

OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES
OVERSIGHT QUESTIONS

Q1: Please provide a current organizational chart for the Office of the Deputy Mayor for Health and Human Services (DMHHS). Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level, including detailed employees, 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 FY14 or to date in FY15.

Attached is the organizational chart for the Office of the Deputy Mayor for Health and Human Services (DMHHS). As of February 2015, this office will have eight full-time FTEs, four detailed FTEs, and one Capital City Fellow, as indicated on the organizational chart.

There have been several changes since the Deputy Mayor began on January 2, 2015:

1. Brenda Donald appointed as Deputy Mayor
2. Rachel Joseph hired as Chief of Staff
3. Jenna Grant Cevasco hired as a Senior Policy Advisor
4. Kristy Greenwalt detailed to DMHHS as Director, Interagency Council on Homelessness
5. Maria-Esmeralda Paguaga detailed to DMHHS as HHS Communications Lead
6. Amber Tate detailed to DMHHS as Staff Assistant

Q2: Please provide the source and amount of funds used by DMHHS to operate in FY14. Please provide the Committee with expenditures at the agency level, broken out by source of funds and by Comptroller Source Group and Comptroller Object.

All funds are local funds. Please see attached document.

Q3: Please provide the following budget information for DMHHS, including the amount budgeted and actually spent to date in FY15. In addition, please describe any variance between the amount budgeted and actually spent to date FY15:

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

All funds are local funds. Please see attached document.

Q4: Please complete the attached Program and Activity Detail Worksheet for each program and activity within DMHHS.

Please see attached document.

Q5: Please provide a complete accounting of all intra-district transfers received by or transferred from DMHHS during FY14 and to date in FY15. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities and services within DMHHS the transfer affected.

Please note, all funds are local funds.

FY14 Amount	Program/PCA	DMHHS Role	Partner Agency	Description
\$6,000.0	Human Support Services (2000), Agency Oversight & Support (2010)	Buyer	EOM Support Services	Administrative Costs, Courier, Transportation and Telecommunication Services.

Q6: Please provide a complete accounting of all reprogrammings received by or transferred from DMHHS during FY14 and to date in FY15. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities and services within DMHHS the reprogramming affected.

Please note, all funds are local funds.

FY14 Amount	From	To	Purpose
\$768,112.00	Deputy Mayor for Health and Human Services	Department of Human Services, Family Services Administration	These funds were used for Truancy Prevention measures throughout the District.
\$231,888.00	Deputy Mayor for Health and Human Services	Deputy Mayor for Public Safety and Justice, Agency Management (1000)	These funds were used for Truancy Prevention measures throughout the District.
\$249,000.00	DC Office on Aging	Deputy Mayor for Health and Human Services	These funds were used to support Age-Friendly DC.

In Fiscal Year 2014, the Mayor placed \$1,000,000 in the Office of the Deputy Mayor for Health and Human Services (DMHHS) for the purposes of addressing truancy. A portion of these dollars were reprogrammed to the Department of Human Services, in the amount of \$768,112, to expand the agency’s Parent and Adolescent Support Services (PASS) program.

This money was transferred to PASS because the program is uniquely situated to access and partner with other government agencies—such as the Department of Behavioral Health (DBH), LEAs and others—and community-based organizations to address truancy in a comprehensive manner. Additionally, because PASS is housed within DHS, staff can access information about referred-families’ public benefits status and thus ensure that case planning regarding the truant youth is integrated into the family’s self-sufficiency planning.

The remaining \$231,888 was reprogrammed to the Office of the Deputy Mayor for Public Safety and Justice (DMPSJ) for the purposes of evaluating efforts being made by the PASS program by the Justice Grants Administration (JGA), which falls under the DMPSJ cluster.

The Justice Grants Administration (JGA) was chosen for the evaluation process because they have already contracted with Choice Research Associates (CRA) to evaluate the District’s elementary and middle school truancy initiatives. The PASS program was included as a part of the evaluation. CRA has broad-based experience establishing implementation standards and overseeing data collection process specifically with school-based and community-based programs and conducts process and outcome evaluations on prevention interventions for at-risk youth. Dr. Shawn Flower, CRA’s principal, also serves as a consultant for the Justice Research and Statistics Association (JRSA), based in DC, which is a national non-profit organization of state Statistical Analysis Centers (SAC) directors and researchers.

Finally, \$249,000 was reprogrammed from the DC Office on Aging to the Office of the Deputy Mayor for Health and Human Services to operate the Age-Friendly DC program. Operating the program out of the Deputy Mayor's office has increased its visibility and effectiveness, and we will continue this model in FY15.

Q7: Please provide the following information for all grants awarded to DMHHS during FY14 and to date in FY15, broken down by DMHHS program and activity:

Not Applicable

Q8: Please provide the following information for all grants/subgrants awarded by DMHHS during FY13 and to date in FY14, broken down by program and activity:

Not Applicable

Q9: Please provide the following information for all contracts awarded by DMHHS during FY14, broken down by program and activity:

Vendor	Contract Purpose	Contract Amount	Contract Term	Funding Source	Competitive or Sole Source
MB Staffing	Staff Augmentation	\$276,236.52	1 year	Local	Competitive
Midtown	Staff Augmentation	\$3,555.75	1 year	Local	Competitive
Public Allies	AmeriCorps Member	\$12,438.00	1 year	Local	Competitive
Reingold Link	Age-Friendly DC Support	\$100,000.00	1 year	Local	Competitive
	TOTAL	\$392,230.27			

Please provide the following information for all contracts awarded by DMHHS during FY15, broken down by program and activity:

Vendor	Contract Purpose	Contract Amount	Contract Term	Funding Source	Competitive or Sole Source
MB Staffing	Staff Augmentation	\$100,000.00	1 year	Local	Competitive
Aspen of DC	Staff Augmentation	\$100,000.00	3 year	Local	Competitive
	TOTAL	\$200,000.00			

Q10: Please provide the following information for all contract modifications made by DMHHS during FY14 and to date in FY15 broken down by program and activity:

- Name of the vendor
- Purpose of the contract modification
- DMHHS employee/s responsible for overseeing the contract
- Modification cost, including budgeted amount and actual spent
- Funding source

Not Applicable

Q11: Does your Agency use purchase orders and purchase cards to acquire supplies or services? If so:

- What safeguards has your agency put in place to prevent waste, fraud, and abuse;

All staff having use of or approval functions for the purchase card have attended required training. DMHHS has established an Agency Review Team (ART) to oversee our purchase card activities. This team meets monthly to review expenditure reports and verify the appropriate usage of the purchase card. Non-compliance with the reconciliation deadline, spending limitations, or other requirements can result in purchase card account suspension or revocation.

- How many purchase cards were issued in FY14 and to date in FY15;

Two purchase cards were issued in FY15.

- Who has been issued a purchase card in FY14 and to date in FY15;

Purchase cards were issued to Amber Tate, Staff Assistant, and Jennifer Valdivieso, Intake Program Analyst.

- What is the maximum amount that can be purchased with a card;

The maximum per day is \$2,500 for services and \$5,000 for goods, and the total maximum is \$20,000 per month.

- What limitations are placed on the items that can be purchased; and

DMHHS staff follow the standards for limitations and prohibitions placed on purchase cards as per the training affidavit attesting to their understanding of an agreement to be bound by the policies and procedures governing the use of the purchase card.

- What has been purchased using these methods in FY14 or to date in FY15?

The following items have been purchased with the Purchase card: office supplies, software, Metro Smartrip fare, airfare, hotel, conference registration fees, photocopier maintenance service, printing, bed bug zappers and document translation. There were 159 purchases made in FY14 totaling \$61,371.56 and 18 purchases to date in FY15 totaling \$3,597.29.

Q12: Please provide the Committee with the following for FY14 and to date in FY15:

- A list of all employees who receive cell phones, personal digital assistants, or similar communication devices at agency expense;
- A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY14 and to date in FY15 and the amount;
- A list of travel expenses for FY14 and to date in FY15, arranged by employee; and

FY14

Employee Name	DMHHS Issued Cell Phone?	Bonus, Special Pay, Etc.	Travel Expenses
BB Otero	Yes	NA	\$3,188.30
Ariana Quiñones	Yes	NA	NA
Rachel Joseph	Yes	NA	NA
Sonia Nagda	Yes	NA	NA
Sandra Gomez	Yes	NA	NA

Matt Scalf	Yes	NA	NA
Christian Barrera	Yes	NA	NA

FY15 to Date

Employee Name	DMHHS Issued Cell Phone?	Bonus, Special Pay, Etc.	Travel Expenses
Brenda Donald	Yes	NA	NA
BB Otero	Yes	NA	\$807.80
Ariana Quiñones	Yes	NA	NA
Rachel Joseph	Yes	NA	NA
Sandra Gomez	Yes	NA	NA
Christian Barrera	Yes	NA	NA
Lee Hagy	Yes	NA	NA
Laura Newland	Yes	NA	NA
Jenna Grant Cevalco	Yes	NA	NA

- The number of land lines provided to DMHHS;

The DMHHS has a total of 16 land lines in the office.

- A list of all employees with a salary over \$100,000. The list should provide the name of the employee, their salary, the salary schedule, grade, and step for each position. Also, please provide a position description for each employee.

Employee Name	Salary	Schedule	Grade	Step
Brenda Donald	\$196,000	XS	11	NA
Rachel Joseph	\$103,000	ES	10	NA

See attached for Chief of Staff position description.

- Q13: Please provide a list of all FY14 and FY15 FTEs for DMHHS broken down by program and activity. In addition, please provide current vacancy information. In addition, for each position please note whether the position is filled (and if filled, the name of the employee) or whether it is vacant.

FY14 Positions	Status	Employee Name
Deputy Mayor	Filled	Beatriz Otero
Chief of Staff	Filled	Ariana Quiñones
Deputy Chief of Staff	Filled	Rachel Joseph
Special Assistant: Health	Filled	Sonia Nagda/Christian Barrera
Special Assistant: Human Services	Filled	Matt Scalf
Administrative Support Support	Filled	Sandra Gomez
FY15 Positions	Status	Employee Name
Deputy Mayor	Filled	Brenda Donald
Chief of Staff	Filled	Rachel Joseph
Special Assistant: Health	Filled	Christian Barrera
Senior Policy Advisor	Filled	Jenna Grant Cevalco
Program Analyst: Human Services	Filled	Lee Hagy
Special Assistant: Community Living	Filled	Laura Newland
Program Analyst: Intake	Filled	Jennifer Valdivieso
Program Analyst: Youth	Vacant	Recruiting

Q14: How many employee performance evaluations were completed in FY14? To date in FY15? What is the process for establishing employee goals, responsibilities, and objectives? What steps were taken to ensure that all DMHHS employees are meeting individual job requirements? What remedial actions were taken for employees that failed to meet employee goals, responsibilities, and objectives?

Four performance evaluations were completed for the staff employed in FY14: Ariana Quiñones, Rachel Joseph, Sandra Gomez, and Christian Barrera. No performance evaluations have yet been conducted for FY15.

Each year, employees and supervisors identify the desired goals, responsibilities and objectives for the position and submit them to DCHR using a standardized template. The supervisor and the employee review the goals, responsibilities and objectives on an ongoing basis to ensure that the employee is meeting individual job requirements.

Supervisors are responsible for establishing Performance Improvement Plans (PIP) for low performing employees and in such a case, will meet on a monthly basis to monitor performance, determine if objectives have been met and if corrective action is required. Should an employee fail to meet goals, responsibilities and objectives described in the PIP, corrective action, which includes reassignment, reduction in grade or removal, would be taken.

Q15: For FY14 and to date in FY15, how many employees are detailed to DMHHS from other agencies and from which agencies are employees detailed? Please provide each detailed employee's position at the detailing agency and their salary.

Employee Name	Agency	Position	Salary
Amber Tate	CFSA	Administrative Support Specialist	\$55,308.00
Kristy Greenwalt	DHS	ICH Director	\$164,800.00
Gail Kohn	DCOA	Age-Friendly DC Coordinator	\$116,699.00
Maria-Esmeralda Paguaga	DOH	Communications Lead	Contacto

Q16: How did DMHHS monitor the implementation of recommendations made in investigations, reviews or program/fiscal audits of agencies and programs under its jurisdiction in FY14?

The DMHHS reviews all reports released by the Inspector General related to cluster agencies. In cases where corrective action is necessary, the DMHHS works closely with agency leadership to ensure it takes place.

Q17: What goals or objectives were set by DMHHS for FY14? Were these objectives met? Please provide a narrative description of what actions DMHHS took to meet its goals and objectives. If goals or objectives were not met, please provide an explanation on why they were not met and a timeline for accomplishing them.

OBJECTIVE 1: Oversee the development of policies and programs to improve service delivery
INITIATIVE 1.1: Assist residents in navigating the many services offered by District agencies and local service providers by upgrading and updating the 211, Answers Please! System.
DMHHS will support DHS in transition to a new "back-end" database for the 211 system

to serve as the master repository of all health and human services resources and referral information for the District. DMHHS will work with OCTO to ensure the successful migration of data from existing agency systems into 211. DMHHS will also work with agencies with independent procurement authority and with OCP to include a provision in all contracts and grant agreements that would require vendors/providers to update their profile in the 211 system. The goal of this initiative is to have any vendors/providers receiving District funding to update all of their information in the 211 system, not just the information for which they are receiving funding. This will allow the city to ensure that 211 is kept up to date on current services available.

Partially Achieved. DMHHS, with partners DHS and OCTO, have made progress improving 211. The decision was made to keep the current backend system. An inventory of stand-alone electronic and print resource and referral directories was completed. The Mayor's Order which requires all DC government agencies and contractors to add their resource and referral information into 211 has been drafted and is under legal review. Language for inclusion in contracts between DC government agencies and nonprofit organizations is drafted and undergoing review.

OBJECTIVE 2: Oversee and facilitate the coordination of interagency activities and initiatives

INITIATIVE 2.1: Oversee and facilitate the use of \$1 Million placed in the DMHHS FY14 budget to address the issue of truancy in the District of Columbia public schools

As part of the larger Truancy Taskforce, the DMHHS and DME offices will develop a plan to allocate, use, and track new and dedicated FY14 funds in order to support agency activities related to addressing the issue of truancy in the District's public schools.

Fully Achieved. The DMHHS and DME offices collaborated in an on-going capacity with other District stakeholders to identify and understand barriers to attendance. Funds were transferred to DHS to identify and implement solutions to reduce the high number of unexcused student absences, particularly at the middle and high school level. DMHHS worked with partner agencies to look at the compliance of educational neglect laws in the District and helped to ensure that students and families in some of our most at-risk communities receive the services they need to improve school attendance, academic achievement and family stability.

INITIATIVE 2.2: With Deputy Mayor for Public Safety and Justice, facilitate conversations and build on the One City Summer Initiative

DMHHS has worked with the Deputy Mayor for Public Safety and other District stakeholders to implement strategies related to keeping youth safe and positively engaged during the summer. A plan will be developed to expand and coordinate these activities more robustly during the school year.

Fully Achieved. Following summer 2014, the One City Summer Initiative was expanded to a year-round initiative. The One City Youth Initiative brought together approximately 30 DC government agencies and 100 community partners on a regular basis to coordinate planning and collectively implement strategies related to keeping youth safe and positively engaged over the summer and throughout the year, and to reduce youth violence. The year-round strategies include implementation of the Communities on the Rise Initiative (COR). The COR initiative uses data to identify District neighborhoods with the highest rates of negative youth indicators (crime, truancy, low school performance, teen pregnancy, unemployment, etc.) and works within these communities over a three-year period to

improve outcomes for youth and families and build community capacity to sustain long-term improvement.

INITIATIVE 2.3: Oversee and facilitate, with the Deputy Mayor for Education, the interagency collaboration necessary to implement the Mayor’s Early Success Initiative

DMHHS will work in collaboration with the Deputy Mayor for Education to revise, enhance and incentivize adoption of the Quality Rating and Improvement System (QRIS) across all early learning and development programs in the District. Additionally, DMHHS will support OSSE in the submission of a proposal for the Race to the Top Early Learning Challenge Grant, a competitive federal grant, to bring \$37.5M to the district to define a system of early care and education that ensures that all children and families are thriving.

Fully Achieved. DMHHS worked in collaboration with the Deputy Mayor for Education to revise, enhance and incentivize adoption of the Quality Rating and Improvement System (QRIS) across all early learning and development programs in the District. The plan has been presented to the community and OSSE is working to revise it based on feedback. OSSE anticipates implementing the QRIS in SY15-16. DMHHS supported OSSE in the submission of a proposal for the Race to the Top Early Learning Challenge Grant, a competitive federal grant, to bring \$37.5M to the district to define a system of early care and education that ensures that all children and families are thriving. Unfortunately, the District was not awarded the grant, but progress towards meeting the goals outlined has been continued.

INITIATIVE 2.4: Oversee and facilitate, with the Office on Aging, the interagency collaboration necessary to make the District of Columbia an Age-Friendly City by 2017.

DMHHS will assist with the coordination of activities necessary to transform the District into an Age-Friendly City by 2017 as part of the World Health Organization’s (WHO) international Age-Friendly City initiative. DMHHS will establish the Mayor’s Age-Friendly DC Task Force and Committees. A strategic plan will be developed that identifies goals for 10 areas of living (“domains”): transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings, emergency preparedness and response, and elder abuse, neglect, and fraud.

Fully Achieved. An Age-Friendly Block-By-Block Walk effort was undertaken with over 500 volunteers walking almost 100 SMDs to analyze age-friendliness in neighborhoods in all eight wards. The Age-Friendly DC Task Force submitted final recommendations to the Mayor in 2014. These recommendations were used by DMHHS staff to inform the final strategies of the Age-Friendly DC Strategic Plan, engaging 58 DC agencies, community stakeholders and thousands of DC residents. The Age-Friendly DC Strategic Plan and Executive Summary were completed, printed, published online and submitted to AARP and WHO. DMHHS staff continue to facilitate the interagency collaboration needed to implement the strategic plan.

INITIATIVE 2.5: Develop a Strategic Plan to improve access to health, education and human services for SMVF (services members, veterans and their families).

DMHHS will re-engage the SMVF work group to produce and publish a Strategic Plan that that will ensure economic security and self-sufficiency, through improved access to health, education and human services, for service members, veterans and their families in the District of Columbia.

<p>Fully Achieved. The SMVF workgroup met to provide input and feedback on the plan. A public event was held an online survey was developed to get community feedback on the plan. The plan was completed and printed and published for download online from the DMHHS website.</p>
<p>INITIATIVE 2.6: Address health and safety issues of low-income residents who hoard DMHHS will oversee the development of a training plan related to the inter-agency hoarding protocol. The Hoarding Work Group will ensure that protocol training is provided to agency Directors, caseworkers, and inspectors.</p> <p>Partially Achieved. The training materials have been developed, a hoarding expert has been identified to lead and deliver the trainings. Monthly meetings have been set-up with the DCOA/ADRC citywide caseworkers group to discuss and advise on hoarding cases. Trainings with other staff and stakeholders will be conducted in 2015.</p>
<p>OBJECTIVE 3: Identifying opportunities for reducing redundancies, leveraging resources, creating economies of scale</p>
<p>INITIATIVE 3.1: Create an inventory of HHS cluster agency grantees and contractors Conduct an inventory of both grantees and contractors and grant and contract instruments used by HHS cluster agencies. Analyze the HHS cluster data to determine grantees/contractors working with multiple agencies in order to identify possible service redundancies and pricing variations.</p> <p>Partially Achieved. The inventory of contractors and grantees was completed and an initial analysis of a subgroup of contractors and grantees was conducted and adjustments made. However, this initiative was modified to focus on challenges faced by contracted nonprofit providers meeting the 35% CBE subcontract requirement. Guidance for agencies and providers regarding the 35% CBE subcontract requirement was drafted and is undergoing legal review.</p>
<p>OBJECTIVE 4: Coordinate inter-agency work to responsibly exit consent decrees and/or settlement agreements</p>
<p>INITIATIVE 4.1: Support the Department of Disability Services (DDS), in completion of strategies to exit the Evans consent decree DMHHS assists cluster agencies with inter-agency issues that arise in the implementation of agreed upon exit strategies any barriers that arise as a result of the lawsuits. In FY14 we expect to exit the Evans law suit and DMHHS will support the work of the Inter-agency Intellectual/Developmental Disabilities (IDD) task force and implement budget priorities toward responsible exit.</p> <p>Partially Achieved. While the District did not exit Evans as anticipated in FY14, we have made progress towards the goal. DMHHS continues to support the work of the Inter-agency Intellectual/Developmental Disabilities (IDD) task force and implement budget priorities toward responsible exit.</p>

Q18: What are the objectives set forth in the performance plan for FY15? Please provide a narrative description of the progress DMHHS has made in meeting the objectives of the FY15 performance plan. What legislative initiatives will DMHHS pursue in FY15?

The DMHHS is in the process of evaluating FY15 performance plan objectives and initiatives and will continue those identified as priorities by the new Administration.

OBJECTIVE 1: Oversee the development of policies and programs to improve the delivery and coordination of services by public agencies and contracted providers.

INITIATIVE 1.1: Assist residents in navigating the many services offered by District agencies and local service providers by upgrading and updating the *211 Answers, Please!* System.

As part of the continuing effort to establish *211 Answers, Please!* system as the enterprise solution for resource and referral information, DMHHS will draft a Mayoral Order to require District agencies to use 211 as the master repository for resource and referral information they would otherwise put in print and online directories and draft standard provisions for inclusion in all District agency contracts and grant agreements that would require vendors/providers to update their profile in the 211 system twice a year for all health and human services and programs for DC residents. DMHHS will work with DHS and other agencies to develop a plan to update the *211 Answers, Please!* website, update the online form, review and update all current data, and help develop a marketing plan. **Completion Date: September 2015.**

INITIATIVE 1.2: Oversee and coordinate the development of a three-year plan to transform current long-term supports and services (LTSS) programs and processes into a single No Wrong Door (NWD) system for all populations and payers.

The District is the recipient of the Transforming State LTSS Access Programs and Functions into a No Wrong Door System for All Populations and Payers planning grant through the Administration for Community Living (ACL). DMHHS will create a LTSS leadership council to develop a shared vision and oversee planning, implementation, and engagement of partners in designing a NWD system. The planning grant is for 1 year, with the possibility of additional funding after the planning year for implementation. **Completion Date: September 2015.**

OBJECTIVE 2: Oversee and facilitate the coordination of interagency activities and initiatives among District agencies.

INITIATIVE 2.1: Oversee and facilitate the interagency collaboration necessary to make the District of Columbia an Age-Friendly City, an inclusive urban environment that encourages active and healthy aging.

DMHHS will oversee and coordinate with 70 agencies and partners, the implementation of 77 strategies delineated in the *Age-Friendly DC Strategic Plan 2014 - 2017* and produce a first year progress report as required by the World Health Organization (WHO). Staff will participate in an international study to pilot and evaluate Age-Friendly City indicators as part of the data collection on age-friendliness and to provide a baseline to evaluate progress going forward. **Completion Date: December 2015.**

INITIATIVE 2.2: Oversee and facilitate the interagency collaboration between the Department of Human Services and the Department of General Services necessary to implement the Mayor's DC General Family Shelter Closure Plan.

DMHHS will work in collaboration with the Department of Human Services and the Department of General Services to identify several smaller community-based shelter options for homeless families as an alternative to the larger, congregate DC General Family Shelter. **Completion Date: September 2015.**

INITIATIVE 2.3: Develop and oversee implementation of a strategic plan to reduce racial disparities in health, education, justice and employment for men and boys of color.

DMHHS will oversee and support the DC Trust in the development of a strategic plan to address the full array of challenges confronting black and Latino young men in the District, including timelines for the implementation of strategies to reduce disparities in social outcomes between boys and men of color and their white peers. The plan will set forth specific strategies to reduce racial disparities in the domains of health, education, justice and employment, and will identify actions to be taken by District agencies, as well as non-profit, business and community partners. It will include policy and practice reforms, as well as programmatic initiatives. **Completion Date: September 2015.**

OBJECTIVE 3: Identify opportunities for reducing redundancies, leveraging resources, creating economies of scale, and improving outcomes.

INITIATIVE 3.1: Oversee and facilitate streamlining and improving access to the Elderly and Persons with Physical Disabilities (EPD) waiver.

DMHHS will work with DHCF, DCOA-ADRC, and DHS-ESA to roadmap the current EPD waiver application process and identify areas that can be streamlined to reduce application wait times and redundancies. DMHHS will also work on creating communication pipelines between agencies for troubleshooting and increasing collaboration to improve access to home- and community-based services. **Completion Date: September 2015.**

OBJECTIVE 4: Coordinate inter-agency work to responsibly exit consent decrees and/or settlement agreements.

INITIATIVE 4.1: Support the new elected Attorney General in understanding remaining outcomes and issues for all cluster consent decrees.

DMHHS assists cluster agencies and the Attorney General with inter-agency issues that arise in the implementation of agreed upon exit strategies and barriers that arise as a result of the lawsuits. With a newly elected Attorney General, the DMHHS will support him and his staff in understanding the remaining outcomes and outstanding issues in compliance and responsible exit from all cluster consent decrees. This support includes attending negotiation sessions with parties and facilitating strategic discussions to ensure compliance and responsible exit.

Completion Date: September 2015.

Q19: Please describe the Office's efforts to enhance interagency cooperation for the agencies under its purview and the other Deputy Mayors' offices to address and coordinate the provision of services to address substance abuse and mental health issues, homelessness, housing, and HIV/AIDS.

Interagency collaboration continues to be a core function of the DMHHS. To this end, DMHHS uses a variety of strategies to facilitate interagency collaboration, including identifying opportunities for reducing redundancies, leveraging resources, creating economies of scale, and improving outcomes.

Substance Abuse and Mental Health

- The DMHHS has facilitated the establishment of the Department of Behavioral Health (DBH), a merger of DMH and APRA. Mental health and substance abuse disorders are frequently co-occurring, and the formation of DBH, which went into effect in October 2013, allows these services to be offered in a seamless manner. DMHHS has facilitated DBH involvement in all relevant initiatives to ensure mental health services are integrated and mental health issues are addressed for the residents of the District.

- Additionally, the DMHHS works closely with the System of Care (SOC) Team, which was created to develop policies and regulations to support the many multi-system involved children, youth and families. SOC principles provide the policy framework for the team – family driven, youth guided, community focused and linguistically competent. To date, the team has focused its work on serious emotionally disturbed children and youth with trauma histories, youth with co-occurring disorders, transition-aged youth and the development of supportive services. Additionally, the team provides oversight for three critical grants – the DC Gateway Project (\$4M), CFSA’s Trauma Grant (\$3.2M) and the State Youth Treatment Grant (\$3.8M). The team’s five focus areas include: (1) establishing District wide functional assessment instrument, (2) strengthening the role of peer support, (3) improving access to Behavioral Health System, (4) integration of pediatric primary care and behavioral health through Pediatric Collaborative Initiative, and (5) developing reinvestment strategies.

Homelessness and Housing

- The Interagency Council on Homelessness (ICH), led by the City Administrator, is a primary vehicle for interagency collaboration and consists of agency directors across all clusters. Kristy Greenwalt, ICH Executive Director, has been detailed to the DMHHS to elevate the importance of her work and the role of the ICH. The ICH meets bi-monthly as an entire body and the sub-committees (which include sub-committees which work to coordinate homeless services and permanent supportive housing) meet monthly. DMHHS participates in the bi-monthly ICH meetings and in various subcommittees that track progress in homeless services and housing production.
- Additionally, the DMHHS has convened a number of interagency meetings this year to coordinate agency efforts and discuss strategies to address homelessness and housing issues. Agency partners in these meetings include the Office of the Deputy Mayor for Planning and Economic Development (DMPED), the Department of Human Services (DHS), the Department of Behavioral Health (DBH), the Department of Housing and Community Development (DHCD), the Department of General Services (DGS), and the DC Housing Authority (DCHA).
- DMHHS has worked with DMPED and other agency partners over the last fiscal year to implement the \$100 million affordable housing investment in FY13 and FY14, which was increased to a total of \$187 million.
- The \$187 million investment supported the 2014 DHCD SuperNOFA, which featured a consolidated RFP for the second year in a row. This RFP matched capital and supportive services resources from the DMHHS cluster (including the Department of Health (DOH), the Department of Behavioral Health (DBH), and the Department of Human Services (DHS)), to capital resources from the DMPED cluster and was very successful, yielding 2,097 total affordable units, 212 of which are for permanent supportive housing. In total, in FY14, 18 projects were awarded a total of \$142 Million in Housing Production Trust Fund dollars.

HIV/AIDS

In FY 14, the Mayor’s Commission on HIV/AIDS (the Commission) held two meetings during which the Commission identified topics, defined goals and objectives, developed a work plan, determined a committee structure, and discussed a range of topics.

In addition, in FY 14:

- **HIV Housing** – DMHHS provided support to DOH/HAHSTA on obtaining technical assistance from HUD to enhance HAHSTA’s administration of the Housing Opportunity for Persons with AIDS (HOPWA) program. DMHHS also promoted interagency cooperation for DOH/HAHSTA’s planning to redesign the HIV housing program, including support from the Interagency Council on Homelessness, Dept. of Human Services, Dept. of Behavioral Health and the Dept. of Housing and Community Development. DMHHS has been supportive of DOH/HAHSTA’s plan to reorient the program to promote more economic opportunity for program participants through employment and education to achieve housing independence and self-sufficiency.
- **DOH and DHCF** – DMHHS supported a stronger interagency cooperation between the Dept. of Health Care Finance and DOH/HAHSTA on Medicaid coverage of persons living with HIV. DOH/HAHSTA and DHCF have been working on a data sharing agreement to learn more on the HIV care dynamics of persons with Medicaid coverage, compare insurance coverage and health outcomes and Medicaid covered services vis a vis Ryan White CARE Act services to optimize HIV care for District residents.

Since April, there has been no Commission activity. DOH HAHSTA as the support for the Commission will resume providing administrative support under my office’s oversight and in full compliance with the Mayor’s policy agenda.

Q20: Please provide any updates regarding the Office’s efforts to maximize available federal Medicaid revenue.

The DMHHS is working closely with the Department of Health Care Finance (DHCF) and several other agencies in the human services cluster to ensure that Medicaid federal revenue is maximized for the District of Columbia. As the State agency responsible for the Medicaid program, DHCF develops agreements with public providers to deliver Medicaid reimbursable services to program beneficiaries. The key public providers are Children and Family Services Administration (CFS), District of Columbia Public School System (DCPS), the Office of the Superintendent for Special Education (OSSE), the Department of Mental Health (DMH), Fire and Emergency Management Services (FEMS), and Saint Elizabeth Hospital.

Historically, the District of Columbia has experienced major problems with Medicaid reimbursement among several of these public providers. Specifically, two providers struggled with disallowances of nearly \$60 million in a four-year period prior to 2011. Since that time, human services agencies have been collaborating on several fronts to address this issue. Accordingly, as of January 2015, the agencies with a history of problems have billed DHCF for more than \$7 million using a new more robust billing system that is specifically designed to reduce the likelihood of future disallowances. Moreover, successful billing systems at Fire Emergency and Medical Services, the Department of Behavioral Health, and St. Elizabeth’s Hospital are allowing the District to recover nearly \$15 million in additional federal Medicaid funding annually.

Work remains nonetheless with non-public schools and this is where the DMHHS has focused its current efforts. Notably, we are working with DHCF and OSSE to secure final approval from the Centers for Medicare and Medicaid (CMS) on a State Plan Amendment to allow OSSE to bill for school-based health services provided through non-public schools. The SPA was submitted to CMS in December 2014 and is currently under review by CMS. Once final approval is obtained, we anticipate additional federal dollars will be available to offset a portion of the cost presently incurred by the District for Medicaid related school-based services in non-public schools.

Q21: The sharing of data between health agencies has become a topic of discussion throughout public health. The sharing of information could lead to more effective care of our population. Could you discuss what plans you have to increase the sharing of information among the health agencies?

The DMHHS is committed to working with the District agencies responsible for public and population health, and other key public and private stakeholders on behalf of all District residents in order to explore the successful establishment of a comprehensive and coordinated approach to using technology solutions that would:

- Capture care and services provided in the community;
- Demonstrate innovative and effective use of information technology to meet the critical healthcare needs population;
- Continue the focus on the management and elimination of health disparities as a critical component of improving the overall health of our District that can serve as a model for the nation; and
- Present successful examples of the application of information technology in a health information exchange (HIE) system which delivers improved health outcomes and is in compliance with current and emerging healthcare standards.

Much discussion is taking place around the country about best ways to track and securely share patients' full medical histories and we see more and more health care providers are now participating in health information exchanges as these help facilitate coordinated patient care, reduce duplicative treatments, and help avoid costly errors.

The DMHHS will continue to support the work of the District's Health Information Exchange (HIE) Policy Board¹ in order to facilitate and ensure that the District's health clusters collaborate and leverage existing HIE technologies with private entities, such as hospitals, physician practices, Accountable Care Organizations (ACOs), and patient centered medical homes to establish a blue-print for care coordination and health outcomes reporting. In addition, developing a vision for health information sharing in the District is an exciting challenge as we explore ways by which private health data sources can be linked with public entity data sources from Public Health, Medicare/Medicaid, Federally Qualified Health Centers, consumer health advocacy agencies, and other state/county-based social services programs.

Currently, there are extensive data-sharing agreements in place between the Department of Health Care Finance (DHCF) and other health and social service agencies, but we all recognize that having specific agreements for each project is a time-consuming and sometimes unwieldy process. Thus, discussions have begun about the potential of a shared data warehouse. DHCF is currently investing significant resources in a Medicaid data warehouse, and DHCF has undertaken regular discussions with the Department of Health (DOH) about a more integrated data strategy. In addition, data integration is a goal that was specifically spelled out in DHCF's *State Innovation Model (SIM)* grant application, which was recently funded for work in 2015.

¹ DHCF's HIE efforts are governed by a twenty-one (21) member volunteer Policy Board appointed by the Mayor of the District of Columbia. The Board includes representatives from District-based hospitals and health systems, health centers and District of Columbia Government agencies. The Board meets once per quarter at District Government offices located at One Judiciary Square, 441 4th Street, 10th or 11th Floor, Washington, DC 20001. All meetings are open to the public and agendas are published one week in advance in the District of Columbia Register.

Thus, the DHCF plans to deploy agency and contractor resources toward the goal of greater integration of health data and social service data throughout the coming calendar year. Through the work of the HIE Policy Board and by working across agencies and sectors, we hope to harness the many benefits of a successful health information exchange system, including²:

- Improving patient safety by reducing medication and medical errors;
- Increasing efficiency by eliminating unnecessary paperwork and handling;
- Providing caregivers with clinical decision support tools for more effective care and treatment;
- Eliminating redundant or unnecessary testing;
- Improving public health reporting and monitoring;
- Engaging healthcare consumers regarding their own personal health information;
- Improving healthcare quality and outcomes; and
- Reducing health related costs; and
- Eliminating health disparities.

Q22: Please provide an update on the DC General Family Shelter Replacement Plan.

The DC General Family Shelter Replacement Plan from October 2014 called for simultaneously pursuing two strategies. The first strategy requires the Department of General Services (DGS) to issue a Solicitation for Offers (SFO) to private owners and developers, resulting in leased buildings to be converted into smaller, community-based family shelters. The second strategy involves reviewing existing DGS inventory for District-owned sites to develop, through new construction, community-based shelters. As an update, the second strategy is no longer being pursued.

The Department of General Services (DGS) is the agency responsible for the acquisition and development of the facilities that will provide the replacement capacity needed to support the closure of the DC General Family Shelter. DGS currently has an open solicitation for properties (<http://dgs.dc.gov/page/dgs-solicitations>), specifically DGS-RFS-2014-10. This solicitation will remain open until the Department of Human Services has satisfied its request for properties.

Q23: How soon do you anticipate closing the DC General Family Shelter?

The District is committed to closing the DC General Family Shelter at the earliest possible time.

The District is continuously working to identify sufficient permanent stable housing options for families in shelter and to ensure that proper supports are in place to assist them with maximizing their potential for economic security and self-sufficiency.

Q24: Could you provide a timeline for the “one-to-one” replacement of the units currently provided at the DC General Family Shelter?

Targeted timelines identified in the DC General Family Shelter Closure Plan call for closure in 2016. The timeline for leasing alternative smaller community-based shelters is contingent on

² Healthcare Information and Management Systems Society (HIMSS). “[Evaluating a Potential HIE Opportunity \[PDF - 100 KB\]Web Site Disclaimers](#)”, HIMSS Guide to Participating in HIE. 2009 November.

when responses to the solicitation from the private sector are received, and the schedules that can be negotiated with those private respondents.

Q25: The Mayor has listed 2 possible options for the replacement of the DC General Family Shelter (Option 1: Six 40-50 Unit Community –Based Shelter Buildings and Option 2: a combination of small and medium Community Based Shelter Buildings). Has there been a decision on which option will be pursued?

In the District and across the country, best practices show that families can thrive and be more successful when shelter is provided in smaller, community-based, shelter programs. The District is home to a number of excellent community-based family shelter programs, which have proven to be good neighbors, while providing critical emergency support for families. While all responses to DGS’ SFO from private developers are being considered, the preference is to develop buildings with 50 units or less.

Q26: Please provide a status report on *Evans v. United States* (original case *Evans v. Washington*, 459 F. Supp. 483 (D.D.C. 1978)).

Evans v. Bowser, No. 76-0293 (ESH) (D.D.C.), is a 38-year old class action involving ongoing federal court oversight of the service delivery system for persons with IDD who were once housed at Forest Haven. On August 10, 2010, the Court approved the 2010 Revision to the 2001 Plan for Compliance and Conclusion of *Evans v. Williams* (“2010 Exit Plan”), and appointed an Independent Compliance Administrator (“ICA”) to oversee and guide the defendants’ implementation of corrective measures to exit court supervision within two years. Beginning in July 2012, and ending with certification efforts in October 2013, the Court had issued orders determining that the District had achieved compliance with 38 of 70 outcome criteria in eight of nine goals under the 2010 Exit Plan, including determinations of compliance with all of the outcome criteria in Staff Training, Safeguarding Personal Possessions, and Adequate Budget. By the end of FY 2013, the defendants had achieved compliance with more than half of the 2010 Exit Plan outcome criteria, including all of the outcome criteria for three of nine goal areas. In FY 2014, and year to date in FY 2015 (*i.e.* the twelve month period from January to December 2014), DDS worked with the *Evans* ICA and the Office of the Attorney General in submitting seven certifications of compliance with the Special Master, which resulted in 21 additional outcome criteria from the 2010 Exit Plan being determined compliant by the Court in the remaining six goal areas of Protection from Harm; Individualized Habilitation Plans/Individual Service Plans; Provision of Residential, Vocational and Day Services; Restricted Controls Procedures; Case Management; and Quality Assurance Programs. To date, U.S. District Court Judge Ellen Huvelle has determined the District to be in compliance with 59 of the 70 outcome criteria in the 2010 Exit Plan. Of the remaining eleven outcome criteria, only six are disputed by the parties and involve achieving a 90% compliance threshold for providing class members with (a) appropriate community-based individualized habilitation, medical and health services (IHP/ISP); and (b) vocational and day services in the least restrictive, most integrated setting (Provision of Voc/Day Services).

Q27: Are any additional cases pending under the auspices of DMHHS? If so, please describe in detail.

LaShawn v. Bowser is a class action filed in 1989 on behalf of all children in the care of the District’s public child welfare program and all children who are the subject of a report of abuse or neglect. CFSA has achieved 82% of the Exit Standards with six new standards achieved in

the latest six-month and supplemental reports. At the January 7, 2015 hearing before Judge Hogan, the District indicated intent to file for exit and/or limit the consent decree. Parties will begin negotiations in February.

Salazar v. DC is a complaint filed in March 1993 for children of Medicaid recipients. The case focuses on the provision of EPSDT (Early and Periodic Screening, Diagnosis and Treatment) services benefits to Medicaid-eligible children and notification to the beneficiaries and their families of the availability of such services. On October 18, 2013, the District Court vacated the District's responsibilities in connection with the recertification requirements based upon provision of the Affordable Care Act. The District continued to participate in mediation to reach agreement on more realistic terms for exit from the dental portion of the Court's oversight. The District Court awarded plaintiff's counsel attorneys' fees for 2011 and 2012 of \$2.1M. The District filed appeals from the awards in the DC Circuit Court. The appeals are pending.

Jerry M. v. Bowser is a class action lawsuit filed in 1986 in the Superior Court of the District of Columbia on behalf of "children who are or will be confined in juvenile detention facilities operated by the District of Columbia." The plaintiffs contended that the totality of the conditions in the District's juvenile detention facilities violated statutory and constitutional requirements. In 2008, the court approved a Work Plan with comprehensive goals and indicators that, once fulfilled, would allow DYRS to exit the litigation. The Work Plan allows for the District (ideally, joined by Plaintiffs) to move to vacate certain provisions after the Special Arbiter determines that the goals have been met. To date, several provisions of the Work Plan have been vacated; a number of additional provisions are currently under consideration for compliance by the Special Arbiter.