

APPENDICES

APPENDICES

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APPENDIX 1

LIST OF FINDINGS AND RECOMMENDATIONS

Key Findings:

1. **Deficient Memoranda Of Understanding (MOUs) between DMH and DCPS have a negative effect on provision of mental health services.**

That the Director, Department of Mental Health (D/DMH) and DCPS modify the SMHP and PES MOUs to meet the requirements set forth in DMH Policy Number 801.1 and to ensure that all affected DMH and DCPS personnel understand their obligations and responsibilities, and include the following details:

- responsibilities, roles, and functions of teachers, school counselors, and school administrators;
- infrastructure mechanisms for problem solving and communicating;
- evaluation and accountability requirements; and
- standards, quality indicators, and benchmarks.

2. **The DMH Division of Human Resources (DHR) allows SMHP clinicians without completed and satisfactory criminal background checks to provide direct services to children and youths.**

- (1) That the D/DMH move expeditiously to obtain all requisite criminal background checks for all of the SMHP clinicians.
- (2) That the D/DMH adhere to all elements of DHR SOP No. 06-01.
- (3) That the D/DMH amend DHR SOP No. 06-01 to stipulate what constitutes a supervised setting for employees who provide direct services to children and youths and ensure that employees who do not have completed criminal background checks are supervised.
- (4) That the D/DMH prepare a compliance report every 6 months in accordance with DMH Policy Number 716.4, Section 16.
- (5) That the D/DMH collaborate with MPD to identify ways to expedite criminal background checks, and research the feasibility of using a contract service provider to conduct criminal background checks if MPD is unable to expedite completion of such checks.

3. **DMH has not implemented mandatory drug and alcohol testing for safety-sensitive positions in violation of Chapter 39 of the DPM.**

That the D/DMH develop and implement written policies and procedures for mandatory drug and alcohol testing for safety-sensitive positions.

LIST OF FINDINGS AND RECOMMENDATIONS

4. **Some DMH clinicians feel unsafe during home visits.**

- a. *DMH lacks written policies and procedures that address safety when SMHP and PES clinicians conduct home visits.*
 - b. *DMH does not provide all SMHP and PES clinicians with cellular phones for home visits.*
- (1) That the D/DMH develop and implement written policies and procedures that address safety during home visits and require reevaluation of policies and procedures should an incident related to safety occur during a home visit.
 - (2) That the D/DMH provide training that addresses safety and nonviolent crisis intervention techniques during home visits.
 - (3) That the D/DMH make cellular phones available to all employees when they conduct home visits.

5. **The SMHP clinicians do not receive annual health screenings as required.**

That the D/DMH ensure that all employees who provide direct care to DMH consumers undergo required annual/biannual health screenings.

6. **DMH does not provide consistent information to clinicians regarding the use of physical intervention when a child or youth is at imminent risk of injury to self or others.**

- (1) That the D/DMH develop SMHP-specific written policies and procedures for the use of physical intervention.
- (2) That the D/DMH reevaluate the policies and procedures for the use of physical intervention on an annual basis and/or following any incident during which the use of physical intervention is an issue.
- (3) That the D/DMH address the use of physical intervention in the MOU between DMH and DCPS.
- (4) That the D/DMH take meaningful steps to educate all employees about liability issues related to physical intervention when a child is at risk of injury to self or others.

LIST OF FINDINGS AND RECOMMENDATIONS

7. **DMH's Office of Accountability (OA) does not consistently adhere to the Major Unusual Incident (MUI) reporting procedures stipulated in DMH policy, and, as a result, the safety of children and youths served by the SMHP may be at risk.**

That the D/DMH develop a system to ensure that Policy Number 480.1A is applicable to all children and youths served by SMHP and require a MUI for any SMHP referral to CFSA or MPD.

8. **PES did not administer psychological reevaluations on time to several students enrolled in the Jackie Robinson Center for Excellence in Education (JRC).**

That the D/DMH ensure that all psychological reevaluations that DMH verbally agreed to perform are conducted as required.

9. **The Anasazi Information System is not always accessible at both PES sites.**

a. PES cannot enter Moten Therapeutic Nursery (MTN) students' clinical data in the computers at MTN because the Anasazi is not loaded onto the computer used at the MTN.

b. PES employees complain that recurring weather related technical problems impede their use of Anasazi.

(1) That the D/DMH work with OCTO to provide Anasazi service to the MTN.

(2) That the D/DMH instruct OCTO to identify and make the necessary repairs to improve computer reliability during inclement weather.

(3) That the D/DMH ensure that all PES employees who need additional Anasazi training receive it.

10. **DMH billing reports indicate that DCCSA has over \$1.4 million in outstanding claims for PES services provided to DCPS.**

(1) That the D/DMH ensure that additional employees are hired to process RAs.

(2) That the D/DMH make it a priority to implement the 835 automated payment posting process.

(3) That the D/DMH conduct an analysis of all outstanding PES claims to determine which claims cannot be submitted, and devise an agency-wide strategy for prioritizing and pursuing outstanding claims.

(4) That the D/DMH implement an agency "scorecard" performance measure that addresses PES' claims collection efforts.

LIST OF FINDINGS AND RECOMMENDATIONS

School-Based Mental Health Program:

11. **SMHP's performance plan does not include measurable goals and objectives for all programs.**

That the D/DMH create goals and objectives of desired outcomes that are measurable and incorporate them into the performance plan to continuously evaluate the overall performance of the programs they implement.

12. **The SMHP does not have an electronic data system, and data collection is inefficient and ineffective.**

- (1) That the D/ DMH expeditiously establish a secure electronic data system for SMHP.
- (2) That the D/DMH ensure that training is provided for SMHP employees on the use of the electronic data system.

13. **SMHP management encourages family participation in mental health services; however, clinicians report that participation is low.**

That the D/DMH ensure that SMHP develops ways to increase family involvement in mental health services, such as fostering collaboration with the DMH Consumer and Family Affairs Officer and the DCPS Office of Strategic Planning and Policy.

14. **Some SMHP clinicians lack the fundamental tools necessary to carry out their duties.**

a. Not all SMHP clinicians received a locking file cabinet, a dedicated office telephone, a computer, or printer in a timely manner when assigned to their schools.

b. Not all SMHP clinicians have Internet access, and some clinicians report that they cannot work online consistently.

c. Clinicians report that there are not enough program manuals.

- (1) That the D/ DMH ensure that a school can meet the requirements set forth in the MOU before agreeing to a partnership and implementing the Agreement to Proceed.
- (2) That the D/DMH immediately provide all office resources for those clinicians in need of the same, and SMHP accepts a request by the D.C. Council or DCPS to partner with a school, in the future, as necessary.

LIST OF FINDINGS AND RECOMMENDATIONS

- (3) That the D/DMH and DCPS modify the MOU to make Internet access a required resource that DCPS will provide for clinicians.
- (4) That the D/DMH assess the need to purchase more manuals for clinicians or make the manuals electronically available for clinicians.

15. DCPS does not provide voicemail access for some SMHP clinicians.

- (1) That the D/DMH ensure that DCPS and the public charter schools provide voicemail for every clinician.
- (2) That the D/DMH, DCPS, and the public charter schools revise the MOU and the Agreement to Proceed to include the provision of voicemail for SMHP clinicians.
- (3) That the D/DMH work with DCPS and the public charter schools to ensure that voicemail passwords are obtained from employees before they separate from District government service.

16. Some SMHP clinicians do not have a private space to meet with students as required by the MOU.

That the D/DMH ensure that DCPS provides all clinicians with a private office solely for the purpose of consultation as agreed upon in the MOU.

17. Some SMHP employees do not have confidence in internal hiring and promotion practices.

That the D/DMH educate all employees about the hiring and promotion process and ensure that documentation that clearly explains the process is made available.

18. Interviews with some SMHP employees reflect frustration with the lack of employee recognition for meritorious work.

That the D/DMH review employee recognition policies, practices, and procedures, and provide incentive awards for meritorious efforts.

19. The DMH main office lacks dedicated workspace and computers for SMHP clinicians.

That the D/DMH explore the feasibility of increasing the levels of dedicated workspace and computers for SMHP employees at the DMH main office.

LIST OF FINDINGS AND RECOMMENDATIONS

20. There are no documented policies and procedures for secure handling of clinical records removed from schools for clinician review.

- (1) That the D/DMH create written policies and procedures for handling clinical records when they are removed from school premises.
- (2) That the D/DMH consider requiring supervisors to conduct clinical records reviews on school premises.

Psychoeducational Services:

21. Conditions at Moten Center (MC) are unsanitary and some areas are in need of repair.

- (1) That the D/DMH ensure that structural repairs to the MTN are completed promptly.
- (2) That the D/DMH ensure that all MC and MTN students have toilet paper and hand soap for use in the restrooms.

22. OA inspection report lacks clarity about conditions at JRC.

That the D/DMH ensure that OA officials include MTN in its inspections, and that its “Corrective Measure Plan” reports clearly link the specific problems found to the corresponding location inspected.

23. PES could not provide a report of program results.

That the D/DMH ensure that PES gather aggregate data on program performance against which actual achievement of objectives can be compared.

24. JRC clinical records are not properly controlled and maintained.

- a. PES does not maintain active clinical records in an organized manner.*
 - b. JRC students’ purged or inactive clinical records are accessible to unauthorized persons.*
 - c. Consent to Treatment Forms were not found in some JRC students’ clinical records.*
- (1) That the D/DMH review filing procedures and space requirements, take steps to expeditiously organize documents and records for accurate retrieval, and securely store records in a central location that is accessible only to authorized personnel.

LIST OF FINDINGS AND RECOMMENDATIONS

- (2) That the D/DMH ensure that an audit of the clinical records maintained by PES is conducted to determine if clinical records are properly maintained according to MHRS/DCCSA policies.
- (3) That the D/DMH ensure that consent forms regarding the administration of medications are completed, filed, and include all information required by 22A DCMR Chapter 34.

25. PES has not consistently held therapy sessions with all JRC students.

That the D/DMH ensure missed therapy sessions are made up.

26. PES and DCPS employees fear the size of the JRC site might not be adequate.

That the D/DMH evaluate the possible need for a larger or additional site in anticipation of an increase in students.

APPENDIX 2

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



April 18, 2007

Stephen T. Baron, LCSW-C
Director
D.C. Department of Mental Health
64 New York Avenue, N.E., 4th Floor
Washington, D.C. 20002

Dear Mr. Baron:

This is a Management Alert Report (MAR-07-I-006) to inform you that the District of Columbia (District) Office of the Inspector General (OIG) has determined that the Department of Mental Health (DMH) Division of Human Resources (DHR) is allowing clinicians without completed and satisfactory criminal background checks to provide direct services to children and youths. This issue has come to our attention during our ongoing inspection of the DMH School-Based Mental Health Program (SMHP). The OIG provides these reports when we believe a matter requires the immediate attention of District government officials.

Background

SMHP clinicians provide a full array of services to students in the District of Columbia Public Schools (DCPS) and public charter schools, as well as their families. SMHP services provided by clinicians include assessment, treatment, prevention, consultation, training, and case management. Included in these services are: a) psychological assessments; b) behavioral assessments; c) individual counseling; and d) group counseling.¹ These services entail clinicians providing direct services to children and youths.

Effective April 13, 2005, the Criminal Background Checks for the Protection of Children Act of 2004 (D.C. Law 15-353, codified at D.C. Code § 4-1501.01-.11(Supp. 2006)) requires criminal background checks for District government employees who provide direct services to children and youths. DMH Policy Number 716.4, Section 5a(3) states that “[e]ach DMH employee ... occupying a covered position shall be required to submit to an initial background check and, subsequent to that, to periodic criminal background checks while employed by ... DMH.” Moreover, DMH Policy Number 716.4, Section 16 states that “[t]he DMH Division of Human Resources will prepare a compliance report every six (6) months.” The policy stipulates that the compliance report shall include:

16a. The number of initial criminal background checks . . . conducted for appointees, the number of appointees who were hired upon completion of the check, and the number rejected; and

¹ See DMH, SCHOOL MENTAL HEALTH PROGRAM ORIENTATION MANUAL, GENERAL OPERATING PROCEDURES FOR SCHOOL MENTAL HEALTH CLINICIANS, SCHOOL MENTAL HEALTH PROGRAM (2006).

16b. the number of periodic criminal background ... checks conducted for employees ... and any administrative action initiated or taken upon completion of the periodic checks.

On October 24, 2006, DMH entered into a Memorandum of Understanding (MOU) with the Metropolitan Police Department (MPD) regarding criminal background checks for employees and other persons being considered for employment in DMH agencies that provide direct services to children and youths. Under this agreement, MPD is responsible for conducting local and national criminal background checks and for transmitting fingerprint information to the Federal Bureau of Investigation for processing. Each criminal background check is to be processed within 50 days of receipt of each request.

DMH DHR Standard Operating Procedure (SOP) No. 06-01, dated October 17, 2006, sets forth the procedures for implementing and managing the department's criminal background check program. The SOP states the following:

- the Director of Human Resources is responsible for preparing a compliance report every 6 months in accordance with DMH Policy Number 716.4;
- the Chief of the Policy, Training and Special Programs Branch is responsible for ensuring that the Program Coordinator establishes procedures for criminal background checks receipt and processing; and also that
- the Program Coordinator maintains liaison with managers, supervisors, and Operations personnel.

Observations

The inspection team has determined through interviews and a review of criminal background checks for all SMHP clinicians that four clinicians are providing direct services to children and youths even though SMHP has not received completed and satisfactory criminal background checks on these clinicians from MPD. The clinicians are not newly hired by SMHP; rather, they were full-time employees at the inception of DMH's background check program in July 2006. The team also determined that DMH DHR did not prepare a compliance report at the 6-month interval of the criminal background check program in accordance with DMH Policy 716.4 Section 16, and that DMH has not received monthly reports from MPD regarding the services provided under the MOU, as stipulated in the MOU between the two entities.

The team believes the lack of completed and satisfactory background checks for the aforementioned clinicians presents the following problems for DMH operations:

- in the absence of the criminal history information provided by criminal background checks, the safety of children and youths receiving direct services from the four SMHP clinicians may be at risk;

- by neglecting to ensure that all clinicians who provide direct services to children and youths have received completed and satisfactory criminal background checks, DMH is not in compliance with District law; and
- the District may be liable if a clinician without a completed and satisfactory criminal background check harms a child or youth to whom he/she is providing direct services.

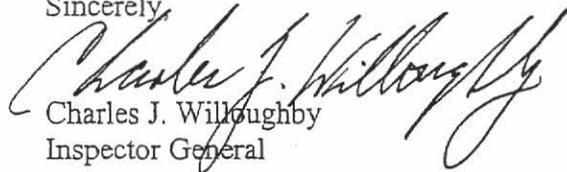
Recommendations

1. That DMH move expeditiously to obtain all requisite criminal background checks for all SMHP clinicians.
2. That DMH adhere to all elements of SOP No. 06-01.
3. That DMH amend SOP No. 06-01 to include action(s) the department will take to ensure that an employee is supervised if he or she: a) provides direct services to children and youths; and b) does not have a completed and satisfactory criminal background check.
4. That DMH prepare a compliance report every 6 months in accordance with DMH Policy 716.4 Section 16.
5. That DMH require monthly reports from MPD regarding the services provided under the MOU, as stipulated in the MOU between the two entities.

Please provide your comments on this MAR by May 2, 2007. Your response should include actions taken or planned, dates for completion of planned actions, and reason for any disagreement with the concerns and recommendation presented. Please distribute this MAR only to those who will be directly involved in preparing your response.

Should you have any questions or desire a conference prior to preparing your response, please contact [REDACTED], Director of Planning and Inspections, at 202-727-[REDACTED]

Sincerely,


Charles J. Willoughby
Inspector General

CW/ld

cc: Daniel M. Tangherlini, City Administrator
The Honorable David A. Catania, Chairperson, Committee on Health
The Honorable Carol Schwartz, Chairperson, Committee on Workforce Development and Government Operations

APPENDIX 3

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH**



OFFICE OF THE DIRECTOR

64 New York Avenue NE, 4th Floor
Washington, DC 20002
(202) 673-2200 (voice)
(202) 673-3433 (fax)

Via E-Mail and U.S. Mail

Mr. Charles J. Willoughby
Inspector General
Office of the Inspector General
Government of the District of Columbia
717 14th Street, NW, 5th Floor
Washington, D.C. 20005

**RE: DMH Response to MAR-007-I-006, Dated April 18, 2007
Compliance with the Criminal Background Check Requirement**

Dear Mr. Willoughby:

I am writing to respond to your Management Alert Report (MAR-07-I-006), dated April 18, 2007 informing the Department of Mental Health (DMH) of the Office of the Inspector General's (OIG) determination that DMH is allowing four (4) clinicians without completed and satisfactory criminal background checks to provide direct services to children and youth in DMH's School Mental Health Program (SMHP).

As you may know, currently there are forty six (46) employees in the SMHP. All forty six employees are "covered" employees for the purposes of the criminal background check. The OIG observed in the MAR that DMH permitted four (4) active employees to provide direct services to children and youth pending a completed and satisfactory criminal background check from MPD after the implementation of DMH's Criminal Background and Traffic Record Check Program policy, 714.6 on July 26, 2006 (emphasis ours). DMH has reviewed its policy and the applicable District of Columbia law and rules¹ and has not found any requirement that the criminal background checks must have

¹ DMH reviewed DC Code §4-1501.03 and D.C. Office of Personnel emergency rules published in the District of Columbia Register on March 24, 2006 and February 2, 2007.

been completed in order for an active employee to continue to provide direct services. Rather, all applicable provisions require that each employee occupying a covered position shall be required to “submit to” or “apply for” a criminal background check in order to provide direct services, and once having done so, DMH is required to ensure that the criminal background checks are processed. DMH and its clinicians have met this threshold requirement. To date, DMH has initiated criminal background checks for all forty eight (48) employees who either work or have worked in the SMHP at any given time and has made determinations on the disposition of the results of these background checks, which we discuss below.

Nevertheless, DMH has adopted the OIG’s recommendations set forth in the MAR to further strengthen compliance with the Child and Youth, Safety and Health Omnibus Amendment Act of 2004 and ensure the safety of children and youth receiving services. DMH is committed to ensuring full compliance with the law, policy and standard operating procedures for the administration of its Criminal Background and Traffic Record Check Program (“Program”).

Following is an outline of DMH’s implementation of the Program, including challenges that DMH faced in the process and steps that DMH either has or will take to implement the recommendations in the MAR

Background on Program Implementation

DMH Program is administered by the DMH Division of Human Resources (DHR) and was implemented as follows:

- DMH Criminal Background and Traffic Record Check Program Policy Number 716.4 was approved on July 25, 2006.
- DHR conducted training for affected managers and employees during the months of August and September 2006.
- On October 24, 2006, DMH entered into a Memorandum of Understanding (MOU) with the Metropolitan Police Department (MPD) to conduct local and national criminal background checks for its applicants, employees and volunteers and to transmit finger print information to the Federal Bureau of Investigation for processing. The MOU stipulated that MPD would provide monthly reports to DMH of applications processed, establish processing timeframes to complete the criminal background checks within 50 days of receipt of requests and provide DMH with a Users Fee Bill showing cost of processing the request for each employee, applicant or volunteer.
- DMH initiated Requests for Criminal Background Checks immediately thereafter for all covered SMHP employees pursuant to the MOU.

- Since the law establishing the requirement for background checks did not address how employees on the payroll on the effective date of the law should be treated, DMH permitted active employees to continue working in their official positions of record pending receipt of the results of the criminal background checks after implementation of DMH's policy. New appointees to a covered position were only allowed to report for duty upon satisfactory completion of a criminal background check.
- DMH encountered several challenges and a tragic loss during early program implementation. These occurrences created delays in receiving and processing results and resulted in DMH losing qualified candidates in the face of staffing shortages. For example, DMH's policy requiring candidates to successfully complete the criminal background check and limited the ability of new appointees to provide direct services until completion of the criminal background check impeded SMHP services. In addition, it took MPD at least two to three months beyond the 50 days to process and send the results to DMH. The biggest blow to the program occurred in November 2006 when DMH's Program Coordinator for the Criminal Background Check, (CBC) or Traffic Record Check (TRC) died suddenly. To address the policy restrictions, on March 16, 2007, consistent with D.C. Code §4-1501.03(e) DMH approved an exception to the Program policy that allowed DMH to offer employment contingent upon the receipt of a satisfactory CBC or TRC. This exception also allowed new appointees to begin working in a supervised setting prior to DMH making a determination that the appointee met the requirements of the policy provided that the appointee's supervisor submit a written certification that the appointee would only work in a supervised setting until the results of the CBC or TRC or both were received. The exception to the policy is enclosed for your review. To date there have been two exceptions granted for newly appointed employees as a result of the change in the policy.
- To date DMH has initiated forty eight (48) requests for CBCs for SMHP employees. DMH has received forty three (43) completed CBCs from MPD. DMH has not received five (5) of the requested CBCs. Of the forty three (43) reports received only three (3) reports contained adverse information. DMH reviewed and made a determination on any adverse information contained in the CBC reports in accordance with the protocol for the Program, Standard Operating Procedure, No. 06-01, which is enclosed. None of the CBC reports containing adverse information on the three (3) SMHP employees indicated that they posed a present danger to children and youth that would make the employees ineligible for DMH employment. One employee has been conditionally cleared; one employee's case is pending receipt of additional information; and one employee resigned. As of this date, there are only four (4) employees pending receipt of his or her CBC from MPD: three (3) who are active employees; one (1) who has resigned effective May 11, 2007, and

one (1) new appointee who is scheduled to begin work on Monday, May 14, 2007.

Response to Other Observations and DMH Implementation of Recommendations

1. Obtain All Requisite Criminal Background Checks for All SMHP Clinicians

DMH will address the observation about the four clinicians providing services without the CBCs being completed. DMH will follow up with MPD to obtain the status of the CBCs for three of the four active clinicians that have continued to provide services pending the receipt of their CBCs. DMH maintains that allowing the clinicians to continue working pending the receipt of their CBCs was not inconsistent with District of Columbia law and DMH policy.

2. Complete a Compliance Report

With respect to the observation that DMH did not prepare a compliance report at the 6-month interval in accordance with DMH Policy 716.4, Section 16, DMH acknowledges this failure with explanation. The first compliance report was due to be completed on March 2007. The report preparation was delayed because of the loss of the Program Coordinator. DMH filled this position last month, April 2007 and expects to complete the report by May 31, 2007.

3. Amend SOP No. 06-01 to Ensure Appropriate Supervision

DMH will take immediate action to amend the SOP consistent with applicable law and regulations. However, in the interim DMH will continue to make employment offers based upon my approval of the exception to the Program policy dated March 16, 2007.

4. Prepare the Compliance Report As Required by the Policy

As stated above, DMH is preparing this report, which will be completed by May 31, 2007 and will take all necessary steps to ensure future compliance.

5. Require Monthly Reports from MPD

DMH has received its first User Fee Bill Report for the period October 2006 through April 30, 2007 listing the date of each request for a criminal background check and for whom and the cost of each report. DMH has made arrangements with MPD to forward the report on a monthly basis in accordance with MOU.

Thank you for your notification about the staff's observations and for your recommendations. We hope that we have satisfactorily responded to the concerns raised.

Please contact [REDACTED], CPM, Director of Human Resources at (202) 673-[REDACTED] or [REDACTED], Chief of Staff at (202) 673-[REDACTED] should you have any questions about this information.

Sincerely,



Stephen T. Baron
Director

Enclosures

Cc: Daniel M. Tangherlini, City Administrator
The Honorable David A. Catania, Chairperson, Committee on Health
The Honorable Carol Schwartz, Chairperson, Committee on Workforce
Development and Government Operations
[REDACTED] DMH General Counsel
[REDACTED] DMH Director of Human Resources
[REDACTED] DMH Chief of Staff
[REDACTED], DMH Associate Deputy Director, Office of Programs and Policy
[REDACTED] DMH Clinical Program Administrator, SMHP

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT Criminal Background and Traffic Record Check Program		
POLICY NUMBER 716.4	DATE JUL 25 2006	TL# 83

Purpose. To set forth the Department of Mental Health (DMH) requirements for criminal background and traffic record checks for certain applicants, employees, and volunteers of DMH.

Applicability. Applies specifically to (1) applicants for employment, volunteers, and employees of DMH who provide direct services to children or youth; and/or (2) to those appointees, employees, and volunteers who would be required to drive motor vehicles to transport children or youth in the course of performing their duties. Also see Section 17 of the policy for applicability to private providers of mental health services or mental health supports.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible.*

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the **DMH** Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

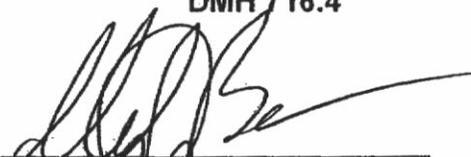
ACTION

REMOVE AND DESTROY

None

INSERT

DMH 716.4



Stephen V. Baron
Acting Director, DMH