**What is a Sprint?** The DC Health Matters Collaborative adopted a new process for implementing our 2019 Community Health Improvement Plan. We are addressing nine strategies through system change “sprints,” and an ongoing policy agenda, which utilize Scrum and Collective Impact frameworks. This approach increases stakeholder engagement and allows flexibility. These focused sprints are taken on one at a time to ensure focused and rapid progress towards a system change. Each sprint has a designated lead organization to manage the sprint process, while all other members collaborate and support to the effort’s success. For more information, view our [2019-2022 Community Health Improvement Plan](https://www.dchealthmatters.org/content/sites/washingtondc/DCHM_Community_Health_Improvement_Plan_Final_Nov_2019.pdf).

**Team for Mental Health Sprint #2**

**Lead:** Mary’s Center

**Collaborate:** Children’s National, Howard University, Unity Health Care, Community of Hope

## Mental Health was the fourth sprint topic for the 2019 CHIP cycle, active from May to September 2021. The focus of this sprint was to improve both DC Council Offices’ and the community’s understanding of the pervasiveness of behavioral health needs in DC, the importance of integrating behavioral health services into non-traditional spaces (e.g., schools, primary care clinics, homeless services), the need for workforce expansion, and the value of interagency collaboration. Through a series of listening sessions and roundtable discussions, we brought key players together on these topics to ultimately advocate for ways to increase access to care and improve pathways to the behavioral health workforce.

**Goals and Objectives** The sprint team developed a SMARTIE goal and logic model to guide the work. To ensure we pushed towards long-term system change, we included a sustainability plan.

Defining Done

* Three training sessions DC Council office and the community
	+ Achieved – 2 listening sessions with the community and 2 meetings with Council staff
* Demonstrated in pre/post evaluation improved awareness, knowledge and understanding of behavioral health needs and innovative solutions in the District
	+ Not achieved – Focus of the sprint shifted from hold trainings to listening sessions with adults and youth
* Engage with 10 community agencies and recruit 5 individuals to provide testimony at future council hearings
	+ Partially achieved – Listening sessions convened more than 10 organizations with the opportunity for participants to engage in future council testimonies
* List of potential policy and system change recommendations on the mental health topic areas
	+ Achieved
* Build sustainability plan for continuing education
	+ Achieved

SMARTIE Goal for Mental Health Sprint #2

* Specific: Conduct a 3-part training series with DC Council offices and the community, aimed at improving knowledge of innovative and alternative service delivery models for behavioral health care. Support improving both the DC Council and community’s literacy and fluency around the pervasiveness of behavioral health needs in the District.
* Measurable: Use a pre/post measure to demonstrate improved awareness, knowledge and understanding of both the behavioral health needs in the District as well as the innovative, alternative solutions like Behavioral Health Integration. Engage with 10 community agencies and recruit 5 individuals to provide testimony at future council hearings on the topic of behavioral health service delivery and/or building the Interagency Council on Behavioral health.
* Ambitious: This would be the first opportunity to potentially influence policymakers toward changing the current behavioral health system.
* Realistic: Goals are possible to execute and track.
* Time-Bound: Completed in six months
* Inclusive: Engage with DC Council offices, FQHC’s, CSA’s, hospitals, the Department of Healthcare Finance, the Department of Behavioral Health, individuals MCO’s, area philanthropic organizations focused on improving access to behavioral health, DCPCA, BHA, and other agencies who represent all wards and citizens of DC.
* Equitable: Provide education to DC Council offices and the community at-large on how innovating and integrating behavioral health service delivery creates greater and more equitable access to behavioral health care, instead of reserving these services for those with privilege, money, access, or who can easily navigate challenging systems.

**Work completed** How did the sprint team decide the SMARTIE Goal were achieved and the sprint could be closed? We mapped our activities and achievements – found below:

* More than 50 adults and youth registered to attend the Behavioral Health Workforce listening session for adults and youth; the youth session also included a panel of diverse providers to share the training and workforce experiences of a behavioral health provider.
* Across the 3 listening sessions, we had individuals represented from the Department of Behavioral Health, DC hospitals/health systems, federally qualified health centers, core service agencies, policy and advocacy organizations and DC public schools.
* Following the listening sessions, we gathered additional feedback via a survey on how to improve behavioral health integration and the workforce experience for direct service providers and managers.
* Developed and shared a white paper and blog post that summarized the behavioral workforce challenges and offered solutions. Met with councilmember staff to further discuss behavioral health workforce issues.
* Expanded DC Health Matters Collaborative reach by including new multidisciplinary stakeholders in the working groups and reaching new and diverse community partners in the listening sessions.

**Sustainability** To sustain the progress made during the sprint and ensure the Collaborative continues to engage with and educate policymakers on the importance of integrating behavioral health care into non-traditional spaces, the group has committed to the following:

* Disseminate white paper to DC council offices and other stakeholders
* Publish a summary blog on DCHealthMatters.org.
* Continue educating policymakers through engagement with oversight hearings, testimonies, and other advocacy opportunities.
* Continued outreach and engagement with organizations who participated in the listening sessions to strengthen relationships.
* Future partnership with government and other key stakeholders
* When the report is sent to listening session participants, we can include info about 11/15 hearing and provide opportunity to participate/ testify.
* The DCHMC will continue to engage visionaries in the community who are outside the BH system in DCHMC initiatives and activities to bring new ideas and creativity to problem-solving.
* The DCHMC will continue to advocate for the establishment of an Interagency Council on Behavioral Health.

**Want to learn more?**

* DCHMC Mental Health Integration and Workforce Listening Sessions report (hyperlink)
* Email us at connect@dchealthmatters.org with any questions about the project