3 interventions within a multi-tiered system of supports (MTSS). Participants gained an understanding of prevention and early intervention programs and practices to further their School Strengthening Work Plans.	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams	DBH Clinical Specialists	30		
Planned	March TBD	Effectively Integrating Prominent School-Behavioral Health Frameworks	Webinar	Virtual Meeting	Webinar to share report about lessons learned for how to integrate complementary school-wide behavioral health frameworks, including MTSS, RJ, and Trauma-informed Practices	Education Leaders, School Behavioral Health Coordinators and Clinicians		50		
Planned	March TBD	Skill-Building Session: School Climate/Social Emotional Learning	video conference/chat	webex	Hour-long call to discuss challenges with implementing school climate and SEL practices and using the strategies outlined in the previous CoP and to hear from	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams		20		

					consultants on possible solutions					
Planned	4/7/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	4/22/2020	DC School Behavioral Health Community of Practice (DC CoP): TBD (on School-based Clinical Supervision)	DC CoP Meeting	<i>Virtual Meeting</i>	Monthly DC CoP meeting. The purpose of this meeting is to provide learning content and facilitate peer/social learning activities on the topic of school-based clinical supervision. The meeting will leverage the expertise and activities of the School-based Clinical Supervision Practice Group.	Community of Practice (DC CoP) participants	DC CoP School-based Clinical Supervision Practice Group	100		
Planned	April TBD	Mapping SMH Interventions Using an MTSS Framework	Training	TBD	Training on how to select, implement, and organize Tier 1, Tier 2, and Tier 3 interventions within a multi-tiered system of supports (MTSS). Participants gained an understanding of prevention and early intervention programs and	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams	DBH Clinical Specialists	30		

					practices to further their School Strengthening Work Plans.					
Planned	April TBD	Skill-Building Session: School-based Clinical Supervision	video conference/chat	Webex	Hour-long call to discuss challenges with utilizing best practices with school-based clinical supervision and the strategies outlined in the previous CoP and to hear from consultants on possible solutions	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams		20		
Planned	5/5/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	DBH	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	5/20/2020	DC School Behavioral Health Community of Practice (DC CoP): TBD (on Crisis Response and Intervention)	DC CoP Meeting	TBD	Monthly DC CoP meeting. The purpose of this meeting is to provide learning content and facilitate peer/social learning activities on the topic of crisis response and intervention. The meeting will leverage the expertise and activities of the Crisis Intervention and Response Practice Group.	Community of Practice (DC CoP) participants	DC CoP Crisis Response and Intervention Practice Group	100		

Planned	May TBD	TBD (on YRBS)	Training	<i>Virtual Meeting</i>	Virtual meeting/webinar to present the results of DC's Youth Risk Behavior Survey (YRBS) and to improve school health/wellness data literacy for greater understanding of youth risk behaviors and for program planning.	School Behavioral Health Coordinators and Clinicians from middle schools and high schools	OSSE Division of Health and Wellness	100		
Planned	May TBD	Skill-Building Session: School-based Clinical Supervision	video conference/chat	Webex	Hour-long call to discuss challenges with implementing crisis response and management interventions and using the strategies outlined in the previous CoP and to hear from consultants on possible solutions	School Behavioral Health Coordinators and Clinicians, with a focus on CBO and school-based coordinator teams		20		

Planned	6/2/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	Q32. Attachment. List of planned events, training, regular meetings, or other convenings with brief summaries of the purpose of each event, target audience, and planned number of participants	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	6/17/2020	DC School Behavioral Health Community of Practice (DC CoP): TBD (Share Fair: Sharing Resources and Learnings)	DC CoP Meeting	TBD	Monthly DC CoP meeting. The purpose of this meeting is to showcase learning from throughout the year, celebrate successes, share progress, and plan for the next year.	Community of Practice (DC CoP) participants		100		
Planned	June TBD	TBD (on Teaming)	Training	TBD	Intensive in-person training sponsored by the National Center for School Mental Health/East Central Mental Health Technology Transfer Center on best practices in school mental health teaming.	School Behavioral Health Coordinators and Technical Assistance Providers (Clinical Specialists, TA Managers, AWARE Staff)	National Center for School Mental Health/East Central Mental Health Technology Transfer Center	50		

Planned	7/7/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	DBH	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	8/4/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	9/1/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	DBH	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	10/6/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		



					quality school behavioral health TA.					
Planned	11/3/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	DBH	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		
Planned	12/1/2020	Technical Assistance (TA) Provider Practice Group (PG) Meeting	Meeting	OSSE	Monthly Practice Group meeting of those providing technical assistance (TA) to schools and CBOs in order to develop structures and processes, and to share best practices to support the delivery of high-quality school behavioral health TA.	DBH Clinical Specialists, Technical Assistance Managers, Project AWARE staff		10		

*Q32. Please provide an update on the status of establishing a community of practice for school-based mental health. Please include the following information:*

- a. An overview of the current organization structure, and plans for the future*
- b. List of events, trainings, or other convenings with brief summaries of the purpose of each event, target audience, planned number of participants, and actual number of participants*
- c. List of planned events, training, regular meetings, or other convenings with brief summaries of the purpose of each event, target audience, and planned number of participants*
- d. Estimated timeline for fully establishing the community of practice*
- e. Plans for assessing the effectiveness and utilization rate for the community of practice*

## **DBH Response**

The D.C. School Behavioral Health Community of Practice (CoP) contract was awarded to the vendor, The Center for Health and Health Care in Schools (CHHCS) at the Milken Institute School of Public Health at the George Washington University. It was launched in September 2019 and the CoP monthly meetings are an opportunity for schools and Community Based Organizations (CBOs) to engage with each other, learn together and solve persistent problems of practice. The voices and perspectives of the CoP members build the shared knowledge, resources, and tools on best practices in school-based behavioral health.

The first attachment shows the organizational structure of the Community of Practice. Within the current organizational structure of the CoP, there is a focus on the school behavioral health teams within Cohort 1 and Cohort 2 of the District's school-based behavioral health expansion. However, individuals outside of the Cohorts are able to attend the larger monthly sessions. These meetings are open to all School Behavioral Health Coordinators from DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS) in Cohorts 1 and 2; school-based clinicians from participating CBOs; and School Administrators. The CoP is supported by the Department of Behavioral Health (DBH), the Center for Health and Health Care in Schools (CHHCS) at the Milken Institute School of Public Health at the George Washington University, DCPS, DCPCS, the Office of the State Superintendent of Education (OSSE), and CRP, Inc.

The second attachment provides information on events, meetings, trainings, and information informed by what is of the interest of the CoP members at the current point and time. As the contractor learns more about what the CoP members want and need, the team will continue to build infrastructure for creating meaningful engagement around practice change; and more events and opportunities for learning. The CoP team conducts on-going scans to identify and summarize existing resources that may be brought to bear as part of the CoP. Additionally, Department of Behavioral Health Clinical Specialists and Technical Assistance Managers from the GW team are assigned Cohort schools to support the CBO and school teams through technical assistance. Moreover, the CoP members have leveraged the creation of Practice Groups which include: Trauma-Informed Practices in Schools Practice Group; School-based Clinical Supervision Practice Group; Crisis Intervention & Response Practice Group;

Positive School Climate/Social-Emotional Learning Practice Group; and Family Engagement/Youth Engagement Practice Group.

A webpage is currently under construction and will be located on the DBH website to provide a centralized location for a calendar of CoP monthly meetings, learning activities, events, trainings, webinar recordings, materials, and tools.

The work and practice of school-based behavioral health is dynamic with rapid changes and it is quite complex. The framework that is being utilized in the implementation of the D.C. School Behavioral Health Community of Practice strategically embeds social learning. The learning of the CoP is driven through ongoing learning and feedback loops within a developmental process that incorporates practitioners' experiences being brought back to the group to build new knowledge and to support implementation of best practices in school behavioral health.

As the CoP members experience learning loops that members view as having such values as: immediate value, potential value, applied value, realized value, strategic value, enabling value, and/or transformative value, members will find their rhythm within the membership and participation in the CoP. It is anticipated that by April, 2020, there will be a consistent increase in participation of both the School Behavioral Health Coordinators and CBO clinicians attending the CoP meetings and identifying their learning loops that have made the learning relevant, adaptive, and dynamic. The evaluation contractor will work very closely with the CoP contractor to assess the fidelity of best practices built upon and implemented within school-based behavioral health in the Cohort schools.

Q32. Attachment 1 of 2. Organizational Structure

Q32. Attachment 2 of 2. Events. Meetings

*Q33. Please provide an update on the status of implementing and completing an assessment or evaluation of the effectiveness of the public health model for school-based mental health. Please include the following information:*

- a. Timeline for implementation and completion*
- b. Description of planned assessment or evaluation tools*
- c. If using an outside contractor, please identify*

**DBH Response**

DBH through the Office of Contracts and Procurement received responses on January 6, 2020 to the solicitation for an outside contractor. The evaluation process is currently in progress. Once a contract is awarded, the initial phase of the assessment and evaluation in the current SY19-20 will be on the process, fidelity, and quality improvement aspects of the implementation of the public health model. The evaluation of the effectiveness of the public health model will be in the second phase of the evaluation of the implementation and begin during SY20-21.

*Q34. Please provide the results of the midyear and last year's end of the year surveys that were distributed to school administrators to measure the satisfaction of services provided by SMHP clinicians. In your response, please indicate any actions taken to address concern raised previous surveys regarding the need to have additional of full-time SMHP clinicians in schools.*

**DBH Response:**

During SY 18-19, seventeen administrators from seventeen different schools (36%) returned the midyear survey (N=47) and twenty-one administrators from twenty one schools (39%) returned the end of the year survey (N=53). Overall, the results from both of the surveys were extremely positive and the administrators were satisfied with the SMHP services.

The majority (90%) of administrators reported that SMHP clinicians were knowledgeable about mental health issues of the students at their schools, were professional and had a caring attitude, and adhered to and complied with the school policies in conjunction with the implementation of the program. In addition, they reported that clinicians were available and provided services and support to children and families, as well as, the teachers and staff. For example, almost all of the administrators at midyear (95%) and at the end of the year (95%) indicated that clinicians worked collaboratively with school staff, parents/guardians and students to meet the mental health needs of the school. Approximately 95% of the administrators also reported that the clinicians were flexible and available to see students and families as needed. In addition, most of the administrators, (88%) at midyear and (95%) at the end of the year, reported that they felt comfortable consulting with the SMHP clinician regarding a student with a social or emotional concern. Additionally, administrators were overwhelmingly satisfied, 94% at midyear and 95% at end of the year, with the services provided by DBH. At the end of the year 100% of the Principals reported they wanted to continue with SMHP.

There were comments on the midyear and year end surveys such as: “We can see the evidence and the impact of Mrs. TC as part of the school community. Teachers are comfortable with seeking out her advice, parents know they can ask directly for if desired, and students enjoy her class sessions. Her sessions and overall approaches, cause students to grow their social-emotional beings which is a great need in this school and community. Another comment say: “We love Ms. Davis. She is culturally aware, sensitive and extremely knowledgeable.

One school requested a change from part time services to full time services at the end of the year. The school has since been matched with a CBO as part of the expansion and they are receiving full-time services.

*Q35. Please provide a list of children’s mental health services which are currently being funded with local dollars - not Medicaid dollars. For each service, please update the Committee on steps taken to receive Medicaid reimbursement for this service. Please include the total amount spent on these services and a comparison to the last 5 fiscal years.*

**DBH Response:**

The following chart includes a list of the children’s mental health services which are currently funded by local dollars and a comparison of the amount spent over the last five fiscal years.

<b>Service Children’s Services Funded with Local Dollars</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
High Fidelity Wraparound	\$2,240,912	\$3,258,388	\$887,916	\$616,851	\$563,865
Court-Ordered Evaluations	\$1,046,544	\$1,105,250	\$999,667	\$893,149	\$552,130
School Mental Health Program	\$4,915,201	\$5,600,889	\$6,177,765	\$5,314,292	\$8,629,644
Primary Project	\$367,213	\$387,332	\$371,618	\$409,316	\$439,320
Healthy Futures	\$601,002	\$619,590	\$638,753	\$658,508	\$678,874

During FY19, the DC SEED grant team continued to revise and strengthen the DC SEED Strategic Financing Plan that leverages and builds upon ongoing collaboration with the DC Department of Healthcare Finance (DHCF) to support the sustainability of the array of existing and proposed clinical interventions and other supports for young children and their families. Through support of a Zero to Three Technical Assistance project, a group of DC early childhood professionals including participants from DBH, OSSE, DHCR, Children’s National Medical Center and the Early Childhood Innovation Network (ECIN) worked together to create an Infant Early Childhood Mental Health (IECMH) Asset Map that displays services and supports across the continuum and includes prenatal, prevention, early intervention, treatment and recovery services. As a part of this effort, the team created a spreadsheet of all early childhood programs and services that aligned Medicaid codes. The spreadsheet also served the purpose of highlighting where there are not billable codes for IECMH services for the purpose of exploring additional funding sources for these services. This multi-disciplinary team will continue to work together in FY20 to strengthen early childhood services and supports within DC and will provide recommendations related to the financing of early childhood services.

*Q36. How many DBH clients relied entirely on local dollars for all of the services they received from DBH in FY19? How does this compare to the last 5 fiscal years?*

- *What are the demographics of this population?*
- *Of this population, how many have expressed a need for bilingual therapists and/or clinicians, if collected?*
- *How many therapists and/or clinicians providing DBH services are bilingual?*
- *What behavioral health services are available to this population?*

**DBH Response**

To ensure access to care, behavioral health services are supported with local funds for individuals who are income eligible but not eligible for Medicaid or their eligibility is pending. Local funding is also used for individuals who received a service that is not Medicaid reimbursable but indicated as the appropriate level of care. In FY19, the total number of consumers/clients in these categories was 3,550 individual compared to 9,134 in FY 15—a decrease of 5,584 individuals or 61 percent.

The decrease is primarily in individuals receiving substance use disorder services. The majority of substance use disorder services became eligible for Medicaid reimbursement with the publication of Chapter 63 on 9/04/2015. Prior to that, Medication Assisted Treatment and ASTEP services were billed to Medicaid directly. Since the publication of Chapter 63, 60 percent of clients have been transitioned to Medicaid services. In FY 19, the number of consumers who were not eligible for Medicaid or whose eligibility was pending or received substance use disorder services not Medicaid reimbursable decreased to 2,504 or 63 percent from a total of 6,811 in FY 15. Residential services, which is the biggest cost driver of local dollars, was totally locally funded in FY19. Through the 1115 waiver, the treatment services associated with residential treatment are Medicaid funded as of 01/01/2020. For mental health services, the number decreased to 1,046 in FY 19 or 55 percent from 2,323 in FY 15.

*-What are the demographics of this population?*

The chart below represents the percentage of the population served in FY 19.

<b>MHRS</b>	% Adults 26>years	% Youth <25 years	% Male	% Female	Transgender	% African American	% White	% Other known*	%Not Known
	96	4	51	49	1	71	6	11	10
<b>SUD</b>	91	8	71	29		88	4	5	1

\*primarily non-white Hispanic

*-Of this population, how many have expressed a need for bilingual therapists and/or clinicians, if collected? How many therapists and/or clinicians providing DBH services are bilingual? What behavioral health services are available to this population?*

Approximately seven percent or 74 individuals were identified as Non-English Primary Language across all consumers. The number of bilingual therapists and/or clinicians reported by the provider network is 149 individuals. All services are available to limited or non-English

speaking individuals and all providers are required to provide language interpretation services. DBH provides interpretation services for patients located at Saint Elizabeths, Comprehensive Psychiatric Emergency Program (CPEP), Behavioral Health Services Division, Forensic Services program, Assessment and Referral Center, School Based Mental Health and DBH trainings. In FY 19, DBH supported 25,385 encounters at a total of \$285,000. This includes interpretation services for multiple daily clinical sessions for multiple individuals in care at Saint Elizabeths Hospital. Vital documents also are translated into six required languages: Korean, Mandarin Simple Chinese, Amharic, Spanish, Vietnamese and French. Vital documents are also translated for additional languages as requested.

Language	Bilingual Staff (tot)	In-person Interpreter (tot)	Telephone-Based Interpreter (tot)		Total Encounters (tot)
Amharic	87	1962	271	0	2320
Arabic	6	54	8	0	68
Burmese	0	0	2	0	2
Cantonese	0	0	6	0	6
Chinese	20	178	10	0	208
Creole	0	2	0	0	2
French	88	593	33	0	714
Hindi	4	14	0	0	18
Italian	1	0	1	0	2
Japanese	2	0	1	0	3
Korean	6	73	2	0	81
Mandarin	3	0	19	0	22
Nepali	0	1	0	0	1
Oromo	0	0	1	0	1
Polish	0	0	1	0	1
Portuguese	0	0	2	0	2
Russian	0	0	13	0	13
Serbian	0	0	2	0	2
Spanish	1612	17,077	2373	0	21,062
Thai	0	250	0	0	250
Tigrinya	1	42	17	0	60
Urdu	0	0	1	0	1
Vietnamese	10	503	33	0	546
<b>Totals (23 groups)</b>	1840	20,749	2796	0	25,385



<b>MHRS Services</b>	<b>Service Description</b>
<b>Diagnostic / Assessment</b>	<p>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.</p>
<b>Medication Training/Support Treatment</b>	<p>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.</p>
<b>Community Support</b>	<p>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 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.</p>

<p><b>Crisis/Emergency</b></p>	<p>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.</p>
<p><b>Rehabilitation/Day Services</b></p>	<p>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, 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.</p>

<p><b>Intensive Day Treatment</b></p>	<p>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.</p> <p>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 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.</p>
<p><b>Community-Based Intervention</b></p>	<p>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.</p> <p>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.</p>

<p><b>Assertive Community Treatment (ACT)</b></p>	<p>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 adults with serious and persistent mental illness with dedicated staff time and specific staff to consumer ratios.</p> <p>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.</p>
<p><b>Counseling</b></p>	<p>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.</p>
<p><b>Child-Parent Psychotherapy (CPP)</b></p>	<p>Child-Parent Psychotherapy for Family Violence (CPP) is a relationship-based treatment intervention for young children with a history of trauma exposure or maltreatment, and their caregivers. CPP 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.</p> <p>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, 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.</p>
<p><b>Trauma-Focused Cognitive</b></p>	<p>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic intervention designed to help children, working with their parent/caregivers,</p>

<b>Behavioral Therapy (TF-CBT)</b>	<p>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.</p>
<b>Psychosocial Rehabilitation Clubhouse Service (Clubhouse)</b>	<p>Clubhouse services assist individuals with behavioral health diagnoses to develop social networking, independent living, budgeting, self-care, and other skills that will assist them to live in the community and to prepare for securing and retaining employment. Clubhouse services utilize behavioral, cognitive or supportive interventions to improve a member's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements, and are provided in a collaborative environment where Clubhouse staff and members work side-by-side. Clubhouse services adhere to the International Standards for Clubhouse Programs established by Clubhouse International.</p>
<b>Trauma Recovery and Empowerment Model (TREM)</b>	<p>TREM is a structured group therapy intervention designed for individuals who have survived trauma and have substance use disorders and/or mental health conditions. TREM draws on cognitive restructuring, skills training, and psychoeducational and peer support to address recovery and healing from sexual, physical, and emotional abuse. A curriculum for each model outlines the topic of discussion, a rationale, a set of goals, and a series of questions to be posed to the group in addition to an experiential exercise for each session.</p>
<b>Trauma Systems Therapy</b>	<p>TST is a comprehensive, phase-based model for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing the child's social environment and/or system of care. TST is designed to provide an integrated highly coordinated system of services guided by the specific understanding of the nature of child traumatic stress. TST focuses on the interaction between the child's difficulties regulating their emotions and the deficits within the child's social environment. The three (3) phases of the model are Safety-Focused, Regulation-Focused, and Beyond Trauma.</p>
<b>Health Home</b>	<p>A Health Home serves as the coordinating entity for services offered to a person with a serious and persistent mental illness (consumer) who has or is at risk of developing co-occurring chronic medical conditions. The provider is the central point for coordinating patient-centered and population-focused care for both behavioral health and other medical services. The Health Home provider is compensated on a per member per month (PMPM) basis to coordinate care between itself as the behavioral health provider, and other physical and specialty health care providers and community-based services and supports. The purpose and goal of individualized care coordination is to increase collaboration and integration of behavioral, health and community based services, improve management of chronic conditions, and reduce avoidable health care costs, specifically for hospital admissions, readmissions and emergency room visits.</p>

<b>Non-Medicaid Services</b>	
<p><b>Supported Employment</b> (Note: Supported Employment becomes a Medicaid Service effective 2/1/20 under the 1115 Waiver)</p>	<p>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.</p>
<p><b>Choice Care Coordination</b></p>	<p>Choice Care Coordination is care coordination provided by a Child Choice Provider to a child or youth in the legal care and custody of CFSA. Choice Care Coordination is the implementation of the comprehensive care plan through appropriate linkages, referrals, coordination, consultation and follow-up to needed services and support. 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.</p>
<p><b>Flexible Spending Local Funds Program for Child Choice Providers</b></p>	<p>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 spending reimbursement through 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.</p>
<p><b>Mental Health Service Continuity of Care Treatment Planning, Institution services (MHS-CTPI)</b></p>	<p>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.</p>
<p><b>Mental Health Service – Discharge Treatment Planning, Institution (MHS - DTPI)</b></p>	<p>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.</p>

<b>Community Psychiatric Supportive Treatment Program Rehab/Day Services (CPS- Rehab/Day)</b>	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.
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MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
<b>Diagnostic / Assessment</b>	T1023	HE	11-Office	Y	259.28 / Occurrence
	Diagnostic Assessment (at least 3 hours)		12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0002		11-Office	Y	86.43 / Occurrence
	Brief Diagnostic Assessment		12-Home	Y	
			14-Group Home	Y	
	(40-50 minutes in duration to determine eligibility for admission to a mental health treatment program)		53-Community MH center	Y	
			99-POS not identified	Y	
<b>Medication Training/Support Treatment</b>					
	H0034	HQ	11-Office	Y	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	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	
<b>Community Support</b>					
	H0036	HQ	04-Homeless Shelter	Y	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	\$24.27 / 15-min Unit
	Community Support	Individual	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		



MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	H0036	UK	04-Homeless Shelter	Y	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	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	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	24.27 / 15-min Unit
	Community Support	CRF			
	H0036	AM	04-Homeless Shelter	Y	24.27 / 15 min Unit
	Physician Team Member		11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0038		04-Homeless Shelter	Y	24.27 / 15-min Unit
	Self-help/Peer Support		11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0038	HQ	04-Homeless Shelter	Y	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 / 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 / 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	24.27 / 15min Unit
	Supported Employment		53-Community MH center	Y	
	(Therapeutic)		99-POS not identified	Y	
<b>Crisis/Emergency</b>	H2011		04-Homeless Shelter	Y	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	
			99-POS not identified	Y	
<b>Rehabilitation/Day Services</b>	H0025		53-Community MH center	Y	116.90 / Day
	Day Services				
	(1 day at least 3 hours)				
<b>Intensive Day Treatment</b>	H2012		53-Community MH center	Y	164.61 / Day
	Intensive Day Treatment				
	(1 day at least 5 hours)				
<b>Community-Based Intervention</b>	H2022		03-School	Y	51.96 / 15-min Unit
	Community-Based		11-Office	Y	

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	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	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	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	51.96 / 15-min Unit
	Intervention – CBI		12-Home	Y	
	(level IV) FFT		53-Community MH center	Y	
			99-POS not identified	Y	
<b>Assertive Community Treatment (ACT)</b>					<b>37.15 / 15-min Unit</b>
	H0039		04-Homeless Shelter	Y	
	Assertive Community	Individual	11-Office	Y	
	Treatment - ACT		12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0039	HQ	11-Office	Y	9.30 / 15-min Unit
	Assertive Community	Group	53-Community MH center	Y	
	Treatment – ACT		99-POS not identified	Y	
<b>Counseling</b>	H0004	HQ	11-Office	Y	<b>7.21 / 15-min Unit</b>
	Counseling	Group	53-Community MH center	Y	
			99-POS not identified	Y	
	H0004		03-School	Y	<b>28.81 / 15-min Unit</b>

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	Counseling On-site	Individual	11-Office	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0004	HS	03-School	Y	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	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	36.18 / 15-min Unit
	Counseling Off-Site	Individual	14-Group Home	Y	
			99-POS not identified	Y	
	H0004	HT	11-Office	Y	36.18 / 15-min Unit
	Child/Parent Psychotherapy	Child/Parent	53-Community MH center	Y	
			03-School	Y	
			99-POS not identified	Y	
	H0004	ST	11-Office	Y	36.18 / 15-min Unit
	Cognitive Behavioral Therapy	Trauma Focused	53-Community MH center	Y	
			03-School	Y	
			99-POS not identified	Y	
	(TBD)		11-Office	Y	(TBD)
	Trauma Recovery and Empowerment Model (TREM)		53-Community MH center	Y	(TBD)
			99-POS not identified	Y	(TBD)
	Trauma Systems Therapy (TST)		11-Office		(TBD)
			53-Community MH center		(TBD)
			99-POS not identified		(TBD)
<b>Clubhouse</b>	H2031		53-Community MH center	Y	95.00 / Day
	1 day at least 3 hours				

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
<b>Non-MHRS Medicaid Only Service</b>					
(prior to 2/1/19)	S0281	U1	11-Office		<b>481.00 Case Rate/mo</b>
	Health Home Services; High-Acuity		53-Community MH center		
			99-POS not identified		
(prior to 2/1/19)	S0281	U2	11-Office		<b>349.00 Case Rate/mo</b>
	Health Home Services; Low-Acuity		53-Community MH center		
(from 2/1/19)	S0281	U4	11-Office	<b>Y</b>	<b>125.75 Case Rate/mo</b>
	Health Home Services		53-Community MH center	<b>Y</b>	
			99-POS not identified	<b>Y</b>	
<b>DBH Local / Non-Medicaid MHRS Services</b>					
	H2025				
	Supported Employment (Non-MHRS Vocational)		11-Office	<b>N</b>	<b>18.61 / 15-min Unit</b>
			53-Community MH center	<b>N</b>	
			99-POS not identified	<b>N</b>	
	H2025	HQ	11-Office	<b>N</b>	<b>6.65 / 15-min Unit</b>
	Supported Employment Group (non-MHRS Job Club)		53-Community MH center	<b>N</b>	
			99-POS not identified	<b>N</b>	
	H2025	HH	11-Office	<b>N</b>	<b>18.61 / 15-minUnit</b>
	Supported Employment For CABHI Clients		53-Community MH center	<b>N</b>	
			99-POS not identified	<b>N</b>	
	DMH14		53-Community MH center	<b>N</b>	<b>331.87 / Day</b>
	Residential Crisis Stabilization				
	DMH20		11-Office	<b>N</b>	<b>15.00 / 15-min Unit</b>
	Team Meeting		53-Community MH center	<b>N</b>	
			99-POS not identified	<b>N</b>	

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	DMH22		04-Homeless Shelter	N	
	Jail Diversion – (Criminal Justice System – CJS)		09-Prison/Correctional facility	N	Rate negotiated by individual contract
			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	331.87 / Day
	No-Auth Residential Crisis Stabilization				
	DMH24		99-POS not identified	N	Case Rate
	Integrated Community Care Project - ICCP				
	DMH26		11-Office	N	25.00 / Occurrence
	Transitional Service		12-Home	N	
			53-Community MH center	N	
			99-POS not identified	N	
	H0006	HU	11-Office	N	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¢ / Unit
	FlexN Service		12-Home	N	
			53-Community MH Ctr	N	
			99-POS not identified	N	
	H0032		09-Prison-Correctional facility	N	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	

<b>MHRS Service Category</b>	<b>Procedure Code</b>	<b>Modifier</b>	<b>Place-of-Service</b>	<b>Medicaid Reimbursable (Y or N)</b>	<b>Rate</b>
	H0032	HK	09-Prison-Correctional facility	N	21.97 / 15-min Unit
	MH Service – COC Treatment Planning – Inst. (MHS-CTPI)		21-Inpatient hospital	N	
			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 / 15 min Unit
	MH Service Discharge Treatment Planning		21-Inpatient hospital	N	
	Planning Institution (MHS-DTPI) (ACT)		31-Skilled nursing facility	N	
			32-Nursing facility	N	
			51-Inpatient Psychiatric facility	N	
	H0046	HTHA	09-Prison-Correctional facility	N	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	116.90 / Day
	Community Psychiatric				
	Supportive Treatment				
	Program – Rehab/Day Services (CPS-Rehab/Day) (1 day at least 3 hours)				

*Q37. 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 FY19 and current reimbursement rates for each service.*

**DBH Response**

See Attachment 1 of 2. MHRS Services

See Attachment 2 of 2. Rates



**FY 19 Oversight Question 38.**

<b>FY2019</b>													
<b>MHRS Monthly</b>	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Annual
Medicaid Paid	\$9,402,098.97	\$8,784,201.32	\$8,591,124.53	\$9,122,831.01	\$8,504,817.26	\$9,624,638.59	\$9,933,031.74	\$10,404,081.08	\$9,613,677.43	\$10,557,899.12	\$10,436,878.06	\$10,119,119.26	\$115,094,398.37
Medicaid FFP	\$6,581,469.28	\$6,148,940.92	\$6,013,787.17	\$6,385,981.71	\$5,953,372.08	\$6,737,247.01	\$6,953,122.22	\$7,282,856.78	\$6,729,574.20	\$7,390,529.39	\$7,305,814.66	\$7,083,383.50	\$80,566,078.92
Local Match	\$2,820,629.69	\$2,635,260.40	\$2,577,337.36	\$2,736,849.30	\$2,551,445.18	\$2,887,391.58	\$2,979,909.52	\$3,121,224.30	\$2,884,103.23	\$3,167,369.73	\$3,131,063.40	\$3,035,735.76	\$34,528,319.45
Local Paid	\$622,401.72	\$559,568.16	\$547,744.26	\$585,001.77	\$544,500.66	\$624,015.10	\$614,159.19	\$533,020.42	\$423,334.96	\$604,585.64	\$693,641.65	\$533,687.84	\$6,885,661.37
<b>Total Monthly</b>	<b>\$10,024,500.69</b>	<b>\$9,343,769.48</b>	<b>\$9,138,868.79</b>	<b>\$9,707,832.78</b>	<b>\$9,049,317.92</b>	<b>\$10,248,653.69</b>	<b>\$10,547,190.93</b>	<b>\$10,937,101.50</b>	<b>\$10,037,012.39</b>	<b>\$11,162,484.76</b>	<b>\$11,130,519.71</b>	<b>\$10,652,807.10</b>	<b>\$121,980,059.74</b>

<b>FY2020 to date</b>													
<b>MHRS Monthly</b>	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Annual
Medicaid Paid													\$0.00
Medicaid FFP													
Local Match													
Local Paid	\$641,612.98	\$480,049.03	\$275,750.55	\$4,371.65									\$1,401,784.21
<b>Total Monthly</b>	<b>\$641,612.98</b>	<b>\$480,049.03</b>	<b>\$275,750.55</b>	<b>\$4,371.65</b>									<b>\$1,401,784.21</b>

*Q38. Please provide the monthly MHRS utilization data for FY19 and to date in FY20.*

*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**

Please see Attachment 1 of 1. MHRS Utilization

FY2018 MHRS	Local Claims		Medicaid Claims		Total All Paid Claims - Medicaid & LOCAL
	LOCAL MHRS PO Allocations	LOCAL MHRS Warrants	Medicaid Claims Paid by DHCF		
Amazing Love Health Services	1,000.00	981	67,836		68,817
Anchor Mental Health Association, Inc	1,379,269.76	1,360,411	4,689,511		6,049,922
API	1,000.00	0	30,939		30,939
Better Morning	1,000.00	822	297,352		298,174
CityCare Health Services	5,000.00	4,982	45,190		50,172
Community Connections, Inc.	537,500.00	533,296	12,677,382		13,210,677
Community Wellness Ventures	7,000.00	3,150	14,870		18,020
Contemporary Family Services (Closed)	732,475.19	691,611	9,044,966		9,736,577
Deaf - REACH, Specialty Services	40,000.00	39,974	100,753		140,727
Family Preservation Services	329,855.00	311,371	2,807,540		3,118,911
Family Solutions of Ohio	500.00	0	1,033		1,033
Family Wellness Center	78,568.00	74,527	1,109,475		1,184,001
First Home Care Corporation (Closed)	10,000.00	9,445	294,433		303,879
Foundations for Home and Community (Closed)	75,000.00	14,004	171,453		185,457
Global Resources & Supports	500.00	428	2,189		2,618
Hillcrest Children's Center	550,000.00	523,015	5,425,211		5,948,227
Holy Health Care Services	5,000.00	0	30,265		30,265
Humility (Closed)	500.00	0	6,289		6,289
Inner City Family Services	140,000.00	137,455	2,676,988		2,814,443
Latin America Youth Ctr	50,000.00	44,009	75,473		119,482
Life Care	500.00	459	3,018		3,477
Life Enhancement Services (LES)	37,016.74	32,311	4,020,618		4,052,929
Life Stride, Inc	105,813.00	103,601	3,072,783		3,176,384
Maryland Family Resources (MDDC)	8,712.00	6,559	915,545		922,103
Mary's Center Maternal Child Care, Inc.	200,000.00	194,552	392,096		586,648
MBI Health Services	2,865,000.00	2,828,943	29,474,118		32,303,061
McClendon Center, Specialty Services	251,000.00	241,721	3,507,928		3,749,649
Neighbors Consejo	101,218.00	100,172	797,980		898,152
One Care DC	500.00	0	0		-
Outreach Solutions	4,000.00	1,858	305,417		307,275
Pathways to Housing D.C., Specialty Services	600,000.00	592,383	3,855,629		4,448,012
Prestige Healthcare Resources	1,000.00	220	164,375		164,595
Preventive Measures	30,000.00	24,580	2,041,187		2,065,766
PRS-DC Recovery Academy	5,000.00	3,387			3,387
PSI, III	262,379.00	262,117	4,223,501		4,485,618
Psychiatric Center Chartered	180,000.00	177,940	1,844,216		2,022,156
RAP	1.00	0	0		-
Umbrella Therapeutic Services	55,000.00	50,125	665,360		715,485
Volunteers of America Chesapeake	260,000.00	254,154	3,697,098		3,951,252
Washington Hospital Center	70,000.00	68,492	405,545		474,037
Woodley House, Inc.	80,797.00	72,407	153,783		226,190
<b>Community Provider Totals</b>	<b>9,062,104.69</b>	<b>8,765,462</b>	<b>99,109,345</b>		<b>107,874,806</b>
MHSD	N/A	N/A	1,137,640		1,137,640
CPEP	N/A	N/A	977,578		977,578
<b>All MHRS Provider Totals</b>	<b>8,367,905.00</b>	<b>8,765,461.72</b>	<b>101,224,563</b>		<b>109,990,024</b>

FY2019 MHRS	LOCAL Claims		Medicaid Claims		Total All Paid Claims - Medicaid & LOCAL
	LOCAL MHRS PO/HCA Allocations	LOCAL MHRS Claims Invoices	Medicaid Claims Paid by DHCF		
Absolute Healthcare Resources	10,000.00	8,991	262		9,253
Abundant Grace Health Services	25,000.00	19,388	0		19,388
Amazing Love Health Services	421,469.00	400,301	2,739,570		3,139,871
Anchor Mental Health Association, Inc	949,000.00	908,137	4,988,106		5,896,243
Better Morning	55,000.00	51,657	7,557,736		7,609,393
CityCare Health Services	200,000.00	177,895	1,004,230		1,182,125
Community Connections, Inc.	872,000.00	871,594	9,808,723		10,680,317
Community Wellness Ventures	100,000.00	99,720	342,825		442,545
Deaf - REACH, Specialty Services	40,000.00	37,570	165,669		203,239
Dedicated Care Health Services	25,000.00	24,848	673,915		698,763
District Health Care	5,000.00	4,993	0		4,993
Family Preservation Services	410,000.00	408,192	3,396,850		3,805,042
Family Solutions of Ohio	25,000.00	21,160	861,896		883,056
Family Wellness Center	40,000.00	39,683	1,277,825		1,317,508
Global Resources & Supports	14,688.00	1,687	28,794		30,482
Goshen Healthcare Management	2,000.00	0	0		-
Hillcrest Children's Center	350,000.00	349,504	5,542,061		5,891,565
Holy Health Care Services	40,000.00	27,075	594,379		621,454
Inner City Family Services	120,000.00	119,647	2,483,092		2,602,739
Intergrated Health Resources	5,000.00	0	0		-
Kahak	5,000.00	0	1,803		1,803
Kinara Health & Home Care	65,000.00	64,727	456,578		521,305
Latin America Youth Ctr	15,000.00	4,613	147,880		152,493
Life Care	80,001.00	70,406	1,062,677		1,133,083
Life Changing Solutions	5,000.00	0	1,338		1,338
Life Enhancement Services (LES)	105,001.00	101,881	2,926,225		3,028,106
Life Stride, Inc	245,000.00	244,993	3,351,541		3,596,534
Maryland Family Resources (MDDC)	10,000.00	6,809	1,046,994		1,053,803
Mary's Center Maternal Child Care, Inc.	190,000.00	188,080	395,146		583,226
MBI Health Services	2,950,000.00	2,936,969	30,178,041		33,115,010
McClendon Center, Specialty Services	240,000.00	239,983	4,004,454		4,244,438
Neighbors Consejo	141,001.00	138,214	1,948,372		2,086,586
New Hope Health Services	15,000.00	13,194	0		13,194
New Living	25,000.00	19,457	98,253		117,711
One Care DC	150,000.00	90,749	719,236		809,985
Outreach Solutions	5,000.00	0	22,944		22,944
Pathways to Housing D.C., Specialty Services	462,500.00	459,552	3,249,666		3,709,218
Prestige Healthcare Resources	115,001.00	113,694	1,632,124		1,745,817
Preventive Measures	180,000.00	171,002	3,339,583		3,510,586
PRS-DC Recovery Academy	5,000.00	3,220	175		3,394
PSI, III	220,000.00	200,247	4,512,864		4,713,111
Psychiatric Center Chartered	240,000.00	237,230	1,947,377		2,184,607
RAP	1.00	0	0		-
Spring Leaf Solutions	20,000.00	19,982	3,201,477		3,221,459
Umbrella Therapeutic Services	320,000.00	309,240	4,100,016		4,409,256
Volunteers of America Chesapeake	280,000.00	273,497	2,185,631		2,459,128
Wellness Healthcare	5,000.00	0	0		-
Woodley House, Inc.	35,000.00	31,960	143,317		175,277
<b>MHRS Community Providers Totals</b>	<b>9,837,662.00</b>	<b>9,511,743</b>	<b>112,139,647</b>		<b>121,651,389</b>
MHSD	N/A	N/A	1,004,546		1,004,546
CPEP	N/A	N/A	1,153,554		1,153,554

**LOCAL Claims**

**Medicaid Claims**

FY2019 MHS	LOCAL MHS PO/HCA Allocations	LOCAL MHS Claims Invoices		Medicaid Claims Paid by DHCF		Total All Paid Claims - Medicaid & LOCAL
All MHS Provider Totals	9,837,662.00	9,511,742.58		114,297,746		123,809,488

FY2020 MHRS	LOCAL Claims		Medicaid Claims		Total All Paid Claims - Medicaid & LOCAL
	LOCAL MHRS PO/HCA Allocations	LOCAL MHRS Claims Invoices	Medicaid Claims Paid by DHCF		
Absolute Healthcare Resources	120,000	1,104	27,078		28,182
Abundant Grace Health Services	110,000	20,615	314,792		335,407
Amazing Love Health Services	400,000	178,176	1,821,418		1,999,594
Anchor Mental Health Association, Inc	1,200,000	166,468	887,049		1,053,517
Better Morning	90,000	10,169	240,870		251,039
CityCare Health Services	150,000	50,207	735,325		785,532
Community Connections, Inc.	750,000	116,910	2,546,730		2,663,640
Community Wellness Ventures	110,000	108,982	78,702		187,685
Deaf - REACH, Specialty Services	50,000	5,484	50,221		55,705
Dedicated Care Health Services	20,000	-	361,512		361,512
District Health Care	10,000	7,120	814,327		821,447
Family Preservation Services	400,000	86,278	1,030,605		1,116,883
Family Solutions of Ohio	95,000	-	430,960		430,960
Family Wellness Center	40,000	-	93,081		93,081
Goshen Healthcare Management	20,000	6,126	123,026		129,152
Global Resources & Supports	40,000	-	17,320		17,320
Hillcrest Children's Center	500,000	94,896	1,331,453		1,426,349
Holy Health Care Services	30,000	-	342,723		342,723
Inner City Family Services	120,000	22,069	801,854		823,923
Integrated Health Resources	30,000	-	0		-
Kahak	20,000	-	1,047		1,047
Kinara Health & Home Care	150,000	-	646,707		646,707
Latin America Youth Ctr	20,000	-	5,112		5,112
Life Care	100,000	-	301,003		301,003
Life Changing Solutions	15,000	-	9,613		9,613
Life Enhancement Services (LES)	290,000	26,833	1,418,359		1,445,192
Life Stride, Inc	300,000	20,298	833,634		853,932
Maryland Family Resources (MDDC)	-	-	204,431		204,431
Mary's Center Maternal Child Care, Inc.	200,000	32,302	29,365		61,667
MBI Health Services	500,000	429,318	8,394,872		8,824,190
McClendon Center, Specialty Services	250,000	66,942	914,494		981,436
Neighbors Consejo	250,000	45,584	365,638		411,222
New Hope Health Services	20,000	19,574	245,971		265,545
New Living	10,000	-	247,246		247,246
NYA Health Services	10,000	-	60,741		60,741
One Care DC	80,000	-	358,343		358,343
Outreach Solutions	10,000	-	197,065		197,065
P&G Behavioral Health	5,000	-	0		-
Pathways to Housing D.C., Specialty Services	730,000	115,856	655,300		771,156
Prestige Healthcare Resources	70,000	62,532	946,878		1,009,410
Preventive Measures	150,000	-	626,326		626,326
PRS-DC Recovery Academy	5,000	-	0		-
PSI, III	250,000	24,163	1,047,786		1,071,949
Psychiatric Center Chartered	250,000	33,769	492,332		526,101
RAP	5,000	-	0		-
Spring Leaf Solutions	20,000	16,181	317,984		334,165
Umbrella Therapeutic Services	300,000	62,124	1,621,248		1,683,371
Universal Healthcare Management	5,000	-	0		-
Volunteers of America Chesapeake	300,000	40,462	317,587		358,049
Wellness Healthcare	10,000	-	7,077		7,077
Woodley House, Inc.	50,000	2,542	11,675		14,217
<b>Community Provider Totals</b>	<b>8,660,000</b>	<b>1,873,084</b>	<b>32,326,879</b>		<b>34,199,963</b>

FY 19 Oversight Question 39. Attachment 3 of 3. FY20 by Payor

FY2020 MHSR	LOCAL Claims		Medicaid Claims		Total All Paid Claims - Medicaid & LOCAL
	LOCAL MHSR PO/HCA Allocations	LOCAL MHSR Claims Invoices	Medicaid Claims Paid by DHCF		
MHSD	N/A	N/A	137,941		137,941
CPEP	N/A	N/A	211,070		211,070
<b>All MHSR Provider Totals</b>	<b>8,660,000</b>	<b>1,873,084</b>	<b>32,675,890</b>		<b>34,548,974</b>

- Q39. Please provide the name of all certified MHRS providers. For each provider, please provide the following information for FY18, FY19 and to date in FY20:*
- 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;*

**DBH Response**

See Attachment 1 of 3. FY 18 by payor  
See Attachment 2 of 3. FY 19 by payor  
See Attachment 3 of 3. FY 20 by payor



*Q40. Please describe some of the positive results seen from the Live.Long.DC Strategic Plan. Is the District on track to becoming overdose-free?*

## **DBH Response**

Since October 2017, the District government has convened a group of diverse stakeholders, including more than 100 individuals from over 40 stakeholder groups, to collectively understand the District's opioid crisis and establish a coordinated multi-stakeholder approach to comprehensively address the epidemic. Mayor Bowser released in December 2018, "LIVE.LONG.DC.", Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths. The comprehensive strategic plan that included initiatives already underway covers prevention, treatment, and recovery supports through seven goals, with 50 associated strategies, all aimed at reducing opioid use, misuse and opioid-related deaths by 50 percent by 2020.

There have been a number of early achievements including:

- Widespread distribution of life saving naloxone and the reversal of nearly 1,000 reported overdoses due to the administration of naloxone
- A reduction in the death rate due to opioids by 24 percent in 2018 compared to 2017
- Enactment of the provisions in the SAFE DC Act, which criminalizes synthetic drugs, including variants of fentanyl, based on the class of the chemical compounds, rather than the individual compound, strengthening law enforcement officials' ability to test for and prosecute cases against sellers and distributors of these drugs;
- Extension of emergency legislation to make opioid testing kits legal;
- Better characterization of the supply of illegal opioids, including the discovery of new opioids, through advanced testing at the Department of Forensic Sciences (DFS) opioid surveillance lab;
- Availability of medication assisted treatment in community hospitals, community clinics and the DC Jail, and
- Hundreds of opioid users ready to live healthy and addiction free or determined to try again to sustain recovery with support from their peers

These initiatives are highlighted in more detail below. The breath of the work taking place shows that the District is mobilizing communities in all eight wards including providers, advocates, faith leaders and civic leaders to fight the opioid epidemic. Yet, the Chief Medical Examiner has reported that the decline in opioid related deaths slowed in 2019. This sobering news reinforces that opioid addiction is a formidable foe and DBH and its partners are examining our strategies to double down on what's working and incorporate new and best practices from other jurisdictions fighting the opioid epidemic.

Prevention. Since May 2019, the DC Prevention Centers that cover all eight wards have conducted opioid prevention initiatives that reached over 2,400 youth and 270 adults. Across the

District, four additional sub-grantees have conducted opioid prevention initiatives that reached 3,688 individuals and trained 220 youth in a substance use prevention curriculum with a focus on opioid education and prevention. A Youth Summit in September 2019 to engage and empower District youth drew 260 summit attendees of whom 200 were youth.

Education and Awareness. To improve provider capacity to screen, support, and treat individuals with opioid use disorder, DC Health launched the Opioid Learning Institute to offer providers 12 online CME/CE accredited free training modules. Since the launch on October 1, 2019, 457 individuals have completed a course.

- Faith based grants. DBH awarded grants to 23 faith-based organizations in six wards to host opioid education activities during National Recovery Month (September). More than 4,000 participated in a diverse array of events including naloxone administration training.
- Social Marketing campaigns. DBH launched a social marketing campaign called “I’m Ready.” in December in bus ads, interior cards, and digital ads in Metro stations, and community print media targeting Wards 5, 7 and 8 where most of the opioid related deaths occurred. DC Health’s Prescription Opioid Campaign also ran on metro buses, metro trains, and two posters at 14 Metro stations and 10 bike share stations around the city, targeting opioid “hot spots.”
- Community Conversations. Conversations were held in all eight wards and attended by over 300 individuals to talk about opioid use and overdoses in the District, harm reduction approaches to drug use, community member experiences and concerns, and information sharing about local resources and supports. Engaging the community in these conversations has been critical to increasing awareness about the opioid epidemic, helping those affected understand how to help family and friends, and be able to better identify the signs of OUD. Naloxone training was provided at each of these events.
- Collaboration with Criminal Justice Partners. DBH is training judges and criminal justice lawyers/defense attorneys about medication-assisted treatment (MAT) as an option and diversion from jail. DBH also created a resource guide that judges can reference to learn where treatment services can be accessed. A discussion is underway to expand the criteria for drug court and allow judges to distribute naloxone to drug court participants and their families.

Outreach and Engagement. To engage the opioid user and those most at risk, multiple teams have been established including peers who have proven most effective at encouraging treatment. Through these teams, thousands of engagements have taken place, thousands of naloxone kits have been distributed and hundreds of individuals voluntarily agreed to screenings for referral to treatment. Steady, consistent engagement is showing results with linkages to treatment, including medication assisted treatment (MAT) housing and other supports.

- DC Health Rapid Peer Responder (RPR) team responds on the spot to opioid overdoses survivors who choose not to go to the emergency room to connect them to services and supports.
- Specialized Street Outreach Teams. Six teams are engaging primarily individuals who are experiencing homelessness and visiting Three of the teams were awarded grants to continue in work in FY 20 and they have had 367 face-to-face engagements through December.

- Overdose Survivor's Outreach Program. Peers engage opioid overdose survivors who come to the emergency room and if they refuse treatment, the peers reach out to these individuals for 90 days to try to encourage them to engage in treatment. This team has seen a high referral rate to treatment and recovery support services.
- Community Response Teams. These teams are in the community 24 hours and helping individuals access behavioral health and housing services, making crisis services easily accessible, and saving lives.

Harm Reduction. More than 1,000 reversals have been reported and naloxone is now widely available. DC Health has expanded its distribution through 26 community partnerships and 17 pharmacies in all eight wards. Nearly 80,000 naloxone kits were purchased in FY 19 compared to about 3,100 in FY 2018. Nearly 185 individuals were trained in FY18 compared with 590 in FY19. MPD reports administering naloxone was administered 524 times since March. Naloxone kits are offered to individuals with opioid use disorders upon discharge and 151 individuals were given naloxone upon release.

Treatment. Medication assisted treatment is available in community hospitals, community clinics and the DC Jail. The Emergency Department Medication Assisted Treatment induction program is now operating in four hospitals (Howard University, United Medical Center, MedStar Washington Hospital Center, and George Washington University) with an additional two hospitals (Sibley and Georgetown) scheduled to start this year. Since the initiation of the program at three pilot hospitals in May and the fourth hospital in October, the number of screenings has increased from 29 percent in July to 79 percent in December for a total of 74,084 screenings. Linkages to care have increased from 17 percent in July to 24 percent in December, moving towards the goal of 50 percent. Buprenorphine is now available from six of the District's Federally Qualified Health Centers (FQHCs), a community health clinic, and the Howard University Hospital health clinic. The DC Health Buprenorphine Drug Assistance Plan (BupDAP) provides buprenorphine to those with limited or no health insurance and in one month there were 75 enrollees.

Recovery Support Services. To support sustained recovery, three new recovery homes opened for 20 residents. Supported Employment is a new service for individuals with substance use disorders and 46 DC residents with OUD were enrolled in two supported employment programs, with 34 of these individuals simultaneously receiving MAT. The 1115 Behavioral Health Transformation Demonstration waiver brings Medicaid funding for services for adults with substance use disorders in residential facilities. Additionally, the waiver will add new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient, and residential treatment.

*Q4l. 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**

See Table below

	FY16	FY17	FY18	FY19	FY20
Local funding of non-Medical clients who relied entirely on local dollars	\$ 6,072,252	\$ 4,758,222	\$ 5,173,635	5,671,854	1,103,246
Local Funding for services for Medicaid clients a	4,093,916	3,157,636	3,496,777	3,798,599	769,838
<b>Totals</b>	<b>10,166,168</b>	<b>7,915,858</b>	<b>8,670,412</b>	<b>9,470,453</b>	<b>1,873,084</b>

*Q42. Over the last fiscal year, how much money was dedicated to providing services to DBH clients who relied partially on local dollars for the services that they received from DBH? Over each of the last five fiscal years, how much money was dedicated to providing services to DBH clients who relied partially on local dollars for the services that they received from DBH?*

**DBH Response**

See Table below

	FY16	FY17	FY18	FY19	FY20YTD
Local Dollar Funding for consumers/clients who relied partially on local dollars	\$28,853,439	\$30,547,722	\$28,800,171	\$30,501,983	\$9,528,110

*Q43. Please provide an update on the DBH services to consumers under the custody of the Department of Corrections, including services provided in the READY Center.*

## **DBH Response**

DBH staff co-located at the DC Jail, continue to align their efforts and duties with the evolving mission of the READY Center which is managed by the Department of Corrections (DOC). Since its formal launch in February 2019, the READY Center has been striving to help returning individuals successfully re-integrate into the community by providing access to vital resources, including behavioral health resources, to make their transition back into the community easier, and to reduce the likelihood of recidivism.

In September, 2019, DBH hired a Certified Peer Specialist to join the team of existing co-located staff members. We are now fully staffed. This past year, the focus has been on increasing efficiency of staff doing the linkages by improving documentation and communication with CSAs and other DBH staff. Staff responsibilities have been better organized to reduce duplicative efforts and reduce the possibility of an individual's transition from DOC to the community from being overlooked. Additionally, DBH and DOC staff partnered to create a data collection platform that can be exported to a DBH data warehouse, which in turn has the capability of combining multiple databases for robust analyses to better direct our resources and inform our interventions. DBH's in-reach efforts 30-day prior to release have improved, while maintaining our presence to serve walk-ins at the READY Center and transporting consumers to their intake appointments. Data collection has just commenced and information will be available for FY20 after the end of the year. Updated data-sharing agreements, early identification of arrestees who are known to DBH, and better use of CRISP, DCHF claims data, and prescription data all will allow DBH, Unity, and DOC to better support treatment programming along the entire continuum.

Extensive collaboration is occurring on new initiatives funded by the DCOR grant. DBH meets regularly with DOC and Unity Health Care, its comprehensive health services contractor, including the medical director and the director of the READY Center, to align and strengthen discharge planning efforts and to increase the number of warm hand-offs to MHRS and SUD providers in the community. This includes linkage to MAT providers both within and outside of DBH's network of contracted providers. Though we do not have complete data for the District, there is abundant national evidence that behavioral health treatment access and participation at every intercept with the criminal justice system reduces recidivism, from pre-arrest diversion to jail-diversion to services attached to courts (like the District's renowned Court Urgent Care Clinic) to jail-based programming and re-entry services.

Lastly, DBH has applied for a competitive transformation initiative grant through the National Association of State Mental Health Program Directors (NASHMPD) to establish incentives for improving consumers' engagement at first and subsequent outpatient appointments with CSAs. This grant, if funded will utilize DBH's Certified Peer Support Providers to help encourage and support those returning citizens with serious mental illness who are most at-risk of returning to institutional care. We expect this pilot to provide useful guidance for expansion of such

contingency-management strategies. DBH expects the grant to be awarded by the end of January 2020.

*Q44. 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. Once an individual is assigned and enrolled with a CSA, a diagnostic assessment is scheduled. Overall the average time between enrollment and a youth receiving any of the MHRS services as a first service was 25 days for FY 19, which was an improvement from FY18 which was 37 days. The median wait time was 40 days for FY19.

DBH does not track wait times for first appointments with a psychiatrist since a psychiatrist can be recommended at any point during a consumer's treatment. Appointments for a medication somatic service with a psychiatrist as the first service after enrollment occurred within 76 days on average in FY 19, a decrease in wait time from FY 18 which was 84 days. The median was 26 days in FY19.



*Q45. 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 Response**

The District of Columbia received approval from the federal Centers for Medicare and Medicaid (CMS) in November 2019 to expand behavioral health services for Medicaid beneficiaries under the District's Medicaid Section 1115 Behavioral Health Transformation Demonstration. The demonstration which is expected to provide services for more than 80,000 District residents who are enrolled in Medicaid and have a behavioral health diagnosis started in January 2020.

This first-in-the-nation demonstration expands the array of evidence-based services to treat residents with a serious mental illness and/or substance use disorders and is part of the District's broader effort to address the opioid epidemic outlined in the District's Opioid Strategic Plan, Live.Long.DC. The demonstration will expand the range of services offered, improve data collection and transitions, and create a new focus on improving community service delivery for both mental health and Substance Use Disorder (SUD) services. The demonstration will complement the State Opioid Response grant and the recently-awarded SUPPORT Act planning grant to increase all Medicaid providers' capacity to diagnose, treat and provide SUD recovery services.

The demonstration will increase services available to District Medicaid beneficiaries by:

- expanding crisis stabilization and mobile outreach services and adding crisis psychiatric treatment,
- adding transition planning services for individuals leaving a hospital, IMD, or other facility,
- providing comprehensive recovery support services (RSS) for individuals with SUDs,
- adding coverage for psychologists and other licensed behavioral health provider services to independently treat individuals diagnosed with SMI/SED and/or SUD,
- adding psychosocial rehabilitative services to assist those with SMI in social networking, independent living, budgeting, self-care, and other skills that affect their ability to live in the community and secure and retain employment,
- providing behavioral health services to complement trauma informed care,
- providing prevocational work training and employment services, and
- eliminating of the \$1 copayment for prescriptions for medication assisted treatment (MAT).

The table below includes services previously funded by local dollars included in the 1115 waiver that are now reimbursed by Medicaid.

<b>Service</b>	<b>Status Update</b>
Supported Employment, Non-MHRS Vocational	Under the 1115 behavioral health demonstration, this services will be reimbursed by the Medicaid program as of January 1, 2020.
Residential Crisis Stabilization	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
Team Meeting	No alternate reimbursement mechanism available at this time.
Jail Diversion, Criminal Justice System	No alternate reimbursement mechanism available at this time.
No-Authorization Residential Crisis Stabilization	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
Transitional Service	No alternate reimbursement mechanism available at this time.
Choice Care Coordination	No alternate reimbursement mechanism available at this time.  See note below
FlexN Service	No alternate reimbursement mechanism available at this time.
Travel/Transportation	No alternate reimbursement mechanism available at this time.
MH Service, Discharge Treatment Planning Institution	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
MH Service, Continuity of Care Treatment Planning/ Institution	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
MH Service Discharge Treatment Planning Institution, Assertive Community Treatment	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
MH Service Discharge Treatment Planning Institution, Community Based Intervention	Under the 1115 behavioral health demonstration, this service will be reimbursed by the Medicaid program as of January 1, 2020.
Community Psychiatric Supportive Treatment Program – Rehab/Day Services	No alternate reimbursement mechanism available at this time.

*Q46. Provide an update on the status of establishing medical necessity criteria for mental health consumers.*

**DBH Response:**

With the approval of the 1115 Behavioral Health Transformation Demonstration waiver, DBH is reviewing the new service provisions to determine any implications for the development of formal medical necessity criteria. DBH will engage the providers and partners before proposing new medical necessity criteria.

*Q47. 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 when engaging with the consumers and providing services as a part of the treatment planning process. DBH Licensure Division conducts annual compliance reviews of licensed Mental Health Community Residence Facilities.

DBH Housing staff formally meets monthly with CSA Housing Liaisons 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 to CSAs to ensure that protocols are being followed.

Q48. *What percentage of Mental Health Community Residential Facilities (MHCRF), as a whole, are wheelchair accessible?*

**DBH Response**

Seven of the 93 licensed Mental Health Community Residential Facilities (MHCRF) have wheelchair accessibility. This represents eight percent of the total number and breaks down by facility type as follows: two of sixty-three SR level residences or 3 percent and four of twenty-eight (28) SRR level facilities or 14 percent. The one Intensive Residence CRF is wheelchair accessible.

*Q49. What percentage of Supported Independent Living (SIL) providers within the DBH system, as a whole, are wheelchair accessible?*

**DBH Response**

Of the forty-four SIL congregate residences, three or seven percent have wheelchair accessibility.

*Q50. What is the average wait time for consumers to access an accessible Mental Health Community Residential Facility (MHCRF)? What is the average wait time for Supported Independent Living providers (SIL)?*

**DBH Response**

In FY19, seven consumers were placed in MHCRF beds at locations with wheelchair accessibility within thirty-two (32) days. However, there is little turnover in wheelchair accessible Mental Health Community Residential Facility (MHCRF), with some beds occupied for more than five years.

The average wait time to access an available Supported Independent Living (SIL) placement is less than two weeks.

*Q51. DBH does not currently have a process to prioritize applicants who need wheelchair accessible Mental Health Community Residential Facilities (MHCRF). Creating a process for accessible Mental Health Community Residential Facilities (MHCRF) is increasingly important as the DBH population ages and needs accessible housing. Will DBH update its application process to include whether applicants need an accessible room and any other reasonable accommodations? Will DBH develop a process to prioritize consumers who need accessible housing and create policies and procedures for providers to follow?*

**DBH Response**

DBH amended its CRF Application Package in FY18 to require that a Core Service Agency explicitly indicate the consumer's need for wheelchair accessibility, grab bars, and other accommodations. Consumers who require wheelchair accessibility are prioritized for placement into available beds at CRFs with wheelchair accessibility. CRF providers and CSA staff will be provided with training and information regarding the prioritization process during joint meetings with CRF and CSA staff convened on a quarterly basis. DBH reinforces with CRF providers that vacant accessible beds must be reserved for placement of consumers with a need for accessibility. A written policy will be developed and finalized not later than March 31, 2020.



*Q52. Of the total number of consumers that DBH serves, what is the number of consumers who are homeless?*

**DBH Response:**

An individual can self-identify as homeless or be categorized as homeless if they are without a stable living arrangement, are temporarily residing with family or friends, recently released from incarceration, residing in a shelter, or living on the street.

Using this definition, providers report on consumer living status to DBH. Of the 24,162 clients served in MHRS services, 4,299 (17.8%) were identified as experiencing homelessness by their MHRS providers. Of the 6,447 clients served in FY19, 1,963 (30.4%) were identified as experiencing homelessness by their SUD providers.

*Q53. In FY19, what array of services and support did DBH provide to homeless consumers? What were DBH's outcomes? How many DBH consumers in FY19, who were homeless, were placed in housing?*

**DBH Response**

Consumers who self-report as experiencing homelessness defined as living temporarily with family or friends, living in shelters or living on the streets receive the full array of behavioral health services including priority housing placement. The 24 hour Community Response Team regularly engages through street outreach individuals experiencing homelessness to build relationships and encourage treatment. The CRT, provides on the spot psychiatric assessments, in person counseling and crisis support. It also assists with obtaining vital documents such as a birth certificate required to engage in services and provides transportation to appointments. The team conducts specific outreach and education regarding opioids and other substance use disorder services and distributes life-saving naloxone. During inclement weather or cold emergency alerts, the CRT supports the Department of Human Services in outreach and connection to emergency resources.

In FY19, thirteen consumers who identify as homeless were placed in DBH housing resources. In addition, other individuals experiencing homelessness who are receiving DBH services were housed through other resources including the coordinated entry process, specialty programs operating as part of the District's HUD funded Continuum of Care overseen by The Community Partnership for the Prevention of Homelessness (TCP) and the District's Interagency Council on Homelessness (DCICH).

Table 1 and Table 2 below show services provided to individuals who self-report identified as experiencing homelessness. Please note that the numbers below do not refer to services provided to unique individuals since one individual likely received more than one service.

<b>Table 1. Mental Health Rehabilitation Service</b>	<b>Number of Consumers Who Report Experiencing Homelessness</b>
ACT	618
CBI	3
Community Support	3523
Counseling	723
Crisis Services	451
D&A	1319
Day Services	175
Health Homes	213
Medication Somatic	1902
Supported Employment	106
Transition Support Services	178

<b>Table 2. Substance Use Disorder Service</b>	<b>Number of Clients Who Report Experiencing Homelessness</b>
Urinalysis Collection-	1551
Counseling-Group Psycho-Educational-	1535
Counseling group-	1487
Diagnostic Assessment Comprehensive Adult-	1449
Counseling Individual On-Site, Behavioral Health Therapy-	1429
Case Management-	1283
Residential Treatment-Long Term Room & Board-	1159
Diagnostic Assessment, Brief, Modify Tx Plan-	939
Counseling-Group Psycho-Educational (HIV)-	934
Clinical Care Coordination-	889
Medication Management Adult-	887
Behavioral Health Screening - Determine Eligibility-	517
Breathalyzer Collection-	495
Crisis Intervention-	482
Short-term MMIWM-	446
Medication Assisted Therapy, Administration	217
Case Management HIV-	207
PsychoSocial Rehabilitative Service, Education Services, Group	181
Training and Skills Development, Life Skills, Adult, Group	156
Recovery Support Evaluation Alcohol/drug Assessment	131
PsychoSocial Rehabilitative Service, Education Services, Individual	108
Medication Assisted Treatment, Methadone, Clinic or Take Home-	80
Prevention Education Service, Recovery Mentoring, Coaching	77
Case Management Recovery Support	53
Counseling, Family with Client-	33
Environmental Stability, Supported Housing, Individual	31
Substance Use Disorder Services NOS, Spiritual Support Group	20
Counseling Family without Client-	17
Counseling Individual Off-Site-	14
Residential Treatment Room & Board, Woman w/1 child-	13
Ongoing Assessment and Plan of Care-	9
Residential Treatment Room & Board, Woman w/4 children-	4
Residential Treatment Room & Board, Woman w/2 children-	3
PsychoSocial Rehabilitative Service, Recovery Social Activities, Group	2

*Q54. 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**

Quality of services is measured in numerous ways such as claims audits, medical reviews, and consumer interviews. These are practices 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. DBH conducts consumer satisfaction surveys that consumers and clients of mental health and substance use disorder providers and individuals in care 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, the 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 and provided technical assistance to providers (particularly to new providers) based on review of provider service documentation. 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 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 19, the Training Institute awarded over 3,900 training certificates to participants.

Q55. Please provide an update on the High Fidelity Wraparound Program.

- What is the current capacity of wraparound?
- Since MBI was awarded the Care Management Entity (CME) contract in 2017 with a reduced capacity to serve 94 youth in the community, how many youth were served in FY19 and to date in FY20?
- We understand that there has been a decrease in the flexible funding available per youth (\$1,000 per youth). Please explain the decrease in funding? Are there any short term or long term plans to increase available flexible funding? Will DBH take steps to change high fidelity wraparound from a locally-funded pilot program to a Medicaid-funded permanent MHRS service? If so, what steps have been taken to date?

### DBH Response

High Fidelity Wraparound is a care coordination service and is a collaborative team-based care planning process where the family and the team implement, track, and adapt an individualized Plan of Care (POC) to achieve positive outcomes in the home, school, and community. High Fidelity Wraparound is beneficial for families with complex unmet needs, multisystem involved, at risk of out of home or residential placement, disruption in school setting and high utilization of acute care. The current contract was awarded through the Office of Contracts and Procurement competitive process to MBI Health Services for \$1.1 million dollars. High Fidelity Wraparound is currently funded with local dollars. The capacity is 94 youth and the chart below shows the number of youth served.

	FY17 (9/1/17)	FY18	FY19	Total YTD
Referred (new entry)	3	53	45	6
Total Served	3	50	63	52

According to MBI, in FY 19, progress has been noted with the children and youth engaged in HFW: 97 percent of children and youth engaged in HFW were diverted from PRTF; 97 percent did not receive new juvenile charges; 91 percent maintained school placement; 79 percent improved school attendance; 76 percent decreased detention and suspensions in school, and 82 percent showed academic achievement. Six percent absconded from living environment.

Flexible funding has been budgeted at \$1,000.00 on average per youth to pay for non-traditional supports based on available funding. Some youth may need more than the average while others may need far less. Additionally, the provider is expected to identify and maximize both private and public community-based resources to meet each family's basic needs such as shelter, food, clothing, and income maintenance.

DBH continues to explore utilization of Medicaid funding for High Fidelity Wraparound with the Department of Healthcare Finance as part of our system transformation and planning.

*Q56. Please provide an update on DBH's efforts to identify providers to provide Multisystemic Therapy (MST) and Functional Family Therapy (FFT) to youth to fill the gap, in part, created by the abrupt closures of Youth Villages in June 2017, the only MST provider in the District, and First Home Care, an FFT provider, in October 2017. Please describe the barriers to identifying providers, including whether caused by low Medicaid reimbursement rates, billing limitations, and/or burdensome reporting requirements, and what steps will DBH take to attempt to overcome those barrier(s).*

## **DBH Response**

During FY 18, DBH worked closely with providers to identify potential Multisystemic Therapy (MST) providers resulting in the certification of two new MST providers, MBI and Life Changing Solutions, in FY 19. MBI opened for referrals in the first quarter while Life Changing Solutions began accepting referrals in the third quarter of the fiscal year.

During FY 18, DBH also worked with its contracted expert on evidence-based programs and the disseminator of the Functional Family Therapy (FFT) model revamped the Intent to Negotiate (ITN) application process. The ITN is an initial screening for potential providers to develop and submit a proposed team structure that aligns with fidelity and certification requirements, a financial structure to sustain training and startup costs, and an outreach plan to obtain referrals. The initial screening assists teams in implementing structures that will sustain the model within their agency and meet fidelity standards. DBH held informational sessions with current and potential MHRS providers to explain the ITN process and provide technical assistance. The ITN screening process equipped agencies to quickly meet the MHRS certification criteria.

As an outcome of the ITN process, Anchor Mental Health (Catholic Charities) was certified as an FFT provider. DBH funded the initial training to assist with startup costs. However, in the last quarter of FY 19, Anchor reported that it would cease offering FFT because of low enrollment and a growing financial deficit. To address the concern regarding FFT sustainability, DBH is revising the regulations. DBH continues to work with providers and its expert consultants to promote the services and address challenges to increased participation such as removing FFT from Community Based Intervention Services to eliminate prior authorization which has been identified as a barrier to access.

*Q57. For FY 18, FY 19, and FY20 to date, please list: a) the total number of psychiatric residential treatment facility (PRTF) and the total number of residential treatment center (RTC) admissions of a child and youth receiving MHRS (may include duplicate counts of those children or youth with multiple admissions during the Fiscal Year), b) the unduplicated number of children, and of youth, receiving MHRS and served in a PRTF or RTC.*

**DBH Response**

DBH has the responsibility and authority to determine medical necessity for all psychiatric residential treatment facility (PRTF) placements for Medicaid eligible children and youth and monitor their treatment. We do not have the responsibility and authority for a residential treatment center (RTC).

As indicated in the chart below, 81 children and/or youth received treatment in a PRTF in FY18. Of the 81, 44 were new admissions. Six of the 44 children and/or youth received services MHRS through DBH six months prior to admission. In FY19, 81 children and/or youth required treatment in a PRTF. Of the 81, 43 were new admissions. Of the new admissions, two received services through the DBH behavioral health network six months prior to treatment.

To date in FY20, 47 youth receive treatment in a PRTF. Eleven of the 47 are new admissions. None of the 11 children and/or youth received MHRS six months prior to admission. Children and/or youth who are not involved in MHRS through DBH may have received services provided through their Managed Care Organization (MCO), Free Standing Mental Health Clinic (FSMHC) or private entity. DBH does not capture this data.

Fiscal Year	Admission	Services six months prior to admission	Total PRTF
2018	44	6	81
2019	43	2	81
2020 Q1	11	0	47

*Q58. What resources, and how many FTEs, are assigned to the Access Help Line? Will there be any changes during the remainder of FY20? 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**

The Access Helpline is a 24-hour call service staffed by behavioral health professions who respond to crisis calls and dispatch crisis services if needed; enroll individuals in the DBH system of care; assists with consumer transfers between providers, and provides authorization for specialty services. The Access Helpline also includes a “Warm Line” and is certified in suicide prevention. Language interpretation services are available.

A total of 19 FTEs assigned to the Access Helpline are comprised of the Director and Deputy Director, five Counselors, four Care Coordinators, six Clinical Care Coordinators, and two administrative staff. The staff is properly resourced with standard office equipment as well as equipment to support continuity of operations offsite during emergencies. A big-screen monitor displays call activity in real-time so a supervisor can step in as needed to make staff changes.

Implementation of the 1115 Behavioral Health Transformation requires the establishment of new pre-authorization and re-authorization requirements for new services. Staff will be trained on these new requirements as well as any new processes associated with changes in the regulations. As recommended by the American Association of Suicidology, all staff have been retrained in best practices for assessment of suicide risk and are required to complete assigned online trainings.

Over the past year, a comprehensive review took place of all procedures, including call protocols, procedures for enrolling consumers, and entering benefit and service authorizations and reauthorizations for services in the electronic medical records for mental health and substance use disorder services. An operations manual is in development which will outline all internal procedures, including authorizations; appropriate handling of complaints, and data collection protocols.

Complaints or concerns are resolved as quickly possible but timely response is defined as within 24 hours or the next business day. A caller can escalate concerns immediately to a supervisor in charge (a clinical coordinator) or to the Director or Deputy Director who alternate on-call back-up responsibilities when neither is onsite. Concerns that remain unresolved are elevated to the Deputy Director of Adult Services who works with the team and the Chief Clinical Officer to seek satisfactory resolution. Some complaints are referred to the DBH Ombudsman, such as those regarding a DBH certified or contracted provider partner. Data on the time required to resolve escalated concerns is not collected.





*Q59. Please provide detailed information about proposed changes to the ARC. When consumers who are not enrolled in services arrive at a DBH certified community-based provider, what will the new enrollment process be? Will changes to the ARC mean SUD providers are now allowed to bill for initial assessment services? Does the budget reflect this additional expense for SUD providers?*

### **DBH Response**

The Assessment and Referral Center (The ARC) is the DBH-operated same day service for assessment and referral to certified providers of substance use disorder (SUD) services. The ARC also conducts voluntary health screenings for HIV and Hepatitis C, and pregnancy tests. The ARC provides transportation to the withdrawal management (detox) program as well as residential service and DBH-certified methadone clinics as needed. The ARC also makes referrals to providers of all FDA-approved medication assisted treatment. The ARC will refer individuals to medical care or call for emergency care when needed.

The mobile ARC travels to targeted locations throughout the District to conduct mental health and substance use screenings and enroll individuals in services. It also conducts health screenings and educate about substance use disorder services. The ARC collects data on the self-reported drugs of choice including K2 to support surveillance of drug usage in the District.

Data show that care-transitions that necessitate answering sensitive personal questions multiple times prior to entering treatment erode motivation and lead individuals already ambivalent about seeking treatment to walk away in frustration. In FY 19, to make it easier to access to SUD services, DBH began to certify community based providers to assess and enroll on site. The providers will assess the client and refer them to an appropriate level of care per the ASAM guidelines. Seven providers now are certified with the goal of all of SUD providers providing assessment and referral services in FY20.

There is early indication that this approach is expanding access with a 3.7 percent increase in SUD intakes between July-Dec FY19 compared to the same time period in FY 18.

DBH is committed to working with its provider partners to provide technical assistance and to address any perceived unanticipated costs associated with new enrollment process.

*Q60. District contracts are usually offered as a base year plus four option years. Has DBH considered aligning its provider certification process with the five year contract cycle? So long as other periodic reviews of critical information continue, what would be DBH's major concerns with extending the provider organization certification to match the period for which contracts normally last? Are there other steps DBH could reasonably take to reduce duplication of administrative activities and paperwork by sharing information between DBH certification and recertification efforts and OCP solicitations and post-award documentation?*

## **DBH Response**

DBH has considered aligning the certification process with the five year contract cycle. While we are not opposed to doing so, our current regulations do not allow for a five year certification period. Currently, with the two year certification period, a provider has a built-in deadline to remediate all compliance issues before they are recertified. For a five year certification period to occur, we would need to consider how a longer certification period would impact our ability to hold a provider accountable for quality and compliance issues that are more serious in nature.

DBH has aligned the certification process with the Request for Qualification (RFQ) process. Regulatory changes will allow prospective providers to become provisionally certified without incurring costs to hold a lease. Provisionally certified providers may respond to an RFQ. While the provider would still need to submit two sets of documentation, the barrier of long term waiting periods before a Solicitation is open for a particular service has been removed. DBH will work with OCP to best meet DBH's need to maintain an adequate supply of providers through a flexible procurement process. DBH is reviewing our requirements to ensure only essential information that would be necessary for a qualification determination will be included as a part of the provider's submission. We continue to look for more ways to make this process less burdensome on the providers while still holding them to a high standard that would translate to quality care received by District residents.

*Q61. How many children (0-20) received a service through MHRS during FY19? How does this compare to the number who received a service in FY17 and FY18.*

**DBH Response**

In FY19, 3692 children and youth received a service through MHRS. The chart below represents the comparison of the number of children and youth who received a service in FY17 and FY18.

**Number of Children (0-20) Served in MHRS**

<b>FY</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b># Children Served between (0-20)</b>	5060	5512	4807	3821	3692

Q62. Please provide an updated list of all Evidence-Based Practices (EBP) and for each EBP please note:

- The name of each provider who offers it;
- Each provider's capacity;
- Each provider's current enrollment;
- Whether the EBP is Medicaid-reimbursable and if so, under what code or rate;
- Any quality assessment or outcome measure that have been put in place to assess the program; and
- Whether the EBP is trauma-informed.

### **DBH Response:**

DBH currently offers eight Evidence-Based Programs or (EBPs) which are Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Trauma Systems Therapy (TST), Transition Into Independence (TIP), Adolescent Community Reinforcement Approach (ACRA).

According to fidelity, each EBP has requirements regarding the number of cases per clinician. Each EBP provider varies in the number of staff currently assigned to each EBP program. The number of cases per clinician and the specific EBP impacts the capacity. In FY19, EBP providers have experienced turnover which has impacted their respective team's capacity.

DBH is partnering with current vendor, Evidence-Based Associates (EBA) to identify barriers to access to the different evidence based programs. EBA is also working on revising outreach plans with the providers to include targeted outreach strategies that will increase awareness and knowledge of the various EBPs within the District which will increase referrals to and engagement in the EBPs. DBH is also utilizing support from DC Social Emotional Early Childhood Development (DC SEED) grant to develop a sustainability plan for Early Childhood models (PCIT and CPP) to improve access and support providers in offering appropriate trainings and consultation by national purveyors and technical assistance such as establishing a learning collaborative to implement the models.

### **Child Parent Psychotherapy (CPP)**

CPP has four providers: the DBH Parent and Early Childhood Enhancement Program (PIECE) which has a current capacity of 20 and current enrollment of 15; Mary's Center which has a current capacity of 11 and current enrollment of 12; Community Connections which has a current capacity of 8 and a current enrollment of 4, and Medstar Georgetown has a current capacity of 6 and a current enrollment of 3. CPP is Medicaid-reimbursable and uses code H0004-HT. A CPP Consultant is assigned to each provider and conducts annual fidelity reviews to assess each provider's compliance with fidelity to the model. This model is trauma-informed.

### **Parent Child Interaction Therapy (PCIT)**

PCIT has four providers: the DBH Parent and Early Childhood Enhancement (PIECE) Program which has a current capacity of 17 and current enrollment of 9; Mary's Center which has a current capacity of 21 and current enrollment of 17, Community Connections which has a

current capacity of 11 and a current enrollment of 4, and Medstar Georgetown has a current capacity of 16 and a current enrollment of 2. It should be noted Medstar Georgetown is a newer provider and has just completed training and recruitment at the end of FY19. PCIT is Medicaid-reimbursable and does not have a specifically assigned code. When implementing PCIT, providers utilize the Counseling code which is H0004. A PCIT Consultant is assigned to each provider and conducts annual fidelity reviews to assess each provider's compliance with fidelity to the model. This model is not trauma-informed.

### **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

TF-CBT has five providers: Maryland Family Resource which has a current capacity of 35 and current enrollment of 19; Community Connections which has a current capacity of 14 and current enrollment of 3, Hillcrest Children and Family Center which has a current capacity of 15 and current enrollment of 8, Latin American Youth Center which has a current capacity of 14 and current enrollment of 7, and Life Enhancement Services which has a current capacity of 11 and current enrollment of 0. LES has experienced turnover in leadership and staff which impacted the TF-CBT Team. LES is in the process of hiring clinicians and training staff to rebuild the TF-CBT team.

TF-CBT is Medicaid-reimbursable and utilizes code H0004-ST. A TF-CBT Consultant is assigned to each provider and conducts annual fidelity reviews to assess each provider's compliance with fidelity to the model. This model is trauma-informed.

### **Functional Family Therapy (FFT)**

FFT has two providers: Parent Adolescent Support Services (PASS) which has a current capacity of 36 and current enrollment of 37 and Hillcrest Child and Family Center which has a current capacity of 12 and current enrollment of 0. Hillcrest has informally notified DBH of the plan to close their FFT team once the current caseload of youth and their families have completed the program. Hillcrest closed their FFT program to any new intakes. FFT is Medicaid-reimbursable and utilizes the code H2033-HU. Each FFT provider is assigned a FFT consultant and fidelity is measured and reviewed three times per year to assess a provider's performance, fidelity, and implementation characteristics of each program. FFT is not trauma-informed. CFSA plans to support the expansion of Functional Family Therapy (FFT) utilizing the Community Based Child Abuse Prevention or (CBCAP) funding to provide intensive therapeutic interventions to families as a key service to prevent or reduce child abuse and neglect. DBH will use the funding to identify, train and monitor the fidelity of the model by a community mental health provider and track the utilization and success of the treatment modality.

### **Multi-Systemic Therapy (MST)**

MST has two providers: MBI which has a current capacity of 12 and current enrollment of 9 and Life Changing Solutions which has a current capacity of 12 and current enrollment of 6. MST is Medicaid-reimbursable and utilizes code H2033. Each provider is assigned an MST Expert which completes a Program Implementation Review (PIR) every six months which outlines areas of strength in the program as well as areas in which improvement in implementation is needed. Each PIR follows an action plan to highlight goals and objectives for improvement. MST is not trauma-informed.

### **Trauma Systems Therapy (TST)**

TST has two providers which are Maryland Family Resources which has a current capacity of 11 and current enrollment of 5 and Hillcrest Children and Family Center which has a current capacity of 12 and current enrollment of 9. TST is Medicaid-reimbursable and does not have a specifically assigned code. When implementing TST, providers utilize the Counseling code which is H0004. Each provider is assigned a TST consultant which completes fidelity reviews annually. TST is trauma-informed. The new 1115 Behavioral Health Transformation Demonstration waiver includes TST which will establish Chapter 34 regulations that reflect fidelity such as team structure. The implementation of the waiver regarding TST is anticipated to begin in March of 2020. An increased reimbursement rate will be established which will fiscally support current providers to hire sufficient staff to serve trauma impacted families.

### **Transition Into Independence (TIP)**

TIP has five providers: PASS which has a current capacity of 90 and current enrollment of 65; Life Enhancement Services which has a current capacity of 33 and current enrollment of 0. LES has experienced turnover in leadership and staff which has impacted the TIP Team. LES is in the process of hiring and training staff to rebuild the TIP team; MBI which has a current capacity of 135 and current enrollment of 167; Community Connections which has current capacity of 150 and current enrollment of 97, Wayne's Place which has a current capacity of 29 and current enrollment of 30. TIP is Medicaid-reimbursable and does not have a specifically assigned code. When implementing TIP, providers utilize the Community Support code which is H0036. Each provider is assigned a TIP Consultant which completes fidelity reviews annually. TIP is not trauma-informed.

### **Adolescent Community Reinforcement Approach (ACRA)**

ACRA has three providers: Federal City which has a current capacity of 70 and current enrollment of 1. Hillcrest which has a current capacity of 50 and a current enrollment of 5, and LAYC which has a current capacity of 20 and a current enrollment of 12. Both Federal City and Hillcrest have indicated difficulty with referrals and retaining the youth once enrolled in their programs. DBH through the DC CITY grant is working with all three of the providers on developing referral agreements with key stakeholders including DYRS, Court Social Services, CFSA, and schools. In addition DBH will be providing training on family engagement to all providers and DBH's Family Engagement Coordinator and Youth Coordinator will be working with all three agencies on providing supports to youth and families to access treatment. ACRA is Medicaid-reimbursable and utilizes code H2033-HA, HF. ACRA Fidelity is monitored by Chestnut Health Systems through coaching calls and session reviews. ACRA is not trauma-informed.

In FY19, DBH was among the stakeholders to assist CFSA in the development of Family First Prevention Plan. CFSA's Prevention plan was in response to the Family First Prevention Services Act (FFPSA) of 2018, which aims to provide federal funding for prevention services for children and families who are at risk of entering foster care. CFSA's prevention plan, submitted to the Administration for Children and Families in April 2019 was approved in October 2019. One of the key elements of the approved plan was the increase funds for evidence-based prevention activities/services. Of the evidence based prevention (EBP) services to support mental health and substance use disorders and in home parenting, DBH supports six of the

interventions. The six EBP Intervention include Trauma Focused Cognitive Based Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Adolescent Community Reinforcement Approach (A-CRA), and Transition to Independence (TIP). CFSA launched Family First on October 1, 2019. CFSA has since added another trauma model intervention to their service array, Child-Parent Psychotherapy (CPP), for which DBH also supports.



*Q63. 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 FY19 and to date in FY 20, 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 (JBDP) is a mental health based solution or specialty court that provides intensive case management and mental health services to youth in the juvenile justice system with significant mental health concerns. The JBDP has operated within the DC Superior Court Juvenile Division since January 2011. This program connects and engages juveniles and their caregivers/families in appropriate community-based mental health services and supports and provides for a period of engagement during which the court monitors both the implementation of mental health services and the youth and families' participation in those services. Court-involved juvenile status offenders are given the option of voluntarily participating in mental health services rather than being prosecuted. The goals of the program are to: (1) increase the number of youth able to remain in the community with improved functioning in the home, school and community with appropriate mental health services and supports, (2) reduce the likelihood of the youth's further contact with the criminal justice system as a youth and later as an adult, and (3) to reduce crime in the community and protect public safety. 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 required to attend regular court status hearings to monitor progress and to participate in mental health services and other specified court conditions. Youth generally participate in the program from three months to one year, depending on the pace of their overall progress towards individualized goals, as determined by the child and family's service team. The team is comprised of all individuals assisting in the youth's service plan (e.g. the youth/family/service providers/probation officer/defense counsel/Education Attorney/AAG and JBDP Judge).

**Eligibility Criteria:** This program serves juvenile offenders who are 18 years of age or younger at the time of the offense. A juvenile offender can be referred by the initial hearing judge, the juvenile calendar judge, the Assistant Attorney General (AAG), the youth's defense attorney or a Court Social Services Probation Officer. Eligibility is determined by a two-step process. The Office of the Attorney General (OAG) reserves the right to permit or decline allowing a youth to participate in the program. This determination is made based on a variety of factors including: prior and current contacts with the court, the nature and circumstances surrounding the offense, mental health needs, and other relevant social factors. Once a juvenile is deemed legally eligible and screened for a mental health diagnosis, a referral is made to the Suitability Committee for the

final eligibility determination. The Suitability Committee, co-chaired by DBH and Court Social Services Division is composed of members from Court Social Services, the Child Guidance Clinic, and Community Services Agencies (CSAs) that are affiliated with the JBDP. In FY19, Latin American Youth Center, MBI and Hillcrest Children’s Center were the CSA’s that participated in the Suitability Committee. These CSAs service the majority of the youth in the program and collectively offer the range of services most highly utilized by program participants. The Committee determines if the youth meets the basic clinical criteria, which includes the following: (1) the presence of a primary mental health diagnosis and; (2) that the youth is able to participate in community-based services at the time of entry into the program. Multiple other factors that may impact a youth’s ability to fully participate in the program, utilizing a biopsychosocial model of assessment, are also considered to determine final “suitability.”

Following the review, the Committee renders recommendations for individualized services for each youth that are both comprehensive and holistic. These recommendations are forwarded to all court officials involved in the youth’s case, regardless of their outcome of eligibility for the program. All youth enrolled in JBDP receive mental health services through the DBH provider network and are supervised by Court Social Services.

**Number of Youth Served.** The data related to this program are collected for each calendar year. In calendar year 2019, 72 youth were involved in JBDP. The number of youth served in this program decreased in calendar year 2019 since some of the youth previously served in this program received services through the HOPE Court launched during this period.

Type of Offenses	*Number of Offenses Of all youth enrolled in FY19
Unlawful Entry and Assault (Threats, Simple Assault, Assault on Police)	25
Theft (Shoplifting, Theft II)	10
Robbery – UUV-Burglary	18
Destruction of Property/Fare Evasion	5
Runaway	0
Truancy	3
Sex Abuse	1
Possession of Weapon/Ammunition	15
Assault with Weapon	10
Possession of Controlled Substance	3
Total	90

\* Some youth have multiple charges.

The Court Social Services’ Child Guidance Clinic is responsible for collecting and analyzing program 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 2018 cohort indicates a recidivism rate of 25 percent which is far below the national average of 43 percent to 50 percent. Since the recidivism rate is calculated one year post graduation, this rate is not final because the entire cohort from 2018 has not reached one year post graduation. Data is not yet available for the 2019 cohort. Below is data since the program's inception in calendar year 2011.

**JBDP 2011-2018 Enrolled Recidivism Rates since the Program's Inception**

<b>Calendar Year</b>	<b>Total Number of Youth Enrolled</b>	<b>Total Reconvictions (youth can have multiple reconvictions)</b>	<b>Recidivism Rate (percentage)</b>
<b>2018*</b>	<b>56</b>	<b>14</b>	<b>25</b>
<b>2017</b>	<b>95</b>	<b>19</b>	<b>20</b>
<b>2016</b>	<b>61</b>	<b>9</b>	<b>14.5</b>
<b>2015</b>	<b>33</b>	<b>6</b>	<b>9</b>
<b>2014</b>	<b>54</b>	<b>12</b>	<b>24</b>
<b>2013</b>	<b>42</b>	<b>6</b>	<b>13</b>
<b>2012</b>	<b>62</b>	<b>19</b>	<b>30</b>
<b>2011</b>	<b>54</b>	<b>4</b>	<b>7</b>

\*post one year for graduated participants

The cost for the salary of a DBH FTE social worker which is \$116,145.00.

The program capacity is 100 youth per year.

*Q64. 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 FY19 and to date in FY20. 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 reflects best practices and evidence-based programs proven to have good outcomes. 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.

**The Parent Infant Early Childhood Enhancement Program (P.I.E.C.E.)** is consistent with research which recognizes that early childhood intervention programs have the potential to alter cognitive, emotional and behavioral challenges in the lives of young children. The P.I.E.C.E. Program serves young children and their families from birth to seven years old. The goal of the PIECE Program is to intervene early with comprehensive services designed to prevent social emotional/behavioral challenges, reduce stressors with the parent child relationship and family from adversely affecting the developing child. The program provides family focused behavior management, individual and family therapy/counseling, art and play therapy, psychoeducational parenting group, developmental screenings, psychiatric/medication management, home/school visitation, and mental health services for prenatal and postpartum women. For Fiscal Years 18, 19 and 20, The PIECE Program continues to serve as an approved graduate level field placement site for the University of the District of Columbia, Howard University, and Catholic University.

The P.I.E.C.E. Program utilizes two evidence based practices: Parent Child Psychotherapy (PCIT), which is a play therapy evidence-based practices that strengthens the relationship between parent/caregiver and the child and Child Parent Psychotherapy (CPP) which is a therapy for parents with infants, toddlers and preschoolers who have experienced trauma(s). The data for the two evidence based practices for FY 19 were for Parent Child Interaction (PCIT). (See Table 1 below)

<b>Table 1. PIECE Evidence Based Practice Utilization</b>			
<b>Evidenced Based Practice</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20 YTD</b>
# of children receiving CPP	35	24	18
# of children who received PCIT	23	23	17

\*For the fiscal year agreement with Evidence-Based Associates, PIECE was to serve 15 PCIT cases and 22 CPP Cases. The PIECE met and exceeded this agreement.

Several staff from the P.I.E.C.E. program are apprentice trainers and consultants to the District of Columbia DBH SOC SAMHSA expansion grant called DC SEED. The P.I.E.C.E. staff are participants on weekly conference calls to discuss implementation, data collection, clinician supervision and sustainability of the expansion grant, in addition their involvement in the training of staff from three CSAs (Foundations, Mary Center and Community Connections). The grant involves training of the three aforementioned CSAs in two evidence-based interventions, CPP and PCIT. P.I.E.C.E. staff include two child psychiatrists, a clinical psychologist, and 5 clinicians (LICSWs, LGSW, PHD and LPC) the caseload capacity is 140 clients. The psychiatrists serve children and adolescents for both the P.I.E.C.E. Program and the Urgent Care Clinic. The psychiatrists provide psychiatric evaluations. The five clinicians provide treatment services to children under the age of 7. (See attachment 2 Table 2).

<b>Table 2. PIECE Client Utilization</b>						
<b>Fiscal Year</b>	<b>Capacity*</b>	<b>Total Continuous Cases</b>	<b>Total Served**</b>	<b>CFSA Involved</b>	<b>Successful Discharges</b>	<b>Administrative Discharges**</b>
FY18	140	110	215	66	27	78
FY19	140	108	205	54	22	75
FY20 YTD	140	100	129	34	7	22

\*The current capacity for the PIECE program based upon the maximum number of continuous cases at one time on a monthly basis. This is determined by the caseload capacity of the available clinicians.

\*\* The total number of clients served is calculated by the number of total continuous cases and discharges, both administrative and successful.

\*\*\*Administrative discharges included cases that may have not presented since intake, lack of attendance, and changes in placements or moves.

### **The Healthy Futures Program**

The Healthy Futures Program provides consultation services to child development centers and home childcare providers, as well as directly to children and families. These services are provided by a mental health professional with the goals of building professional skills and capacity to promote social emotional development and prevent escalation of challenging behaviors. Decreasing, with the goal of eliminating, early childhood expulsion and increasing appropriate referrals for additional assessments and services are also goals of the program. Child

development centers and home providers serviced by Healthy Futures are located in every Ward with a concentration in Wards 4 and 8.

<b>Healthy Futures 61 Child Development Facilities</b>		
<b>Ward</b>	<b>Child Development Centers</b>	<b>Home Providers</b>
One	Barbara Chambers Children's Center Bell Teen and Child Development Center CentroNia Christian Tabernacle I Easter Seals Jubilee Jumpstart Martha's Table – Maycroft Rosemount Center	
Two	Edward C. Mazique Parent Child Center	Ms. P's Unique Development
Three	CommuniKids CommuniKids – Van Ness CommuniKids – The Church	
Four	Bright Start Child Childcare & Preschool Christian Tabernacle II Gap Community Children Center Goldies Child Development Center #1 Goldies Child Development Center #2 Ideal Child Care Development Center #1 Ideal Child Care Development Center #2 Love and Care CDC LLC Spanish Education Development Center	Blooming Minds God is Good Child Development Home Infancia Feliz Kings and Queens Little Blessings, LLC Renaissance Early Childhood Education
Five	Associates for Renewal in Education, Inc. Home Away From Home Kennedy Institute Nation's Capital Child & Family Center	
Six	Board of Child Care Bright Beginnings	
Seven	Community Educational Research Group First Rock Baptist CDC Saint Timothy Episcopal CDC	Amen Family Bert Family Child Care LTH Infants and Toddlers Promoting Love and Wisdom
Eight	Big Mama's Children Center Dawn to Dusk Kids Are Us Learning Center I Kids Are Us Learning Center II Martha's Table - The Commons Matthew's Memorial CDC National Children's Center Saint Phillip's Child Development Center Southeast Children's Fund Child I Southeast Children's Fund Child II Sunshine Early Learning Center	Angel's Arena Child Care Blessing Bright Horizon Kiddie Academy Miriam's Growing Seeds Our Children First Point of Care Tiny Tots
Total: 61	42 Child Development Centers	19 Home Providers

The utilization data for FY19 of the Early Childhood Mental Health Consultation Program shows 1,825 young children in 42 child development centers and 19 home providers had access to consultation.

<b>Table 2. Early Childhood Mental Health Consultation Utilization Data</b>		
<b>Service Provided</b>	<b>FY 19</b>	<b>FY 20 YTD (Quarter 1: October – December 2019)</b>
# of children referred to Healthy Futures for child-specific services	182	150
# of children who received child-specific consultation	205	101
# of prevention/early intervention sessions	2,566	707
# of staff and parent presentations	150	46
# of classroom observations	233	98
# of parent consultations	490	137
# of teacher/staff consultations	2,684	816
# of consultations with Center Director	1,167	303
# of children referred for outside services	32	16
# of abuse/neglect reports	5	5
# of expulsions	1	0
# of children who had access to consultation (Approximate)	1,825	1,990

In FY19, one child was expelled out of the 42 centers where the Healthy Futures Program was implemented. Child specific consultation data in FY19 showed 80% improvement in at least one area of concern (attachment, initiative, self-regulation, and/or protective factors.) Programmatic consultation data in FY19 showed each of the teaching teams that remained together for the entirety of the academic year improved in their overall social-emotional teaching skills. Center directors’ feedback has been overwhelmingly positive. 25% (15 total responses) of directors responded to the Healthy Futures Director Survey in FY19 with 100% of the directors surveyed stating that they are satisfied or very satisfied with the Healthy Futures Program. 100% of the directors surveyed also said they would recommend Healthy Futures to other directors.

**Behavioral Health Access**

DC MAP (Mental Health Access in Pediatrics)

Since launching in 2015, DC MAP (Mental Health Access in Pediatrics; has had a significant impact on improving the mental health access for children in the District. The program offers

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 care coordinators. In addition to answering mental health-related inquiries about specific children (e.g., questions about community resources that would be appropriate for the family, medication questions), the DC MAP team also provides education and technical assistance for PCPs about identifying and addressing mental health issues in primary care. Since DC MAP started in May 2015 through December 2019, DC MAP received almost 3000 (2986) consultation requests generated from primary care, regarding 2486 unique patients.

In the past 15 months—between the beginning of FY19 through the end of Q1 of FY20— PCPs have consulted DC MAP regarding 1037 unique patients. Over 75% of the consultation requests received are for children with DC Medicaid. The demand for care coordination services has continued to be high. The breakdown of the past 15 months (FY19 and FY20 Q1) is as follows: 89% were calling at least in part for resource/referral information/care coordination, 16% were routed to a DC MAP psychiatrist and 8% involved support from a DC MAP psychologist/social worker. PCP enrollment has steadily continued to increase over the past few years. As of December 2019 (end of FY20 Q1), 323 PCPs have enrolled in DC MAP and 392 PCPs have used the service. In addition to PCP enrollment, 30 primary care sites have formally enrolled in DC MAP. However DC MAP has a wider reach and has worked with PCPs from 56 different clinics in the DMV area. Please note that while enrollment is not required for first time PCPs, enrollment is strongly encouraged. Also to note is that practice enrollment is separate from PCP enrollment; however PCPs can enroll even if their practice is not enrolled.

The Department of Behavioral Health has supported DC MAP through funding and regular contact with a DBH Program Officer. The DC MAP team continually attempts to engage more providers in using the service. DC MAP outreach efforts include personalized emails, phone calls, and letters to practice directors, as well as in-person visits to these sites. During these outreach visits, the DC MAP team provides information about DC MAP; enrolls the practice and providers in the program; offers education in the form of case discussion or didactic teaching; and engages PCPs in in-person case consultation. Since 2015, clinicians have conducted over 170 site visits and 950+ 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. The DC MAP team has made expert recommendations around screening tools for use in primary care and has disseminated practice report cards with information about mental health screening rates and DC MAP utilization. DC MAP is excited to be partnering with the Pediatric Health Network, a clinically integrated network of over 1500 pediatricians in the DMV area to launch a Behavioral Health Project ECHO (planned launch in late spring 2020). The ECHO will focus on the assessment, treatment, and management of ADHD, anxiety, and depression which are the three mental health topics that PCPs express needing the most support for managing in primary care.



*Q.65 Please provide an update on the implementation of the DC SEED Grant.*

**DBH Response:**

The DC Social, Emotional and Early Development (DC SEED) initiative 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. Funds support the expansion and implementation of early childhood-specific, evidence-based programs proven effective with young children.

DC SEED began Year 4, the last year of the grant, in October 2019. All three DC SEED providers (i.e., Community Connections, Georgetown MedStar, and Mary's Center) expanded services to reach young children and their families. As a result of bringing on a new provider in FY19 (i.e. MedStar Georgetown replaced Foundations for Home and Community who closed on 8/31/18), DC SEED provided additional evidence based training in Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT) and Strengthening Families Coping Resources (SFCR). In addition to the clinicians trained during FY18 (i.e., 12 clinicians in CPP and 6 clinicians in PCIT), DC SEED trained 5 additional clinicians in CPP, 6 additional clinicians in PCIT, and 15 participants were trained in SFCR.

DC SEED clinicians provided services to 60 young children and families during FY19. Specifically, 28 young children and families received CPP services and 32 young children and families received PCIT services. Clinicians will begin implementing SFCR in January 2020. In addition to expanding the capacity of early childhood behavioral health treatment services, DC SEED provided additional support to young children, families and staff working in Child Development Centers (CDC).

The DC SEED Early Childhood Mental Health Consultant (ECMHC) continued to provide targeted outreach to Child Development Centers (CDCs) in the District. The consultant educated Center Directors about DC SEED as well as described the supports and services available through the grant. Specifically, the ECMHC provided over 134 on-site consultations (over 265 hours of consultation) at 14 different CDCs. In addition, the EMCHC provided 25 trainings to over 350 participants (i.e., Center Directors, teachers, teacher assistants, and caregivers) who worked with young children and families. The trainings covered the following topics: Social Emotional 101 Parent Training; Addressing Biting Behaviors; The Purple Period: Shaken Baby Syndrome and Post-Partum Depression; Social Emotional Foundations; Building a Solid Foundation; Promoting Nurturing and Responsive Relationships through Family Partnerships and Cultural Inclusion; Promoting Healthy Social-Emotional Development; and Self-Care.

During FY19, the DC SEED Family Engagement Coordinator (FEC) continued to collaborate with family leaders, Family Peer Specialists, members of Family Run Organizations and parents/caregivers of young children who received behavioral health services through the group called DC Families United. DC Families United was created by the FEC through DC SEED and is a family advocacy initiative addressing the need for increased family partnerships within the System of Care. The group believes in the inherent dignity and resiliency of families and that the system of care achieves best outcomes when it is authentically family – driven with families at

the center of decision making. DC Families United is working to implement a strategic approach toward supporting and training DC families in leadership and advocacy.

The DC Families United created a Collaborative Action Plan and rolled out the plan at the Children's Roundtable meeting. The Collaborative Action Plan outlines specific goals (see attachment) which include: 1) increasing the number and effectiveness of DC family leaders with lived experience serving at the policy level to improve the system of care helping to identify and address systems' vulnerabilities, gaps and failures to improve service delivery and accountability creating systems change 2) improve the readiness, willingness and capacity of DC systems leaders to welcome and partner effectively with family leaders with lived experience to improve the systems of care and 3) ensure accurate relevant data collection that reflects family leaders', Family Peers' and Family Run Organizations' contributions to the system of care.

DC SEED supported many different early childhood trainings for families, Family Peer Specialists, clinicians and professionals working with young children and families. Some of the trainings included DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders, Play Therapy Training, Early Childhood Series: Understanding Infant and Early Childhood Mental Health, Your Journey Together (parent curriculum), Serving on Groups, and Early Childhood Development. During FY19, the DC SEED team continued to revise and strengthen the DC SEED Strategic Financing Plan that leverages and builds upon ongoing collaboration with the DC Department of Healthcare Finance (DHCF) to support the sustainability of the array of existing and proposed clinical interventions and other supports for the target population and their families.

Through support of the Zero to Three Technical Assistance project, DC SEED team members created an Infant Early Childhood Mental Health (IECMH) Asset Map that displays services and supports across the continuum and includes prenatal, prevention, early intervention, treatment and recovery services. In addition, the team created a spreadsheet of all early childhood programs and services with aligned Medicaid codes where applicable. The spreadsheet also served the purpose of highlighting where there are not billable codes for IECMH services. These efforts will be continued during FY20 to finalize the Sustainability Plan outlining the specific steps to sustain the services and supports of the DC SEED grant after the end of the grant.

*Q66. Please provide an update on the implementation of the DC Opioid Response (DCOR) Faith-Based Recovery Month Grant. Did the programs funded by this grant prove successful?*

**DBH Response:**

DBH received final reports from the 23 faith-based organizations that received grants to host community events in September (Recovery Month). The grantees provided awareness and education around opioids and opioid use disorder (OUD), treatment options (e.g., medication-assisted treatment), and The Good Samaritan Law. In addition, each grantee was required to provide a naloxone training. The below chart shows the number of individuals from each Ward who participated in the events.

Ward	Number of Faith-Based Organizations	Unduplicated Participants
1	1	578
4	2	450
5	6	262
6	5	711
7	3	798
8	8	1,311
Total:	23	4,110

A few highlights from the work include: a bilingual (Spanish) naloxone training, an OUD presentation at the 18th Jazz Preservation Festival, and opioid and recovery story-telling by jazz artist Doug Carn at America’s Islamic Heritage Museum and Cultural Center.

The response from the faith community to our request for proposals in a very short window showed the well of untapped resources that we can harness to exponentially strengthen our opioid prevention work. We intend to expand this program in Year Two.

*Q67. Please provide an update on the “Now is the Time” Transitional Age Youth Grant. Please describe the status of the project, including the following information:*

- Which community-based organizations participated in the grant in FY19?*
- What services were provided under the grant in FY19? Are any of these services time-limited? -*
- If so, which services and what are their time limits?*
- To date, which community-based providers are certified to deliver transition age youth-specific services and supports?*
- To date, how many Transition Aged Youth (TAY) have received services under the Now is the Time grant, broken down by service type and dates of service?*
- How much of the grant funding was used in FY19 for direct services?*
- Please provide any outcome evaluations or reports of the program from the past.*

## **DBH Response**

The “Now Is The Time” Grant is the first of two federal grants awarded to the District to stimulate the implementation and scaling up of services to meet the unique needs of transition age youth. Usually defined as 18-25, some funders and system planners broaden the definition to include individuals as young as 14 to as old as 29. The goal is not to groom youth exiting child and youth services to better fit into the adult system of care, but instead to provide high quality, evidence based services in order to maximize independence, minimize functional deficits, and prevent chronicity and life-long involvement in the adult system. The Now is the Time TAY Grant will end on March 29, 2020. A preliminary report from the independent evaluation team, Community Connections of New York (CCNY), shows a total of 392 unique Transition Aged Youth served through this grant. There were over 1500 referrals to MHRS services and there is evidence of overall well-being improvements for the transition-age youth. A final evaluation report will be available after the close of the grant.

In FY2019 certified community providers MBI Health Services, LLC and Community Connections participated in this grant. These agencies provided behavioral health services (MHRS ACT and Community Support, and SUD services) to the TAY population via the Transition to Independence Process (TIP) model while also providing non-Medicaid reimbursable services such as supported employment, educational and vocational training and enrichment activities. Bradley and Associates is a community based contracted agency providing case management services to transition age young adults living in the Wayne Place Transitional Living Program. The Wayne Place Transitional Living Program is locally funded through an MOU between DBH and CFSA, and the contracted provider Bradley & Associates was also trained in the Transition to Independence (TIP) model. Grant funds were also used to fund time limited “Transition Specialists” to work with TAY for up to 6 months.

The Now Is the Time Healthy Transition (NITT: HT) grant provided a foundation for a TAY focused system of care in Wards 7 & 8 of the District. Through this grant, MBI and Community Connections addressed transitional needs through evidence-based practices and non-traditional supports and were identified as “TAY friendly” and. This effort resulted in the establishment of TAY divisions within other agencies and significantly reduced wait times.

The newest SAMHSA funded TAY grant (OurTime: Exploration) was awarded in April 2019 and will continue the efforts made through NITT: HT. While activities are focused on Wards 1 and Ward 6, grant funds will also serve youth and young adults across the District. Due to disproportionately higher incidences of mental health and substance use disorders (SUD), a special population of focus for the grant will be lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ) youth.

The goals of the OurTime: Exploration grant include:

1. Increase the self-efficacy and meaningful participation in transition plans of young adults ages 16–25 who have mental health and/or co-occurring substance use disorders.
2. Improve and expand treatment recovery and support services and strengthen evidenced-based practices that address all life domains.
3. Increase community buy-in and ownership of TAY outcomes through establishment of OurTime: Exploration Transition Implementation Team and the continuation of the TAY Roundtable Takeover to increase community knowledge, support, and responsiveness to TAY.
4. Develop and implement community-wide education and messaging to reduce stigma about getting help for mental health and co-occurring SUD.

In FY2019, \$729,878.85 of grant funding was allocated to community partners for TAY services.

**Transition Into Independence Process (TIP)** was developed for working with youth and young adults (14-29 years old) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning).

The TIP system is operationalized through seven guidelines and their associated practices that drive the work with young people and provide the framework for the program and community system to support these functions. TIP has been in the District since 2013. Six providers have been certified to provide TIP in the District, specifically: Community Connections, Family Preservation Services, Life Enhancement Services (LES), MBI, and Parent and Adolescent Support Services (PASS) and Wayne's Place. For FY 19 (ending September 2019), 760 youth were served. In the first 2 months of FY 20, 394 youth were served with 368 youth of them continuing in services as of the end of November. Of 559 youth served in FY19 with verified dates of birth, 112 youth are ages 13-17 (21%) and 447 youth are ages 18-32 (80%). In FY 19, 122 of 273 total discharges (45%) were deemed successful. Barriers such as inconsistency of the meaning of "successful discharge" and changes in agency and program leadership at provider sites have diminished our ability to collect discharge data. DBH is currently actively working with contractors to conduct more site visits, fidelity reviews, getting more structured language around what is and is not considered a successful discharge.

Data from DC TIP outcome measures have indicated trends towards improved outcomes in many TIP Transition Domains - Community Life Functioning, Personal Effectiveness and Wellbeing and Housing, Employment and Education. Additionally, DC TIP agencies have currently developed 2 Certified TIP Site Based Trainers, 3 Certified Regional Fidelity Assessors, and MBI achieved TIP Site Accreditation, an accomplishment achieved by few TIP Sites across the country. DC TIP agencies have developed creative strategies to intervene with their youth and young adults using music, job training, and activities designed to help a youth improve their sense of self-worth. The DBH affiliated agencies have also partnered with a range of other nonprofit organizations to improve the youths' ability to function in the community as well as to help shift the community's attitudes and perceptions toward the young people with behavioral health challenges.

FY2019 Activities are outlined below:

<b>Service</b>	<b>Q1</b> Oct 18-Dec 18	<b>Q2</b> Jan 19-Mar19	<b>Q3</b> Apr 19-Jun 19	<b>Q4</b> Jul 19-Sep 19
TAY Supported Employment	22	16	36	14
Enrichment Activities	33	26	32	42
Educational/Vocational Training	17	16	17	20
Life Skills Enhancement Training and Support	6	2	3	15
Screening/Referrals	105	84	232	2
<b>Total</b>	<b>183</b>	<b>144</b>	<b>320</b>	<b>93</b>

*Q68. Please provide an update on the Department's work with the DC Collaborative for Mental Health in Pediatric Primary Care.*

### **DBH Response**

The Department of Behavioral Health is an active member on the DC Collaborative for Mental Health in Pediatric Primary (“DC Collaborative”). As a member, DBH provides feedback and input on initiatives led by the Collaborative, such as DC MAP and education and technical assistance for PCPs related to mental health screening and care. See below for a sample of efforts of the DC Collaborative over the past year:

- Updated The Child & Adolescent Mental Health Resource Guide. This guide aims to provide a comprehensive listing of community behavioral health resources for children and adolescents in the District of Columbia. The most recent update included the additional of a filterable function, which allows users to filter the document based on relevant criteria such as insurance, service type, and patient age. The addition of the filters made the document more intuitive and user friendly, resulting in a 300% increase in utilization since its release in September 2019. The DC Collaborative provides access to the guide through HealthCheck and will update the guide on a quarterly basis.
- Updated Perinatal Toolkit. This toolkit is intended to aid PCPs in screening for perinatal mood and anxiety disorders, such as postpartum depression, during well child visits in the first year postpartum. This guide can be found on [dchealthcheck.net](http://dchealthcheck.net). Efforts are underway to develop an Autism Toolkit for primary care providers.
- Updated Mental Health Screening Tool Recommendations. A comprehensive literature review was completed to identify a range of possible mental health screening tools. Information was compiled about the tools, including the age ranges covered, domains assessed, administration issues (e.g., time to complete and score), costs, psychometric properties, reading level required to complete, and the languages in which the tool is available. Tools were reviewed by the DC Collaborative and DC MAP clinicians.
- Facilitated cross-sector collaborative care with events, including hosting networking events for primary care providers, mental health clinicians, and early childhood educators, piloting information-sharing feedback loops, and developing information-sharing guides and handouts.

### **Number of Behavioral Health Screenings completed from FY19**

Developmental screening - 96110

Behavioral Health screening - 96127

Caretaker screening - 96161

*Q69. During FY19, 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 does not capture this data as the hospitals do not provide a summary or report of children discharged from acute care to DBH.



*Q70. Please explain the work the Department is doing with CFSA to better serve the mental health needs of District foster children in Maryland.*

**DBH Response:**

In FY19, CFSA provided \$100,000.00 to DBH through an Intra-District MOU to ensure children and youth placed in foster homes including Maryland are fully engaged and have easy access to behavioral health services and supports. DBH contracted certified providers known as Choice Providers to provide services to the children, youth and their families. The Choice Provider agencies are reimbursed for travel, outreach and engagement efforts, participation in CFSA's Review Evaluate and Direct (RED) Team and Family Team meetings, and non-reimbursable costs related to service delivery. A robust array of mental health services and supports, including evidence-based practices, are available to youth placed in Maryland through the public behavioral health system.

DBH maintains the Certification Standards for Child Choice Providers which was established in FY15 and went into effect FY16. In order to be a Child Choice Provider, DBH certified child-serving providers must meet at least three of the five standards below:

- 70% overall CSR System Performance score (most recent score prior to application)
- 80% Quality Score MHRS Provider Scorecard (the most recent prior to application)
- 80% compliance administration rate of the DBH approved standardized Assessment (CAFAS/PECFAS) instrument for enrolled child/youth consumers.
- 70% of enrolled consumers discharged from an acute care facility receive a post-discharge appointment within seven days, and 80% of consumers discharged from an acute care facility receive a post-discharge appointment within 30 days.
- 80% of Diagnostic and Assessment reports for all children are completed within 30 days of the initial interview.

In FY19, DBH's Child Choice Provider Network includes Maryland Family Resources and Community Connections. These providers were members of the original choice provider network who had demonstrated the capacity, competency and commitment to serving CFSA youth in Maryland. CFSA's provider, National Center for Children and Families or NCCF, partnered with Maryland Family Resources to provide the district's youth placed in Maryland foster homes with their primary mental health services. In FY19, 56 children who were placed in Maryland were enrolled with Maryland Family Resources.

*Q71. Please provide an update on the collaboration between DBH, DYRS, DHS, CFSA, OSSE, DCPS, and DC Public Charter Schools to implement CAFAS and PECFAS. In your response, please provide an update on the plan to develop the data warehouse that will allow for CAFAS/PECFAS results to be shared with all of a specific child/youth's providers.*

## **DBH Response**

The Child and Adolescent Functional Assessment Scale (CAFAS) designed for youth 6-20 years old and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS) designed for children three to five years old are instruments to identify and monitor the changes in a child or youth's functioning across life domains, over time. The CAFAS and PECFAS are not screening tools, rather they are clinical instruments that identify areas of impairment, support the integration of these concerns in treatment plan goals, and illustrates changes over time. These functional assessment scores also determine the appropriate level of care and the development of a plan of care. They also support and empower parent/caregiver engagement and promote cross agency collaboration and a holistic approach proven to achieve the best outcomes for children and their families.

Engaging youth and their families about the CAFAS and PECFAS and its cross system usefulness in planning the most appropriate care and support and monitoring progress is an ongoing focus of DBH. Informational sheets were developed and multiple community-based informational sessions were held. In response to feedback, DBH developed an informational video that explains the CAFAS and how it is used at each DC agency. The video is currently available on the DBH website.

The use of CAFAS and PECFAS is now embedded in the treatment protocols of the District's child serving agencies nearly three years after the end of a federal grant that supported its implementation. CAFAS and PECFAS instruments are used by all DBH child and youth providers, Child and Family Services Agency (CFSA), Department of Youth Rehabilitation Services (DYRS), and for youth participating in the Parent and Adolescent Support Services (PASS), the Teen Parent Assessment Program (TPAP) and in the Alternatives to Court Experience (ACE) diversion programs with the Department of Human Services (DHS). DBH providers are required to complete the CAFAS or PECFAS at admission, every 90 days, and at discharge. DBH uses the web-based Multi-Health Systems Functional Assessment Systems to allow child providers to complete the CAFAS and PECFAS assessments for record keeping and data analysis which are then manually placed in the DBH electronic record ICAMS.

At CFSA, the CAFAS and PECFAS are part of a battery of assessments that informs the development of the plan of care within their data management system (FACES). Additionally, CFSA has developed a dashboard for each child that includes the results of the trauma screen and the CAFAS. This dashboard quickly illustrates change over time for each child including what services are being provided during what time frames. DYRS uses the CAFAS to inform the Team Decision-Making Meetings including the development of the case plan, matching youth to appropriate services and supports, and monitoring the youth's progress. DHS uses the CAFAS data to help determine initial service needs and to measure outcomes of their short term programs.

The Office of the State Superintendent of Education (OSSE) supported a pilot use of the CAFAS within DC Public School and DC Public Charter Schools. In 2017, DBH and OSSE jointly conducted rater training with DCPS Social Workers assigned to 23 schools with a Behavior and Education Support class. Also, DBH coordinated two train-the-trainer sessions with a particular emphasis on training staff members within the DC Public Schools and Public Charter Schools. These trainers are now available to train raters throughout the public school system, although OSSE, DCPS, and PCSB did not formally adopt the CAFAS tool.

Creating a data warehouse to implement across the various electronic medical records proved more challenging than originally envisioned and did not take place before the federal grant ended in 2017. Each agency that uses CAFAS and PECFAS continues to use its own data system and coordinates care across agencies through regular meetings and communications.

Q72 Attachment 1 of 4 DC Public School Completions in FY19

<b>Count of Group</b>	<b>Column Labels</b>				
<b>Row Labels</b>	<b>Director</b>	<b>Other</b>	<b>Principal</b>	<b>Teacher</b>	<b>Grand Total</b>
At-Risk for Early Childhood Educators		3		7	10
At-Risk for Elementary School Educators (L)	16	851	92	2587	3546
At-Risk for High School Educators	32	540	43	1148	1763
At-Risk for Middle School Educators	8	229	26	688	951
Referral Process - District of Columbia	48	1363	148	4104	5663
Resilient Together: Coping with Loss at School		2		11	13
Step In, Speak Up!	4	145	24	375	548
Suicide Postvention - The Role of the School Community After a Suicide	46	1348	149	4218	5761
<b>Grand Total</b>	<b>154</b>	<b>4481</b>	<b>482</b>	<b>13138</b>	<b>18255</b>

Q72 Attachment 2 of 4 DC Public School Completions in FY20 to date

<b>Count of Group</b>	<b>Column Labels</b>					
<b>Row Labels</b>	<b>Director</b>	<b>Other</b>	<b>Principal</b>	<b>Teacher</b>	<b>(blank)</b>	<b>Grand Total</b>
At-Risk for Early Childhood Educators	10	141	2	244		397
At-Risk for Elementary School Educators (L)	4	82	7	194		287
At-Risk for High School Educators	9	111	8	135		263
At-Risk for Middle School Educators	1	48	4	83		136
Referral Process - District of Columbia	17	244	21	464		746
Resilient Together: Coping with Loss at School	16	237	21	520		794
Step In, Speak Up!		17	3	39		59
(blank)						
<b>Grand Total</b>	<b>57</b>	<b>880</b>	<b>66</b>	<b>1679</b>		<b>2682</b>

Q72 Attachment 3 of 4 DC Public Charter School Completions in FY19

<b>Count of Group</b>	<b>Column Labels</b>					
<b>Row Labels</b>	<b>Director</b>	<b>Other</b>	<b>Principal</b>	<b>Teacher</b>	<b>(blank)</b>	<b>Grand Total</b>
At-Risk for Early Childhood Educators	1	21	1	49		72
At-Risk for Elementary School Educators (L)	25	248	24	660		957
At-Risk for High School Educators	27	155	12	294		488
At-Risk for Middle School Educators	18	147	13	312		490
Referral Process - District of Columbia	57	377	38	942		1414
Resilient Together: Coping with Loss at School	5	36	6	101		148
Step In, Speak Up!	7	45	3	101		156
Suicide Postvention - The Role of the School Community After a Suicide	44	332	30	844		1250
(blank)						
<b>Grand Total</b>	<b>184</b>	<b>1361</b>	<b>127</b>	<b>3303</b>		<b>4975</b>

Q72 Attachment 4 of 4 DC Public Charter School Completions in FY20 to date

<b>Count of Group</b>	<b>Column Labels</b>					
<b>Row Labels</b>	<b>Director</b>	<b>Other</b>	<b>Principal</b>	<b>Teacher</b>	<b>(blank)</b>	<b>Grand Total</b>
At-Risk for Early Childhood Educators	8	91	2	144		245
At-Risk for Elementary School Educators (L)	2	48	6	71		127
At-Risk for High School Educators	8	81	2	58		149
At-Risk for Middle School Educators	1	34	1	36		72
Referral Process - District of Columbia	14	179	13	231		437
Resilient Together: Coping with Loss at School	13	162	11	247		433
Step In, Speak Up!		14	2	26		42
(blank)						
<b>Grand Total</b>	<b>46</b>	<b>609</b>	<b>37</b>	<b>813</b>		<b>1505</b>

*Q72. Please provide an update on the online behavioral health training program for all child development facilities and public schools that was launched in the first quarter of FY15. How many teachers and other personnel completed the online training in FY19 and FY20 to date?*

## **DBH Response**

DBH continues to provide the online behavioral health training through the portal <http://www.supportdcyouth.com>. All District public and public charter school teachers and principals must complete the following three [DC Youth Behavioral Health Program](#) courses once every two years to be compliant with this law:

1. *At-Risk* (at the appropriate grade level: At-Risk elementary, At-Risk middle, or At-Risk high school modules)- Duration - 60 minutes

This simulation is designed to support recognizing when a student is exhibiting signs of psychological distress, and managing conversations with virtual students to connect them with appropriate services within the school. After completing the simulation, the participant will be better equipped to identify warning signs of psychological distress, manage conversations that help students build resilience, and make effective referrals to school support personnel.

2. *Referral Process* (Referral Module)- Duration - 8 minutes

This simulation is designed to support existing referral protocols within the District of Columbia. It teaches participants about the school's protocol on referring a youth in distress, the early intervention team, and roles of the school social worker and the school-based mental health clinician. Links to local community-based resources and supports are also included.

3. *Suicide Postvention* (Resilient Together: Coping with Loss at School Module)- Duration - 40 minutes

This simulation is designed to prepare schools for responding to a death in the school community. Teachers and administrators learn key elements of a crisis response plan, including postvention, and best practices for communicating with students and colleagues impacted by a loss in the school.

For those who are early childhood educators, child development center staff, and child development center administrators, there is *At-Risk for Early Childhood Educators* (Duration - 45 minutes). This simulation is for those administrators, staff, and educators who work with young children and builds understanding, knowledge, and skills in mental health and behavior management. Additionally, it is highly recommended for educators to take the *Step In Speak Out* course for challenges and concerns related to LGBTQ students. This is an additional module that is available within the portal.

In FY19, 6,270 DC Public School (DCPS) teachers and other personnel completed the online training and 1,083 have completed the trainings in FY20 to date. For DC Public Charter Schools (DCPCS), 2,007 teachers and other personnel completed the training in FY19 and 593 have completed the training in FY20 to date. During FY20, DBH will collaborate with the Office of the State Superintendent of Education (OSSE) to increase the completion of the online trainings by Child Development Center Administrators, teachers and other personnel. In FY19, there were no Child Development Center Administrators nor staff who completed the on-line training. And,



in FY20 to date, only 18 staff have completed the training. The attached documents provide information on the number of DC Public School and DC Public Charter School teachers and other personnel who have completed the online training in FY19 and FY20 to date.

Attachment 1 of 4. DC Public School Completions in FY19

Attachment 2 of 4. DC Public School Completions in FY20 to date

Attachment 3 of 4. DC Public Charter School Completions in FY19

Attachment 4 of 4. DC Public Charter School Completions in FY20 to date