

Department of Behavioral Health Establishment Planning Committee Charter

Background Information/Problem Statement

A significant number of individuals have mental health conditions and substance use disorders at the same time. Currently these services are delivered separately which requires residents to navigate two separate agencies. Research shows that integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Without integrated treatment, one or both disorders may not be addressed properly. The overall vision of an integrated system is to effectively serve individuals whether they are seeking help for substance use disorders or mental health conditions.

Mayor Gray is creating a new Department of Behavioral Health to promote integrated treatment for residents with mental health and substance use disorders. The new Department will combine the Department of Mental Health and the Addiction Prevention Recovery Administration (APRA) now in the Department of Health, effective October 1, 2013.

A new Department of Behavioral Health will:

- Ensure that every individual seeking services is assessed for both mental health and substance abuse needs
- Develop the ability of the provider network to treat co-occurring disorders
- Establish and measure outcomes for individuals with co-occurring mental health and substance use disorders as well as single illnesses with recovery as the goal
- Consolidate and enhance provider monitoring to ensure high quality service
- Establish a single credentialing process for both mental health and substance abuse providers

Vision

Behavioral health is essential to overall health. The vision for the Department of Behavioral is to create an easily accessible, integrated system of care that provides a full range of high quality mental health and substance abuse prevention, intervention and treatment and recovery services that promote healthy behaviors and lifestyles and result in positive outcomes for individuals in care.

Mission

The mission of the Department of Behavioral Health is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high quality, integrated services.

Core Functions of the Working Group

1. Evaluate the current agency organizational structures and develop an organizational structure for DBH that includes reviewing existing positions and existing Table of Organizations;
2. Review the current service systems and making recommendations that promote integrated treatment. As a first step the following will be reviewed:
 - a. Provider networks
 - b. Characteristics and number of individuals served
 - c. Range of services offered
 - d. Description of how care is accessed in each system
3. Review all current existing internal and external relationships and developing a process for the new Department to replicate and build on the existing relationships;
4. Review existing rules and policies that govern the activities of DMH and APRA and establish the rules and policies for DBH;
5. Review all accountability and certification activities of DMH and APRA and modify them to support the activities of DBH;
6. Review current financing procedures structures that exist and develop the necessary activities to bring them within DBH. These include at a minimum the following:
 - a. Billing and claims
 - b. Budget information and monitoring activities
 - c. Maximizing revenue strategies
7. Review current contracts and contracting structures that exist and develop the necessary activities to bring them within DBH.
8. Review the organization of DMH and APRA's IT services, supports and functions and develop the necessary activities to them within DBH. These include at a minimum the following:
 - a. Data collection and use of data
 - b. Existing laws governing data sharing
9. Identify space issues and develop a plan to organize the utilization of office with the newly developed Table of Organization;
10. Identify all needed activities with the DC Council to ensure that the Department of Behavioral Health is established by October 1, 2013;
11. Identify all partners and develop a plan to involve them in the planning process;
12. Develop a communication plan to keep internal and external partners informed

Membership

Name	Affiliation	Title
BB Otero	EOM	Deputy Mayor
Steve Baron	DMH	Director
Saul Levin	DOH	Interim Director
Barbara J. Bazron	DMH	Senior Deputy Director
Frances Buckson	DOH	Interim Senior Deputy Director, APRA
Phyllis Jones	DMH	Chief of Staff
Colette Chichester	DOH	Chief of Staff
Shaun Snyder	DOH	Chief Operating Officer
Michael Neff	DMH	Chief, Administrative Services
Mark Lassiter	DOH	Deputy Director for Operations, APRA
Ryan Springer	DOH	Deputy Director, APRA
Dr. Cameron Ritchie	DMH	Chief Clinical Officer
Javon Oliver	DOH	Deputy Director for Treatment, APRA
Keith Fletcher	DOH	Agency Fiscal Officer
Joyce Jeter	DMH	Agency Fiscal Officer
Kenneth Campbell	DOH	General Counsel
Matt Caspari	DMH	General Counsel
Atiya Frame	DMH	Deputy Director, Office of Accountability
Todd Menhinick	DOH	Chief of Quality Assurance, APRA
Suzanne Fenzel	DMH	Deputy Director, Office of Strategic Planning
Keela Seales	DOH	Chief of Policy and Planning, APRA
Frankie Wheeler	DMH	Director, Human Resources
Arturo Weldon	DOH	Chief Technology Officer, DOH

Macro Work Process Plan/Phases of Work

Work Process Plan	Activity	Timeline
Organizational Phase	<ul style="list-style-type: none"> • Overview of Planning Committee and monthly meeting schedule • Review the Charter • Discuss/Adopt Guiding Principles • Overview of DMH and APRA • Establish sub workgroups • Develop overall work plan and schedule • Identify data requirements • Include budget for new agency in FY 14 budget formulation • Adopt a communications tool • Establish reporting requirements 	February 2013
Conduct Work group meetings	<ul style="list-style-type: none"> • Develop work plan and schedule of deliverables • Establish reporting format for monthly reports to Planning Committee • Make recommendations to the Planning Committee 	February-March 2013
Legislative Approval	<ul style="list-style-type: none"> • Research requirements/format • Draft language • Work with OPLA to include in FY 14 BSA 	May 2013
Contracts and Procurement	<ul style="list-style-type: none"> • Identify contracts that expire September 30, 2013 • Issue solicitations if required • Enter Requisitions and purchase orders for FY 14 to avoid interruption of services 	March-September 2013
New Department of Behavioral Health Established	Organizational structure in place	October 1, 2013

(adopted at February 14, 2013 meeting)